

'You just deal with it. You have to when you've got a child': A narrative analysis of mothers' accounts of how they coped, both during an abusive relationship and after leaving

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Abstract

A narrative analysis explored the accounts of eight mothers, each of whom had left an abusive relationship at least 12 months previously. Existing research investigating the strategies used by women to cope with domestic violence rarely considers women in their capacity as mothers. Furthermore, women's lives after leaving an abusive relationship have received limited research attention. Thus, this study aimed to understand how women described coping with domestic violence and mothering their children, both during an abusive relationship and after leaving. The analysis focused on *how* the eight participants described their experiences (narrative form) as well as *what* they talked about (narrative content). Three types of narrative form were identified: (1) 'The story told to help others', (2) 'The story too difficult to tell' and (3) 'Where's my story going?' Each woman spoke about the contextual factors that influenced whether she coped with domestic violence by seeking support from others, changing her thinking or changing her behaviour. Caring for their children was a major source of support for all the women both during their relationship and after leaving. The findings indicate that mothers who have been abused by their intimate partner may come into contact with a wide range of social and emergency support services. Implications for clinical practice, service delivery and service development relate to the different ways of supporting women in talking about abuse and also the need to recognise trauma in parents.

Keywords

Domestic violence, coping, children, mothers, narrative, qualitative

Introduction

The harmful consequences of domestic violence against women who are living in or have lived in an abusive relationship are well documented (Dillon, Hussain, Loxton & Rahman, 2013). Physical,

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psychological, emotional, sexual and financial abuse, often in combination, are used by perpetrators of domestic violence (Home Office, 2013). Although many women live in abusive relationships with their children, much less is known about women's experiences of motherhood in the context of domestic violence (Goldblatt, Buchbinder & Cohen, 2014). The available literature has tended to place women into one of two groups: those who manage to care for their children in spite of the abuse and who make efforts to compensate for their children's exposure to domestic violence (Letourneau, Fedick & Willms, 2007), or those who are thought to have parenting deficits (Casanueva, Martin, Runyan, Barth & Bradley, 2008).

Recently, some researchers have explored women's own perceptions of the impact of domestic violence on their ability to mother. The women interviewed in these studies saw motherhood as central to their lives and a source of empowerment, which helped them to care for their children and survive an abusive relationship. Consequently, they placed less emphasis on other factors, such as supportive friends or paid employment (Semaan, Jasinski & Bubriski-McKenzie, 2013). Women typically thought they had succeeded in preventing the abuse from affecting their children, despite the interviews revealing that their children were regularly exposed to violence (Peled & Gil, 2011).

These studies help illuminate how mothers who have lived in an abusive relationship manage on a day-to-day basis. A related area of research looks at the specific coping strategies women use when living with domestic violence. The use of various strategies to cope with stressful events is an acknowledged mediator of outcomes (Lazarus & Folkman, 1984) and therefore is relevant to both clinical practice and the development of health services.

Much of the available research on the strategies women use to cope with domestic violence is dominated by the survey method. A measure of coping designed for use with many different populations is typically employed (e.g. the Responses to Stress Questionnaire; Connor-Smith, Compas, Wadsworth, Thomsen & Saltzman, 2000). This method has frequently resulted in deficit-focused findings, suggesting that avoidance or 'disengagement' coping (such as wishful thinking or keeping out of an abusive partner's way) is 'dysfunctional' and associated with symptoms of anxiety and depression (Calvete, Corral & Estevez, 2008, p. 886). In other, similar research, avoidance coping has been linked to symptoms of post-traumatic stress disorder (Krause, Kaltman, Goodman & Dutton, 2008) and depression (Clements & Sawhney, 2000). Researchers have generally viewed women's efforts to actively manage the abuse, or 'engagement' coping (such as developing supportive relationships with others), as helpful (Taft, Resick, Panuzio, Vogt & Mechanic, 2007). However, a recent study concluded that no coping strategy gave women protection from the negative mental health consequences of abuse (Flicker, Cerulli, Swagger & Talbot, 2012).

Despite the useful perspectives on coping with domestic violence that large-scale survey research has provided, such studies cannot fully take into account the range of coping strategies that a woman who is abused by her intimate partner may use, or the context in which she lives. For example, proactive ways of coping – usually considered adaptive – may antagonise a volatile partner, whereas less direct ways of coping – such as not thinking about a problem – may help a woman to stay safe in a threatening situation (Lewis et al., 2006).

Although a significant proportion of woman participants in existing research on coping with domestic violence have also been mothers, their perspectives on mothering have generally been considered separately from how they report coping with the abuse itself. However, this is important to understand: children affected by domestic violence have different developmental outcomes (Fosco, DeBoard & Grych, 2007). A better understanding of how their mothers cope is one way of establishing which factors might impact on these different developmental outcomes in their children.

The current study

This study was designed to expand and develop the limited existing research on how women both cope with, and mother, in the context of an abusive relationship.

Most commonly, researchers recruit women either during their abusive relationship or within 12 months of leaving it, when they may be in touch with healthcare or specialist domestic violence services (Evans & Lindsay, 2008). This is an important limitation addressed by this study as there is little knowledge about differences in how women cope between the time when they live in an abusive relationship and in the period after they have left. It would assist practitioners when working with women who have been abused if more was known about the coping strategies that women adopt in both the shorter and longer term.

Few researchers to date have invited women to share their stories of domestic violence, so little is known about this type of trauma narrative (Semaan et al., 2013). The current study asks women to tell their story in their own way, a way of researching which is considered particularly appropriate for sensitive topics (Corbin & Morse, 2003) and that could give better insights into the storyteller's coping processes (Kosenko & Laboy, 2013).

The research questions addressed here are as follows:

1. How do mothers who have left an abusive relationship describe coping with the abuse while they lived in that relationship?
2. How are these mothers subsequently now coping with their and their children's daily life and routines (such as social relationships, work and free time) following the end of that relationship?
3. How do these mothers describe mothering their children, during and after leaving the relationship?

Method

Recruitment and sampling

Participants were recruited through two domestic violence charities that provide support in the community for women and children. In the United Kingdom, most services which offer practical and therapeutic help specifically for those affected by domestic violence are provided by charities and individual organisations.

Criteria for participation were inclusive: a women must (1) have had a relationship of some years with an intimate partner who was abusive towards them before the relationship ended, (2) have subsequently lived for more than 12 months out of that relationship and not in any other abusive relationship, (3) be English speaking and (4) have been the mother of one or more dependent children during that relationship or have become pregnant during that relationship.

Staff at the two organisations contacted eligible women and gave them written information about the research and the interview question guide. If a woman was interested, her contact details were given to the interviewer, who then discussed the research aims with her.

The interview guide covered the following areas:

1. Coping with domestic violence (e.g. How did you manage your partner's abuse? Did this change over time? Did any other person/people support you through that?);
2. The current situation (e.g. Has anything changed in your life since you left the relationship? Is mothering different now?);

3. Mothering through the abuse (e.g. What was it like trying to mother when you were living in the relationship? What do you think your children understood about the abuse?).

Situation of sample

Eight women, aged between 25 and 55 years, participated. They collectively had 13 children from 10 abusive and non-abusive relationships. Two of the children were adults in their twenties at the time of the interview. The other children were aged between three and 18 years, with a mean age of nine years.

The abusive relationships the women spoke about ranged in length from three to 15 years. For one woman the abuse had occurred in a lesbian relationship, while the others had all been in heterosexual relationships. The women had left their abusive partner between one and 20 years previously, with the average number of years out of the relationship being six years. Five of the women were still using their charity's services whereas the other three women had done so in the past.

Seven of the women were from White British backgrounds. One woman had migrated from South-East Asia and was abused during an arranged marriage in her country of origin.

All the women had secondary level education and two had higher education qualifications. Six women were full-time mothers and received state benefits. The other two women were employed (in the care and service industries, respectively). Participants' names are fictitious for anonymity.

Procedure

Each interview took place at the woman's supporting charity, after first completing a demographic questionnaire. Participants were asked to talk about their experiences of coping and mothering during an abusive relationship and after leaving. They were invited to start their narrative wherever they liked (Oke, 2008).

The prompt questions in the interview guide were used if needed to find out more about the topics already mentioned or to inquire about those topics not covered at all. As a token of appreciation, each woman was given a £10 gift voucher for a local department store.

Ethical considerations

The study was given ethical approval from the University of Surrey Ethics Committee. Each woman who showed an interest had two weeks to consider participation, following which consent was obtained from those who wanted to take part. Women were not contacted if it was thought that they might become unduly distressed.

The interview was not focused on recalling the most traumatic experiences, which might have been harmful, but on strategies of resistance and resilience. After each interview, time was put aside for debriefing. Each woman could telephone or meet with a designated member of staff and access the organisation's normal levels of support.

Approach to the analysis

The women's accounts of their experiences were analysed using a narrative approach. This allows for a detailed, contextualised understanding of participants' stories and affords the opportunity to consider *how* an individual talks about events that have happened in their lives (including elements such as coherence, detail, consistency and purpose in a person's story; Vetere & Dallos, 2005).

A social constructivist approach to the research interviews treats the narratives as constructions, based in the women's individual experiences, together with 'building blocks' available both in their common culture and within an inter-personal context (Lieblich, Tuval-Mashiach & Zilber, 1998). An underlying assumption of this approach is that the story that a person tells reflects the truth as it is to them, even if those stories have been changed so as to suit the person's own perceptions of events, which in turn has been shaped by the wider culture (Riessman, 2008).

The audio tapes of the interviews were transcribed verbatim before the researcher added their impressions and process notes to the transcripts about *how* each story was told. A summary was then made of the content of each story and a list of the key events in the order they were spoken (Murray, 2008).

Each transcript was interpreted by considering what the text was trying to communicate and how it was organised. Similar interpretations, together with the sections of text to which they corresponded, were grouped to represent emerging themes. Each group contained sections of text from throughout the transcript. This kept the analytic focus on each participant's narrative as a whole. The other transcripts were coded with previously identified themes where possible and any new themes identified (Wengraf, 2000). Individual emergent themes which were judged to be similar were grouped together to form overall narrative themes for each transcript.

Finally, the narrative form of each transcript was considered by examining how each narrative was put together and the effects that this achieved (Riessman, 2008). This drew on the work of Gergen and Gergen (1986) who have identified three primary types of narrative form, each of which indicates how a person has evaluated their life over time. A *progressive* narrative will reveal that a person's evaluation of events has improved over time. Evaluations of events get worse over time in a *regressive* narrative, whereas evaluations remain constant in a *stable* narrative.

Quality assurance

The criteria developed by Riessman (2008) for evaluating the trustworthiness of narrative research were utilised when designing and carrying out the study. For example, to make each stage of the analysis explicit to others, each narrative and its initial analysis were discussed in detail with a senior member of staff at a third, independent domestic violence charity. New insights were incorporated into the analysis of each transcript, changing some of the analyses as a result, thereby enhancing the credibility of the study.

Self-reflexivity

Regular peer review and supervision were undertaken by the first author/interviewer in order to acknowledge the role of her own values, assumptions and interests in the research. During this time, the first author became a mother. This allowed her to more fully appreciate the enormity of the emotional and practical difficulties faced by the women. The second author is a mother and grandmother whose clinical work is with families where violence is a concern. For both, doing this research has illuminated the complexities, constraints and options available for mothers faced with domestic violence and helped each of them to work with women who have been abused in a more nuanced way.

Findings and discussion

This qualitative study explored the narratives of eight women to understand their experiences of coping with domestic violence and mothering their children, both during and after leaving an abusive relationship. The findings and their significance in relation to existing theory and research are discussed in this section, before considering some of the clinical implications.

Narrative themes

Six principal narrative themes emerged from the analyses: (1) finding a way to increase social support to cope with the abuse and leave the relationship, (2) developing and adapting a wide range of strategies to cope with relationship difficulties and abuse while mothering children, (3) the responsibilities of motherhood in the context of domestic violence: a source of anxiety and strength, (4) participants' understanding of the deterioration of their relationship over time, (5) participants' gradual realisation of their ex-partners' responsibility for the abuse and (6) participants' attempts to rebuild their life, in the face of ongoing challenges, after ending the abusive relationship.

The first three of these themes – which best illuminate the women's accounts of coping and mothering through domestic violence – are explored here. Due to the number of issues raised, those that were relevant to most women (and therefore have the greatest implications for practice and policy) are more fully discussed than those which were important to one or two women.

The narrative form identified for each woman's account, which captures her way of communicating and motivation for telling her story, is then described.

Finding a way to increase social support to cope with the abuse and leave the relationship

All of the women talked about their efforts to cope with domestic violence by seeking and using social support, such as family, friends and voluntary and statutory services.

Family and friends. During their relationship, the women often avoided telling immediate family about the abuse. Georgina selected a friend, whereas Kirsty received support from her grandparents as 'I didn't want my mum and dad seeing me the way I was'.

After leaving their ex-partner, many of the women demonstrated an ability to re-connect with family members, who then went on to support them emotionally and practically. This finding is consistent with previous research (Riger, Raja & Camacho, 2002). However, a few of the women spoke about ongoing difficulties in talking to family and friends about their abusive relationship.

Voluntary sector services. The support received from domestic violence charities came up in many of the narratives. Women described such organisations as their main source of support during the relationship and as instrumental in helping them to leave their ex-partner:

I didn't break away from him until I was seeing someone at (charity) and they were seeing me for a few times and I was talking to them and stuff. (Georgina)

However, difficulties with voluntary sector services were also mentioned by a few women. One woman said that the counselling that she was finding very helpful was stopped abruptly due to lack of funding. Another woman said that it had been impossible to talk about her situation at a support group due to her fear of 'outing' herself as a lesbian among other service users who had been abused by a male partner (Hardesty, Oswald, Khaw & Fonseca, 2011).

Statutory services. The women also talked about their experiences of statutory sector services. During the relationship, the police had often helped by providing temporary safety from a violent partner. However, the women recalled various unhelpful responses and attitudes from the police:

And I'd drop the charges on him – it wouldn't go to court and then I could – the police used to say you could be charged with wasting police time. (Zoe)

The women also reported mixed views of social services. Lisa referred to one member of staff as a 'life saver'. She described her relief at being asked directly if she was experiencing domestic violence. However, a number of other women experienced an unsympathetic and unhelpful approach from social workers, adding to their overall experience of emotional trauma (Keeling & Van Wormer, 2012). For example, when Carol grew to suspect that her child had been abused by her ex-partner, social services said that they could not help:

I'm pretty sure that something went on but until she's actually said to me look mummy he done that . . . , you know there's nothing I can do. (Carol)

No support was offered to Carol and social services 'took two - three months to come round once I'd rung them up'.

Similarly, once her time at a supervised contact centre had ended, Lisa did not know how to safely arrange the required contact visits for her ex-partner with their children. She explained that as her ex-partner had behaved appropriately with their children at the contact centre, where staff supervised and helped, she was eventually asked to arrange contact visits with her ex-partner outside of the contact centre:

Either he'd display some form of violence there, for you to be able to stay there, or he doesn't and you eventually have to leave. Which I found that quite difficult because there is no aftercare if you like and I think that's something that, you know, needs to change. (Lisa)

Lisa was at a loss as to how to keep the children safe in this situation, a finding which has been echoed in previous research (Hardesty & Chung, 2006).

Such findings demonstrate that the lack of professional recognition of the impact of domestic violence limits women's coping options. Research efforts which are unduly focused on individual coping responses perpetuate the lack of analysis of how societal or institutional factors can protect women from domestic violence or, conversely, promote abuse towards them (Bostock, Plumpton, & Pratt, 2009).

Developing and adapting a wide range of strategies to cope with relationship difficulties and abuse while mothering children

All the women spoke about the contextual factors that influenced their coping strategies. They selected different strategies, either changing their thinking or their behaviour, depending on their specific situation. Their ability to do this demonstrated coping flexibility and adaptability (Lester, Smart & Baum, 1994).

Sometimes it was most appropriate to *change their thinking* in order to cope with what was happening to them, such as choosing to focus on the positives of a difficult situation when they felt they could not change what was happening. For example, during her relationship, Barbara thought it was 'very good it's night-time' when her ex-partner was abusive towards her as, that way, others would not see what he did. After leaving her relationship, Sophie focused on her joy at 'preparing to have a child'. Claire chose to think about the better times in her relationship.

Most of the women commented on how thinking that they *had* to cope had helped them both during and after leaving their relationships. Consistent with previous research, during the relationship

– and even if they sought help from others – the women seemed to believe that nobody could help them and that they alone were responsible for trying to stop the abuse (Lempert, 1996). Often, the women could not explain how they had coped and all played down what they had managed to achieve:

How did you manage to carry on? (Interviewer)

Well I had to; I think you have to, don't you? (Claire)

The women described making efforts to think differently about their ex-partner's abuse, both during the relationship and after leaving. It was common to minimise the abuse:

I mean, even when he was doing these things, I still thought you know, not a great big deal. (Carol)

Some of the coping strategies identified in most of the women's narratives appeared to help them forget about or deny their relationship difficulties and associated emotions. The women described the conscious efforts they made to do this during and after the relationship:

If it makes any sense it's like it's easier to think that this is somebody else's life that you're living. It's almost like you are watching someone else's life. That is for me the best way to deal with it. (Carol)

After leaving the relationship, a few women spoke about trying to accept what had happened to them and reconciling this with the fact that, at the time, they had done their best to cope. Many of the women said that they felt so overwhelmed that they tried not to think about the future, instead concentrating on the present.

At other times, the women felt they had no option but to actively *change their behaviour* to cope with the challenges they faced. This included calling the police when their ex-partner's abuse became intolerable or leaving their ex-partner at times before they ended the relationship. If their efforts did not stop the abuse then the women's responsibilities to others meant that they then focused on getting on with their lives. This could mean that some of the women stayed in their abusive relationship for longer:

I think I had no time at all to give attention to that because I am very busy in my work. (Barbara)

I just had to get on with it, I've got, I had two kids then like a baby and a toddler. (Zoe)

Many of the women also talked about having to find ways to get on with their lives after leaving the relationship:

I just dealt with it. I just don't know how. (Zoe)

The women spoke of times during the relationship when they had tried to talk to their ex-partner about the abusive behaviour. The consequences of doing so could mean a temporary improvement or no change, meaning that the women seemed despondent about their relative lack of success with this strategy:

I mean I'd say about it the next day or whatever (pause) but he, he'd, he was in denial about it all. (Claire)

After ending their relationship, a few women continued trying to talk to their ex-partner about his behaviour towards their children.

Many women reported going out of their way to try to please their ex-partner during the relationship. One woman reported being hyper-vigilant of her own behaviour in an effort to avoid being abused:

I always used to be on edge or sort of half alert thinking, oh god, you know what's he going to say, what's going to happen, you know, am I doing anything wrong or right? (Georgina)

After the relationship had ended, keeping busy – for example, at a job or an educational course – had helped the women get on with their lives:

I sort of got my confidence back by doing all this stuff. (Georgina)

Half of the women spoke about running away from difficult situations or hiding from their ex-partner. During the relationship, this was used when they wanted some time to themselves to think or when they felt unsafe. A few women reported using alcohol, illegal drugs or over-eating to distract themselves from painful feelings, both during and after the relationship. Two of the women said that they had felt so hopeless and alone during their relationship that they had considered or attempted to commit suicide.

This study goes beyond previous work in finding that the women used the same types of coping strategies to manage daily life in the years after leaving an abusive relationship as they did during the relationship. For example, they used strategies such as denying their relationship difficulties or trying to focus on getting on with their lives.

The responsibilities of motherhood in the context of domestic violence: a source of anxiety and strength

The women spoke about mothering during and after leaving their relationship in two distinct ways. Two of the women focused their narratives on the impact they thought the abusive relationship had on their children and found it more difficult to talk about their own experiences. However, in common with other qualitative research – and particularly when not many years had passed since leaving the relationship – the other six women avoided this topic and were able to more easily talk about their own experience of domestic violence than about how their children had been affected (Peled & Gil, 2011).

All the women reported that being a mother was both physically and emotionally more challenging during the abusive relationship (Radford & Hester, 2006). This was because ex-partners made mothering more difficult and undermined the mothers' relationships with their children. Two women said that their ex-partner had stopped them from breastfeeding:

It was quite hard because, erm, he kind of stopped me from breastfeeding as well, because he was – I was breastfeeding and he was getting all stropky because he wasn't, he couldn't do what I was doing, you know bonding with the baby. (Kirsty)

The women also reported their ex-partners' ongoing attempts to undermine them as mothers during their relationship, whether through defining themselves as the most competent parent or trying to reduce the women's confidence in their ability to mother:

It was like he would say that he showed me, showed me things, like what to do with her and that. (Claire)

After leaving their ex-partner, most of the women commented on the various ongoing challenges that they faced in mothering their children. Women talked about ongoing abuse and their

ex-partner's requests for contact with the children as an opportunity to continue to exercise control over the mothers (Beeble, Bybee & Sullivan, 2007). Some of the women spoke of a lack of money and finding themselves isolated. Other women were troubled by their children's behaviour:

She can be quite, for a young child, and this may sound wrong, sometimes quite abusive in the way that she speaks. She speaks down to me, I mean she has raised her fist to me a couple of times. (Carol)

In spite of such difficulties, half of the women said that mothering had become easier or more enjoyable since leaving their ex-partner. They talked about a perceived increase in parenting skills and having more time and attention to give to their children.

Most of the women spoke about receiving practical and emotional support from family members, or staff at a family centre, to help them mother as a single parent. This had helped some of the women better understand that their abusive relationship had affected their children:

She'd told me about this poster that Liam had, you know, seen. And there were two people and there was one pointing. They didn't have any – it was just white, clear white bodies. There was one pointing and he turned round and said, that's daddy. And there was another one with their hands in their face and he said mummy. So (pause) you know the angry man is daddy and the one that was upset was mummy. And that had KILLED me because obviously he knew (pause) what was going on and I didn't think he could. (Kirsty)

Previous research has found that, after leaving an abusive relationship, the majority of women and children do not talk to each other about what went on and that this is in order to protect each other from painful memories (Mullender et al., 2002). These findings suggest there may be other reasons for the silence: as well as a general lack of confidence in *how* to talk to their children about what had happened, the women seemed to find it difficult to contemplate listening to their children talk about the source of their own trauma (Swanston, Bowyer & Vetere, 2013):

I just normally say well I can't answer all the questions that you have. You know, I'm not him so – I feel that in some ways maybe that's the same as a lie but I think no or whatever you know . . . as she'll get older she'll learn (pause) that at the end of the day I can't give her all the answers. (Carol)

All the women talked about their children having indirectly helped them to cope with difficulties, both during and after leaving their relationship. During their relationship, children were cited as the reason the women felt able to carry on:

My (pause) Eva was the one, as soon as she was born, she kept me going. As soon as she was born, all of that with him just went out of the window. (Lisa)

A few of the women said their children gave them the strength to leave their relationships. After leaving their ex-partners, all the women said that focusing on their children was a key source of support in their lives.

Narrative form

Three types of narrative form were identified: 'The story told to help others', 'The story too difficult to tell' and 'Where's my story going?' The women chose different ways to communicate their experiences: by talking, acting, writing and presenting college certificates.

The story told to help others. Four women considered that their lives had gradually improved and spoke about their hopes for the future. They were clear that they wanted to talk about their experiences to help others who had been in abusive relationships. Kirsty told her story:

to help other people really. Just to let them know that because there is not a lot of talk about domestic violence. So with the research that is going on (pause) I want other women to know that there is another path, you know there is another world after domestic violence.

Each woman spoke about how she had managed to gradually build up her strength and self-confidence. There was often a chronological ordering of events which gave a sense of coherence for the listener. However, it was hard for these women to reflect on how they had felt at a particular time.

The story too difficult to tell. The three women who found their story too difficult to tell told narratives which spanned a larger period of their lives but in significantly less detail than the other women. There was a lack of information about what could be considered key events and also no concept of time.

The women had not made many social connections with others, either during the relationship or in the years after leaving. They each spoke about their difficulty in understanding the breakdown of the relationship and had tended to use avoidance coping strategies to manage the abuse, their feelings about it and the impact on their children. Although it was difficult for these women to reflect on their emotions verbally, they had managed to take an evaluative approach to their experiences:

There's going to be good and bad, isn't there? It's not all going to be good. (Claire)

I elaborate my life and it will er maybe it will set me free from the burdens of so many years that I really want. (Barbara)

Where's my story going? One woman, Zoe, did not seem to know where her story was going and chose not to think about the future. She had not used avoidance coping strategies but instead preferred to try and face difficulties directly and seek support from others to help her manage the abuse. However, this way of coping had not prevented Zoe from feeling overwhelmed by what had happened to her and her children. Zoe saw her life as dramatically altered for the worse as a result of her relationship.

Zoe often described what had happened through re-creating conversations that she or others had had, as if the trauma was happening in the present. She also gave details of her emotional reactions:

I had cried so much, as tears was touching my face, it was like acid burning my face.

From the relationship I was in, I took all that . . . and, um. People say I should let the barriers down more. I said no-one will walk all over me.

Clinical implications

The findings have a number of implications for practitioners, professional training and supervision. Although the four principles discussed below are not new in the field of working with people

affected by other traumas (e.g. Briere & Scott, 2006), it is revealing that the findings of this research support their use when working with mothers affected by domestic violence.

The challenges of creating a trauma narrative

Talking about domestic violence to friends and family may still be difficult many years after an abusive relationship has ended. This situation is exacerbated if healthcare professionals do not appropriately address the possibility of domestic violence with clients (Beynon, Gutmenis, Tutty, Wathen & MacMulan, 2012).

Facing difficult and frightening experiences by developing an account which can be communicated to others has been held as an instrumental step in processing other traumatic experiences (Harvey, Barnett & Rupe, 2006). However, trauma creates a major challenge to creating a coherent narrative (Freer, Whitt Woosley & Sprang, 2010). It is likely that practitioners will need to help women with a history of domestic violence by providing them with opportunities and support to organise, structure and make meaning out of their experiences. As has been previously found in research on domestic violence, there were many similarities between the different women's accounts in this study, but also unique aspects to each (Edin & Nilsson, 2013). This highlights the importance of listening carefully to each woman's story.

It has previously been found to be beneficial when working with women who have been abused if alternative ways of conveying experiences, such as sharing photographs, are encouraged and validated (Clarke, Wright, Balaam & McCarthy, 2013). As well as talking about their experiences, the women in this study chose to act, write and present college certificates.

Consistent with findings in the therapeutic literature on domestic violence, clinical work could also help women to pay attention to, and clarify their emotions about, what happened to them (Vetere & Dallos, 2008). For example, when talking about their experiences, some women seemed to dismiss or over-simplify what they had felt or how difficult life had been for them. This had not helped them to deal with their feelings about the abuse (Bauman, Haaga & Dutton, 2008). Other women became overwhelmed by their distress so in those instances, as is common practice in trauma-focused therapy, practitioners could seek to help clients develop strategies to calm and soothe themselves (Tedeschi & Calhoun, 2006).

A strength-focused approach

The women often saw the negative consequences of the ways that they had chosen to cope and to mother. It seemed that all the women failed to properly take account of the context for their coping efforts.

An approach that therefore focuses on helping women appreciate the strengths inherent in their narrative, while acknowledging the profound challenges that exist, may help women view how they coped in a more positive light. This is supported by previous research which has indicated the need to take a strength-focused approach with women who have been abused (e.g. Humphreys, 2003). Furthermore, such an approach could help women feel more supported and therefore better able to appraise the coping strategies that they use. It might be important for women to evaluate the 'fit' of their coping strategies within their changed environment. This would help the women face challenges and also look at whether such coping strategies are being passed on to their children.

How a story is told is important

A narrative, whether about domestic violence or another trauma, is generally judged to be coherent if events are linked in a temporal and causal sequence and there is integration of emotional states

and events (Dallos, 2006). If, therefore, a person is unable to give such an account of their experience of domestic violence, it can be indicative of difficulties in their thinking about and understanding of what has happened to them (Enosh & Buchbinder, 2005). By paying attention to *how* women talk about their experiences of domestic violence, as well as to the content of their narrative, practitioners can intervene in a more focused way.

The women in this study whose principal motive in telling their stories was to help others might benefit from assistance to process their emotional reactions and integrate their feelings with events. In contrast, the women whose story was too difficult to tell had not previously had opportunities to talk to others about their experiences and might therefore benefit from an 'expert companion', or supportive practitioner, to help them during the process of creating a narrative (Tedeschi & Calhoun, 2006). If a woman is unable to identify where her story is going, practitioners could help her to gradually process her experiences and allow her traumatic memories of abuse to be incorporated into a narrative of an ongoing journey (Evans & Lindsay, 2008).

Recognising trauma in parents

Practitioners have an important role to play in helping mothers understand their feelings about domestic violence and the strategies they use so they can then help their children do the same (Peled & Gil, 2011). This is a valuable process; the relationship between mother and child is crucial in shaping children's experiences in the aftermath of domestic violence (Swanston et al., 2013).

The findings indicate that after leaving an abusive relationship, and before their child can be helped to create their own narrative about what has happened in their family, a mother may need support to listen to her child talking about his or her memories of the past. Services therefore need to be mindful that even several years after a woman has left an abusive relationship, mothers and children may not yet have processed their experiences of domestic violence (Humphreys, Mullender, Thiara & Skamballis, 2006).

Limitations

Several limitations should be considered when interpreting the findings of this study. Each of the eight participants had left an abusive relationship, made use of voluntary sector services and volunteered to take part. Their children were of different ages, which was not taken into account in the analysis. Although the study has generated some new insights into the experiences of mothers affected by domestic violence, and how they might be best supported, the findings cannot be generalised and applied to other women.

Although the women represent a wide range of backgrounds and ages, their similar ethnic backgrounds could be viewed as a limiting factor. Furthermore, the low income levels of all eight women mean that some of the issues they raised, and the strategies that they used, could have been brought about by financial difficulties.

Other readings of the transcripts could produce different insights which are equally supported by the text. However, such alternative readings of the text do not necessarily have to be in conflict with each other (Riessman, 2008).

Concluding remarks

The narrative approach used here demonstrates that it is possible for practitioners to learn a great deal about the ways in which mothers have coped with domestic violence by listening to *how* they tell their story. The study gives a better understanding about the long-lasting impact and

consequences of domestic violence on mother–child relationships. It also highlights the differing support needs of mothers and their children during and after leaving an abusive relationship.

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