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Improving professionals' responses to mothers who become, or are at risk of becoming, separated from their children, in contexts of violence and abuse

Monk, Laura Michaela

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Improving professionals' responses to mothers who become, or are at risk of becoming, separated from their children, in contexts of violence and abuse

Laura Michaela Monk
September 2017

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Coventry University***

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Abstract

Abusive men use a number of coercive and controlling tactics to undermine mothers' roles, abuse women as mothers, and disrupt mother-child attachments. Consequently, some mothers become separated from their children via strategic coercive control. Despite academic and practitioner understanding of this problem for aeons it is not formally recognised in policy and service provision. Therefore, when women seek intervention from professionals and services, there is no formal pathway for prevention or support. There are profound and long-lasting effects for women who experience mother-child separation but little consideration is given to their needs and they are a marginalised population. This thesis investigates how to raise awareness of this type of abuse through DVA education to improve professionals' responses to mothers whose relationships with their children have been targeted by coercive controllers. The investigation is achieved through planning, developing, piloting and evaluating a learning development workshop for professionals using an Intervention Mapping (IM) approach. Multiple research methods were used during four studies: two with mothers as part of a situational analysis, and two with practitioners through a training needs analysis and a workshop evaluation. The analyses show how using systems theory, which underpins IM, drew attention to the systemic nature of mother-child separation strategies where the manipulation of professionals was seen as *fundamental* to strategic mother-blaming. Notably, analysis highlights the arbitrariness of prevention and support for mothers when workers' responses may have related more to personal factors than professional judgement. The application of IM to the problem resulted in a workshop with a novel focus for DVA education by centralising the roles of systems/practitioners in mother-child separation strategies. Significantly, using IM in the planning, development and evaluation enabled training that transcends traditional awareness-raising methods through reflective, reflexive pedagogy, which influenced practice and had real-world impact.

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CHAPTER ONE

INTRODUCTION AND THESIS OUTLINE

“I feel very let down by a system that did not help me and my children stay together when fleeing domestic violence. The children’s father took advantage of court processes that lasted several years, cost me tens of thousands of pounds, and involved many investigations, meetings and reports by professionals whereby I was painted as a liar and, apparently, an unneeded mother. This was despite being a full-time mum for 15 years to children who were my whole world as I had been theirs. Their father managed to turn my children against me using a system that purported to be in my children’s best interests but the result of this was that they ended up losing their mother and living with my abuser, which was most definitely *not* in their best interests” (Hazel, mother-apart and participant in this study).

“Maternal alienation occurs primarily within families. Yet it is important that professionals, and the systems and services within which they work, understand the ways in which maternal alienation also takes place at a systemic level.” (Morris 2003b)

These quotes are unusual in the field of domestic violence and abuse (DVA) research. The field often refers to post-separation violence associated with child contact, particularly violent men’s use of family courts as a platform to continue violence against women and children (Women’s Aid 2016a). However, there are few studies that investigate abusive men’s strategies that target the mother-child relationship *itself* as a form of coercive control, pre- or post-separation. Furthermore, little attention is paid to the role of workers and experts in intentional mother-child separation, even though the exploitation/manipulation of systems/professionals is often fundamental to its ‘success’ (Monk 2013, Morris 1999a). Abusive men, who blame mothers in their strategies to undermine them, capitalise on mother-blaming structures and practice (Morris 2008). However, professionals have little awareness of their central roles in such strategies, and this problem is not highlighted in DVA training and education. Crucially, when mothers seek help for this problem, it is not formally recognised by services/professionals and there is no preventive intervention or specialised support for mothers who become separated from their children in this way (Monk 2013).

In this study, the term ‘mothers-apart’ is used to describe women who have become separated from their children following abusive men’s interference in the mother-child relationship. The term honours the women who participated in this study recruited from the charity, MATCH Mothers (Mothers Apart from Their Children) in the United Kingdom (UK), who describe themselves as mothers-apart. Members of MATCH mothers use this term to mean mothers living apart from their children in a broad sense (restricted or no contact with one or more children).

Overall, this empirical study highlights the lack of support for mothers-apart and inadequate services’/professionals’ responses to the problem of intentional mother-child separation, and suggests ways to improve the situation through: use of coercive control legislation to address the problem, specialised DVA education for professionals, and dedicated therapy for mothers-apart. Improved understanding is gained through the findings of four studies with two populations: mothers-apart, and practitioners who work with this group of women. An educational workshop was planned according to the needs of mothers-apart and the training needs of professionals who work with them and support them, which were identified through a needs assessment. The study provides accounts of mothers-apart who strove to find preventive help and emotional support when there was none available, and garners their views on: what their needs were at that time, how those needs were or were not met, and how the needs and issues of other mothers-apart might be addressed by professionals.

This study also emphasises the perspectives of practitioners in the UK: how they view the current situation of support for mothers-apart, their accounts of how other professionals in the field respond to this group of women, and their opinions on what kind of DVA training might influence practice responses to the problem. The

professionals in this study participated in an innovative pilot workshop in which DVA education was focussed on these problems. It took a mother-centred, needs-led and strengths-based approach to the problem of mother-child separation and was grounded in the experiences of women and the practitioners who support them.

The overarching aims of the study were to raise awareness of abusive men's intentional mother-child separation strategies, to investigate a lack of support for mothers-apart, and to consider how to improve professionals' responses to these problems. The objective of this research project was to apply Intervention Mapping (IM) (Bartholomew, Parcel, Kok, Gottlieb and Fernández 2011) to plan, develop, pilot and evaluate a professional development workshop aimed at influencing practice. Using IM, four studies conducted during the six-step process of IM involved sixty-two participants in total ($n = 62$) who were both mothers-apart ($n = 10$) (studies one and two) and a broad range of professionals ($n = 52$) (studies three and four) who had experience of working with this group of women. Ethical approval to conduct this research was granted by Coventry University Research Ethics Committee.

This study can be seen as contributing to the predominantly UK/American/Australian body of feminist literature that understands DVA as a pattern of coercive control, and views the coercive control of women as mothers as a form of gendered violence (Bancroft 2002; Bancroft, Silverman and Ritchie 2012; Beeble, Bybee and Sullivan 2007; Bemiller 2008, 2010; Chesler 1991, 2011; Hayes 2015; Heward-Belle 2017; Humphreys et al. 2006; Katz 2013, 2014, 2015b, 2016; Kruk 2010; Lapierre 2008, 2010; Lapierre and Côte 2016; Lischick 2009; McCloskey 2001; Miller and Smolter 2011; Mullender et al. 2002; Pence and Paymar 1986, 1993; Radford and Hester 2001, 2006, 2015; Stark 2002, 2007, 2009). In-line with the

approaches of many of these previous studies, the research presented in this thesis emphasises the lived experiences of women survivors of DVA.

The research contributes to the field of feminist DVA literature through a deepened understanding of practitioners' roles in abusive men's strategies at a systemic level, and how practice responses might be improved through education. This was achieved by drawing on practitioners' experiences and by their involvement in the DVA workshop that was central to this understanding. Also, this study can be seen as contributing to DVA education field of literature (Bradbury-Jones et al. 2014, Broll et al. 2012, Payne et al. 2007, Peckover and Golding 2017, Postmus et al. 2011, Taylor-Dunn 2016, Williamson et al. 2015). This was achieved through the creation of a learning development workshop that went beyond the traditional awareness-raising methods to also include a reflexive pedagogy, which appeared to influence professionals' practice and have real-world impact.

This introductory chapter sets the scene for the thesis by defining the problem and introducing the main argument. The first section provides the background to the study by explaining maternal alienation (MA) and the major issue of a lack of specialised support for women experiencing this problem, which Morris defined as: "the phenomenon of children being alienated from their mothers, within a context of abuse, through the deliberate use of tactics such as mother-blaming" (Morris 1999b:72). Justification for a feminist, gendered approach to the research is provided by emphasising MA as coercive control that is a gendered form of violence against women as mothers. The problem is compared with the issue of father-child separation, which is not understood in the same way. A rationale for the IM approach is provided with reference to the socio-ecological model that aligns well with feminist theory. The second section sets out the research questions that guide the thesis, and

explains how IM influenced these. Then, the structure of the thesis is outlined by signposting readers through the chapters that follow, showing how each chapter builds the story of the thesis, and what new and important knowledge was gained.

Background and approaches

The motivation for this research stemmed from my MSc in Psychology when I examined MA and found that women in the UK with experience of it had no access to specialised support - either before or after mother-child separation. That study drew on the accounts of six mothers-apart who I identified as having no access to specialised help: either to prevent intentional mother-child separation by partners/ex-partners, or to support women suffering disenfranchised grief in the aftermath. The participants were also recruited from the charity, MATCH Mothers, of which I am a long-term member. The impetus for the study stemmed from my own experiences of MA, and those of mothers-apart I know through MATCH.

It was these experiences: the sadness of children losing loving mothers, the frustration at the impotence of services to prevent this form of abuse, and the anger at the lack of support for mothers-apart, which motivated the investigation. Over time, I repeatedly heard mothers-apart talk about their fruitless searches for specialised help - both when threatened with, and experiencing, mother-child separation - and the failure of systems/professionals to understand MA or support this group of women. It was important for me to understand why no intervention to address MA exists in the UK; why women who experience this problem struggle to find appropriate preventive help, or support to protect their children from this type of abuse; and why mothers-apart suffering the loss of their children through MA have no access to specialised support. I was also mindful of the children who, although not the focus of this study, are in need of protection from MA: this is an important area for future research.

My identity is strongly connected to this investigation and there is an autoethnographical study component. Although this piece of research has benefited from my 'insider' status (Oleson 2000:227), I acknowledge its epistemological position as non-neutral. Nevertheless, I have strived to gain a deep understanding of the subject by actively monitoring my biases and potential blind spots through reflective techniques, particularly Kolb's experiential learning cycle (1984). My professional training was beneficial in this respect as I am a reflective practitioner and educator, and committed to reflexivity.

In addition to understanding MA through my own experiences and those of MATCH Mothers, I have encountered many other women in similar situations through my profession as a counsellor and psychotherapist - particularly in my work at a DVA agency. It was here I learned that primary care of children is not always the overarching aim of abusive men's interference in the mother-child relationship as Morris described in the concept of MA. I came to understand that destruction of the mother-child relationship by any means is, sometimes, of paramount importance to the perpetrator who can achieve this end by enlisting social services in a 'smear campaign' to engineer state removal of children from a mother's care. Understanding this aspect of abuse influenced this research by discussing intentional mother-child separation tactics as coercive control that go beyond MA as Morris described it.

It is also relevant to the present study that I teach humanistic counselling using reflective, reflexive, experiential and relational methods because I was able to utilise this knowledge in the planning of the learning development workshop, central to this study. My familiarity with these methods enabled me to apply IM to the training in a way that offers a fresh approach to DVA education through reflexivity. Using these methods, practitioners were encouraged to focus on their part in DVA outcomes, their

attitudes/responses to mothers-apart, and their relationships with mothers and with perpetrators. These methods added something new to more traditional approaches to awareness training because reflexivity elicited meaningful, experiential learning in participants.

As emphasised in the opening quotes, Morris identified that MA occurs at a systemic level in addition to within the family setting, emphasising this crucial aspect by naming it ‘systemic maternal alienation’ to draw attention to professional discourses and practices related to mother-blaming (2008, 2003b). However, the concept of systemic MA has received scant attention outside of Morris’ research. I found only one paper that made reference to it (Wilson, McBride-Henry and Huntington 2004) and this was in the field of nursing, which demonstrates interdisciplinary interest. In 2002, Morris established the Maternal Alienation Project (MAP) in Adelaide, through which professionals in the community were educated about MA and women experiencing it were offered support. However, “the concept of maternal alienation and MAP itself were attacked by a coalition of men’s rights and Christian Right lobbyists” (Morris 2008: xiii) and, even though MAP involved a three-year design, the Project was cut within a year. Despite the significance of the author’s research for practice and DVA education, the concepts of MA and systemic MA are not explained in standard DVA training.

Morris’s early research into mother-blaming (1999a, 1999b) drew attention to abusive men’s intentional division of mothers and children in contexts of DVA and child sexual abuse /child abuse when the author observed similar grooming strategies to divide women and children in both types of abuse. Morris (1999a) also noted how mothers were often accused of making false allegations of DVA and child (sexual) abuse and/or were blamed for both: allowing men’s abuse and falsely alleging men’s

abuse. Morris identified mother-blaming and the invisibility of the perpetrator as key features of MA (2003b).

Despite the fact that we have known about these issues for some time, there has been little consideration of how practitioners and agencies support mothers who experience MA in the UK. In academia, there has been sporadic interest in MA since Morris's (1999a) research (e.g., Coy et al. 2011, 2012; Hooker, Kaspiw and Taft 2016; Wilson, McBride-Henry and Huntington 2004). Recently, Katz's (2013, 2014, 2015b) important research into the ways in which mothers and children support each other post DVA, highlights the problem of MA. However, most people do not know what it is and lack any other formal name for it. Similarly, although some practitioners (most likely in the field of DVA) might recognise the problem, informally, as 'turning children against their mothers' (e.g., Beeble, Bybee and Sullivan 2007), services/professionals are limited in their understanding of the problem. Importantly, practitioners are constrained in their helping capacity because of a lack of language to discuss the problem. As Kelly stated: "what is not named is invisible and, in a social sense, is non-existent" (Kelly 1988:114). Therefore, because service providers and practitioners have, largely, never heard of MA, or may only have colloquial language for it, the problem does not even exist from a practice response perspective.

This issue remains an extremely important area for attention, despite the failure of UK services to acknowledge, recognise or address MA or support women experiencing it. This thesis highlights a new opportunity that has recently arisen in the UK to tackle MA using the new coercive control legislation. The criminalisation of coercive control in the UK, embedded in The Serious Crime Act 2015 (Crown Prosecution Service 2017) heralded a significant change in the law. This represents a

huge and important shift in public policy that recognises coercive control as harmful and abusive and, hence, a criminal act. The law enables victims/survivors to recognise DVA as something other than isolated and/or physical incidents. Even though the academic community have long since understood MA as a form of coercive control (Morris 2009, Radford 2016), this knowledge has not yet shaped service provision. Coercive control law has not yet been used to address MA but this thesis argues that it could. Consequently, this thesis promotes discussion of MA as a form of coercive control to be stressed in research, practice and education, and recommends professionals address MA using the coercive control law. It is vital that professionals know how to support women experiencing this form of abuse using the new coercive control legislation. This thesis argues for specialised training to educate practitioners about the problem of MA as coercive control and provide them with the skills to intervene and support women. Additionally, professionals should be educated to understand the systemic nature of the problem and their own roles in abusive men's coercive control of women as mothers, especially strategies to target the mother-child relationship.

The specific focus on mothers in the present study was not to dismiss the experience of fathers but was based on feminist scholarship on motherhood that recognises how becoming separated from children is different for mothers (Bemiller 2010, Clumpus 1996, Morris 2008). This is because women's experiences as mothers are shaped by motherhood ideology that generally emphasises women's roles as primary caregivers and prioritises mothering over fathering in every sphere except custody (Flood 2003). Although, ostensibly gender-neutral arenas, family courts are recognised as patriarchal institutions by feminists, where professionals engage in mother-blaming and are biased against mothers (Chesler 2011). There are also many

paradoxes and contradictions in the DVA and child protection fields due to the differences in perceptions, beliefs, values and attitudes of the law and professional practices (e.g., Laing and Humphries 2013). Survivors of DVA who are mothers are likely to be treated very differently in the family law arena to the way they might be helped and support in the DVA sector and, differently again, in the criminal courts as witnesses to their perpetrators' abuse of them. The distinctions are so striking, in fact, that Hester (2011) described them as seeming like 'different planets', which each have their own history, culture and laws. Hester's '3-Planets-Model' (2011) provides an extremely useful view from which to understand some of these tensions in professionals' discourses and practices in: 1) victim/perpetrator arenas, 2) child protection and safeguarding settings, and 3) the area of child contact.

On the domestic violence planet, DVA is considered a crime. The behaviour of the perpetrator (usually the father) is recognised as abuse towards the victim (usually the mother) by the police, which may lead to a prosecution or restraining/protective order, and provision of protection and refuge for the mother by support agencies. There is a focus on the need to contain/control violent male partners in order to ensure the safety of women and children using civil and criminal laws.

On the child protection planet, a different set of professionals become involved when children are living with a mother who is experiencing DVA. Social workers have a statutory duty to protect the children using public law with an emphasis on the welfare of the child and its carer (usually the mother). In order to achieve this in DVA situations, social workers usually demand that the mother remove herself and her children from the relationship, and if she fails to do this she will likely be deemed as 'failing to protect', with the possible consequence of children being removed from her care and put into the care of the local authority in order to protect children. This

creates a double-bind for mothers because the agency that is available for help when there is DVA in the family is the same agency that has the power to recommend removal of children in the family courts. So, women are frightened to seek help because help-seeking risks their children being removed. Despite the recognition of male violence (usually the father), the mother is held responsible for dealing with the consequences and, therefore, the father effectively becomes invisible on this planet and is not held accountable for his violence.

On the child contact planet, which is governed by private law, there are yet another set of professionals. The Children and Family Court Advisory and Support Service (CAFCASS) officers focus on the importance of shared parenting rather than child protection and violent fathers are still deemed ‘good-enough’ fathers with rights to contact, or even custody/residency of children post-separation/divorce. On this planet, the mother who was told to leave the abusive man on the child protection planet, and then called the police and supported his prosecution on the domestic violence planet, is now ordered to allow and promote contact between the violent man and her children (the children’s father). If she fails to support and encourage this contact she is accused of being malicious, vindictive and alienating, and may even be labelled ‘emotionally abusive’ towards her children for ‘disrupting contact’, which risks her prosecution. The mother on the child contact planet is often very confused, disappointed and let down by the services because she is, once again, back in a position where she fears for her safety and the welfare of her children.

Hester’s (2011) theory recognises the need to align the three domains through a collaborative, multi-agency approach aimed at increasing the safety of women and children. And, crucially, there is focus on closing the gap between violent men and fathers so that perpetrators of DVA are recognised as fathers too, and so that the

fathering capacities of violent men are scrutinised in order to ensure the safety of women and children. Harne (2011) points out that “when men’s violence is viewed as separate from fathering and mothers are blamed for failing to allow violent parents to be ‘involved’ fathers...it supports fathers’ denial and minimisation of the impact of violence on children and of directly abusive parenting practices” (Harne 2011:96). Harne also draws attention to how “the extent of violent fathers’ coercive control has been shown to be highly significant in identifying their harmful risks to children as well as to mothers (Harne 2011: 6). Other authors have also highlighted how abusive men’s sense of entitlement to ownership and control of women is not limited to their partners but also to their children in familial settings, with implications for parenting and children’s safety (Bancroft and Silverman 2002, Morris 2009, and Stark 2007).

The problem of mother-child separation in a context of DVA might be overlooked in spheres where mother-blaming occurs and parent-child separation is viewed as gender neutral. Father-child separation is generally thought of as a phenomenon resulting from acrimonious divorce rather than DVA and fathers separated from their children usually find support in fathers’ rights groups (FRGs) and men’s rights organisations (MRAs) in the UK of which there is no female equivalent. Morris (2008) noted that mothers have not been motivated to stress their equivalent lack of parenting rights because they are more concerned with what is in the best interests of the children rather than their own entitlements. FRGs and MRAs claim absences of mothers’ rights groups demonstrate that mothers’ problems with child contact are not a significant issue for women - however, figures are unknown.

Due to recent trends in the de-gendering of data, there is a lack of national statistics relating to mothers separated from their children. For example, Baker and Bishop (2005) reported non-resident mothers are a particularly overlooked minority

because “non-residential (noncustodial) mothers are typically subsumed under non-residential (noncustodial) parents, often without recognition of their particular needs” (2005:206). Before sources of census data became gender-neutral, Kielty (2005) estimated that there were approximately 135,000 non-resident mothers in the UK based on the 2000 Census data (ONS 2001), and subsequently reported this number increased to over 200,00, based on a later census (ONS 2006) (Kielty 2008). From Kielty’s records, it is possible to forecast figures from those available in 2005 and 2008, where a continued trajectory of a similar increase would estimate numbers rising to 470,000 by 2017 and over half a million by 2020. However, it is not possible to know from these figures the circumstances in which mothers and fathers separated or reached parenting agreements.

Even so, the present study draws attention to how the problem of becoming separated from children in a context of DVA affects mothers in a different way to fathers for a number of reasons. First it is important to point out that, in this study, mother-child separation is being investigated *as a form of coercive control*, whereas most research into parent-child separation is situated within the family law literature. One of the ways in which the problem is different for fathers and mothers, is that a phenomenon of fathers becoming separated from their children in a context of DVA when abusive women target the father-child relationship to maintain their control over men has not been identified as a problem. Rather, Morris’s (1999b) concept of MA drew attention to a phenomenon perpetrated by abusive men against women and children (Morris 1999b). Morris (2010) did not deny that some women alienate fathers from their children, but the author argued “this is less frequent and has different consequences from ‘maternal’ alienation, as the gendered context within which alienation resonates is different for men” and “fathers are not surveyed,

regulated and judged with the same severity as are mothers” (Morris 2010:225). It is also important to note that because this study focuses on mother-child separation in a context of DVA, it means the fathers who are implicit in the study are also perpetrators. For this reason, I elected to use Katz’s (2015a) definition of perpetrators/fathers in this thesis where appropriate. Also, I use Lischick’s (2009) term ‘coercive controller’ as a more streamlined way to describe abusive men who use coercive control. Another way that the problem is different for men and women, is that fathers are not subject to state intervention in the way that mothers are. A mother may be charged with ‘failing to protect’ her children when she is in a relationship with a DVA perpetrator (Fordham 1999, Saunders and Barron 2003). But, abused men who are fathers are not known for being charged with ‘failure to protect’ children from violent women.

Researchers have pointed out that motherhood for non-resident mothers, is significantly different from non-resident fatherhood in multiple ways, including stigma, blame, and judgment due to their non-normative status (Arditti and Madden-Derdich 1993, Babcock 1997, Kielty 2005). For example, Greif, in 1987, stated:

“Unlike their counterpart – fathers without custody, who receive a great deal of praise and support for their child-rearing responsibilities – these mothers are the object of curiosity and, frequently, disdain. Most people find it odd if a mother is not raising her children after the breakup of a marriage, and may assume she is unfit” (Greif 1987:11).

And Babcock (1997) said, “For nonresidential fathers, the normative expectations associated with fatherhood (e.g., economic support and contact) can continue to be met. The nonresidential father appears to enjoy more acceptance than the nonresidential mother as long as he conforms to the central roles associated with fatherhood” (Babcock 1997:140). Although these quotes are quite old, mother-blaming, and stigma and judgement towards mothers-apart remain current.

The phenomenon of mother-blaming is related to ‘good’ and ‘bad’ motherhood ideology (Babcock 1997). The abuse of women as mothers that draws on motherhood myths such as ‘the unfit mother’, then, can be seen to be gendered in that there is no gender counterpart. Mother blaming at a systemic level is known to be exploited by DVA perpetrators, e.g., Lapierre explained that “abusive men seem to understand how the institution of motherhood operates and can be used against women: (2010:1447). Therefore, coercive controllers’ assaults on mother-child relationships using strategies such as mother-blaming, are a gendered form of violence against women as mothers.

There is gender inequity in parenthood on multiple levels, and the ostensibly gender-neutral attitudes by patriarchal organisations such as family courts and child protection arenas are a fallacy. The failure of these professional bodies to acknowledge difference in experiences of men and women, and mothers and fathers, can blind practitioners to the realities of mothering through DVA. Dominant discourses affect processes and outcomes of disputed contact and childcare arrangements post-separation, and an understanding of these is essential in this field. Gendered and gender-neutral approaches to practice and discourse relating to mother-child separation are explored throughout this thesis.

Although both men and women can be victims and perpetrators of DVA, it is recognised as a gendered crime because “like most violent crimes, it is predominantly men who are the offenders...violence is gendered behaviour and needs to be understood with reference to the power relations that legitimise and sustain it” (Radford and Hester 2006:7). Additionally, Walby and Allen’s (2004) study provided solid evidence that women suffer the most severe forms of violence and most persistent abuse. Importantly, feminist researchers and practitioners have long-recognised that women’s experiences of abuse in the domestic sphere are better

understood as coercive control. Here, the Dobashes (1980) provide an example of this understanding:

“We propose that the correct interpretation of violence between husbands and wives conceptualises such violence as the extension of the domination and control of husbands over wives. This control is historically and socially constructed. The beginning of an adequate analysis of violence between husbands and wives is the consideration of the history of the family, of the status of women therein, and of violence directed against them. This analysis will substantiate our claim that violence in the family should be understood primarily as coercive control” (Dobash and Dobash 1980:15).

Since that time, feminists throughout the decades have understood DVA as a pattern of coercive control rather than isolated incidents of violence (Dobash and Dobash 1992, Jones and Schechter 1992, Pence and Paymar 1986, Stark 2007).

It is pertinent here to note that one reason MA may not have been promoted in the feminist literature is its name, which Morris coined to counter Parental Alienation Syndrome (PAS/PA) (Gardner 1987). Meier (2013) identified the naming of MA as problematic because PAS is a controversial concept avoided by feminists (e.g., see written evidence from the Women’s Aid Federation (Parliament 2011)). One issue is the misuse of PAS in custody disputes (Meier 2009), where it has been appropriated by abusive men who use the concept as a tool in family courts to deny reports of DVA and child sexual abuse. Although parental alienation appears to be gender-neutral, Morris (2008) argued, “this gender neutral term (parental) hides a highly gendered concept in which mothers are blamed in ninety per cent of cases” (2008:53). According to Gardner (1987), 90% of children in custody litigation suffer from the disorder of PAS when ‘vengeful mothers’ supposedly employ abuse allegations in order to punish ex-husbands by ensuring custody and termination of the child’s relationship with the father. Despite superficial gender-neutrality, the majority of studies of PAS have focused on the alienated father - portraying the mother as the alienating parent, e.g., Turkat’s (1994) paper on *Child Visitation Interference in*

Divorce begins by twinning PAS with the author's 'Divorce-Related Malicious Mother Syndrome' (see Turkat 1995).

Gardner's legacy still stands in UK family courts today where the concept of PAS is utilised by court personnel. For example, it was mentioned in a recent collaborative report by Women's Aid and CAFCASS; although the report includes a footnote by Women's Aid raising concerns about the research base of PAS (CAFCASS 2017:13), which draws attention to the lack of scientific rigour associated with the original concept (see Faller 1998 for a rebuttal of PAS as a valid syndrome). Advocates of PAS have perpetuated the notion that women commonly fabricate abuse in divorce proceedings over decades and it has taken root in family courts. In fact, the idea that abuse claims during divorce are mostly untrue and a ruse by 'malicious mothers' to prevent contact between father and child is so common that legal experts are known to advise women not to reveal DVA and CSA due to the risk of being accused of alienating behaviours (Lapierre and Côté 2016). Thus, the concept of PAS/PA presents a barrier to women threatened with mother-child separation to finding support when reports of DVA are understood as 'fabrications': as part of a woman's strategy to deceive courts in order to gain parental responsibility following partner dissolution.

Although the similarities between PAS/PA and MA are clear in that they involve parents and children being alienated from one another, they are also fundamentally different: MA was conceptualised as a form of gendered violence (Morris 2009), whereas PAS was originally conceived of as a syndrome observed in children (Gardner 1987). The problematic name of MA is clear, then, as is the language of alienation *per se* because of its association with PAS. Therefore, the present study attempts to both highlight the problem of MA whilst moving away from

its name. In doing so, this investigation begins from a starting point that intentional mother-child separation should be understood as coercive control within a paradigm of gendered violence against women that “relies for its impact on women’s vulnerability *as women* due to sexual inequality” (Stark 2007:5).

Intervention Mapping

After considering the lack of agency support for mothers-apart and the systemic nature of mother-child separation via coercive control, it was apparent to me that I needed to take a socio-ecological approach to my investigation because I wanted to explore factors on multiple levels. It was important to me to avoid blaming or pathologising the women, as individualised approaches tend to. For example, Whalen (1996) explained that socio-cultural perspectives of DVA avoid the pitfall of traditional psychology that reflects an individualism, which makes abused women responsible for their abuse and for changing their situation. Rather, I wanted to explore factors that contribute to mother-child separation at a systemic level, in addition to those relating to support for mothers-apart. A socio-ecological model illustrates how psycho-socio-cultural problems exist at micro, macro and intermediary (meso) levels (see Figure 1).

Figure 1. A socio-ecological model (adapted from Carlson 1984)

Morris (2008) used a socio-cultural model to explore the systemic nature of MA (i.e., Little and Kaufman Kantor 2002) and the model aligns well with feminist theory. Socio-ecological theory has also been used in the field of DVA in the creation of perpetrator programmes that are based on Dutton's (1985) nested ecological theory of male violence following theoretical models developed by Belsky (1980) and Bronfenbrenner (1979). The IM approach also utilises the socio-ecological model, so, was considered especially useful to understanding systemic MA where factors outside of the individuals' environments (i.e., systems and the professionals in them) exacerbate problems. In this respect, the IM approach was an ideal method for the creation of a workshop because its authors stress the importance of a systems approach that assumes an intervention will be part of a complex multi-level system (Bartholomew et al. 2011:10). The IM approach was deemed suitable in a number of other ways that are outlined in the methodology chapter.

Research questions

The lack of support for women experiencing MA (Monk 2013) led to me ask the following question as a starting point for the PhD investigation:

1. Why is there a lack of support for mothers experiencing this type of abuse?

By applying the IM approach to this problem, I examined factors on multiple levels through a situational analysis in which multiple methods of data collection were used. This enabled a multi-perspective understanding of this complex problem on multiple levels, by harnessing compound sources of data and an integration of the numerous findings (although this thesis is presented in a linear fashion, and in a traditional format, the research was not conducted in this way, as IM involved iterative processes). This approach enabled a deep and nuanced analysis of the situation that generated further research questions during IM Step 1 needs assessment:

2. In what circumstances do mothers become separated from their children in a context of DVA?
3. What is the impact of coercive controllers' interference in the mother-child relationship, especially estrangement?
4. What are the support needs of mothers-apart?

In the initial stages of this study, members of a research-planning group considered the problem of mother-child separation in a wide range of circumstances. This is because they did not want to exclude any mothers-apart from potential support that arose from the research. However, the research project eventually became unfocussed and the data unwieldy by considering such a wide range of experiences. Additionally, mother-child separation due to coercive controllers' interference in mother-child relationships, was the experience of all the mothers-apart in the planning group. So, I made a decision during the writing-up stage to concentrate on this

problem. A tighter focus on this form of coercive control suited the aims of the project to raise awareness of the lack of support for women experiencing it and future goals to educate professionals of the problem.

Before I began the research, I had an idea for a therapeutic intervention for mothers apart but my initial idea was succeeded to target professionals for training (explained in Chapter 4). This decision was based on the findings of IM Step 1 needs assessment, which revealed the need for educating a wide range of professionals. Importantly, the IM approach helped identify practitioners' behaviours, attitudes, beliefs and knowledge, etc. that could be targeted for change through DVA education. Practitioners' inter-/intra-personal factors were recognised as having the potential to influence mother-child separations and affect support for mothers-apart. Consequently, in the course of applying an IM approach the following research questions were considered:

5. How do systems/professionals respond to the problem of coercive control of women as mothers, especially that which targets mother-child relationships?
6. What are the barriers to mothers' help-seeking, and to the provision of support for mothers-apart?
7. How can professionals improve their responses to these problems and to mothers-apart experiencing this form of coercive control?

IM authors encourage intervention planners to draw on a range of theories. In this regards, my roles as a person-centred psychotherapist and teacher in humanistic counselling practice alerted me to the potential of reflective practice and reflexivity for professionals' DVA education. Given the strategies of coercive controllers to manipulate/exploit experts/workers in mother-child separations, I suspected that reflective methods - and particularly reflexivity, which encourages practitioners to

think about their own part in events - could facilitate reflection on practitioners' roles in DVA outcomes. Therefore, the final research question asked:

8. How might a learning development workshop to raise awareness of these issues influence professionals' practice?

The application of IM to the planning, development, piloting and evaluation of this workshop enabled the creation of an innovative DVA workshop through the use of multiple sources of data and theories.

Outline of the thesis

After this introductory chapter, a critical review of the existing literatures follows in Chapters 2 -3. A review of studies relating to mothers-apart was conducted, as part of IM Step 1 needs assessment in an analysis of: the circumstances of mother-child separations, the impact of these on mothers, and their support needs.

In Chapter 2, I draw attention to an individualised approach taken in many of the studies related to mothers-apart, which ignore external factors - particularly the lack of acknowledgment and analysis of DVA. Next, studies relating to coercive controllers' strategies aimed at women as mothers and targeting mother-child relationships were examined. Here, I identify factors at a systemic level that are likely to contribute to strategies to divide women and children. This chapter highlights how there has been a failure to connect the body of literature relating to mothers-apart with that of mother-child separation in a context of DVA. It argues that this disconnection has created barriers to producing a nuanced analysis of the problem of the lack of support for mothers-apart. This chapter argues that this is because studies of mothers-apart, largely, fail to acknowledge the context of DVA in which mother-child separations occur whilst studies of coercive controllers' strategies mostly neglect to talk to mothers-apart themselves about this form of abuse that has separated them

from their children. Chapter 2 emphasises that a gender-neutral approach to coercive control fails to recognise mother-blaming and mother-child separation as a risk to abused mothers. And, that an understanding of abusers' strategies to target mother-child relationships that is derived, largely, from the reports of mothers who are not mothers-apart has focussed too narrowly on coercive controllers' attempts not their 'successes'. This chapter argues that this has resulted in a failure to understand the pivotal role of systems/professionals in successful divisions of women and children from each other.

To overcome these barriers, Chapter 2 suggests that researchers in this field would gain a better understanding of mother-child separation by talking to both mothers-apart, who identify as survivors of DVA about their experiences of this problem, and to professionals in the DVA sector who understand the ways in which abusive men's strategies are dependent on the manipulation/exploitation of systems/practitioners. This chapter proposes the field shifts towards understanding the fundamental roles of systems in coercive controllers' intentional mother-child separation strategies, because abusers' 'success' likely depends on the manipulation of workers and exploitation of mother-blaming practises/structures. In this vein, gender-neutral approaches to DVA, which ignore the particular vulnerabilities of mothers in regimes of coercive control, also contribute to the problem.

In Chapter 3, I examined texts relating to service provision, policy and practice. And, I explored research that suggested barriers to help-seeking and provision of help, in addition to that which offered ways to tackle obstacles to support. In this analysis, I draw attention to the potential for DVA education to raise awareness of the problem of mother-child separation as coercive control, and the lack of support for mothers-apart.

Chapter 4 explains the methodology. The philosophical underpinnings of the research are discussed and ethics of the investigation considered. The chapter fully explains the IM approach in addition to the multiple methods of data collection during the four studies undertaken during the research, and the methods of analysis. This chapter also considers the IM approach for the planning and development of DVA training that is based on a socio-ecological understanding of the problem of intentional mother-child separation. Systems theory, which underpins IM, helped draw attention to the role of mother-blaming in coercive controllers' strategies that target mothers, mothering roles and mother-child relationships, and this is explained. This chapter suggests that, although traditional awareness-raising DVA training that imparts knowledge about the dynamics of DVA impacts attitudes, skills and understanding, it does not highlight the prominent role of systems and professionals in abusive men's strategies that capitalise on mother-blaming structures/practises.

Chapter 5 explains the work of the research-planning group and reports the two subsidiary studies that were conducted with mothers-apart as part of the needs assessment. The findings of a nominal group process and a co-autoethnography are presented and discussed. This chapter explores the experiences of mothers-apart: when they sought help from various agencies whilst their relationships were threatened by perpetrators/fathers, when they were subjected to unwanted interventions that made the situation worse, and when they sought emotional help in the event of mother-child separation. This chapter reports what a purposive sample of mothers-apart said they wanted from services/professionals, and reports on their opinions of the barriers to effective support. This chapter also identifies key factors linked to helpful and unhelpful professionals' responses to mothers-apart. Mothers' feelings about their experiences of help-seeking and the lack of preventive help and

effective emotional support are discussed in detail. Chapter 5 explains how the idea to raise awareness of these problems through DVA education arose from IM Step 1 needs assessment. This analysis recognised a need to raise awareness of MA and how it is necessary for services/professionals to understand the problem as coercive control because, despite the academic community's understanding of this problem, services do not address abusive men's strategies to attack the mother-child relationship.

In Chapter 6, the findings of study three are presented and discussed. This study comprised a training needs analysis that was conducted through in-depth qualitative interviews with a wide variety of practitioners. The study encompassed an ecological assessment of the problem of mother-child separation in a context of DVA, and an educational assessment that ascertained practitioners' views on what DVA training to improve professionals' responses to mothers-apart should comprise. Data from the ecological assessment were analysed using the *precede* model, which is embedded in the IM approach. The analysis showed that predisposing, enabling and reinforcing factors (i.e., knowledge, attitudes and values) influence professionals' responses to mothers-apart, and that these factors are, in turn, affected by wider environmental influences. The systems approach of IM also made it possible to see how the converse was true, when individual practitioners influenced their working environment and co-workers. Importantly, these multiple factors were seen to directly affect the environment of the at-risk population of mothers-apart when practitioners' responses were described as hindering or helping, which resulted in barriers to, or facilitation of, help-seeking behaviour and engagement. These findings had important implications for the intervention development because they suggested that DVA training should emphasise the fundamental roles of systems/professionals to: help prevent unnecessary mother-child separations, support mothers and children as units when they are joint victims/survivors of coercive controllers'

strategies, and help mothers-apart post-separation when women are vulnerable and in need of specialised support.

Chapter 7 is an intervention development chapter, which explains the process of intervention planning, development, implementation and evaluation using IM. The chapter draws outcomes from IM Step 1 needs assessment together, and justifies decisions made about which determinants in the logic model were identified as most important and most changeable in the context of a workshop for professionals. The matrix of change is introduced, which focuses on the determinants that were targeted in the learning development workshop. Implementation of the intervention, i.e., a pilot of the workshop, is also explained.

A range of theories to address determinants is considered in Chapter 7, especially reflective practice theory that encompasses reflexivity, which was particularly important. Even though there has been some recognition of reflective practice in the DVA field, this chapter argues that reflection is barely paid attention to in DVA education in any meaningful way. Reflexivity, in which practitioners think about their own part in events, is considered even less in DVA education. Because MA has been identified as a systemic problem, and since mother-blaming in systems is endemic to DVA, the theory of reflexivity was identified in this thesis as an effective method of educating practitioners to reflect on how they may contribute to mother-blaming that takes place in systems, and how their responses might impact on mother-child separations. Therefore, IM enabled a fresh approach to DVA education to include reflective, reflexive pedagogy as a way to raise awareness of the problem of mother-child separation and improve responses to mothers-apart.

In Chapter 8, the findings of study four, which involved an evaluation of the learning development workshop, are presented and discussed. This chapter explains

how the application of IM to the planning and development of a DVA educational workshop enabled: a) a deeper understanding of MA and systemic MA through the use of systems theory to understand coercive control of women as mothers, and b) a fresh theoretical perspective on DVA education to improve professionals' responses to mothers-apart through theory of reflection. This chapter discusses the potential for reflexive practice to help professionals consider their roles in mother-blaming, and the part they play in coercive controllers' abuse of women as mothers, and in mother-child separation strategies. Chapter 8 identifies important aspects of DVA education that go beyond the traditional awareness-raising methods to include a number of pedagogical devices including experiential reflective practice and reflexive writing exercises. This chapter shows how an innovative DVA workshop influenced professionals' practice and had real-world impact.

Finally, Chapter 9 summarises the findings of the four studies, by returning to the research questions to consider how they have been addressed in this thesis. Contributions to knowledge are then discussed, followed by implications for policy, service provision, practice and education. Next, the strengths and limitations of the study are considered and suggestions for further research are made before final closing remarks.

CHAPTER TWO

LITERATURE REVIEW: PART ONE

Introduction

In this chapter, I review the literatures relating to: mothers-apart as a population, and abusive men's intentional mother-child separation as a form of coercive control. A range of texts are examined; these include empirical studies, contextual articles and policy documents, and they straddle a number of different fields. I aim to bring together ideas and approaches, which sometimes appear to be separate, in order to answer the research questions set out in the introductory chapter. By discussing the empirical and theoretical bases and biases, as well as identifying major debates and seminal texts, I attempt to map the fields relevant to this inquiry and create a rationale for the research by identifying gaps. I look first at studies of mothers-apart, which are situated across fields of psychology, psychiatry and family law. Then, I turn to studies relating to mother-child separation in a context of domestic violence and abuse (DVA) that are located within the feminist literature. Linking these fields helps to understand: the lack of support for mothers-apart, the circumstances in which mother-child separations occur in a context of DVA, the impact on mothers, the support needs of mothers-apart, and how organisations/professionals respond to the problem.

Studies of mothers-apart

I initially conducted a literature review of studies relating to mothers-apart in a wide range of circumstances as part of Intervention Mapping (IM) Step 1 needs assessment. However, as explained in Chapter 1, the research became unfocussed and the literature, in particular, was too vast to cover in any meaningful way. Therefore, I focussed on literatures relating to mothers-apart in the area of divorce and separation,

which were most relevant to the problem at hand. Nevertheless, it should be acknowledged here that even though studies of ‘birth mothers’ (Neil 2003, 2007, 2013; Broadhurst, et al. 2015; Broadhurst and Mason 2013) are not included in this review, the victims/survivors of coercive controllers’ strategies to attack mother-child relationships may be included in this population. For example, when perpetrators/fathers are more concerned with causing harm than their own desire for care of the child they might, instead of pursuing the mother through the family courts, report safeguarding issues relating to her mothering to child protection services. These might involve fabricated allegations or may simply alert the authorities to his presence in the children’s lives as a DVA perpetrator.

I found 34 empirical studies, theoretical articles and other texts (see Appendix 1) that were useful to an analysis of mother-child separation in a context of DVA. This body of literature comprised: nine items from 1975 and 1989, ten from 1990 to 1999, and fifteen from 2000 to the present. Articles/texts/studies were predominantly from the United States (US) of America (19), but also from the United Kingdom (UK) (four), Canada (four), Australia (four), New Zealand (one), and Israel (one). Searches relating to studies of mothers-apart were conducted using the following databases: Academic Search Complete, CINAHL, MEDLINE, PsycARTICLES, PsycINFO, Google Scholar, and Google. Terms used in the search included: ‘maternal alienation’, OR ‘mother apart’, OR ‘separated mother’, OR ‘non-custod* mother’, OR ‘non-resident mother’, OR ‘no-contact mother’, OR ‘mother absence’, OR ‘relinquishing mother’. The wide date range was selected to encompass early studies relating to mothers-apart in the absence of any previous review. I also hand-searched the bibliographies and reference lists of studies for additional sources, beginning with

Morris's research (1999a, 1999b, 2008, 2009, 2010a), and followed up texts referenced by others.

Feminist standpoint theory was applied to the analysis of studies of mothers-apart in this study in order to create a “decentred subject of knowledge and history” (Harding 2004:8). A critical feminist analysis of these studies revealed DVA where it was previously latent because examination through a feminist lens enabled me to see men's violence towards women and children in studies where researchers failed to acknowledge or emphasise it. This analysis enabled a new narrative of mothers-apart to be created that took into account epistemological biases and/or shortcomings of research in this field. This may have sometimes been due to the unfamiliarity of language to describe phenomena such as coercive control but, mostly, seemed to be due to the individualised approach taken to the population of women who were viewed as anomalies: mothers living apart from their children. A new narrative permitted this group of women to be acknowledged, instead, as victims/survivors in need of support by systems/professionals.

Without an analysis from a feminist perspective, a review of the early literatures would have perpetuated a tradition of viewing mothers-apart from an individualist perspective - ignoring the socio-economic aspects of mothering that was more evident in later studies. Early studies that ignored these aspects were more likely to pathologise women and identify ‘treatment’ needs for deviance, for instance. Instead, a feminist position sees the realities facing mothers trapped in abusive marriages when they are without resources to leave and parent their children, and are powerlessness in relation to perpetrators/fathers and patriarchal systems – namely the family courts. A feminist standpoint taken to reviewing the literatures enabled a particular alertness to those studies that did not draw attention to the DVA that

participants spoke of. Emphasising the abuse and control that women spoke of (where there is indication of it all) enabled recognition of factors outside of the women that contributed to mother-child separations and avoided mother-blaming.

American studies dominate the field of research and scholarly writing relating to mothers separated from children following the dissolution of a marriage or intimate relationship. Studies begin in the 1970s with reports of so-called 'runaway wives' (Casady 1975, Murray 1975, Sklar 1976, Todres 1978). At first glance, these texts did not seem so pertinent to the present study because they focussed on women's departures from their families that were driven by a need for self-fulfilment, autonomy and independence - inspired by the women's liberation movement during second wave feminism in the US (Murray 1975:42). However, findings suggested that, although these women expressed feelings of independence and increased self-esteem, they also suffered guilt, economic hardship and emotional distress at missing their children and being treated like maternal outcasts. In Todres' (1978) study, 17 out of the 38 mothers in Canada who were interviewed about their experiences of leaving their homes, husbands and children, reported social stigma, involving judgement, blame and rejection from their immediate social contacts, i.e., family, friends and some professionals" (Todres 1978:20).

Scrutiny of the studies of runaway wives through the lens of feminist understandings of men's violence against women found scant mention of DVA but what there was, largely, went without meaningful analysis. For example, one sentence in Todres' (1978) report: "in a very few cases there was an argument or physical abuse which precipitated the women's departure" (1978:19), but this was the extent of the observation. Similarly, Sklar's (1975) text on runaway wives, which drew on interviews with over fifty women, in addition to husbands, psychologists and other

professionals only mentions DVA in passing, with no emphasis or analysis. Oddly, Murray's (1975) article on runaway wives for physicians makes no reference at all to DVA in the text but is supplemented by two in-text boxes: 'Aggression vs. Assertiveness' (1975: 44) and 'Aid for the Battered Wife: for the wife who doesn't run but has a reason to' (1975:45). Here, then, DVA was implicit but not discussed.

Runaway wives were predominantly characterised by notions of choice - mainly to leave children as well as husbands when they were described as 'relinquishing' mothering *and* spousal roles. Although studies of runaway wives were not so relevant to this research project they highlight researchers' bias and selective focus, e.g., a decision to focus on choices made to leave a marriage versus the lack of choices in the marriage, or DVA. Studies of runaway wives seemed to set a precedent that influenced later studies of mothers-apart where a focus on mothers' 'relinquishing custody' and a *lack* of focus on DVA remained characteristic.

A feminist standpoint, instead, enables consideration of women's limited choices and inequities of power, and recognises abuse and control of women and children. I observed that the starting point of most studies of mothers-apart were women's choice to leave and decisions to relinquish custody of children, with little or no analysis of men's violence and abuse that might have led to this point. What was lacking in these studies was an understanding of choice in the context of limited choice – and how abusive, controlling behaviour reduces women's choices and affects their decisions. Many of the women in these studies were not 'runaway wives' at all in spirit, but more often abused women impacted by the inequality of power in controlling relationships, i.e., women dominated by abusive men who frightened and manipulated them into making decisions about childcare against their wishes.

Studies of mothers-apart that followed the literature of runaway wives spanned the next four decades and concerned investigations of ‘non-custodial’ or ‘non-resident’ mothers (Arditti and Madden-Derdich 1993; Babcock 1997; Beckwith 2015; Bemiller 2005, 2008, 2010; Büskens 2002; Chesler 1991; Clumpus 1996; Finzi-Dottan, Goldblatt and Cohen-Masica 2012; Ferguson 1994; Fischer 1983; Fischer and Cardea 1981, 1982; Greif 1987; Greif and Pabst 1988; Gustafson 2001; Gustafson and Elliott 2011; Herrerías 1995, 2008; Kielty 2005, 2008a, 2008b; Kruk 2010; McCloskey 2001; McMurray 1992; Monk 2013; Morris 1999a, 2008; Pagano 2006; Paskowicz 1982; Rosenblum 1986; Santora and Hays 1998; Snowdon and Kotzé 2012; Stewart 1999). These studies focused on heterosexual relationships but see Clumpus (1996) and Greif and Pabst (1988) on the historic issue of gender inequality for lesbian mothers in custody cases.

In the 1970s and 1980s, research in this area, largely, continued the tradition of focussing on mothers-apart as anomalies. Studies that explored the impact of mother-child separation on women and/or investigated their support needs were mostly situated in psychology/psychiatry and family law. Early on, DVA did not feature in these studies, but rather tended to scrutinise the behaviour and psyches of mothers-apart as damaged persons. Researchers examined adjustment processes, coping behaviours and attitudinal states of mothers-apart (e.g., Fischer and Cardea 1981, 1982; Greif 1987; Greif and Pabst 1988; Rosenblum 1986). In analysing these articles they share the view that mothers’ non-custodial status is difficult and stressful and that no differences could be found between custodial and non-custodial mothers’ ‘fitness’ to parent. All of the authors were in agreement that mothers experienced stress because they missed their children, were at an economic disadvantage and often felt let down by support systems.

Fischer and Cardea's (1981) study compared seventeen mothers without custody and fourteen with. The author's comparison was useful to the present study because findings indicated examples of on-going coercive control, even though not named as such. Significantly, this study highlighted how some custody mothers were at risk of becoming non-custody mothers themselves due to coercion and threats. For example, half of the custody mothers described "a struggle over the custody issue... fathers (and sometimes in-laws) threatened to take away the children, and are... trying to coerce the children" (*ibid.* 1981:224). Later, Fischer and Cardea reported the women "to be at an economic disadvantage in competing for the children, if they even wanted to engage in such tactics" (1981:225). Although not discussed by the authors from an abuse perspective, abusive tactics are noted: "One mother stated that the ex-husband did not want the children except as a means to hurt her' and, 'fathers were described as coercing, brainwashing, and buying off the children, even stealing them' (*ibid.* 1981:223). In modern-day terms, this would be recognised as coercive control and what Morris (1999a) defined as maternal alienation (MA).

Rosenblum's study (1986) offered some useful insights into the differences between 'leaving as a wife' and 'leaving as a mother' as two ways of leaving the marital home. The author explained that women leaving as mothers extricated themselves from the active mothering role by deciding against custody rather than *losing* custody. But, women leaving as wives sometimes suffered the consequence of non-resident status when leaving their marriage resulted in a loss of the primary carer role. Such women were described as having conceded to a husband's will to have the children remain living with him - whether out of fear, compassion, an inability to persuade the husband to leave the house, or being forced to forfeit the children in a custody decision, which went in his favour (again, there is an absence of discussion

related to DVA in this study, despite ‘fear and force’ being described by its participants). Rosenblum (1986) explained that, although, these two ways of leaving are different in their meaning and consequence, negative social reaction appears to treat them as a single social category: “[the distinction] is lost to the social perception” because “culturally, leaving as a wife is tantamount to leaving as a mother” (1986:208).

Earlier, we saw how ‘runaway wives’ were characterized by their ‘choice’ to leave children, and choice was also the focus of later studies. Women’s adjustment to noncustodial status was correlated with choice, or ‘voluntariness’ to ‘relinquish’ their children following divorce and separation (e.g., Ferguson 1994, Herrerías 1995, Kielty 2005, McMurray 1992, Paskowicz 1982). It makes sense that voluntariness would correlate with adjustment, but Arditti and Madden-Derdich (1993) noted that these terms are problematic because it was not always clear if mothers were ‘decisively voluntary’ when they had little control over their situation or power to exercise their choice. Furthermore, when mothers agreed to children living with their fathers, the best interests of their children often drove women’s limited choices.

Researchers reported mothers leaving to be motivated by: belief that stability of residence and neighbourhood were a priority for their children, wanting to spare the children a court fight over custody/residency, or concerns about financially supporting their children (Arditti and Madden-Derdich 1993, Bemiller 2010, Fischer and Cardea 1981, Herrerías 1995, Rosenblum 1986). Additionally, many of these studies drew attention to the way that decisions about contact are often made informally outside the courts, without any professional involvement. In their study of 517 noncustodial mothers, for example, Greif and Pabst (1988) stated that 75% of decisions were made in this way. This was reported to be, mostly, due to women’s low economic status,

which highlights how an inequality of power impacts negatively on mothers. Additionally, the authors recounted that 16% of the mothers said the men wanted custody for revenge: for ending the marriage, for infidelity, or due to her being ‘unfit’ in some way (Greif and Pabst 1984).

Insufficient attention was given to the lack of power or the removal of power by individuals and systems when authors utilised categories of ‘voluntary relinquishment’ or ‘involuntary relinquishment’. For example, Herrerías’ (1995) study of 130 mothers examined self-concepts, mental distress, relationships, reasons for relinquishing custody, social quality of life, and evaluated decisions in retrospect. The author reported conducting ‘in-depth’ interviews with 102 participants in the study whilst the remaining 28 respondents replied to a life-history questionnaire. Despite stating that a small percentage of the mothers were no longer in contact with their children because “these women were either still terrified of their former spouses knowing their whereabouts or believed it was in their child’s best interest to withdraw entirely from his/her life” (Herrerías 1995:247), the author did not discuss men’s intimidation and violence towards women and the concept of DVA was not used in the analysis.

Kielty (2005) elaborated on categories of relinquishment by allocating participants to one of four groups including a, “Voluntary Sub-Category 2, ‘Escaping’: For these women leaving the family home was the only way for them to escape on-going domestic abuse” (2005:7). Clearly these women’s choices were limited and to categorise women fleeing DVA as ‘voluntary relinquishers’ of their children is highly problematic because their decisions would have been made from a position of few alternatives. However, it was important for my study that Kielty (2005) *did* acknowledge DVA in her study. This is one of the few studies in which

mother-child separations were acknowledged as occurring in the process of escaping violence, despite a lack of analysis of the problem.

McMurray (1992) interviewed eight women in an investigation into parent-child relationships for noncustodial mothers but despite citing a “husband’s violent outbursts” (1992:141) as a reason for one woman’s departure from the family home, the author still made no analysis of DVA. McMurray (1992) reported the main factors ‘aggravating the mother-child contacts’ were financial pressures that strained relationships and limited activities, and ‘interparental conflict’. This latter factor was identified by mothers as the *most important* issue influencing their ability to parent. Yet, closer scrutiny of this factor, revealed a host of coercive, abusive and controlling strategies reported by the women about their former partners. McMurray described ‘interpersonal conflict’ thusly:

“By far the most difficult situations for maintaining interparental harmony were those where the mother felt that her ex-spouse was undermining her relationship with the children. In many cases this was related to the husband telling the children that their mother was stealing money or cheating the family out of their belongings. In a few cases, the ex-spouse was sticking so rigidly to access arrangements that if the mother was a few minutes late in arriving the children would be taken out somewhere and given the explanation that their mother didn’t want to see them” (McMurray 1992:142).

‘Interparental conflict’ suggests bi-directionality but what is described above would today be recognised as abusive men’s coercive control of women involving isolation, deprivation and intimidation.

Advancing on the studies of mothers-apart in the 1970s and 1980s that, largely, ignored DVA in their analyses, researchers of the 1990s and 2000s paid more attention to this aspect of mother-child separation. Although not the main focus, Arditti and Madden-Derdich (1993) and Clumpus (1996), for example, not only acknowledged the DVA described by their participants in studies of mothers-apart but stressed this feature in their analyses.

Arditti and Madden-Derdich (1993) interviewed thirteen ‘non-custodial mothers’ and gave prominence to observations and reports of coercive control. One of the most common reasons for loss of custody reported by the women was intimidation, and children were seen as a means either to punish the mothers for wanting to end the marriage, or as a bargaining chip to get them to stay in the marriage (Arditti and Madden-Derdich 1993:2009). Mothers in this study reported: being motivated in their decisions by what was in the children’s best interests; unhappy with arrangements due to a lack of choice and a sense of helplessness, which contributed to feeling oppressed and marginalised; experiencing hostile divorce proceedings involving intimidation, coercion, and lack of choice in the custody decision; sensing their children were greatly influenced by their fathers – either by guilt or money or both; a decline in closeness to their children before and after the divorce, and a feeling of being an outsider in their children’s lives; and problems with adjustment due to their feelings of loss over their children, and financial inadequacy. Thus, Arditti and Madden-Derdich (1993) understood mothers’ apparent choice to ‘relinquish’ custody in a context of limited choice due to abusive men’s power and control over women and children, thereby acknowledging DVA.

Clumpus’ (1996) feminist qualitative research, which draws on the accounts of ten women from the charity, MATCH Mothers, was important to my study because it emphasised mother-child separation in a context of DVA in custody disputes. All of the women in this study had lost custody of their children to the father and the author identified three dominant discourses relating to: ‘unfit mothers’, ‘maternal protection’ and ‘custody as power over’. The author explained how her concept of ‘power over’ was based in the male claim of ‘rights’ over both wife and children (citing Brophy 1989, Brophy and Smart 1981), which “appear to take precedence, in law, over good

mothering, over primary care-giving, even over the bad/violent behaviour of a father toward the mother of his children” (Clumpus 1996:241). Additionally, Clumpus (1996) noted how even when mothers perform “good, selfless mothering” by choosing to leave children in their father’s care when they view this is as best for their children, their behaviour will be “socially and legally reinterpreted as a mother ‘abandoning’ or ‘deserting’ the child; an act which is punishable by loss of custody” (1996:240). Thus, despite study findings that highlight how mothers-apart might have made decisions in the best interests of their children, society continues to view this group of women “as *unfit* mothers, as *not good* mothers” (Clumpus 1996:237).

Most recent studies that have investigated the situations of mothers-apart specifically in a context of DVA included those by Bemiller (2008), Kruk (2010), Monk (2013) and Morris (1999a, 2008). The studies of mothers-apart that follow are the most relevant to the present study because they highlight coercive controllers’ intentional strategies to divide mothers and children, *and* professionals’ responses to these situations. They are all feminist, qualitative studies that derive their data from talking to mothers-apart themselves about their experiences of mother-child separation in a context of DVA. Additionally, Morris’ (2008) study also draws on the experiences of practitioners alongside those of mothers of sexually abused children and women survivors of MA.

Bemiller (2008) interviewed sixteen ‘non-custodial mothers’ in a study of mothers’ unfair treatment in the family courts. The data came from a larger study (Bemiller 2005) into noncustodial women’s experiences of being the non-resident parent. Bemiller identified abuse at three stages: intimate relationship abuse, family court and institutional abuse, and post-custody abuse (2008:237). The mothers described family court processes as compounding the effects of their ex-partners’

abuse of them, which was exacerbated and continued by awarding custody of children to the women's abusers. This was an important piece of research to the present study – not only because it acknowledged women's experiences of DVA before custody loss – but also because it identified secondary abuse from systems/professionals during proceedings and afterwards.

Bemiller used the term 'institutional abuse' to describe victimisation by the family courts that was reported by most of her participants ($n=14$). The author identified "a form of covert abuse that occurs on a systemic level... often connected to personal failings rather than structural processes" when "individuals' basic rights are denied or as individuals are discriminated against within a system" (Bemiller 2008:241). Bemiller observed that the women's loss of their children due to institutional abuse occurred when family court officials failed to assist them by neglecting to explain court processes, ignoring their allegations of abuse and ignoring criminal activities of their partners (2008:241). In addition to men's strategies of coercive control using children through the family courts, the author also described other factors relating to family court processes and individual staff failings.

Bemiller's study led me to wonder why court personnel did not support the women in this study but, instead, abused and discriminated against them - and what factors led to these individuals' unhelpful responses. I also wondered what other barriers there might be to help and support for mothers-apart, and how professionals' responses might be improved.

Kruk (2010) interviewed 14 mothers without custody of their children in this study of women's divorce experiences. The author reported seven main themes that emerged from mothers' narrative accounts, in regard to the relationship with their children: broken mother-child attachments, unresolved grief, and sense of loss; legal

abuse within the adversarial system, and legal judgment based on nonconformity to a motherhood ideal; physical violence and emotional abuse in the family system; access denial and parental alienation; social stigma; lack of support services; and financial losses. (2010:531). Here we see the language of ‘alienation’, although it is ‘parental’ rather than ‘maternal’, which highlights the problem of appropriate language to describe specific types of abuse. MA is a more apposite term than ‘parental alienation’ for the description of the abuse the women suffered before, during and post-divorce because MA is a form of gendered violence against mothers (Morris 1999b), whereas parental alienation begins in the context of divorce (Gardner 1987). However, terminology such as ‘coercive controlling access denial’ would avoid the language of alienation altogether.

Kruk reported “high levels of physical violence and emotional abuse” described by the women’s former partners, but furthermore that “legal abuse suffered by the mothers was seen as equally or more harmful and damaging by the mothers than the abuse they had endured at the hands of their former spouses”, and that “they felt further victimised by an array of professionals: the child welfare system, psychologists and other assessors, and medical and educational systems (2010:535). I wondered why there is a lack of support for mothers-apart when mother-child separation is clearly such a devastating experience for women who, not only suffer this problem through men’s violence, but also suffer secondary/institutional abuse. I wondered what barriers there were to support for these women and how professionals’ responses could be improved to this problem.

Kruk’s account of these women’s experiences is highly concerning, and draws attention to serious systemic failures to support mothers at risk of mother-child separation. Kruk’s findings reflect the experiences of those described by the mothers-

apart in Bemiller's (2008) study and studies of MA (Monk 2013; Morris 1999a, 2008) where women were let down by systems and professionals. Mothers in these studies were primary caregivers before divorce, at which point care was transferred to the women's abusers. This highlights family courts' devaluing of mothers' expertise as primary carers of their children. This raised questions about why organisations used a deficit model of mothering (e.g., Lapierre 2010) rather than a strengths-based approach (Women's Aid 2015), which recognises the important role that mothers have in their children's lives, especially post-DVA (see Katz (2013, 2014, 2015b) on the importance of mother-child relationships to the recoveries of both).

During my master's study (Monk 2013) I conducted in-depth interviews with six women who identified as mothers-apart in a context of DVA, and they provided detailed accounts of the ways in which their abusers turned their children against them. I identified three overarching themes as the central aspects of mother-child separation when the women's ex-partners: undermined their mothering roles, sabotaged contact between them and their children, and supplanted them as their children's primary carer. Six further themes were identified as the key strategies used to achieve each of these three aspects of maternal alienation: denigration of mothers, elevation of fathers, manipulation of children, exploitation of institutions, oppression of mothers, and isolation of mothers. A further important finding of this study was that the women reported being unable to find help and support to prevent separation from their children and that professionals did not believe their husbands were trying to turn their children against them. This raised questions about professionals' responses to mothers attempting to escape DVA when women are not believed and why women cannot find preventive or effective help and support when they are threatened with mother-child separation. Additionally, coercive controllers'

manipulation of children, friends, family and a range of practitioners in these women's accounts highlighted strategies that exploit systems/institutions, suggesting a lack of professionals' awareness of these strategies. I wondered about the potential for raising awareness of this form of abuse through education/training.

Morris (1999a) conducted feminist, qualitative research in which she identified the phenomenon of MA. Nine alienated mothers and survivors of abuse were interviewed, and two focus groups were conducted with women survivors of DVA. The author defined MA as intentional and strategic, for revenge, to punish, and to conceal abuse. Kelly's (1994) concept of double-intentionality was drawn upon to highlight the interconnectedness of (emotional/psychological) DVA and child (sexual) abuse, identifying MA as gendered violence towards women and children. Morris noted the use of mother-blaming at a systemic level, naming 'systemic maternal alienation' as the contribution made by professionals who either knowingly or unwittingly support abusive men's strategies to divide women and children for their own purposes (DVA or child sexual abuse). Morris urged professionals to challenge male voices/constructions of meaning and to support the recoveries of mothers and their children.

Morris's (2008) study used feminist, action and participatory research, drawing on methods from ethnography and grounded theory. Data was collected from fieldwork and group meetings (documentation from the Maternal Alienation Project) (MAP), from eleven post-project qualitative interviews with project workers, and two focus groups with project workers. Morris focussed on improvement of organisations'/systems' responses to MA through the MAP, which: provided training in the community, and produced practice tools, i.e., a factsheet (2003a) and a practitioner resource (2003b). This study raised many questions for me about the

training that Morris used in the MAP, which appeared to be grounded in her practice knowledge and experience. I wondered if an assessment of women's needs or a training needs analysis had been conducted, but could find no evidence of either. The process of planning and developing the training in MAP was not explicated and the author did not refer to methods and delivery in its implementation. Neither did the training appear to be evaluated, nor were details provided in order to replicate it. These issues led to the formulation of one of the research questions posed in the present study: How might a learning development workshop based on the experiences and needs of mothers-apart influence professionals' practice with abused mothers? Also, as a person-centred practitioner and educator, I wondered how DVA education underpinned by these values, using reflective pedagogy to promote reflexive and relational ways of working, using a mother-centred approach might improve professional's responses to mothers-apart.

Impact on mothers-apart

Studies indicated that mothers-apart commonly experienced intense negative psychological impact and distress due to: grief, loss, trauma, anger, stress, feeling unworthy and unloved, vulnerability, guilt and the internalisation of shame that resulted in lowered self-esteem (Arditti and Madden-Derdich 1993, Bemiller 2010, Büskens 2002, Chesler 1986, Fischer 1983, Kruk 2010, Todres 1978). Santora and Hays (1998) described the highly stressful nature of situations for women whose “practical difficulties in parenting from a distance are compounded by negative social attitudes” and “harsh judgements” (Santora and Hays 1998:54). Similarly, Fischer (1983) described how numerous stresses might have left mothers-apart “more vulnerable to psychological distress than the woman who has separated or divorced and who has the children living with her” (1983:356).

Researchers described profound loss and grief experienced by mothers-apart, which were key themes in the literature (Greif 1987, Gustafson 2001, Morris 1999, Santora and Hays 1998, Schen 2005, Snowdon and Kotzé 2012). Sometimes, described as a ‘living bereavement’ by women experiencing MA (Monk 2013), the prolonged period of grieving was for the ‘loss’ of (living) children, so that there was no ‘closure’ or opportunity for ‘moving on’ that is traditionally associated with an ending to bereavement. Additionally, grief was often experienced in isolation due to the lack of a supportive network of the kind from which ‘normally bereaved’ mothers might benefit from where they are offered sympathy/empathy. Multiple loss-related traumas were described by researchers who recognised both the ‘loss’ of a child and the loss of a mothering identity - whether temporary or permanent – in addition to other losses, such as status, job, purpose and meaning in life (Finzi-Dottan, Goldblatt and Cohen-Masica 2012; Monk 2013, Schen 2005).

Given the prevailing societal expectations that mothers will provide primary care for children, it is no surprise that separation from children negatively impacts on mothers’ identities (e.g., Ferguson 1994; Finzi-Dottan, Goldblatt and Cohen-Masica 2012; Kielty 2008a; Schen 2005; Snowdon and Kotzé 2012). Babcock (1997) described ‘identity dissonance’ between women’s status as non-resident mothers and dominant cultural ideals of ‘total motherhood’ that seem to capture the conflict in being a mother powerless to perform mothering ‘normatively’. Kielty (2008a) reported participants describing characteristics of a threatened identity: “experiencing a major break in continuity of self-definition, loss of self-esteem after withdrawal of community acceptance and unwanted negative notoriety” (Kielty 2008a:37). Such features would seem to resonate strongly with mothers-apart because when a woman becomes a mother, she gains an identity, but this definition conflicts with her role as a

mother-apart when she goes through the process of unbecoming a mother (Gustafson 2001).

Loss of identity was related to lowered self-esteem and guilt when loss of mothering role was perceived as failing in this task (Ferguson 1994, Greif 1987). Kielty (2008b) noted how narratives of non-resident mothers included the persistence of the 'bad mother' label, even though mothers-apart worked hard to resist this branding. Kielty (2008a) observed, "the fact that it is difficult for mothers-apart to openly discuss their status and access advice and support is testament to the cultural dominance of the 'good mother' ideal... the mere fact of women's non- residency would seem to place them under suspicion of having failed their children" (2008a:35).

In her autobiographical study, Gustafson (2001) described anger in relation to grief and a range of losses after 'relinquishing custody' to her ex-husband. The author reflected on the loss of her status and support network: "with little support, my grief intensified. I cried alone and ashamed" (2001:208), and: "I turned this anger inward, joining the parade of friends and strangers who condemned me" (2001:210). It was not unexpected that mothers' anger at being separated from their children was a theme in the research (Fischer 1983, Fischer and Cardea 1981, Schen 2005) because anger is part of the grief cycle (Kubler-Ross 1969) and women's anger, specifically, is strongly associated with powerlessness (Thomas 2005). Given that women consistently report that the people most important to them are their children (Crawford 1988), anger is likely to be a normal response to an abnormal condition of mother-child separation. Anger was related to guilt, shame, resentment, disappointment, low self-worth, helplessness and powerlessness for mothers-apart who described feeling like 'bad' mothers and failures as parents (Rhoades 2002, Schen 2005, Snowdon and Kotzé 2012, Todres 1978).

Studies of mothers-apart suggested that mental anguish occurs as a result of mothers feeling powerless to fulfil the mothering role from the perspectives of letting children down and being unable to protect them. For instance, Kielty (2008a) explained how “mothers who lost residence to fathers against their will described feelings of intense anxiety about their children’s psychological and emotional well-being” (2008a:37). Such anxiety was exacerbated when women reported their children residing with their abusers, especially when there was evidence of MA (Morris 1999). Ongoing stress/distress from simply missing children and not being there for them was a common theme for mothers-apart who often reported having no support for this difficulty (Monk 2013).

Researchers commonly reported that mothers separated from their children experienced stigma (e.g., Arditti and Madden-Derdich 1993, Babcock 1997, Bemiller 2010, Kielty 2005, 2008a, 2008b, Kruk 2010). Oftentimes, stigma appeared to be related to the ways that mothers felt they were judged compared to fathers who lived apart from their children, according to Bemiller (2010). The author attributed this difference to gendered parental expectations: where mothers were expected to receive primary care of their children following separation and divorce so that when they did not, “it is assumed that they must be incompetent, unfit parents” (Bemiller 2010:171). Women described feelings of embarrassment, failure and shame in being a mother without the primary care for a child and reported being judged negatively. Indeed, in Babcock’s (1997) study of forty-one non-resident mothers, every participant reported experiences of feeling judged negatively from a range of sources including family members, neighbours and co-workers. The author reported “strong and prevalent negative stigma” experienced by participants who also tended to “self-stigmatize, judging themselves as failures because they felt unable to fulfil duties they associate

with motherhood” (Babcock 1997:147).

Arditti and Madden-Derdich (1993) identified noncustodial mothers as a marginalised group due to their non-normative status and stigmatisation, and they acknowledged a lack of choice and support with their custody decision, and limited access to (emotional and legal) help, which pointed to the clear need for empowerment of this group of women. Bemiller (2010) explained that ‘noncustodial mothers’ are ‘marginalised mothers’ because they do not fit with the ideology of the ‘good mother’ as they live apart from their children most of the time and, therefore, deviate from “the dominant motherhood model that emphasises women’s role as primary caregiver” (2010:170). Mothers-apart are a group who differ from the ‘norm’, are defined as ‘other’ and are disapproved of by society (Ferguson 1994, Fischer 1983, Schen 2005). Hence, mothers-apart experience marginalisation and oppression through being subject to stereotypes, assumptions and invalidation as mothers, and by being denied specialised/dedicated help and support to address their complex needs.

In conclusion, studies of mothers-apart consistently showed findings identifying a cluster of problematic conditions affecting this population. Emotional states and feelings related mainly to trauma, grief, loss, stress, anger, guilt, shame, feeling like a failure, low self-esteem/worth and long-term anguish. Social and quality of life issues commonly comprised stigma, judgement, blame, criticism, disempowerment, oppression, marginalisation and loss of identity and purpose. These findings were consistent throughout studies of mothers-apart who described similar experiences and responses to mother-child separation, which was clearly a painful process, often without ending. The findings suggested that women’s internal psyches were profoundly affected by how they were perceived and treated by others, and that

external perceptions of their worth were commonly internalised, to compound low self-worth and distress.

With research evidencing the extreme psychological distress of mothers-apart extending back to the 1970s, I wondered how it was that there is still such a dearth of support for this group of women. So far, the literatures suggest a number of external factors relating to the treatment of mothers-apart by services/practitioners, and attitudes towards abused mothers. In part two of this literature review, in the next chapter, I examine barriers to both help-seeking and provision of support in order to consider how to improve professionals responses to mothers-apart. First, however, I turn to the body of literature that explains the strategies of abusive men to separate mothers and children from one another, indicated in the studies of mothers-apart, discussed so far.

Studies of abusive men's strategies that target women as mothers

In the studies of mothers-apart above, I drew attention to how few researchers emphasised the DVA that preceded mother-child separations or recognised how these might have been a consequence of abusive men's strategies to interfere in the mother-child relationship. In order to understand this problem further, I searched the literature relating to such strategies that target women as mothers, especially, attacks on the mother-child relationship. Thus, the following body of literature can be seen to provide a backdrop to the above studies of women. In this section, I connect feminist studies in the field of DVA to previously unconnected literatures related to mother-apart (i.e., those from psychology/psychiatry and family law).

It would appear that most studies of abusive men's strategies targeting the mother-child relationship have been conducted with women who survived these

tactics, as few speak to mothers-apart themselves. In one sense this is unsurprising, given that researchers usually recruit survivors through women's refuges and DVA services, which are mostly populated by mothers with their children. Additionally, survivors without parental responsibility are not obliged to engage with services. Furthermore, mothers-apart are a hidden population, currently unacknowledged by services (Kielty 2008a, Monk 2013). There are no preventive interventions to address perpetrators' strategies targeting the mother-child relationship and no specialised services for mothers-apart, who often isolate and withdraw from society due to stigma. For all these reasons, the at-risk population of mothers-apart can be difficult-to-access. Therefore, it is likely that researchers have, instead, talked to mothers whose children remained in their care *despite* abusive men's strategies to separate them because such women can still describe threats and attempts, and *interference* in the mother-child relationship.

By linking the following studies relating to this type of abuse with the previous literatures on mothers-apart, I further stress the omission of DVA in the latter whilst highlighting the absence of accounts by mothers-apart themselves in the former. I suggest that the positions of these literatures reflects the reality for mothers-apart who are not widely known to DVA services because they usually seek help, privately, through legal channels and the 'psych' professions. Although abusive men's strategies to alienate children from their mothers have long-been recognised in the literature as coercive control, there is no specialised service provision for the women who suffer this problem. There is little awareness of the problem as one of DVA and it is more likely to interpreted by services as standard (and gender-neutral) hostility arising from divorce ('business as usual'). This raises questions about services'/professionals' lack of awareness of this at-risk population and a subsequent failure to respond to their

situations and needs (Monk 2013, Morris 1999a, 2008). This thesis is concerned with these important areas for research, policy, service provision, practice and education.

Coercive controllers' strategies to interfere in the mother-child alliance are used to intimidate, threaten and abuse women as mothers at all stages of DVA relationships (including during pregnancies): during the violent relationship and post-separation (e.g., Radford and Hester 2006, 2015). Abusive men's strategic use of children to coerce, control and hurt their mothers takes many forms. For instance, researchers have highlighted the problem of abusive men: threatening to harm, or take children away from their mothers, or to gain custody of them, and/or to report women to the social services (Hayes 2015; McCloskey 2001; Pence and Paymar 1986, 1993; Radford and Hester 2006); exploiting motherhood ideology, e.g., mother-blaming (Heward-Belle 2017; Lapierre 2010, Morris 1999a); disrupting attachments and/or trying to turn children against their mothers (Bancroft 2002; Bancroft and Silverman 2002; Beeble, Bybee and Sullivan 2007; Meier 2007; Radford and Hester 2006; Stark 2007); causing maternal alienation (Monk 2013; Morris 1999a, 1999b, 2008, 2009, 2010; Wilson, McBride-Henry and Huntington); using the family court system and contact/visitation as an arena for on-going harassment, retaliation and intimidation (Chesler 2011; Elizabeth, Gavey and Tolmie 2012; Miller and Smolter 2011; Neustein and Leshner 2005; Przekop 2011; Radford and Hester 2014; Slote et al. 2005); falsely claiming parental alienation syndrome to deflect abuse allegations (Lapierre and Côté 2016, Meier 2009); sabotaging family plans and undermining mothers' authority (Bancroft and Silverman 2002; Radford and Hester 2006, 2014; Stark 2002, 2007); and "abuse of a child as abuse of the mother" (Radford and Hester 2006:30).

We can see, then, that many researchers using different conceptual language and terminology have described extreme tactics of control, and diverse campaigns involving children. The ultimate mother-child separation to hurt women as mothers is achieved when perpetrators/fathers kill their children (filicide), and sometimes themselves too (murder-suicide), especially as an act of revenge or punishment for leaving a relationship or finding a new partner (e.g., Jaffe et al. 2014, Johnson 2005). Abusive men's tactics to harm mothers through their children may involve physical, psychological, emotional, sexual and financial abuse but are part of a larger pattern of coercive control (Stark 2007). In this thesis, I draw attention to multiple tactics of coercive control associated with mothers, mothering and the mother-child relationship, which have been identified by researchers over decades, in order to stress the lack of support for women experiencing this abuse as an important area for research. By considering such aspects of coercive control, services and professionals can better understand the multiple tactics to undermine the mothering role and sabotage the mother-child relationship, address coercive controllers' strategies aimed at women as mothers and support mothers who experience this type of abuse.

Stark (2007) used the term 'child abuse as tangential spouse abuse' to describe the pattern of threatening to hurt children or the actual involvement of children in abuse tactics:

"The offender treats the child as an extension of the mother and as a way to hurt or control her, often when she is less accessible, during a separation or divorce for instance, or has stopped responding to direct threats or violence. Related tactics include threats to involve the child welfare system or, in more middle-class homes, lengthy legal battles in which men who have shown little prior interest in their children's welfare demand custody or liberal visitation to continue their control. Because it is common for children to be removed to foster care solely because the mother is being abused, the threat that a husband will call child welfare is quite credible" (Stark 2007: 251-252).

Stark's quote here draws attention to a phenomenon that I described in the introductory chapter whereby abusive men use tactics to divide women and children

even when they do not seek care of the children themselves but when their primary aim is simply to hurt the woman using her vulnerability as a mother. There are multiple ways that abusive men use coercive control in their domination of women as mothers by using their children against them – first in the home and, then, through the use of systems to continue abuse post-separation.

Pence and Paymar (1987, 1993) were important early researchers who drew attention to this problem when they embedded ‘using children’ as a key segment of the original ‘Duluth Model Power and Control Wheel’ (Domestic Abuse Intervention Programs (DAIP) 2012). Within the ‘using children’ segment, the authors’ identified ‘threats to take the children away’. The more recent ‘Using Children Post-Separation Power and Control Wheel’ (Domestic Abuse Intervention Programs (DAIP) 2013) (see Appendix 2) advances the understanding of the use of children with its identification of a host of coercive and controlling behaviours against mothers and children especially at the time of separation and post-separation. These include: “using emotional abuse against mothers and children, disregarding children, withholding financial support, undermining her ability to parent, discrediting her as a mother, and disrupting her relationships with children”. This latter area lists tactics which disrupt relationships with children as: “coercing them to ally with him, degrading her to them, using children as spies, and isolating children from her and her from children” (DAIP 2013).

The original Power and Control Wheel was grounded in women’s experiences (Pence and Paymar 1993:2). The authors’ reported that threatening to gain sole custody is one of the most common tactics abusers use to control their victims if they try to leave the relationship (*ibid.*1993:174). And, that this strategy impacts on the way that perpetrator programmes were structured because of the risk of

perpetrators/fathers using these interventions to “get back into their homes, to win court and custody battles, to avoid criminal and civil court sanctions and proceedings, and to convince their partners that they are changing” (Pence and Paymar 1993:18). The authors’ assertion here is troubling when considering abusive men’s coercive control of women as mothers, because it suggests that perpetrator programmes might actually exacerbate rather than prevent the problem of mother-child separation. This prospect raises questions about services’/professionals’ awareness of how their interventions can be exploited by coercive controllers who target women as mothers.

Bancroft (2002) and Bancroft and Silverman (2002) identified a number of ways in which abusive men use children in their strategies to control, e.g., as weapons to punish women for leaving or attempting to leave by actively alienating children from their mothers. The authors’ nuanced understanding of abusive men’s tactics comes from their practice experience with over 2000 cases of counselling men on perpetrator programmes and talking to their wives and ex-partners. Bancroft and Silverman also contributed to empirical research as members of the US activist group, *The Battered Mothers’ Testimony Project* (Slote et al. 2005), which is reported to have documented human rights violations against women DVA survivors and their children in the Massachusetts family court system. Slote and colleagues used a participatory human rights methodology, which is offered as an alternative model for research and activism on DVA. This was a ‘multiyear, four-phase’ study that combined participatory human rights documentation and analysis with qualitative research methods with 40 battered mothers who experienced family court litigation. The research identified six human rights violations including: failure to protect battered women and children from abuse, discrimination and bias against battered women, degrading treatment of battered women, denial of due process to battered

women, failure to respect the economic rights of battered women and children, and allowing the ‘batterer’ to continue the abuse through the family courts (Slote et al. 2005:1379-1390).

The problem of abusive men pursuing women through the family courts as an arena for abuse was also identified by Elizabeth, Gavey and Tolmie (2012). Their study into the governance of gender through custody law is one which highlights the gender inequities post-separation when perpetrators/fathers can continue to threaten, coerce and intimidate women using court mandated visitations, but face no consequences when they do not adhere to visitation agreements themselves. In the words of one of their participants, “he’s just swapped his fists for the system” (Elizabeth, Gavey and Tolmie 2012:239). The authors’ study with 21 women with contact disputes in New Zealand demonstrated how non-resident fathers were able to engage in ‘non-reciprocal exercises of power’ over resident mothers by legitimately using the law to threaten and coerce mothers, and to protect their own interests and rights at the expense of mothers’ needs for and rights to security and autonomy (*ibid.* 2012:243).

The authors also draw on previous research (Tolmie, Elizabeth and Gavey 2010) to highlight the distinction between ‘caring about’ and ‘caring for’, noting how family court personnel do not recognise the difference between these when making decisions about child contact, which results in “devaluation of the care work that women usually undertake... and an overvaluation of the father’s assumed capacity to do the work of caring for children” (cited in Elizabeth, Gavey and Tolmie 2012:243). This is an important point for this study because of the risk for court-mandated mother-child separations when mothers are not valued for their roles as primary carers before children’s proceedings. This is because of the assumption in family courts that

parenting is gender-neutral, which is at odds with the on-going gendered division of care and labour within most intact families.

Miller and Smolter (2011) used the term ‘paper abuse’ to describe: the barrage of men’s frivolous lawsuits, false reports of child abuse, and other system-related manipulations, which exert power, force contact, and financially burden their ex-partners (2011:637). Conducted as part of a larger project the authors’ research was designed to explore the factors that contributed to women’s resiliency and ability to live violence-free lives. In this study, 10 women who were two years or more away from an abusive relationship were interviewed using semi-structured qualitative interviews. The findings were not categorised but discussed more generally and relate to the mechanics of paper abuse, which was recognised as part of a pattern of abusive behaviour designed to dominate and subjugate. Most relevant to the present study, is the important recommendation the authors made for the need to educate a wide range of professionals through training: family court personnel, in particular (Miller and Smolter 2011:646). The authors stated, “In some ways, this form of abuse is an extension of the concept of “coercive control” (*ibid.* 2011:641), which illustrates an increased understanding of this type of abuse as coercive control.

Przekop’s (2011) paper on this problem provides an insightful discussion of the ways in which women escaping abusive partners become ensnared in family court processes to maintain care of their children but then fail. Such situations arise when police and other organisations encourage mothers to leave an abusive relationship but then encourage them to promote contact between their abusers and their children once separated (Hester 2004, Saunders and Barron 2003). This situation is illustrated by Hester’s (2011) ‘3-Planet-Model’ described in Chapter 1, which highlights the different emphases of criminal courts, public family courts and private family courts.

It seems counter-intuitive that a protective mother should lose care of her child to her abuser but outwardly gender-neutral family courts are built on patriarchal values, and mothers' reports of DVA and/or child abuse are often disbelieved in favour of men's accounts (Bemiller 2008, Kruk 2010, Monk 2013, Morris 1999a, 2008). Professionals often do not acknowledge the problems inherent in abusive men parenting children and make decisions from a position of ignorance of the effects of DVA and the dynamics of coercive control (Morrill et al. 2005).

When women manage to flee abuse they may be punished by their abusers who use children as weapons in acts of revenge by harming or seizing them (Jaffe et al. 2014, Monk 2013, Stark 2007). Wilson and Daly (1992) stressed that the point at which women leave or attempt to leave an abusive relationship is the most dangerous time and can prompt escalation of violence and abuse. Furthermore, leaving a violent partner does not equate with the end of the abuse and post-separation violence has been recognised as a serious problem for some time (e.g., Hardesty 2002; Harrison 2008; Humphreys and Thiara 2003b; Shalansky, Ericksen, and Henderson, 1999; Slote et al. 2005; Thiara and Gill 2011).

Child contact arrangements are an opportunity for post-separation violence and this is well-documented in the research (e.g., Bancroft and Silverman 2002, Chesler 2011, Hester and Radford 1996, Radford and Hester 2006, Stark 2007). Researchers have consistently found disproportionately high levels of inter-parental conflict, DVA and child protection concerns in residence/contact cases in private family proceedings (Buchanan et al., 2001, Hunt and Macleod 2008, Smart et al. 2005, Trinder et al. 2006). Abusive men make use of child contact to harm their mothers post-separation when it might be the only route to legitimately access the mother (Thiara and Gill 2011). Regular access to children through contact provides opportunities to target the

mother-child relationship (Bancroft and Silverman 2002, Katz 2015a, Radford and Hester 2006, Stark 2007). Walby and Allen (2004) found that contact resulted in threats, abuse and violence in over a third of cases where women had continued contact with their former partners because of their children. And, in their investigation into contact arrangements, Radford and Hester (2006) found the majority of women reported post-separation abuse in the context of contact.

Hunt and Roberts (2004) discussed how family courts have been slow to recognise the implication of DVA in contact cases: “even proven violence could be treated as less important than contact, and parents who did not agree to arrangements they regarded as unsafe could be seen as *‘implacably hostile’* and threatened with sanctions” (*ibid.* 2004:8). The authors identified how contact can cause distress to children through problems such as torn loyalties, exposure to conflict, the stress of moving between two homes, harassment or abuse, and being used as a go-between; and that contact is “not a good in itself, but that the value comes from the quality of the relationships” (*ibid.* 2004:11). Similarly, Katz warned, “children are affected by the full range of abuse by perpetrators/fathers, including emotional abuse and other aspects of coercive control” (2015a:40). Research shows that some children want contact with fathers who have been violent only when they and their families are safe (Radford 2013), other children do not want contact and feel pressured through court processes into seeing abusive fathers (Thiara and Gill 2011), and some children want courts to make decisions for them by stopping contact altogether and putting an end to on-going abuse and harassment (Radford et al. 2011).

Family court arenas and child contact processes provide DVA perpetrators with the means for on-going post-separation abuse and control through the use of children (Chesler 2011). UK family courts are strongly pro-contact even when fathers are also

perpetrators of DVA (Radford 2013) and children do not want contact (Radford 2006:98). Hunt and MacLeod's (2008) research showed that contact is almost never refused even when there are serious welfare concerns. In such situations, mothers' attempts at 'justifiable and proactive gate closing' (Trinder 2008) can be wrongly misinterpreted as hostile and alienating behaviour (Stark 2002). Mothers are often disbelieved and accused of fabricating allegations of DVA and child sexual abuse (Morris 2008) despite the lack of empirical basis to these myths/claims (Brown and Alexander 2007). But, when women are disbelieved and mothers' concerns not taken seriously their protective efforts can result in enforced child contact orders (Rhoades 2002, Hunt and Macleod 2008, Trinder et al. 2013). Chesler (2011) pointed out that enforcement of contact diminishes a mother's capacity to protect her children and described how women have faced custodial sentences when attempting to do so or abducted their children in response.

Researchers have drawn attention to the way that professionals have ignored or marginalised women's experiences of DVA in family court processes where contact has been prioritised above the safety of women and children (e.g., Hunt and Roberts 2004, Saunders 2001, Saunders and Barron 2003). Similarly, Trinder, Firth and Jenks explored the ways that Children and Family Court Advisory and Support Service (CAFCASS) Officers marginalised allegations of violence and abuse, noting how staff "commonly reframe allegations by downgrading or normalising or historicising concerns... and "used jokes to marginalise allegations" (2010:50).

As previously described, Hester's (2011) '3-Planet Model' explains how professionals involved in child contact have very different perspectives and priorities to those involved in child protection. Often, the result is that women are told by children's services to leave abusive partners or risk losing their children, only to be

told by family court judges shortly after that they must facilitate contact between their children and the father/perpetrator. Professionals on the ‘different planets’ are often unaware of this double-bind for abused mothers, which results in their diminished capacity to protect their children. This is especially problematic in situations when children are used in perpetrators’/father’s strategies post-separation, e.g., when they seek revenge for women escaping their control or finding new partners.

One analysis that illustrates how children can be used as pawns in their fathers’ abuse of women is McCloskey’s (2001) US study of the co-occurrence of partner and child abuse, in which 363 mothers and one of each of the women’s children were interviewed. The author described a host of frighteningly abusive behaviours perpetrated directly towards children – both physically and emotionally – as part of perpetrators’/fathers’ strategies to cause the children’s mothers harm and distress. McCloskey’s *strategic model* proposed that men’s abuse of children is often instrumental in order to coerce or retaliate against women. The author found that post-separation abuse using children was motivated by a desire to punish women for leaving violent relationships and as retaliation when women met new partners (McCloskey 2001:35).

Again in the US, Bemiller (2008) pointed out that some judges awarded custody to abusive men when women’s allegations of abuse were perceived as false, and transference of custody was viewed as a form of moral punishment for women by denying them primary care of their children. The author said that judges lacked understanding of DVA due to not receiving education and training in this area (Bemiller cites Morrill et al. 2005). Bemiller (2008) identified a lack of education in court personnel involved in child custody proceedings more broadly that resulted in court systems discounting the seriousness of abuse allegations by protective mothers.

This finding suggests that ignorance resulted in negative responses to mothers who were not listened to, believed or taken seriously by professionals who lacked understanding, awareness and knowledge of DVA. In sum, Bemiller (2008) highlighted family court dysfunction, corruption in family court systems, denial of due process, bias against women, and violation of human rights laws. These findings reflect those of other US reports, i.e., National Organisation for Women (NOW), (Heim et al. 2002), and the Battered Mothers' Testimony Project (BMTP) (Slote et al. 2005).

In their study of abusive men's use of children to control their partners and ex-partners, Beeble, Bybee and Sullivan (2007) interviewed 156 women with experience of DVA who reported multiple ways that their children were used to control and harm them. In this study, mothers described their children being used by perpetrators/fathers in order to stay in the women's lives, and to harass, intimidate, frighten and to keep track of them. Just under half the women (45%) reported that ex-partners tried to convince their children that their mothers should take the men back, and over half (47%) of the women reported that the men 'tried to turn their kids against them' (Beeble, Bybee and Sullivan 2007:57).

More recently, Hayes' (2015) study of 339 abused women compared abusive men's threats to take or harm children towards mothers who had left them, with the same threats towards mothers who remained in relationships: they found that the former were four times more likely than the latter to report such threats. Furthermore, the author found that more mothers (both separated and non-separated from their partners) reported that their abusers threatened to take the children than to harm them. Hayes (2015) (citing Bancroft and Silverman 2002) notes how "reporting the mother to Child Protective Services may lead the abuser to obtain full custody over the

children, which will allow continued access to the victim and control over those most important to her for an extended period of time” (Hayes 2015: 12-13).

It was important to the present study to find research into perpetrators’/fathers’ tactics involving turning children against their mothers, and taking children from their mothers. However, it must be noted that neither Hayes’ (2015) research nor Beeble, Bybee and Sullivan’s (2007) study was conducted by talking to women with experience of having their children taken from them by their abusers. More research is needed to hear about the problem from the perspective of mothers who have experienced this phenomenon. In particular, there is little British research that talks to mothers-apart when mother-child separations are specifically identified as occurring in a context of DVA – especially about their support needs.

In the present study, I also considered there was value in talking to practitioners about the problem of mother-child separation, especially regarding the lack of support for mothers-apart. I wondered what professionals at the intersection of DVA, health and social care, and family law, might be able to contribute to understanding the problem and how to support mothers-apart. In this way, I began to consider the environments of mothers-apart before and after separation from their children, i.e., the socio-ecological factors surrounding the problem. I became interested in the responses of practitioners who operated in the environments of mothers-apart and worked with families where mother-child separation occurs. Questions were raised about how workers responded to situations in which perpetrators not only appeared to control the home environment but often the professionals’ environment too in strategies that exploited systems and manipulated experts. This thesis aimed to extend understanding of this problem at a systemic level and raise awareness of mother-child separation in a

context of DVA by talking to both mothers-apart and practitioners who work with this group of women.

New Zealand researchers, Wilson, McBride-Henry and Huntington (2005) drew on Morris's concept of systemic MA when they identified that professionals' lack of recognition of the co-occurrence of DVA and child abuse can contribute to mother-child separation. The authors observed how mothers' concerns for children's safety can inadvertently blind services to the woman's abuse and warn, "when the abuse of mothers is not recognised, the risk of their re-abuse by the health and social systems increases... these are systems that should aim to protect both mothers and their children from violence and abuse" (Wilson et al. 2005: 86). This raises questions about why more practitioners are not aware of the systemic nature of abusive men's strategies that use children, which appear to depend on systems to legitimise and perpetuate the coercive control of women and children. I considered it important for DVA education to raise awareness of how the exploitation of systems and the manipulation of professionals in systems are instrumental to the success of abusive men's strategies to control women as mothers using children in environments outside the home, e.g., family courts.

Pertinent to the present study, Heward-Belle's (2017) research into abusive men's strategies aimed at women as mothers, and their mothering roles, offers an explanation of instrumental abuse to exert power and control over women and children. The author conducted in-depth interviews with 17 male DVA perpetrators in Australia about their assaults on women as mothers, and their mothering. An interpretation of the results showed that men's abuse of women as mothers was found to be grounded in hegemonic representations of the "good mother", and that abusive men deployed this tactic instrumentally to exert power and control over women and

children. Heward-Belle advised, “raising awareness of private and public assaults on women as mothers and their mothering is a critical step toward countering oppressive constructions of women mothering through domestic violence” (*ibid.* 2017:1). The author’s entreaty to raise awareness of these problems posed questions about how to achieve such a goal. In this thesis, I take the need to raise awareness of the above issues as a starting point for improving services’/professionals’ responses to mothers-apart because research informs service provision, policy, practice and education.

Conclusion

This chapter has critically evaluated the literatures related to studies of mothers-apart and research into men’s strategies aimed at mothers and mother-child relationships. It has argued that men’s violence towards women has been side-lined in research into divorce and separation in favour of a tendency to categorise women as ‘relinquishers’ and focus on their pathologies or anomalous status. An analysis of DVA was lacking in these studies, as was an understanding of choice in the context of limited choice – and how abusive, controlling behaviour reduces women’s choices and affects their decisions. Later studies drew attention to the DVA that went, largely, unacknowledged in early research of mothers-apart and this literature was more useful to the present study. However, research into abusive men’s strategies to separate mothers from their children is rarely conducted with women who suffered mother-child separation in this way, i.e., mothers-apart.

In this chapter, I connected these two bodies of literature in order to highlight the gap in knowledge gained from mothers-apart about their experiences of becoming separated from their children when abusive men use strategies to divide women and children. In connecting these literatures, I drew attention to the part that professionals play in mother-child separations engineered by abusive men. In particular, I

highlighted strategies to interfere in mother-child relationships that depend on the enlistment of workers and the exploitation of systems. These issues are a primary concern of this thesis and are explored throughout.

Historically, feminists have criticised family violence approaches to DVA, because they deny the gendered nature of abuse (Dobash and Dobash, 2004, Flood, 2006). Once viewed through the lens of a feminist viewpoint, studies of mothers-apart in this review were found to occur, predominantly, in a context of coercive control. Non-feminist approaches to DVA ignore the risk of mother-child separation and coercive control specifically related to women as mothers, mothering practices and the mother-child relationship. Such approaches espouse gender-neutral understandings of DVA and highlight physical incidences of abuse that obscure the domination of men and their power and control over women and children (Harne 2011). A feminist perspective in the present study highlights the need to understand DVA as gendered violence, and stresses gender that refers to the socially constructed differences between men and women, especially mothers and fathers, rather than biological sex differences.

Stark tells us that a gendered approach to coercive control is necessary in order to understand the entrapment of women in their personal lives by exploiting their vulnerabilities as women (Stark 2007). Coercive controllers exploit vulnerability of motherhood, which creates a risk of mother-child separation to abused mothers when perpetrators/fathers exploit myths of the ‘unfit mother’ and capitalise on ‘caring dads’ narratives. Mother-blaming is central to mother-child separations that can be initiated by abusive men who may or may not want parental responsibility, i.e., division of mother and child may be engineered to result in either primary care of the child by the DVA perpetrator or in adoption of the child when the father does not want care of the

child. Abusive men have the power to interfere in the mother-child relationship to serve their own interests using strategies that draw on mother-blaming. DVA education needs to be gendered and mother-focussed in order to draw attention to the ways that this problem is particular to DVA victim-survivors who are mothers.

This chapter has highlighted how mothers who are survivors of DVA may be blamed, stigmatised and marginalised when they are at risk of, or are already experiencing, mother-child separation. Recognising a range of problems and needs of mothers-apart as particular to women because of motherhood ideology and the gendered nature of parenting, mother-blaming and coercive control (particularly post-separation). This chapter also draws attention to ways in which inappropriate interventions by professionals can result in mothers experiencing DVA being inadequately protected or supported and emphasises the need to expand professional supports that repair and strengthen mother-child relationships. This chapter has suggested the need for intervention to prevent mother-child separation contrived by abusive men, and a range of specialised support for mothers-apart that includes: helping to adjust to a change of identity; support in dealing with stigma and marginalisation; empowerment; support to make better choices; advocacy in court processes; mentoring to access a wide range of services for mental health, substance misuse and DVA, for example; psychotherapy for help with emotional distress, trauma and grief; and support to set up or access support groups.

This thesis explores the reasons why there is scant support for mothers-apart despite research over decades that has consistently highlighted the need for support for this group of women. This chapter has argued that this is due to separated literatures relating to mothers-apart and the problem of coercive controllers' contrived mother-child separation. Morris's (1999, 2008, 2009, 2010) research into MA is

unique in that it connects these two bodies of literatures. However, the language of MA is problematic because of its association with the controversial concept of PAS (Gardner 1987), which may be the reason that it has not been taken up by feminist advocates against men's violence against women. The academic community have long-understood the strategies involved in MA as coercive control tactics. But, services and professionals do not have a good awareness of these or of how strategies depend on the manipulation-exploitation of professionals/systems and capitalise on mother-blaming inherent in structures/practices.

In the UK, statutory guidance on coercive control relating to the new legislation recognises the family courts as an arena for this type of abuse (Home Office 2015). However, this has yet to be fully understood by services/professionals which/who lack awareness of this problem when women leave, or attempt to leave, abusive relationships. In particular, they fail to identify abusive men's strategic use of children to prevent women from leaving, or to persuade them to return after they have managed to escape (e.g., Beeble, Bybee and Sullivan 2007). The need to educate professionals about coercive control has been a natural consequence of the new law, but little attention is given to this type of abuse aimed specifically at mothers or the role of systems/professionals in abusers' strategies. Given that systems are exploited, and workers manipulated by coercive controllers, this thesis argues that DVA training should educate practitioners about this aspect of the problem. Also, attention should be paid to how the client focus and key problem differs for different types of professionals as illustrated by Hester's (2011) 3-Planet-Model. This thesis addresses these issues and focuses on educating professionals about: the coercive control of women as mothers, strategies to attack the mother-child relationship, the role of systems/professionals in these strategies, the centrality of mother-blaming in

strategies, structures and practices, and the part that practitioners play in outcomes for mothers. These issues are explored further in the next chapter, which is the second part of the literature review, examining: service provision, policy and practice; barriers to help-seeking and help provision; and education.

CHAPTER THREE

LITERATURE REVIEW: PART TWO

The previous chapter reviewed the literatures relating to mothers-apart as a population, in addition to research into abusive men's strategies that target the mother-child relationship and can lead to mother-child separation. In this chapter, I explore current policy and service provision relating to the problem and the population of mothers-apart. Then, I examine barriers to help-seeking and the provision of support. Finally, I look to the research for suggestions for improving professionals' responses, which includes education in domestic violence and abuse (DVA). Drawing on the research and theoretical debates already available, gaps in the literature are identified, a rationale for the research questions is provided, and issues addressed in the thesis are set out.

Policy and service provision

As shown in the previous chapter, abusive men's interference in the mother-child relationship as a form of coercive control has been well-documented by researchers, theorists and activists since the 1980s. In the main, this awareness has not been reflected in service provision, policy or practice responses but signs are that this is changing. The most recent cross-government definition of DVA that was introduced in the UK (2013) was expanded to include coercive control (and 16- and 17-year-olds):

“Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. The abuse can encompass but is not limited to: psychological, physical, sexual, financial and emotional” (House of Commons 2013: 3).

The Government definition also outlines the following clarification of coercive control:

“Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.” (House of Commons 2013: 3).

More recently, Section 76 of the Serious Crime Act (2015) created a new offence of controlling or coercive behaviour in an intimate or family relationship. Since the new coercive control law there has been a growing awareness of how mothers are re-traumatised through legal proceedings when abusive men “actively use the family courts to continue a campaign of coercive control of their victims” (Ghose 2017). Current Crown Prosecution domestic abuse guidelines relating to coercive control recognise these types of behaviours that intimidate, deprive and isolate: “through threats to harm children, to have children taken into care, and through coercion/exploitation of family court proceedings” (Crown Prosecution Service 2017). A central platform of this thesis is that now coercive control is a criminal offence in the UK, services need to help women use this legislation when their relationships with their children are being targeted by abusive men. This thesis seeks to raise awareness of the risk of mother-child separation due to coercive control of women as mothers and the many tactics associated with undermining mothering roles and sabotaging mother-child relationships.

Although there is a growing awareness of men’s abuse through family courts, and new policy and guidance for prosecution, the focus of the problem is currently limited to tackling the ways that women and children as individuals are controlled, harmed and abused through child contact processes. What is not understood so well in

policy, service provision and intervention is coercive control that targets the *mother-child relationship* itself, which can occur before divorce and separation precipitates the need for child contact procedures. Although not always described in terms of coercive control, these issues have long-been understood in the feminist DVA literature and by specialised women's DVA services, but not so well by gender neutral services and practitioners who can be ignorant of this type of abuse. An understanding of these strategies *as* coercive control is yet to filter down to many of the services that mothers-apart might access, and to the professionals who work in them. Crucially, there is little understanding and support for mothers and children who have already been separated from one another through coercive control, especially when children refuse to have contact with their mothers. Without knowledge and understanding of coercive control aimed at the mother-child relationship this might be viewed naively as children's choice. Therefore, professionals need educating about these issues, which should feature prominently in DVA training.

Studies in part one of the literature review showed that one of the ways that mothers-apart appeared to be marginalised by services was by being denied effective, specialised help and support to address their needs, which further contributed to their stigmatisation (e.g., Bemiller 2008, Kruk 2010, Monk 2013, Morris 1999a). For instance, every participant ($n=17$) in Kielty's (2005) study made specific reference to the lack of facilities to support them and the injustice of their socially stigmatised position; the women said, "they felt let down by society at large" (2005:7). Kielty (2008a) predicted that "non-resident mothers were likely to remain a hidden population" (2008a:35) and, similarly, Clumpus (1996) observed the "invisibility of heterosexual mothers without custody" (1996:237). Kielty and Clumpus were both

commenting on the situation in the UK as British researchers and it would seem that their remarks hold true today. In my recent study of women experiencing MA, all participants ($n=6$) stated that before their discovery of the Charity MATCH Mothers, they thought they were the only mothers to have lost custody because such a thing was unheard of and they were unable to identify any specialised support (Monk 2013).

In the literature, support identified for mothers-apart included the dedicated charity, MATCH Mothers, which is run by volunteers based in the UK. This organisation was mentioned in the literature because research participants were recruited from it in a number of studies (Clumpus 1996, Kielty 2005, Monk 2013). However, MATCH Mothers is a small charity, receiving very limited donations (mainly from members themselves) and is, largely, Internet-based and limited to offering peer support.

Another source of help, WomenCentre in Huddersfield, was found to offer holistic support to mothers-apart in a concrete service. This appears to be a prototypical service with a dedicated support group for mothers living apart from their children - in all circumstances. Additionally, its situation within a women's centre that provides a 'one-stop shop' for women experiencing multiple and complex needs means that the help and support offered to mothers-apart is likely to be appropriate and accessible. WomenCentre conducted an evaluation of their 'Mothers Living Apart from their Children North Kirklees Pilot Service' and produced a report of their findings (WomenCentre 2013). The report showed that involvement in the mothers-apart group brought the women valued opportunities to talk openly about their experiences and explore their choices within a safe, supportive environment, free of judgment, which helped the mothers to overcome stigma and isolation. The evaluation

highlighted three critical features to achieving the above outcomes: the service was non-statutory, and embedded within the WomenCentre as a one-stop shop with a central hub that was safe, comfortable and well-staffed; the service was local to the mothers and drew on tried and tested methods of delivery - mainly group activities combined with one-to-one work with the coordinator; and the coordinator was experienced as genuinely caring and respectful, skilled and experienced, and her role was viewed as vital to women's positive experience of the service (WomenCentre 2013:6-8).

Mothers attending this service came from the population described as 'birth-mothers', whose children had been taken into care by the state following a child protection concern and they had varying degrees of contact depending on the care situation, i.e., adoption or foster/kinship care. However, the service was not limited to birthmothers, even though they were the main attendees. Rather, it was accessible for mothers-apart in any circumstances and, in this respect, it was the only service of its kind that I could find in the UK. Although over 60% of the mothers accessing the mothers-apart service reported experiencing DVA in their lifetime, there was not a DVA focus and no specific provision of help and support to address MA or other types of abuse such as coercive control. Visiting this service myself, I could see that there were good links to the local DVA service and if a mother had reported such a problem she would likely have been referred to the DVA service and offered support at the mothers-apart service for the distress of mother-child separation.

Studies of mothers-apart in the previous chapter showed how women mainly sought help from family law firms and counsellors rather than DVA agencies (Arditti and Madden-Derdich 1993, Monk 2013). These studies highlight how the support that mothers-apart seek, is often not from DVA services because women do not

understand the threat of mother-child separation as a form of coercive control, but rather as a custody issue relating to divorce. Likewise, professionals' lack of awareness of abusers' strategies to target the mother-child relationship, and a failure to identify these *as* coercive control is also likely to result in ignorance that the problem is one of coercive control. This thesis argues that the need to get these issues higher up on the agenda for DVA education is extremely important.

Schen (2005) highlighted how the concerns and needs specific to mothers-apart were often unaddressed by services: "Most avoided addressing mothers' family concerns and viewed these as outside their responsibility or expertise, even when they acknowledged that separations evoked mothers' guilt, anger or depression" (2005:167). In the absence of dedicated support for this population, women have no choice but to access services that are compelled to address needs specific to their agency, e.g., substance misuse. But, these may be secondary to the specific or primary needs of mothers-apart, i.e., the threat or actual separation from their children. Schen's study highlights the problem for mothers-apart in being able to access specialised support for their situations when there are no dedicated services because they are compelled to go to services that offer help for secondary problems. By understanding the problem of mother-child separation as one of coercive control, mothers-apart would know to access DVA services. This raised questions about how to increase awareness of this problem to its potential victims so that they seek preventive help, and to women who are already mothers-apart dealing alone. Reasons for the lack of support for mothers-apart, and ways to improve support through professionals' education are fully explored in this thesis.

As described in Chapter 2, researchers consistently identified that mothers-apart commonly experience a cluster of psychologically and emotionally distressing

conditions in addition to social and quality of life issues. The studies helped to answer questions relating to the impact of mother-child separation on abused mothers but also raised further questions about the lack of support for mothers-apart given the highly distressful and long-term impact on this group of women. Studies that related to the strategies of abusive men to target the mother-child relationship suggested the lack of support for mothers-apart was, largely, a problem of ignorance by professionals who did not possess knowledge/understanding of coercive control. Unawareness was exacerbated by mother-blaming: found to be exploited by perpetrators and seen to influence practitioners' responses. These barriers to help and support for mothers-apart seemed to affect both help-seeking by abused mothers and to the provision of support by professionals. I wondered what other barriers might be related to help and support for mothers-apart and how these might be tackled.

Barriers to help and support for mothers-apart

A number of barriers to women survivors' help-seeking for DVA have been identified in the literature. Feminist understandings of DVA as a pattern of coercive control have stressed how threats to harm children have been used as a strategy to prevent women from leaving or seeking help. Pence and Paymar (1986), for instance, identified threats that include both harm to the child and sabotage of the mother-child relationship as a possible consequence of trying to leave an abuser. Fugate et al. (2005) also identified women's fears of abusive men's retribution strategies and stressed barriers to help-seeking at a systemic level that drew attention to women's lack of control over processes or outcomes of interventions, and how their perspectives were not taken into account.

In an analysis of women's help-seeking from health visitors in the context of DVA, Peckover (2003) identified that women face a number of difficulties when

seeking help from statutory health and welfare agencies. The author's study of British health visiting drew upon interview data from 16 women who were the mothers of small children, and experienced difficulties in help-seeking. These included: fears for their own safety and concerns about losing custody of their children. Also the women reported health visitors' lack of knowledge regarding appropriate sources of specialised support and protection. The women said that they concealed the DVA from their health visitors due to their concerns, and those who *did* disclose abuse to their health visitors, did not always receive suitable support or adequate protection.

Lapierre's (2010) study highlighted the particular challenges and difficulties that abused women face in regard to their mothering. The study drew upon participative and qualitative research methodologies, combining 5 group and 20 individual interviews with 26 women who had experienced repeated and long-term violence, including post-separation violence. Lapierre argued that the challenges and difficulties faced by the women arose from the interaction between the particular context created by the violence and the broader institution of motherhood. In this study, the author drew attention to the following two elements: the women's increased sense of responsibility in regard to their children, and their loss of control over their mothering. The findings suggest that in order to support abused mothers, professionals need to understand the challenges and difficulties that they face, and to be mindful not to exacerbate the women's sense of responsibility and loss of control. Lapierre explained that the context of 'neglectful' or 'abusive' mothering that is created by women being held responsible for men's violence is at odds with the high expectations that are placed upon abused women, whose mothering is scrutinised and assessed within the institution of motherhood that imposes standards of 'good' mothering (*ibid.* 2010:1446).

There is much research on the harmful impact of DVA on physical and mental health of women (Stark and Flitcraft 1996) and children (Mullender and Morley 1994, Hester et al. 2000), and it is important to consider how recoveries from DVA for both women and children are possible (Humphreys et al. 2006). Harrison (2008), whose study drew on qualitative research in UK child contact centres, noted high levels of anxiety and insecurity in children who had been exposed to DVA. The author also highlighted the problem of children's views of contact not being taken into account because of the ways that perceptions of post-separation mothers - which were bound up in stereotypical concepts of 'parental alienation' and 'implacable hostility' - "formed a barrier to hearing children's voices" when "mothers' accounts of their children's needs were rendered inadmissible" (Harrison 2008:399).

Morris (1999a) emphasised the need to restore relations between mothers and their children post-abuse when their relationships have been interfered with and damaged, particularly when this has involved grooming and alienation strategies. Katz (2013, 2014, 2015a, 2015b) stressed that professionals have a crucial role to support abused mothers, both for their own recoveries and those of their children - through nurturing and rebuilding of mother-child relationships in order to promote both children's and mothers' recoveries from DVA. The author emphasised that the importance of strengthening the mother-child relationship is key to this process - a view that is supported by other researchers (e.g., Laing and Humphreys 2013; Morris 1999a, 1999b). Katz (2015b) uses the term 'recovery-promoters' to describe the ways in which mothers and children act to support one another, emphasising children's agency rather than passivity in DVA situations, which is common in 'normal' families without violence. Women survivors of DVA who are mothers can be supported to build resilience, improve wellbeing and recover, and there are serious implications for

mothers' on-going and/or future mothering capacity if the significance of their roles in their children's lives is ignored (Mullender et al. 2002).

Winnicott (1965) recommended that all mothers, generally, be supported in their roles in order to be 'good-enough' mothers. Therefore, it is reasonable to suppose abused mothers need *extra* support, especially to maintain connections with their children when abusive men attack mother-child relationships and court processes can easily compromise these. Katz (2014, 2015b) advised services to expand their provision of supports to work jointly with mothers and children to help strengthen their relationships. However, there is little research that highlights the need for specialised support when coercive controllers target mother-child relationships. As Mullender et al. (2002) highlighted, children's and mothers' interests are closely intertwined. If we do not consider the ways in which survivors of DVA who are mothers are reliable in knowing their children's needs and interests, their most important source of support and recovery will be ignored. Children's mothers need to be respected in this regard as not only the experts in their children's lives, but also the person that children turn to in stressful situations.

Mullender and colleagues (2002) also pointed out that, "it is not an accident that abusive men attack women's abilities to mother, they know that this represents a source of positive identity, the thing above all else that abused women try to preserve, and also that it is an area of vulnerability" (*ibid.* 2002: 158). Therefore, services should take into account that women's mothering could be under attack and help support women and children jointly as units who need others for the healthiest outcomes and recoveries (Katz 2013, 2014, 2015a, 2015b). These issues demand attention and raise questions about how services/professionals can help women survivors of DVA to prevent ruptures to the mother-child relationship or receive

succour when there is threat of, or actual, separation from their children. Presently, there is no dedicated support for mothers-apart – either to prevent mother-child separation in a context of DVA or to provide support in the event of interference in the mother-child relationship, including alienation. These are major issues for attention in this thesis.

Professionals should be a source of support for mothers-apart. Yet, they are also identified in the literature as a barrier to appropriate help, e.g., when practitioners fail to understand the problem of MA and, instead, contribute to it (Wilson, McBride-Henry and Huntington 2004). Although we in the UK now have the terminology of coercive control to address abusive men's strategies to target the mother-child relationship, Morris's work (1999a, 1999b, 2008, 2009, 2010a) remains extremely important in understanding the problem. In particular, the author's concept of systemic maternal alienation (Morris 2003a) draws attention to the part that professionals play in this problem. In the UK, Coy et al. (2011, 2012) identified MA as a form of abuse that is overlooked by professionals in decisions about child contact, and note how practitioners fail to recognise/identify MA when abusive men intentionally undermine mothering roles and target mother-child relationships. Morris (1999a) said that one of the purposes of MA is to conceal abuse, which the perpetrator does by denigrating the mothers whilst elevating his standing as a father, even though he might not have previously been interested in the children (Morris 2003b). Radford and Hester (2015) highlighted how a variety of professionals can be co-opted into such strategies:

“The helping’ professions – police, child protection services and family courts – may become inadvertently enlisted in the violent father's efforts to maintain coercive control, particularly through repeated applications for child contact which may financially and emotionally exhaust the victim yet be misunderstood by professionals as the father's devoted persistence” (Radford and Hester 2015:122).

Systemic MA stresses the part that professionals play in its realisation through mother-blaming discourse and practice, so, it is important to understand that abusers' 'success' in contriving MA depends on systems/professionals for its success.

Researchers have consistently identified that abused mothers' concerns over safe child contact should be taken seriously, yet, women continue to be disbelieved, dismissed, or accused of making false accusations. Radford et al. (1997) explained how women asserting the need for protection for themselves and their children during child contact arrangements are liable to be viewed as "selfish, obstructive, or hostile to the father as parent and, hence, to the welfare of their children" (1997:472). In Humphreys and Thiara's (2002) study with two hundred women experiencing DVA, more than half of those with post-separation child contact arrangements with an abusive ex-partner continued to have serious, on-going problems with this contact. Elizabeth, Gavey and Tolmie (2010) highlighted the problems faced by protective mothers in DVA contexts who were defined as 'hostile and alienating' for expressing concerns about the safety of their children. Likewise, Radford, Sayer and Aid for Mothers in Contact Action (AMICA) (1999) also described these problems and explained that women who oppose contact for fear of violence and abuse towards them and their children have even been imprisoned for failing to comply with contact orders (1999:3). The authors reported that mothers' perceptions of harm during child contact were founded on entirely reasonable fears because courts failed to adequately assess risks following court-ordered contact between children and violent men, and there was poor provision to ensure the safety of the abused women and children, particularly following relocation to avoid violence/abuse. And, as a result of the contact, two out of three of the mothers were abused again, and 76% of the children

who had already been physically abused by the violent parent were further abused during contact visits (Radford, Sayer and AMICA 1999:3).

Divorce and separation are often flashpoints for speaking out about DVA for the first time - and for child sexual abuse also when children might feel safe for the first time when they are away from their abuser. However, rather than recognise this situation, reports first made at this time can be viewed with suspicion by family court personnel, especially due to Gardner's (1987) theory of 'fabricated abuse' as described in Chapter 1. As Stark (2007) explained, fear of coercive and controlling men can paralyse women and children into silence so that DVA is not reported until the divorce stage, which can be problematic when allegations are then seen as fabricated and strategic (2007:252). Stark expands on this point, highlighting the gender bias surrounding alienating tactics:

"Confronted with the combination of a hostile child and unsupported allegations of abuse, it is increasingly common for the father's attorney to raise the spectre of parental alienation syndrome, a pseudo-scientific diagnosis which many evaluating psychologists are all too willing to support. By contrast, although it is commonplace for offending fathers to turn children against their mothers... this behaviour is rarely linked to abuse or described as alienation" (Stark 2007: 252– 253).

Consequently, this type of misinterpretation and misunderstanding presents a barrier to mothers accessing appropriate help. Meier (2013) drew attention to the serious problem of how Gardner's PAS theory is regularly applied in family courts, in which it is often *presumed* that alienation must be the cause of a child's hostility towards and/or fear of their father based on alleged abuse (Meier 2013:2).

Lapierre and Côté (2016) collected data using questionnaires from workers, directors and co-coordinators from thirty DVA shelters (refuges) in Canada in order to highlight the problem of abused women being increasingly accused, or threatened with accusations, of PAS/PA to counter their reports of DVA and child abuse. The majority of respondents (86.7%) reported that this problem impacted on their practice

and more than half (53.3%) revealed that PAS/PA was one of their main concerns (2016:2). The authors reported that DVA perpetrators used PAS/PA as a tactic to discredit abuse by women and children and that “child protection services and the family court system reproduce the perpetrators’ accounts and discredit reports of abuse by women and children, and therefore undermine their core mandate, i.e., to protect abuse victims” (*ibid.* 2016:23). This is an important, contemporary study that reflects how PAS/PA is increasingly an issue for consideration in professionals’ practice: both for those working alongside mothers to understand how PAS/PA can be used as a tool to undermine and discredit their reports of DVA and child abuse, and for those practitioners working alongside fathers who may be unwittingly colluding with perpetrators/fathers who are hiding their violence behind a popular syndrome.

The literature on DVA and children primarily positions women as a key factor in how children are protected and affected by violence (e.g., Humphreys 2000, Mullender and Morley 1994, Stanley et al. 2011). However, positioning mothers as a determining agent in children’s health and safety in a DVA context has also led to mother-blaming, i.e., ‘failure to protect’ children (Fordham 1999; Lapierre 2010, Radford and Hester 2001, 2006; Saunders and Barron 2003). Featherstone and Trinder (1997) argued that the needs of women and children do not always coincide and that it would be wrong to assume that women always fight for their children (1997:153). This may be so, but as the main victims of men’s coercive control in families, it is clear that the safety and support needs of women and children, largely, *do* coincide because of a mutual need for protection and recovery from men’s violence against them (Katz 2013, 2014, 2015a, 2015b, 2016; Morris 2008, 2009; Stark 2007).

Mothers need help and support in establishing and maintaining protection, which would necessarily be important in order to protect their children. Many feminist researchers have drawn attention to how ensuring safety, protection and empowerment of mothers are important elements of child protection (Katz 2014, 2015a, 2015b; Kelly 1996; Hester and Radford 1996, 2001, 2006, 2015; Stark and Flitcraft 1998). Mothers-apart who have experienced MA also need help and support in mending ruptured mother-child relationships, especially when they are being sabotaged in their attempts by coercive controllers who have primary care of their children, i.e., MA. No one knows how prevalent the experience of being a mother-apart from her children is in these circumstances as this is a much under-researched area. Currently, service providers offer nothing in the way of help to mothers in this type of situation because it is not formally recognised. When coercive controllers claim that children do not want to see their mothers, agencies take children's word for this and do not understand how the children may be being used by perpetrator/fathers (Radford and Hester 2015).

Guidelines for supporting mothers apart

Although a review of the literature revealed a dearth of specialised help and support for mothers-apart, researchers were clear that this at-risk population *do* have support needs that are not being met. With regards to noncustodial mothers, Arditti and Madden-Derdich (1993) observed how such women in the US remain, largely, invisible and outside the legal and mental health systems as a result of their marginalised status and oppression, which leads to limited choices, support, and financial resources. The authors recommended more adequate and mental health interventions, which should involve “empowering these mothers – making them more visible and legitimising their status” (*ibid.* 1993:312).

Similarly, Kielty (2008a) warned that the stigmatisation of non-resident mothers in the UK could be considered a potential cause of isolation for them because they, generally, conceal their situations and because of the lack of opportunity for them to express their feelings and talk about their problems (2008a:35). The author recommended that greater efforts be made to provide more information and support for non-resident mothers because few services or positive role models exist for this “hidden population” either at local community or at policy level (Kielty 2008a:38).

Researchers, who were also practitioners, made recommendations regarding therapy for this population. For example, Snowdon and Kotzé (2012) conducted a qualitative study with three non-resident mothers, who identified as Pakeha New Zealanders, and suggested narrative therapy approaches (White and Epston 1990) for replacing dominant narratives with less-rehearsed discourses, i.e., replacing ‘bad mother’ narratives with reflections on what action was taken in the best interests of their children. Snowdon was a mother-apart from her sons for seven years and the study draws on the author’s (2007) master’s dissertation, alongside the family therapy practice of the two authors. Snowdon and Kotzé (2012) emphasised how the personal is always the political, and argued for feminist counselling for mothers-apart, quoting Weedon (1997:71) who said, “motivated by a primary concern with understanding the position of individual women in society and the ways in which they are both governed by and resist specific forms of power” (Snowdon and Kotzé 2012:149). Morris (1999a, 2008) likewise argued for feminist therapy for mothers experiencing MA in order to understand gendered violence against women and children, and power inequities and abuses on multiple levels.

Santora and Hays’ (1998) study with 26 noncustodial mothers reflects a more traditionally psychological framework for examining the ways in which non-custodial

mothers coped. The authors reported that the most commonly cited coping method was social support: “women specifically mention the importance of having a non-judgemental friend or family member; contact with other non-custodial mothers; counselling with a therapist who is knowledgeable about non-custodial mothers’ concerns, and about loss and grief; and support groups or programs which are sensitive to the experiences of women and particularly non-custodial mothers” (1998:60). In addition, the authors went on to advise, “avoidance and/or destructive coping strategies, e.g., denial, alcohol, drug use, and behavioural disengagement, were rarely used by coping mothers (Santora and Hays 1998:61), which suggested that these methods were used by mothers who were not coping/adjusting well. Importantly, this study highlighted the need for professional knowledge and understanding of the issues and concerns pertinent to mothers-apart in order to be able to respond effectively.

The concept of disenfranchised grief (Doka 1989, 2002) was identified by Hart (2008) as having the potential to be helpful for mothers-apart because it acknowledges the lack of space/opportunity/permission for grieving ‘lost’ children. Doka (2002) describes the concept of disenfranchised grief as when “a person has experienced the loss of a meaningful and significant attachment”, which “may not be recognised or validated by others”, and “cannot be openly acknowledged, socially validated or publicly mourned” (2002: xiii). This term is applicable to those mothers-apart who have no legitimate grieving spaces and feel compelled to hide their status, as is common in this population (Finzi-Dottan, Goldblatt and Cohen-Masica 2012; Gustafson 2001; Snowdon and Kotzé 2012). Doka emphasises that “receiving offers of sympathy or empathy... is a basic right of those who have experienced loss” (2002:393). However, such responses are likely to be absent for mothers-apart due to

a lack of understanding and disapproval (Ferguson 1994, Kielty 2008a, Schen 2005). Practitioners can, therefore, use this concept to help mothers-apart acknowledge and grieve their losses, especially in therapeutic spaces.

Several researchers recommended support groups for mothers-apart but also acknowledged the scarcity of this resource (Arditti and Madden-Derdich 1993, Babcock 1997, Fischer 1983, McMurray 1992, Stewart 1999). These researchers identified elements of support groups that were helpful to mothers-apart as: facilitating adjustment; countering isolation; promotion of networking; learning about coping mechanisms; offering skills, advice and emotional support; providing advocacy for disenfranchised groups; and increased confidence and sense of competence through collective self-efficacy and empowerment.

DVA Education

An obvious difficulty to finding help and support for threatened or actual mother-child separation via coercive control, is the lack of knowledge, understanding and awareness of the problem when professionals and laypersons alike are ignorant of this form of abuse. Morris (2009) stated that MA “illustrates the ways in which women and children experience a fusion of violence which permeates their everyday lives, through regimes of systematic coercion and control within households... because it weaves together child and woman abuse” (2009:417). This sophisticated understanding of the coercive control of women and children, involving abuse that may not be apparent to the outsider, is not likely to be readily accessible without specialised training and education. This is particularly likely to be the case for professionals who maintain a gender neutral understanding of DVA, which does not take into account the particularities of coercive control as experienced by mothers whose support systems are contaminated by mother-blaming.

Morris (2009) drew attention to the gendered nature of coercive control through the concept of an ‘abusive household gendered regime’ (AHGR), “characterised by perpetrators’ imposition of a coercive web-like regime on household members, and the interlocking of many forms of abuse, which entrap victims” (Morris 2009:414). Morris recognised, then, that for such mothers, coercive control constitutes a whole regime that extends beyond the family home and continues after separation, via the agency of their children through whom abusive men continue to control, abuse harass and intimidate. Morris’s key argument here is an essential element of the present study because, despite being recognised in the literature, coercive controllers’ strategies to target mother-child relationships are not being explicitly addressed through policy, service provision, practice or training.

Radford and Hester (2015) advised that professionals’ DVA training (and assessment methods) needs to take into account that: “coercive and controlling behaviour can include a perpetrator’s efforts to target the children, to draw them into the abuse and to undermine the mother’s relationship with the children” (2015:121). This depth of understanding demands specialised DVA education that is gendered and mother-centred in order to feature the risks of mother-child separation in families that are characterised by coercive control. A *gender neutral* approach would likely define the problem in terms of *abusers* undermining the *parent’s* relationship but this would fail to understand the ways that strategies to divide mothers and children, and the ways that systems support these strategies depend on mother-blaming. Morris (2009) urged organisations/practitioners to embrace a gender perspective in order to make visible the tactics used by male perpetrators to maintain control over women and children, and to support mothers, “thereby increasing their power and reducing their culpability” (Morris 2009:423).

Laing and Humphreys (2013) noted how protective interventions aimed at both mother and child involves multi-agency work and collaborative practice between DVA services and child protection. The authors noted, however, that social work has, historically, not been supportive of safety and protection of women and children, or of holding men accountable for their violence (*ibid.* 2013:2). The on-going tensions between these two professional spheres and the contradictory approaches to women and children's safety by DVA and child protection agencies are well-documented in the literature (Morris 2009, Humphreys 2007, Humphreys and Stanley 2006, Radford and Hester 2006). Recognising the need for a multi-agency approach to DVA and child protection, researchers have advocated for holistic, collaborative responses to men's violence against women and children (Laing and Humphreys 2013, Morris 2010b, Peckover and Golding 2017).

Morris (2008) focussed on collaborative training between children's services and women's agencies in order to engage these two key organisations in a collaborative approach to recognising and preventing MA. The 'Maternal Alienation Project' (MAP) that was central to Morris's (2008) research involved working in the community - by directly supporting mothers and children experiencing MA, and through training professionals to provide this support. Morris also developed a number of resources to help practitioners address and respond to MA (Morris 2003a, 2003b, 2003c). The author refers extensively to training in MAP (2008, 2003c) based on her initial (1999a) research. However, the nature of Morris's training is not available, the planning and development of it not made explicit, and there is no evidence that an evaluation was conducted. This raised questions for me about the planning, development and evaluation processes of the training in Morris' research. I considered what processes were involved in the creation of DVA education that

focussed on aspects of coercive control related to mothers, mothering and mother-child relationships, and what kind of delivery and evaluation plan would be most effective. Because the Intervention Mapping (IM) approach (Bartholomew et al. 2011) is based on systems theory and draws on a socio-ecological model, I thought about how IM could be used in the creation of a new type of DVA education that could be used to address the systemic nature of MA, in order to improve professionals' responses to the problem – and to mothers-apart.

I also wondered how DVA education developed using IM might be used to encourage a range of professionals to reflect on the multiple factors outside of mothers-apart themselves. I considered the potential for IM, which draws on a socio-ecological model, to highlight factors relating to the professionals themselves, i.e., intra-/interpersonal factors relating to attitudes, perceptions and values, for example. In the literature relating to DVA education, there was, largely, an implicit assumption that imparting knowledge and raising-awareness would achieve a change in behaviour, attitudes, beliefs and skills (e.g., Bradbury-Jones et al. 2014, Broll et al. 2012, Goff et al. 2001, Payne et al. 2007, Taylor-Dunn 2016, Williamson et al. 2015). For instance, in an evaluation of *The Freedom Programme for Professionals 2 day training course 'Understanding Coercive Control'*, Taylor-Dunn (2016) stated:

“The fact that more professionals left the training with a comprehensive understanding of domestic abuse, means they are in a position to share this knowledge with colleagues, friends and family, which will ultimately contribute to challenging attitudes and behaviours” (Taylor-Dunn 2016:45).

And, Goff et al. (2001) reported there was a “significant relationship between education about abuse and an individual's level of preparedness, beliefs about how and when to screen, and outcome expectations associated with domestic violence” (2001:49-50).

As a reflective, reflexive practitioner and educator, I understand the importance of reflecting back on one's own part in events and gaining self-awareness of how our own biases, beliefs, values, etc. can affect our attitudes towards others and our perceptions of them and their situations. Few planners of DVA education consider the importance of reflective practice. Those that have include Broll et al. (2012), Peckover and Golding (2017), and Postmus et al. (2011).

Reflective practice was used in case study discussions in Peckover and Golding's (2017) investigation into multiagency working (DVA and children's safeguarding). The study was based on learning that emerged from the WomenCentre (described earlier) Safeguarding and Domestic Violence Pilot. This intervention aimed to improve professionals' practice by focussing on multiagency working, which has been emphasised as important in safeguarding children (HM Government 2013). The authors drew on Munro's (2011) recommendations for professionals to access "reflective opportunities to think differently about what is happening in a family and what might help" (Munro 2011:115). The reflective theory was not made explicit in the study, and the depth of reflection was unclear - beyond saying case studies were reflected on - but it was clear that the pilot involved reflecting on events rather than *reflexivity*. The latter is more about questioning one's attitudes, beliefs, biases, etc. and encourages us to understand ourselves in relation to others (Bolton 2010). Reflexivity seemed to me to be an ideal method of improving professionals' responses to mother-child separation at a systemic level and I wondered how DVA education using reflexivity could influence practice with mothers-apart.

Postmus et al. (2011) drew on Kolb's (1984) experiential learning theory to consider reflective practice in DVA education in relation to social work students' attitudes, beliefs and behaviours. The authors examined the research on education and

training received by social work students in addition to their professional and/or personal ‘victimisation’ experiences through an online quantitative survey method that employed a number of scales. Findings showed that students with educational, training, professional, or personal experiences were less likely to believe myths about survivors, less likely to blame them, and more likely to screen for victimisation with their clients (Postmus et al. 2011: 307). This research was useful to the present study in that it correlated raised awareness of DVA (from education and training, and personal/professional experiences) with less victim-blaming. However, the utilisation of Kolb’s (1984) experiential learning cycle was used in a hypothesis about the correlation between education/experience and understanding/attitudes rather than using the theory to develop DVA education.

Broll et al. (2012) provided an overview on the evaluation of ‘Violence Against Women’ training, which was useful to the present study for two reasons. First, it highlighted the importance of reflective practice in evaluation of DVA education. Second, the authors recommended the use of ‘logic models’ in evaluation. This was interesting because the Intervention Mapping (IM) approach (Bartholomew et al. 2011) used in the present study *also* makes use of a logic model: the *precede* Model, (Green and Kreuter 2005) which is embedded in IM. Broll et al. (2012) reported their findings as evidence of how increased awareness leads to change in attitudes and behaviours and, also, produces organisational change.

The DVA education literature appeared to be limited in its discussion of reflective practice, and there was little indication that it was utilised in a way that encouraged practitioners to reflect on their own part in events, i.e., reflexivity was not evident in these studies. I wondered how DVA education might employ reflexivity *in addition to* reflective practice in a more meaningful way. I wanted to aim for a

different type of DVA education for professionals that involved reflection at depth using reflexive practice to examine the limits of practitioners' theories-in-use, for example, and help them become aware of how their responses were culturally determined. I theorised that reflective, reflexive practice would be highly relevant for practitioners vulnerable to being manipulated, threatened or conditioned themselves by abusive men who use coercive control with professionals in similar ways to how they operate with their usual victims, i.e., mothers and their children.

Laing and Humphreys' (2013) important text on critical and reflective practice in social work and DVA was valuable to the present study. The authors emphasise reflexivity and draw on strengths-based and narrative perspectives to assist social workers in anti-oppressive and empowering practice (2013:11-12). I considered how working in these ways would benefit a wide range of practitioners who work at the intersection of DVA, health and social care, and family law, i.e., in systems that tend to engage in mother-blaming practises. I wondered how DVA developmental education could encourage practitioners in this way of working but found no DVA training development or evaluation articles that included *reflexivity*. I surmised that DVA education that did not include self-reflection/reflexivity would not likely address mother-blaming attitudes or practice but I found no treatises that put this problem on the DVA education agenda. This thesis explores these problems and considers alternative pedagogies for DVA education using the IM approach.

Conclusion

This chapter has surveyed the literature relating to: service provision, policy and practice; barriers to help-seeking and help-provision; and education. It has discussed recent policy guidance on coercive control, which acknowledges how the family courts can be a platform for continued abuse (Crown Prosecution Service 2017). It

has also drawn attention to what is not highlighted in coercive control policy or definitions relating to specific strategies of abusive men that target women as mothers, their mothering roles and the mother-child relationship itself. Crucially, this chapter stresses a need for policy-makers, service providers, practitioners and educators to acknowledge abusive men's interference in the mother-child relationship both before and after the crisis point of divorce and separation, because coercive control aimed at women as mothers often begins during pregnancy and long after separation.

This chapter has explored some of the primary issues that may affect mothers-apart both before and after mother-child separation. It has emphasised the need for support for women at risk of, or experiencing, interference in the mother-child relationship by abusive men using coercive control tactics. It has identified problems in viewing mother-child separation as a personal issue for women, and highlighted the need for a socio-ecologic approach that understands the problem on multiple levels, outside the individual – in order to avoid mother-blaming. There is a strong focus on the roles of systems/practitioners in abusers' tactics to target the mother-child relationship, and how perpetrators can enlist professionals in their strategies. This chapter has also drawn attention to a deficit in DVA education to raise awareness of the part that professionals might play in coercive control, particularly in relation to mother-blaming, and compliance/collusion. These issues are fully explored in this thesis.

The need to understand the ways in which other professions may exacerbate maternal-child separation on a systemic level is stressed in this chapter. Questions are raised about the need for professional education to raise awareness of the dynamics of coercive control that target women as mothers, mothering roles, and the mother-child

relationship. This chapter explores the kinds of support that mothers-apart have received and how professionals have responded to their needs – particularly in relation to preventing coercive controllers’ intentional mother-child strategies. The lack of a specific or effective therapeutic approach to working with mothers-apart is also highlighted. Each of these issues has significance for the research presented in this thesis, which attempts to answer the research questions set out in Chapter 1.

This literature review helped to answer some of the research questions in part that related to: how mothers become separated from their children, the impact of mother-child separation on abused mothers, the support needs of mothers-apart, and reasons for the lack of support for mothers experiencing MA. I found a wealth of literature relating to abusive men’s strategies to interfere in the mother-child relationship and undermine women’s mothering in DVA situations. I also found barriers to help and support for women experiencing this type of abuse and how these appeared to be rooted in mother-blaming and a lack of knowledge/awareness.

I wanted to investigate this problem further from the perspective of mothers-apart in order to gain a better understanding of the reasons for an absence of support for women experiencing mother-child separation via coercive control. I wanted to talk to mothers-apart find out what they needed to prevent mother-child separation and to support them in the event of this trauma. I also wanted to talk to professionals about their understanding of these issues, to ask them for their opinions on the lack of support for mothers-apart and how they might improve their responses to this group of women. I became interested in promoting change through DVA education, which became the focus of intervention in this research project following a needs assessment. I conducted new research with both mothers-apart who were the at-risk population and with professionals who were the target population for intervention. In

its discussion of methodology, the next chapter explains the shift in priority population for intervention, and the emergence of the idea for professionals' DVA education during the other IM processes.

CHAPTER FOUR

METHODOLOGY

This chapter provides a rationale for using the Intervention Mapping (IM) approach (Bartholomew et al. 2011) as a strategy to investigate the lack of support for mothers-apart (Monk 2013). The six-step process of IM and the tasks that each step comprise are explicated. This chapter outlines the key approaches, perspectives and theories used in the study. The empirical research conducted for this study is detailed in this chapter. Multiple methods of collecting data to address the research questions are explained and justified, and the ways in which each of the four studies was designed and conducted are outlined. Finally, a warrant for using constructivist grounded theory methods (Charmaz 2002) for data analysis is provided.

Intervention Mapping

Rationale for the IM approach

The choice of IM as a strategy to a) answer the research questions and, b) create a workshop for professionals as an approach to improving responses to mothers-apart was a circuitous process reflecting a number of factors. In the early stages of considering the lack of support for women experiencing maternal alienation (MA), IM was identified as a potential method of analysis because it engages the planner with the end-user and other relevant stakeholders to ensure their needs are met. This was important because a key finding of my master's thesis into MA was that services/professionals were not meeting the support needs of women experiencing MA (Monk 2013), but it was unclear what the women's needs were. Positive change and successful intervention for women experiencing domestic violence and abuse (DVA) demands a needs-led approach (Women's Aid 2015, 2017). Therefore,

because IM aims to ensure that the needs and perspectives of stakeholders and beneficiaries of interventions lead the development process, it was surmised to be an effective approach. Later on in the study, when the target population shifted to professionals (explained later), IM was an effective method to address research questions relating to this population because the needs assessment embedded in the approach was adapted to a training needs analysis.

Secondly, the method takes a pragmatic approach to ‘what works’ in understanding problems and how to address them by using multiple sources of evidence. In this study, the method provided a practical means of figuring out a solution to the problem of how to improve the situation for mothers-apart by examining the problem from multiple perspectives. This was an important consideration because the ‘at-risk population’ of mothers-apart are a hidden and unacknowledged group, and collecting data from and about them was recognised as a potentially challenging undertaking. Also, I anticipated additional challenges in light of early unreceptive responses to my research project, i.e., some practitioners’ attitudes to mothers-apart seemed to provoke negative reactions. The logical six-step process of IM enabled me to address these challenges, methodically, as I encountered them.

Thirdly, although IM is predominantly a method used in health programme planning, e.g., aids risk-reduction (van Empelen et al. 2003), its flexible nature lends well to adaptations, including its use in the development of training and educational programmes. For example, Brown, Bayley and Newby (2012) used IM in their development and design of a ‘Serious Game’ addressing relationships and sex education. And, Hesselink et al. (2014) used the approach to develop a guiding framework for service providers and policy-makers in the improvement of a hospital

discharge process. Also, Murray et al. (1998) developed a parent education intervention to prevent violence among students, using IM. Most relevant to the present study, Koekkoek et al. (2010) targeted clinicians for intervention when they used IM in the development of a training programme within psychiatric services. IM authors state, “Although it may appear unusual to target health clinicians’ behaviours and health services’ policies through an intervention program, in fact many patient behaviours are quite strongly associated with clinicians’ professional behaviour” (Bartholomew et al. 2010:8). This remark chimes with Morris’s (2008) argument that service providers’ lack of understanding about MA tends to exacerbate the situation for mothers experiencing the problem. Therefore, IM was considered an ideal method of planning training/education to address the systemic nature of MA because it has been used to target professionals’ behaviour when this is associated with that of the at-risk population.

Fourthly, IM has been used in the field of DVA (e.g., Bowen and Walker 2015, Rutgers World Population Foundation (WPF) 2012). Bowen and Walker (2015) developed a ‘Serious Game’-based intervention for adolescents experiencing dating violence in order to increase knowledge and change attitudes to this phenomenon. And, Rutgers WPF (2012) developed a ‘male counselling programme for perpetrators of DVA’. Although these interventions were aimed at different target populations, the fact they were developed within the field of DVA using IM further emphasised the suitability of the approach. The development of a perpetrator programme for abusive men who alienate mothers from their children was not considered during this research project because I found no evidence of abusive men having conceded to the perpetration of MA. By its very nature, denials of alienating tactics are integral to the ‘success’ of this form of woman and child abuse. My initial plans for intervention

aimed at mothers-apart were also rejected. Members of the planning group, which included mothers-apart, quickly dispatched early ideas for the development of group psychotherapy because they did not want to be pathologised. Rather, the needs assessment identified that what this group of women said they wanted and needed was change in services'/professionals' responses.

Finally, IM was considered an ideal approach to studying the problem of how to improve support for mothers-apart because of its socio-ecological approach that means consideration is given to issues on multiple levels. A socio-ecological analysis was considered important in the choice of approach in the present study because causes of distress are often not psychological or biological (as in the medical model) but are related to environmental factors such as abuse, deprivation, violence, discrimination and powerlessness (Proctor 2015). These are common factors in the experiences and situations of mothers-apart who are a marginalised group, whose needs are unmet by services within which individual workers may stigmatise this group of women. The authors of the approach stated, “we use broad-based systems thinking as a perspective to inform all aspects of IM” (Bartholomew et al. 2011:9). Systems theory makes use of a socio-ecological model (see Figure 1, page 27) to illustrate how behaviour is influenced by factors at multiple levels that are often beyond an individual's control or awareness (Bartholomew et al. 2011:10). Thus, the approach was considered ideal for awareness-raising DVA education for professionals to reflect on their own inter-/intra-personal factors that might contribute to systemic MA.

IM is an evidence- and theory-based method that draws on empirical research and makes use of theoretical methods and practical applications to change the determinants of behaviour. This approach offered the opportunity to ground DVA

education in the experiences of both mothers-apart and practitioners, and examine theories to change behaviour in professionals (who were identified as key players in systemic MA). By applying IM to the problem, I realised that I would be able to incorporate my own professional approaches to education in the development and facilitation of the DVA workshop at the centre of this project. Reflective practice theory, which I use in both teaching humanistic counselling practice and in feminist/person-centred counselling, was deemed an ideal approach to DVA education that proposed to encourage professionals to consider their own responses to mothers-apart. Although, reflective theory has been used before in DVA education (e.g., Broll et al. 2012, Peckover and Golding 2017, and Postmus et al. 2011), I wanted to make use of the deeper reflective method of reflexivity as a more meaningful approach to behaviour *and* attitude change. This approach offered a new perspective to DVA education by focussing on change at a systemic level.

The transtheoretical model (Prochaska and DiClemente 1984) to intervention development and evaluation is one other approach that was considered because of its successful application in the field of DVA in both programmes for perpetrators and to assist abused women (see McDonnell et al. 2006). However, the five change stages of this model comprise cognitive and behavioural processes but do not consider factors outside the individual. In the present study, social and organisational factors outside of the mothers-apart were recognised as important to the problem of mother-child separations due to DVA, because of the involvement of systems and professionals in the strategies of abusive men to interfere in the mother child relationship. In my master's study in which I identified the mechanisms of MA, a range of factors existed outside of the mothers-apart where institutions were exploited, and children and professionals were manipulated, for example (Monk 2013). Additionally, Morris's

concept of systemic MA signified the need for an approach that considers factors on multiple levels, as stated above. The author's (2008) use of a socio-ecological model to understand the problem highlighted the relevance of the IM approach, which is underpinned by systems thinking.

Thus, the potential for the IM approach to be used in understanding systemic MA was promising due to its socio-ecological underpinning that considers the causes of problems at a range of levels, and it compared well with alternatives. Besides the IM method, an ecological approach to DVA intervention has been used previously to understand the behaviour of perpetrators and survivors (e.g., Heise 1998, Dutton 1996). However, an ecological approach has not been used in DVA education to consider additional factors on a systems level. Therefore, the use of IM in planning and evaluating DVA education for professionals is a novel approach. Furthermore, using the approach in a mother-centred DVA education that foregrounds mother-blaming and uses reflexivity to effect change in practitioners' responses to mothers offers something new. Despite academic knowledge of coercive controllers' abuse of women as mothers, which includes undermining their mothering roles and targeting their relationship with their children, these issues are rarely considered in DVA education. If these issues are contemplated at all, they are more likely to be discussed solely in the context of abusers' strategies rather than being recognised as taking place at a systemic level, i.e., involving experts/workers.

To summarise then, there were a number of factors that provided a rationale for the use of IM in the present study, which offered a novel approach to DVA education planning and evaluation. These are as follows: it aims to ensure that the needs and perspectives of stakeholders and beneficiaries of (training) programmes are met; it takes a pragmatic approach to 'what works' in understanding problems and how to

address them by using multiple sources of theories and data using a variety of research methods; there is evidence of it for training programmes and interventions targeted at professionals/clinicians; there has been prior use of it in the field of DVA; and the approach incorporates consideration of issues on multiple levels through systems thinking and theories to effect change on a systemic level.

The six steps and core processes of IM

IM is a logic model involving a series of sequential steps and iterative processes. It comprises a systematic six-step method for the planning, development, implementation and evaluation of interventions. As illustrated in Figure 2, the steps comprise several tasks, each of which provides the foundation for the next step. Additionally, consideration is given to evaluation at each stage of the six-step process so that the development of an evaluation plan is a parallel process to the development of an intervention. The steps are completed using IM core processes including: 1) posing planning problems as questions, 2) 'brainstorming' answers to planning questions and using current planning group knowledge, 3) searching the literature for empirical evidence, 4) accessing and using theory, 5) conducting new research for unanswered questions in the planning process, and 6) developing the final summary of answers to the posed questions (Bartholomew et al. 2011:25).

Figure 2. IM Steps & Tasks (adapted from Bartholomew, Parcel, Kok, Gottlieb & Fernandez 2011:19)

Multiple methods are applied in the approach, which include consultation with the research-planning group, reviews of empirical and theoretical literature, and new data collection. Bartholomew and colleagues (2011) encourage intervention planners to draw on a range of theories and evidence from multiple sources. IM is an effective methodology for understanding a complex problem that exists on multiple levels through the harnessing of compound sources of data through iterative processes that integrate numerous findings. In the present study, this multi-faced approach was considered ideal to investigate the complex problem of mother-child separation in a context of DVA, and the lack of support for mothers-apart, because the problem occurs at a systemic level, in addition to a familial level, so players involved are

manifold. The complexity of this problem required research with multiple groups, methods and theories as advocated by IM authors.

IM Step 1: Needs Assessment

The first task of IM Step 1 is to establish a research-planning group, to include both implementers and programme beneficiaries who collaborate in intervention planning and development. The second task of IM step 1 is to plan and conduct a needs assessment using the *precede* logic model (Green and Kreuter 2005), which is embedded in the IM approach. Quality of life and health of the at-risk group, and associated behavioural and environmental conditions and their determinants are assessed and identified in this phase. The final task of IM Step 1 is to link the assessment to programme and evaluation planning by specifying the goals of the planned intervention.

IM Step 2: Matrices of Change Objectives

IM authors describe the matrices of change objectives as the basic mapping tool. The first task in creating the matrices is to state expected programme outcomes. These relate to behavioural and environmental conditions, which are subdivided into performance objectives. Next, the determinants of these outcomes are selected on the basis of their importance and changeability. Finally, a matrix of change objectives for each level of intervention planning (e.g., individual, interpersonal, organisational) is created by crossing performance objectives with determinants and writing change objectives.

IM Step 3: Theory-Based Methods and Practical Applications

In this step, planners seek theoretical methods and practical applications to change factors on environmental levels and to change determinants of behaviour. The first task of this step is to generate ideas in the planning group about methods of

promoting behavioural change, and ways that the methods might be delivered, that are most likely to achieve the change objectives and be acceptable to participants. After collaboration, the planner selects theoretical methods and the practical applications for applying those methods.

IM Step 4: Designing and Producing the Intervention

This step realises the programme design and strategies through the creation of themes, and scope and sequence of the intervention, and through the production of components and materials. The planning group are consulted on this process and state preferences for design. Documents and materials are designed and produced and are pretested before the final production. Throughout this design and production phase, attention is paid to the desired outcome and materials and components are reviewed to ensure they remain capable of achieving change objectives.

IM Step 5: Implementation

The focus of IM Step 5 is programme adoption and implementation including consideration of programme sustainability.

IM Step 6: Evaluation Planning

The evaluation plan is begun during the assessment phase and is developed along with the intervention map. Evaluation identifies the effectiveness in achieving programme outcomes, performance objectives, and their determinants. Materials are developed during evaluation planning to conduct both process and outcome evaluation. Following evaluation, the programme is reviewed and refined, and ultimately improved in accordance with the appraisal.

Application of IM to the research questions

In applying IM to the foremost question of why there is a lack of support for mothers-apart, a number of subsequent research questions (set out in Chapter 1)

emerged during the six-step process of the approach. Questions were answered as they arose throughout the study using IM core processes. The multiple methods used to answer the research questions are explained and justified later in this chapter. First, the paradigm of enquiry and epistemology underpinning the research is outlined, along with its ethical framework.

Approaches, perspectives and theories

A critical perspective

I gave considerable thought to an appropriate methodology and to the process of inquiry within the IM framework. Bartholomew et al. (2011) recommend taking a pragmatic approach to gathering empirical data by using mixed methods and multiple research methods. I elected to conduct a, largely, qualitative study within which I collected a small amount of quantitative data relating to workshop evaluation. This was not enough to warrant calling the study mixed methods. Moreover, the research sits squarely in the field of critical social psychology that is ‘anti-positivist in attitude’ (Greenwood and Levin 2000:93). Maguire stated that ‘because all facts must be observed and recorded from a distance, people are treated as objects in positivist research and are considered incapable of investigating their own social reality’ (1987:3). Therefore, because I was to investigate a problem that has been a key feature of my own social reality, I considered a critical research methodology, which values people’s subjective experiences, as appropriate to due to its epistemological foundations.

Qualitative research methods were appropriate for exploring the social milieu within which I am embedded, including the ethical considerations I faced as a researcher with ‘insider status’ (Oleson 2000:227). I am not only a professional who works with survivors of DVA and mothers-apart, but I am also a survivor myself, and

was a mother-apart for many years. Additionally, I have been a member of the charity, MATCH Mothers, for over a decade and I have run support groups for mothers-apart over this period of time. Therefore, I had to consider my position very carefully during this research project and be mindful of which role I inhabited at any one time, particularly as I also positioned myself as research participant in one of the subsidiary studies of the needs assessment in this research: the co-autoethnography. My relationship with this research, then, demanded a continual reflexive process in order to switch from the entirely subjective to the more objective depending on which 'hat' I was wearing. Subscribing to feminist science as I do, however, I do not claim to be entirely objective because I agree with Harding (1991) that one's values are ineradicable from the process of scientific inquiry. The author tells us that good science is not value-free but is science that can critically evaluate the values and assumptions of the researcher and the way that they formulate problems and construct theories (Harding 1991).

Maguire said, 'the forced and false dichotomy between personal politics and scholarly research is central to positivist social science and education research' (1987:7). As someone who came to academia late in life, specifically to make a contribution to understanding how to support mothers-apart, I am becoming used to positivists' devaluation of qualitative data from abused women on the basis that it is self-reported and subjective (and, therefore, dismissible). Similarly, I have been advised many times to hide the facts of my background because it would undermine the credibility of my research, e.g., at conferences and seminars. I disagree with this viewpoint and believe that insider status confers upon me profound and intuitive ways of knowing and understanding that would not be possible to the outsider.

I posit that my own experiences and those of other mothers-apart, are a valid starting point from which to explore how to improve professionals'/services' responses to this group of women. Therefore, I worked with other mothers-apart on this project where possible to ensure their voices were heard. The dominant paradigm in psychology emphasises objectivity and generalisability. I make no such claims in this study. Rather, I adhere to the alternative epistemological position, which is expressed in the naturalistic or interpretative paradigm that is the result of a critical perspective (Henwood and Pidgeon 1992). This position allows me to situate myself alongside the other women from MATCH Mothers in the research as another mother-apart, whilst acknowledging that our ways of knowing about mother-child separation are just one way and not the only way. Similarly, as a practitioner with experience of counselling and psychotherapy with mothers-apart, I have tacit knowledge of how to support this group of women, which contributes to, rather than detracts from, my construction of theory in this research.

Feminist standpoint

During this research project, I have had to consider my own feminist position. I align myself with feminist standpoint theory (Harding 1991, 2004) because I recognise the unfair nature of power inequities that structure the institutions that mothers-apart commonly encounter and because I am critical of the power relations between this group of women and systems/professionals. This theory emphasises the ways in which socially marginalised groups are in a position of epistemic privilege because they are outside of the dominant group and can, therefore, see things about social structures that the dominant group cannot (Oleson 2000). The mothers-apart in this study were all members of the socially marginalised group of women who were denied care and parental responsibility for their children: primarily by their abusers

but also legitimised by professionals/systems. I suggest that these women have a very good understanding of the processes of mother-child separation in a context of DVA, and what professionals can do to prevent this form of abuse. I recognised that a feminist standpoint would suitably honour the experiences and voices of the mothers-apart who actively took part in the present study. For these reasons, a commitment to feminism was desirable in the development of a consistent epistemological, methodological and ethically sound research design grounded in the experiences of mothers-apart.

Feminist researchers have made connections between DVA, child sexual abuse and mothering by maintaining that, in patriarchal societies, abusive men dominate both women and children (e.g., Lapierre 2008, 2010). Proctor (2002) observed, “feminist critiques of psychology have focused on the omission of the socio-political context and structures of power in society” and that the effects of “individualism and scientificism” in psychology models mean that psychologists have increased power, “while ignoring or exacerbating the oppression that is the result of the social structures of power” (2002:19). Thus, a socio-ecological model is important in DVA research to look beyond the individual towards important social factors. The IM approach emphasises factors on multiple levels, and recommends theories to address inequities of power, stigma and the oppression of vulnerable and marginalised at-risk groups. Therefore, IM aligns well with feminist theory, which also seeks to address these socio-political issues.

A feminist standpoint draws attention to patriarchy within systems such as in institutions and families, for instance, and to gender biases that exist in family/systemic approaches. In the present study, the integration of systems theory with feminist theory was important to recognise the oppression of mothers as abused

women and the de-valuing of motherhood in systems at multiple levels where there is mother-blaming in contexts of violence/abuse. I suggest that an analysis of DVA relating to mothers that does not include a combined feminist-socio-ecological approach risks: attributing harm to children from DVA to maternal deficits; concealing systemic failure to support the mother-child relationship; devaluing mother protection as child protection; and prescribing removing children from their mothers in place of social change and improvements to systems'/professionals' responses. In light of Morris's (2003a) concept of systemic MA, examining factors relating to professionals and within systems/institutions was considered crucial to the present study.

Systems thinking and the socio-ecological model

As a humanistic counselling practitioner and educator, I am committed to reflective practice and reflexivity. I remained faithful to this commitment throughout the study by being actively mindful of my biases, especially through the use of a reflective journal in which I subjected my reflections and interpretations to rigorous ethical scrutiny. This aided the process of switching roles between survivor, participant, researcher and writer, enabled thinking as both outsider and insider, and helped prevent ideological dogmatism.

In this vein, I stress my tendency towards pluralism by valuing systems thinking alongside feminism. In particular, Bateson's (1972) ideas about an 'ecology of mind' resonate with me and my experiences of being both a service user and a professional within systems at the intersection of family law, social services, and DVA services. Bateson was interested in patterns and the ways that people think that prevent them from perceiving interdependencies within systems. His daughter, Mary Bateson, who worked with her father quoted him as opining, "We don't see them

[interdependencies] and therefore we break them” (van Boeckel 2011). I was very struck by this phrase and how it seemed to fit for so many of the mothers and children whom I have known to be separated from one another following involvement in the family courts. Further reading of Bateson’s (1972) ideas revealed a way of thinking that recognises the circular nature of the ways that people relate to each other: that each has an effect on the other. This idea mirrors family/systemic theory but also has relevance for the ways that professionals relate to service users. Hence, there are patterns in nature, in families, in systems that bear on the ways in which services respond to mothers-apart because they do not do so in a vacuum. In every encounter between professionals and mothers-apart, each are affecting the other. Professionals’ responses are affected by multiple factors that are intra-/inter-personal, and influenced by cultural, societal, organisational values, beliefs, perceptions, etc. and other theories and discourse that the practitioner may or may not be conscious of.

My commitment to feminism *and* a pluralistic stance has enabled me to value motherhood and women-centred ways of working, *and* also to consider how systems thinking and systemic/family practice (which is sometimes anti-feminist and mother-blaming) can combine with, or accommodate, feminist ideals. Ultimately, a pluralistic stance in this study enabled me to consider potential biases during the final phase of this study when considering participants’ criticisms of the training workshop during evaluation that were crucial to the analytic process. Bateson’s (1972) ideas, in particular, enabled me to reflect deeply on the analyses and come to important insights. Some of these led to the discovery of a way to bridge women-centred practice and systemic/family (child-centred) practice - that often appeared to be polarised during stages of this project. Principally, I am referring to reflexivity, which

I suggest has the power to imbue practitioners in the field with insights into one's own part in events that might seem peripheral prior to deep and meaningful reflection.

Participatory action research

As a Rogerian person-centred counsellor in training some years ago, I was profoundly influenced by Paulo Freire's *Pedagogy of the Oppressed* (1970). Freire (1970, 1974) involved oppressed people in their own liberation using education and 'conscientization' to empower them. Empowerment methods enable marginalised peoples to become socially and politically active in their immediate environment, which can empower communities to confront larger social and political environments (Bartholomew et al. 2011:145). Freire's work (1970, 1974) has since formed the basis of social action programmes (e.g., Wallerstein and Sanchez-Merki 1994). IM authors recommend these empowerment approaches in which community members are encouraged to: take responsibility for societal problems, engage in participatory and caring dialogue with each other, and developing critical thinking about multiple factors that determine problems (Bartholomew et al. 2011:145).

IM authors' recommendation for using participatory methods warranted the involvement of mothers-apart in a research-planning group, and the collection of new data from this group, so that the women's experiences and voices could inform the intervention that was to benefit them. I invited members of MATCH Mothers to collaborate with me on my research project to develop an intervention because I valued their experiences and ways of understanding the problem. However, I also predicted mutual benefits and, indeed, members of the planning group remained very enthusiastic throughout the project. In fact, I also ran a support group for mothers-apart, which was not part of my research project and one member of the planning group who came once to the support group reported that she experienced the former

as much more empowering and uplifting; she really felt that she was ‘doing something’ about the problem instead of just ‘moaning’ about it. I discuss the nature and work of the participatory planning group in the next chapter when reporting the findings of two small subsidiary studies that involved mothers-apart in IM Step 1 needs assessment.

Establishing the participatory planning group

The establishment of a participatory planning group is one of the IM core processes and the first task of IM Step 1 (Bartholomew et al. 2005). The active involvement of the ‘at-risk population’ intended to benefit from planned interventions is an important aspect of IM. *Precede* authors, Green and Kreuter (2005), provided a rationale for participation of the intervention beneficiaries due to the different perspective of scientists and laypersons concerning health: “Scientists tend to have a sharper focus on objective indicators of health, whereas laypersons tend to have a more diffuse perception of health with greater emphasis on subjective indicators” (such as social and emotional dimensions) (Green and Kreuter 2005:38). The authors stressed the value of both objective and subjective indicators and the importance of working with the community in order to bridge the gap between worldviews. Additionally, Suarez-Balcazar (1992 cited in Bartholomew et al. 2011), suggested, “the problem of identification in intervention research should make sure to avoid blaming the victims, involve community participants, and examine the environmental causes of problems” (Bartholomew et al. 2011:172). The involvement of mothers-apart in a study of their own community using a socio-ecological approach enabled environmental causes of the problem to be examined, thereby avoiding victim/mother-blaming. Finally, because it was important to ground this research in the experiences of mothers-apart it was necessary to begin the inquiry with what was

problematic from the perspective of the women's experiences, in order to lead the research design in the direction they suggested. This approach ensured that the intervention developed was needs-led, and identified by the at-risk population themselves.

Drawing on principles of community-based participatory research (Minkler and Wallerstein 2002), participants had an active part in the research through the planning group, which prevented a top-down or outsider planning approach. My insider status was an important factor in ameliorating insider-outsider tensions associated with academic research within communities when participants can feel exploited (Minkler 2005). The success of this group was enhanced by my positions as facilitator of a local support group for mothers-apart in the community and counsellor in a local DVA service where I worked therapeutically with mothers-apart. These roles afforded me insightful perspectives on the situations of mothers-apart, and into the problematical lack of support for them, generally. My position was a unique one that, not only allowed for a deep and intuitive understanding of the problems, but also ensured that members of the planning group felt part of something worthwhile due to my status, authenticity and non-exploitative position.

The planning group included seven mothers-apart and five professionals who worked in relevant fields, i.e., DVA, private family law, mothers' mental health, counselling, and substance misuse services. Additionally, the majority of mothers-apart in the planning group were professionals working in the field of counselling, psychology and mental health. Mothers-apart were recruited through the Charity, MATCH Mothers, which provides non-judgmental support and information to mothers living apart from their children in a wide variety of circumstances (MATCH Mothers 2015). Professionals were invited to attend by email and through the use of

social media, including a research blog (Monk 2014) and a Twitter account (@monk_laura). The planning group met once a month for the entirety of the planning, development and implementation stages and a history of meetings' minutes was retained.

Ethical framework

Coventry University Research Ethics Committee granted ethical approval for each of the four studies conducted during this research project. This involved four separate applications in which a number of issues were carefully considered; these are explained later in this chapter within the outline of each study. Alongside this, the ethical framework for this research is in keeping with the epistemological position outlined above. Namely, I have drawn upon a feminist ethics of research (Oleson 2000), which rejects the notion of researchers and participants as rational and autonomous but recognises both as emotionally responsive beings whose research relationships are most ethical when based on empathy, respect, care and trust.

These values helped in my interactions with members of MATCH Mothers and I was very aware of my position of power as researcher with these women, especially as I also facilitated a support group. My on-going reflective journal and reflexive process helped address any inequities of power. In fact, I may have given the planning group too much power and not tempered their wishes sufficiently with my own researcher-knowledge at times in a bid for equality. For instance, my original project was concerned with mothers experiencing MA but the planning group were adamant that I should investigate all circumstances in which mothers become separated from their children. I conceded to their wishes and it was only when the project became unmanageable to a sheer overload of data that I had to rein it in and revert to my original focus. So, although the focus of this thesis is mothers experiencing MA and

interference in the mother-child relationship through coercive control, it is informed by research into a collective population of mothers-apart in a wide variety of circumstances. Willig and Stainton-Rogers (2013) noted how community psychologists use their “positions and power as researchers to champion the causes, rights, entitlements and priorities of the oppressed” and that such research is “political action in itself” (2013:599). In the spirit of feminist social justice, I certainly feel that this thesis highlights the plight of mothers-apart and that I am championing support for this group of women through my research.

Rationale for new research

Beginning with the first research question that asked why there is a lack of support for women experiencing MA, a literature search showed that this was a difficult question to answer because the problem, as identified by Morris (1999b), is rarely discussed using this terminology. As explained in the introductory chapter, this is because of the controversial nature of the language of ‘alienation’ (Meier 2007, 2009, 2013) and, consequential avoidance of the concept by feminist researchers/practitioners/ organisations (see Women’s Aid 2014 for comments about ‘parental alienation’). Although feminist scholars in the field of DVA have long-understood MA as a problem of coercive control, this term alone does not equate with MA *per se*. If we try to avoid using the term ‘MA, we are forced to describe the problem of MA using clunky, long-winded language such as ‘intentional mother-child separation via coercive control’ etc. Therefore, because there is no satisfactory name for the problem, it is a difficult phenomenon to raise awareness of, to understand, or to investigate.

Meier (2013) discussed the knotty problem of there being no satisfactory name for MA but concluded that there was no suitable alternative for it either. Recent

personal communication with the author (Meier 2017) informed me that the term ‘DV by proxy’ (a term coined by Joyanna Silberg, PhD) has become a more widely used expression for the problem in the US. In light of recent (2015) legislation to criminalise coercive control in the UK, however, the opportunity to address MA using this law makes a strong case for using the language of coercive control when discussing the problem. When searching the literature for mother-child separation in a context of coercive control, studies were found of DVA perpetrators’ threats to ‘turn children against their mothers’ (Bancroft 2002; Bancroft and Silverman 2002; Beeble, Bybee and Sullivan 2007; Meier 2007; Radford and Hester 2006; Stark 2007) but no studies were found that talked to mothers directly about their experiences of having had their children turned against them, i.e., mothers-apart. Therefore, the literature did not yield much information about the lack of support for mothers-apart who have become separated from their children due to coercive controllers’ damage to the mother-child relationship.

Because there is so little research with women survivors of DVA who have experienced actual mother-child separation themselves, there is also a lack of information or understanding about their support needs, or how they are responded to by professionals/systems. In the present study, this was an important issue and the planning group wanted to understand why there was a lack of support for mothers-apart - and how to raise awareness of this problem. New research was necessary in order to understand a gap in the literature about the lack of support for mothers-apart and about what their needs were, and how these were being addressed (or not) by services/professionals.

Methods for new research

IM is multi-phasic and recommends multiple research methods for conducting research at different points throughout the planning process. Morse and Cheek (2014) explained that multiple methods are two or more complete projects, or separate studies or components, attached to an overall aim of a larger project. Accordingly, multiple methods were used within four separate studies (see Figure 3). The four studies conducted during IM involved sixty-two participants in total ($n = 62$) who were both mothers-apart ($n = 10$) and a broad range of professionals ($n = 52$) who had experience of working with this group of women. As illustrated in Figure 3, this was a qualitative study, which also incorporated pre- and post-workshop measures of knowledge/understanding in the evaluation plan.

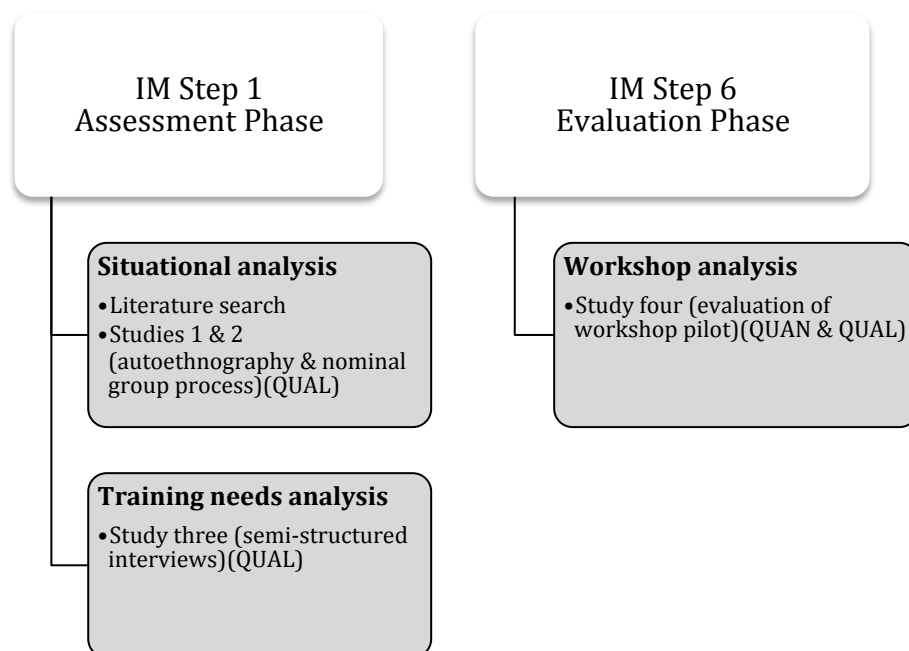


Figure 3. Four studies conducted during IM Steps 1 and 6

By applying IM to the problem of a lack of support for mothers-apart, research questions were developed and answered by using IM core processes. Because IM is

an iterative process, no one method answered one single question. Rather, questions were answered accumulatively, by moving forwards and backwards across studies and literature searches to examine current knowledge, gather new data and interpret findings. So, answers to both sets of research questions (see Chapter 1) relating to, a) the at-risk population, e.g., the circumstances and impact of mother-child separation and the support needs of the women and, b) the target population of professionals, e.g., help and support for mothers-apart, and professionals' responses to them and the problem of mother-child separation, were progressively formulated through analyses as shown in Figure 3.

The planning group was recognised as a rich source of data when considering the research questions relating to the needs of mothers-apart, and to services'/professionals' responses. There was a breadth and depth of experience in the research group because it comprised both mothers-apart and professionals in the community who had experience of working with this group of women. Therefore, there was an opportunity for the utilisation of members' knowledge through their participation as research participants (in addition to being planners). All the mothers-apart in the planning group volunteered to be research participants through collaborative participatory action research. Nominal group process (e.g., O'Connor et al. 2013) (study one), and a co-autoethnography (e.g., Taylor and Coia 2009) (study two) were research methods recommended by IM authors for the needs assessment phase (Bartholomew et al. 2011:218-219), which were recognised by the planning group as being potentially useful ways of identifying the needs of mothers-apart and how to address these needs.

Study one – nominal group process

The first study aimed to use planning group knowledge to identify the needs of mothers-apart and explore how these had been addressed by systems/professionals.

Method

Design

In order to assess the needs of mothers-apart, new research was conducted with members of the planning group drawing on the principles of nominal group process (e.g., O'Connor et al. 2013). This is similar to a focus group and IM authors recommend it as a data-gathering exercise. I used this form of focus group because it allowed for active involvement of participants. Nominal group process consists of a series of small-group procedures and is useful for collecting information about a problem by encouraging equal participation from group members who have unequal power or expertise. Also, this method of assessment also offered the advantage of allowing me to leave with answers to questions rather than recordings to transcribe and analyse. Coventry University Research Ethics Committee granted ethical approval for this study (see Appendix 3).

Participants

Ten members of the charity, MATCH Mothers, participated in one of two ways. Six participants responded to questions posted on the Charity forum by answering directly on the forum or by emailing me. Another four were members of the planning group who took part in the nominal group process during group meetings. It was not possible to collect demographic data from the participants because Charity members were asked to post on a forum where members' posts are anonymous. However, the participants were all members of MATCH Mothers who were able to provide information that answered key research questions because they had been separated from their children.

Materials

A range of questions were developed collaboratively by the planning group in order to identify the needs of mothers-apart and how these needs could be met by professionals/services. The questions asked mothers-apart directly what their needs were and what type of help they wanted/needed both during and after mother-child separations (Appendix 4). For example:

- What type of help/support would have benefitted you when you realised you were at risk of becoming separated from your child?
- What type of help/support did you need once you became separated from your child?

Procedure

Participants were posed a range of questions that were posted on the MATCH Mothers' forum to be answered directly on the forum or by email. After collating the answers, these data were brought to the planning group. Four research participants (mothers-apart) conducted the nominal group process during a group meeting, which took approximately three hours. This proceeded as follows: one question was addressed at a time by me to the group; the answers from twelve respondents were shared between the four participants who took three answers each; using a round-robin approach, participants each provided one idea at a time from their collection of answers until all the ideas had been presented (some answers contained more than one idea); I wrote each idea on sheets of paper and displayed these on the walls around the room as they were presented; once the ideas were exhausted, I facilitated a review of the ideas with the group and participants were given an opportunity to combine similar ideas into main themes that represented key areas of change that they wanted

to see in support for mothers-apart; and the themes were revised until consensus was reached in the group.

During the reviewing process, it became clear that ideas were framed in terms of either a problematic situation where the needs of mothers-apart would remain unmet or in terms of an ideal, desired situation where the needs of mothers-apart would be more likely to be met. Participants identified their needs in terms of what they wanted from professionals/services, which were as follows: in preventive terms regarding what protective mothers need from systems/professionals in order to prevent mother-child separation in cases of DVA; in pro-active terms that denote action about what professionals should be *doing* to address the needs of mothers-apart; in relational terms about the way that mothers-apart want to be treated by professionals when they experience threatened, or actual, separation from their child(ren); and in therapeutic terms regarding the recuperative needs of mothers who have already become separated from their children. Participants were asked to rate these four areas for change in order of importance. Participants voted overwhelmingly that prevention of mother-child separation was most important and rated the other areas as second to preventive but of equal importance to each other.

The findings of this small study prompted suggestions about how systems'/professionals' responses could be improved. The planning group decided on a second study to use the collective knowledge further - this time with the aim of gaining a more in-depth understanding of how professionals might be able to improve their responses to mothers-apart. Co-autoethnography was selected as an appropriate method because of its potential for gathering rich data through writing as enquiry, group discussion and reflection.

Study two – co-autoethnography

Research approach

The purpose of the second study was to understand professionals' responses to mothers-apart in more depth, and identify what professional involvement helped and did not help when mothers were at risk of becoming, or had already become, separated from their children. I chose an autoethnographical method because I considered that an in-depth understanding of the situation could be gained by exploring my own experiences of professionals' responses to mothers-apart: because I was in the distinctive position of being a mother-apart, and a researcher-practitioner. However, I also wanted to utilise planning group knowledge to enrich my understanding by exploring the experiences of other mothers-apart, which was the rationale for using co-autoethnography (e.g., Taylor and Coia 2009). Anderson suggested that when autoethnographic writing is "deeply personal and self-observant it has the potential to rise above idiographic particularity to address broader theoretical issues" (2006:379), which was the intention in this study. Similarly, Reed-Danahay (2009) explained how "autoethnographies place personal experience within social and cultural contexts and raise provocative questions about social agency and socio-cultural constraints" (2009:28). In this respect, co-autoethnography was deemed an effective method of provoking questions about what might cause some professionals to help and support mothers-apart whilst other professionals may not, in addition to how improve their responses.

Autoethnography is an "autobiographical genre of writing and research" (Ellis and Bochner 2000:739) that "uses personal experience to examine and/or critique cultural experience" (Holman Jones, Adams and Ellis 2013:22). Autoethnography is both a process and product (Ellis, Adams and Bochner 2011) and, in the present

study, it is the resulting product of a joint autobiographical and reflexive process where the experiences of three mothers-apart were used together in the product's construction. Autoethnography incorporates three elements, auto, ethno and graphy: the self (auto), the sociocultural dimension (ethno), and the research process and its representation (graphy) (Reed-Danahay 1997). Styles of autoethnography can be found to exist along a spectrum from 'evocative or emotional autoethnography' (Ellis 1997, 2004), where poetry and artwork can be included, to 'analytic autoethnography' (Anderson 2006). The latter method was selected as it is grounded in the tradition of ethnographic analysis common to studies that attend to the culture of the world under study. So, rather than this autoethnography being a self-observation exercise, an integration of the autobiographical with ethnographic analysis was desirable in order to better understand how best to support mothers-apart.

Anderson (2006) proposed five key features to analytic autoethnography: (1) complete member-researcher status, in which the researcher is a complete participatory member in the social world under study; (2) analytic reflexivity, in which the researcher engages in evaluative introspections on feelings, motives and judgements; (3) narrative visibility of the researcher's self, so that the researcher maintains a presence throughout; (4) dialogue with informants beyond the self, as Anderson states that autoethnography should involve other participants besides the researcher; and (5) commitment to theoretical analysis, which is an important aspect of a method that seeks to develop critical social theory (2006:378).

Participants

As stated, Anderson's first criterion for analytic autoethnography is complete member-researcher status, in which the researcher is a complete participatory member in the social world under study (2006:378). This autoethnography concerned the

realm of mothers separated from their children in which I am entirely situated as a mother-apart and a long-term member of MATCH Mothers. In this study, my multiple roles as researcher-practitioner, mother-apart/participant, and survivor of DVA allowed for what Ellis (1997) described as a “dialogic, multivocal narrative” (1997:120) to emerge, where insights from a survivor perspective can inform academic discussion.

Anderson (2006) also recommended that analytic autoethnography involves other participants besides the researcher and the fourth criterion of this method calls for “a dialogue with informants beyond the self” (2006:378). In this respect, I collaborated with two other participants who were also mothers-apart and members of MATCH Mothers. This study drew on principles of co-autoethnography to construct a collective perspective of how three mothers-apart thought that professionals could improve their responses to the threat of, or actual, mother-child separation. All participants have professional backgrounds in mental health, counselling and psychology, which helped generate insights orientated towards psychological health, therapeutic practice and social psychology, in addition to the societal and cultural understandings of mothers-apart more widely. Still, because co-autoethnographers share the writing of the final product, this is not a fully-fledged co-autoethnography, because I was the only author of the final product.

Ethical clearance was granted for this study by Coventry University Research Ethics Committee (see Appendix 5), which recommended reading Tolich (2010) regarding the dual role of the autoethnographer and protecting identities. Tolich highlighted problems with autoethnographies written by tenured professors in the field who have not attempted to conceal the identity of their abusers and points out those do not provide good examples of ethical practice, particularly for PhD students

or novice autoethnographers (of which I was both). Thus, Tolich's ten foundational guidelines for autoethnography were used to take into account the vulnerability of all parties. This was particularly important in light of the fact that writing about others was unavoidable in this autobiographical piece of writing and that it was not possible to gain consent for the majority. This was an important factor in the decision I made to use the collective experiences of members of the planning group in the form of collaborative autoethnography, which enabled all individuals within participants' accounts to remain non-identifiable. Ethical clearance was gained for this project on this understanding.

Anderson's third criterion for analytic autoethnography is narrative visibility of the researcher's self, so that the researcher maintains a presence throughout. Ethical compliance, however, meant that the researcher is only partially visible as self-introspection was embedded in the resulting collective representation. In this endeavour it was essential to mask the identities of all participants and to hide my identity as the author, in particular. For this reason, details about the participants were kept to a minimum, the 'I' pronoun is avoided in favour of 'we' and 'our', and some quotes are deliberately not associated with their narrator. The participants chose to anonymise themselves using the following three names: Sophie, Lilly and Hazel, which are used loosely for the reasons described. Whilst the subjective experiences of the participants in this study are particular to the individuals, and not generalisable to all mothers-apart, this autoethnography offers an authentic glimpse into the world of how three mothers-apart became separated from their children in a context of DVA. Whilst all our stories were very different there were also remarkable similarities in our recollections of professionals' responses to us.

Data collection

Data were collected from three sources: the narratives of three mothers-apart and two group discussions that were recorded and transcribed. Each participant wrote an autobiographical account of the separation from her child(ren), focussing on the help and support that she sought, and the interventions of professionals and organisations throughout the process –before, during and after the mother-child separations. I provided guidelines (Appendix 6) to writing the narratives to help focus on the research question: how can professionals’ responses to mothers-apart be improved? Each participant sent her story to the others via email to read and reflect on over a period of four weeks before meeting face-to-face to discuss the narratives with the aim of identifying how to improve professional/system responses to mothers in similar circumstances. A further group discussion took place via Skype in which the key concepts identified in a first analysis were reflected on and elaborated upon. The two discussions were recorded and transcribed for analysis.

Data analysis

Anderson’s fifth criterion for analytic autoethnography is that there should be a commitment to theoretical analysis (2006:378). Feminist standpoint theory (Harding 1991, 2004) was used as the lens through which to view the participants’ subjective experiences and connect them to understandings of DVA and related literature pertaining to mothers-apart from a feminist perspective. The weaving of feminist literature and theory into the analysis of the data provides an interpretation that Ellis described as “a sandwich – a story with academic literature and theory on both sides” (2004:198). This approach made it possible to “connect the autobiographical and personal to the cultural, social and political” (2004: xix). As outlined above, Anderson’s second criterion for analytic autoethnography is analytic reflexivity, in which the researcher engages in evaluative introspections on feelings, motives and

judgements about a subject. Accordingly, I reflected on the intentions and emotions of each participant and on the motivations for the behaviour of the actors in the participants' accounts. A narrative developed from this process in which the autoethnography was produced (see Chapter 5).

Studies one and two

The results of both studies were checked with the participants and received 'member validation' (Seale 1999). Additionally, they were published on the MATCH Mothers Forum and received validating feedback that suggested the experiences of the participants in these studies resonated with other mothers-apart who did not take part in the study. Furthermore, the findings of these studies were later triangulated with study three reported in Chapter 6, and further crystallised (Richardson 2000) in the discussion chapter (Chapter 9) where the findings of the four studies were synthesised. Richardson (2000) explained that the goal of crystallisation is to use multiple sources of data, methods, researchers and theoretical frameworks "to open up a more complex, in-depth, but still thoroughly partial, understanding of the issue" (2000:844). In this respect, these two small studies can be considered aspects of a multi-faceted crystal that also comprises a literature review, two larger studies, planning group activities, and an integrated analysis and discussion.

Study three – semi-structured interviews

Findings from studies one and two during IM Step 1 identified a strong theme relating to professionals' responses to mothers-apart. These included inter/intra-personal factors that were found to manifest in either hindering or helpful responses. Therefore, improving professionals' responses to mothers-apart was identified as the key area for change to meet the needs of the at-risk population. Consequently, and after consultation with the planning group, I took the decision to shift the priority

population for intervention from mothers-apart to the professionals who are in a position to support them. The idea for a learning development workshop originated from planning group discussion of how to educate workers about MA, and how to improve practitioners' responses to mothers-apart.

In light of these findings it was considered important to talk to professionals whose work involved some association with mothers-apart. Although an assessment of the needs of mothers-apart had been conducted, a second assessment of needs was necessary for the new priority population, which took the form of a training needs analysis for professionals. The study also aimed to gain a more in-depth understanding of how to support mothers-apart by exploring aspects of mother-child separation from the perspective of the new target population for intervention (DVA education). Importantly, a training needs analysis was necessary to garner professionals' thoughts on specialised DVA education as a way to improve practitioners' responses, and to examine their training needs.

Qualitative semi-structured interviews with experts in the field were considered to be an ideal method of ascertaining practitioners' views on the subject of MA, on how to improve workers' responses to mothers-apart, and what professional training might look like. When I considered which practitioners would best be able to inform this investigation I was aware of tensions between child-centred workers and DVA workers. The contrasting ways that professionals in social care and the DVA sector respond to mothers/survivors has been recognised for some time, and the siloed approach that these organisations have to DVA and child protection have been problematised and well-documented in the literature (e.g., Hester 2011; Humphreys 2000, 2007; Humphreys and Stanley 2006; Kelly 1996; Morris 2009; Mullender and Humphreys 1998; Hester and Radford 1996).

However, little consideration has been given to the vast swathe of other professionals who become involved in the lives of mothers and children, experiencing and surviving DVA, e.g., psychotherapeutic practitioners. I considered that a range of practitioners would benefit from understanding Morris's concept of systemic MA, because practitioners and systems are integral to it. I only found one other paper on MA not authored by Morris, and this was in the field of nursing (Wilson, McBride-Henry and Huntington 2004). This suggests an interest of MA in other fields outside of DVA and child protection and of the need for a more inclusive education that speaks to a range of professionals working with abused mothers who become, or are at risk of becoming, separated from their children in a context of DVA. I decided to interview as wide a range of practitioners as possible to gain a nuanced understanding of coercive controllers' strategies of mother-child separation, and how to improve support for mothers-apart.

Method

Ethics

Coventry University Research Ethics Committee granted ethical approval for this study (see Appendix 7). Appropriate procedures were used to meet ethical requirements, including explaining limits to confidentiality and the protection of identities of both individuals and organisations. Several participants did not require anonymity and were actively seeking promotion of their organisation in the dissemination of study results.

Design

Qualitative, semi-structured, in-depth interviews were considered suitable to acquire an enriched understanding of practitioners' insights into systems'/professionals' responses to mothers-apart and practitioners' training needs.

The objective was to pose questions to practitioners about how to improve professionals' responses to mothers-apart. The questions arose from studies one and two and prompted new research as is typical of the IM approach. Also, grounded theory methods of analysis (Charmaz 2000, Glaser and Strauss 1967) were used in the overarching analysis of all four studies, (explained at the end of this chapter), and the grounded theory analytic method of theoretical sampling (Glaser and Strauss 1967) is a method of collecting data in the light of categories that have emerged from earlier stages of data analysis. The authors stated, "The basic question in theoretical sampling is: what groups or subgroups does one turn to next in data collection?" (Glaser and Strauss 1967:47). In this study, it was important to speak with practitioners working with the at-risk population after the priority population for intervention shifted from mothers-apart to professionals.

Participants

There were 31 participants (27 females and 4 males, mean age = 50, $SD = 12$). Participants identified themselves as professionals working with mothers-apart in fields commonly associated with this group of women including DVA, social care, and mental health (see Table 1). Professionals with expertise in matters relating to mothers-apart were sought and recruited for interview using a combination of direct requests by opportunity and snowball sampling. A good selection of interviews with professionals from the local area of Coventry and Warwickshire were gained through building relationships via stakeholders. Participants in other parts of the UK were approached directly when a particular service or expert was discovered through my research, either by Internet searches for specialised services or when an interviewee directed me to a relevant service/expert. In this respect, social media (Twitter and my

blog) was very useful for raising awareness, generating interest and securing interviews.

Table 1 Professionals interviewed for ecological and educational assessment

Participant number	Professional title	Interview type*	Time	Joint interview
P1	Consultant Clinical Psychologist	F	00:40	
P2	Foster Carer	T	00:52	
P3	Project Co-ordinator of a charity supporting women who are, or have been, vulnerable to sexual exploitation	F	00:45	
P4	Psychologist/PA Researcher	F	00:29	
P5	Supported Housing Manager	F	00:48	
P6	Retired District Nurse/Justice of the Peace	F	00:33	
P7	Youth and Community Worker	F	01:30	7&8
P8	Learning Support Worker/Emotional Health Worker/Family Support Worker	F	01:30	7&8
P9	Workforce strategy and development (Social Care) and former multi-agency domestic violence	F	00:42	
P10	Service Co-ordinator - Mothers' Mental Health	F	00:40	
P11	Counsellor - specialised in working with mothers-apart	T	00:42	
P12	Addictions Counsellor in women's prison	F	00:40	
P13	Detective Inspector (public protection unit) and MARAC Chair	F	01:17	13&14
P14	Domestic Abuse Safeguarding Police Officer	F	01:07	13&14
P15	Therapist working within the DVA sector	T (+ E)	00:36	
P16	DVA Programme Creator	T	00:29	
P17	Project Lead of a mothers-apart project	T	00:56	
P18	Health Visitor, Midwife, Registered General Nurse	F	01:20	
P19	DVA Co-ordinator, Programme Facilitator for women survivors	F	02:56	19&20
P20	DVA Support Worker	F	02:56	19&20
P21	Mentor Co-ordinator for homeless and vulnerable adults	F	00:38	
P22	Prison Researcher with mothers	F	00:41	
P23	Senior Practitioner - emergency duty team, Social Services	S	01:17	
P24	Independent Domestic Violence Advisor - community	F	00:25	
P25	Independent Domestic Violence Advisor - court-based	F	00:30	
P26	Senior Practitioner, social care, DVA team, local authority	F	00:50	
P27	General Practitioner and CCG Chair	T	00:23	
P28	Agency Advisor in Adoption	F	00:48	28&29
P29	Senior Caseworker in Adoption Support/Family Placement Contact Co-ordinator	F	00:48	28&29
P30	Qualified Paralegal/Legal Adviser	S	00:52	
P31	Adoption Social Worker	T	00:49	

*F: face-to-face, T: telephone, S: Skype, E: email

Interviews

The interview schedule (Appendix 8) was formulated in two parts. The first part was designed to gain insight into what professionals knew about mothers-apart and their circumstances (this information also contributed to the content of the workshop).

The second part explored professionals' training needs by obtaining views on both the content and preferred delivery style of the proposed workshop. The schedule was based on responses to findings from the needs assessment and was developed during the planning group meetings using IM core processes. To explain, planning group activities included discussion of the initial findings and brainstorming to generate ideas about what to find out from professionals in order to develop an all-encompassing interview schedule. This included what practitioners knew about: the circumstances of mothers-apart, how mothers become separated from their children, why there are a lack of specialised services for mothers-apart, whether they had had any specialised training that included information about the risk of mother-child separation in contexts of violence/abuse, and what they thought training in this subject should involve, for instance. Participants were sent the interview schedule before conducting interviews.

The interviews were conducted in either professionals' places of work or at Coventry University. The majority of the interviews were conducted face-to-face ($n = 22$), and four of these were conducted jointly when desired by the participants. Interviews were also conducted using telephone ($n = 6$) and Skype ($n = 2$), and one interview involved a combination of telephone and email. This was because the interviewee asked to respond to the interview schedule by email but the email was unclear on a number of points so the interviewee granted me an additional telephone interview to expand on the email. All face-to-face and telephone interviews were audio-recorded and I transcribed them myself. This was an essential part of the process of analysis because important understandings can be gained from the transcribing process. For example, voice tone sometimes affects the meaning of

phrases that one might not be aware of with a transcript produced by another, and insights can be gained when repeatedly listening to interview recordings.

Analysis

Deductive and inductive analyses were undertaken using the *precede* framework (Green and Kreuter 2005) and grounded theory methods of analysis (Charmaz 2000, Glaser and Strauss 1967). The latter were used flexibly throughout the research project to compare findings between each study (described at the end of this chapter). Before comparing with the results from studies one and two, however, the findings from study three, were first analysed using different methods because the two parts of the interview schedule warranted separate approaches. The first part of the interview helped to gain a greater understanding of the key issues address in this research to help answer research questions about why there is a lack of support for mothers-apart, for example, whereas the second part of the interview was shorter and asked about participants' views on the development of a workshop for professionals to address these issues.

Data from the first part of the interview transcripts were first analysed deductively using phase four of the *precede* logic model to identify: predisposing factors including knowledge, attitudes, beliefs, values, and perceptions that facilitate or hinder motivation for change; enabling factors such as skills and self-efficacy; and reinforcing factors, which refer to the rewards and feedback that might be received by individuals' adoption of changes. Data from the second part of the interviews were subject to a simple textual analysis (e.g., Ford et al. 2012). This method of analysis was chosen because training needs analyses appear to be descriptive rather than interpretive, requiring the gathering and sorting of information in order to identify discrepancies in the personal/professional attributes of individuals (e.g., Staniland 2013). Thus, interviews enabled the gathering of information and a simple textual analysis collated these data according to questions asked

of the interviewees relating to: which professions the training should target, goals of the training, hopes and expectations, and preferred delivery styles.

Study four – workshop evaluation

To be effective, IM requires an evaluation strategy to be carefully thought through and developed throughout the six-step process. In IM Step 1 needs assessment, mother-blaming and a lack of knowledge/awareness of abusive men's strategies were identified in both: a situational analysis with mothers-apart, and in a training needs analysis with practitioners. Therefore, a knowledge-attitude-behaviour meta-theory of change (Weiss 1997) was drawn upon to effect change. In this theory, changes in behaviour are presumed to be a function of changes in attitudes, which in turn depend on the acquisition of knowledge (Lipsey and Cordray 2000). As with Freire's (1970) 'conscientization', this theory proposes that change is initiated through developing a critical awareness of one's social reality through reflection and action.

Method

Design

In order to evaluate whether workshop goals and performance objectives were met, effect and process evaluation questions were formulated and new research was conducted to answer them. The formulation of the questions was achieved by following IM authors' guidance on how to evaluate both impact on change objectives and the interactions of the (workshop) participants (Bartholomew et al 2011:522-530). The effect evaluation questions asked:

1. Did the workshop participants achieve the performance objectives?
2. Did the workshop participants gain a raised awareness of: the circumstances of mothers-apart, and how to improve their professional responses to them?

3. What were the most and least effective elements of the workshop?

Process evaluation questions asked:

4. What indications were there that the workshop influenced practice?
5. How did the priority population receive the workshop?
6. How would the at-risk population benefit from the workshop?
7. Was the workshop delivered as planned, thereby achieving fidelity?
8. How could the workshop be improved?

The method of writing effect and process questions, which is embedded in IM Step 6 evaluation, is a unique feature of IM in that their development co-occurs with that of the programme. This carefully planned approach to assessing whether actions taken have achieved the desired outcomes elevated the evaluation design beyond a conventional training feedback form analysis, which usually involves only baseline assessment and follow-up assessment of identified outcomes. I aimed to build on the raised self-awareness gained by the participants through the reflexive exercises they were introduced to during the workshop by extending this element into evaluation through written reflections. This plan resulted in process questions went beyond the usual questions asked of training delegates to include reflections that participants were primed for during the workshop itself. This design benefitted from providing stronger inferences than could be gained by using measures alone because these were enhanced by the participants' reflections. For example, I asked if practitioners had an increased understanding of the key areas identified in the planning stages (i.e., performance objectives) compare to beforehand. But, I also asked them to reflect on how the workshop had influenced their practice over the course of several weeks after they attended the learning day. In this way, I was able to consider the impact of the workshop in some depth.

Participants

Twenty-two professionals were recruited to attend the workshop by placing an advertisement on social media (Twitter and the author's blog) and in various professional newsletters (e.g., Reducing the Risk E-Bulletin - for practitioners in the field of DVA). One workshop attendee failed to return a post-workshop questionnaire resulting in data from twenty-one female participants (M age = 40, SD = 11).

No male practitioners enrolled on the workshop despite initial interest in the advertisement from two men who emailed for initial information about the research project but then did not reply to further communication. The lack of male practitioners affected the training workshop as some attendees objected to the all-female attendance and wrongly assumed that I had engineered this situation because of the feminist stance of the workshop. This problem highlighted the need for increased efforts to improve engagement and address this gender imbalance in future workshops. No specific efforts were made to do this during the research project as I failed to see the importance of the issue at the time - probably because I was used to working in an all-female environment in a DVA organisation where women-only training is the norm. However, this is an important area for reflection and is addressed in the study limitations in Chapter 9.

Racial diversity was strong with almost half of participants identifying as from an ethnic minority group as shown in Table 2. The participants comprised a range of practitioners who typically worked with the at-risk population of mothers-apart, e.g., from social care, mental health, counselling, and specialised fields of DVA and substance misuse.

Table 2. Workshop attendees and study participants

Participant number	Professional Role	Ethnicity
P1	Clinical Supervisor	White British
P2	Social Worker (and trainee counsellor on placement)	Chinese
P3	Education, Training and Employment Advisor	White British
P4	Independent Domestic Violence Advisor	White British
P5	Counsellor/Senior Caseworker	Mixed
P6	Researcher/Counsellor	White British
P7	Social Work Student	White British
P8	Family Intervention Practitioner	Mixed Heritage
P9	Service Co-ordinator (women's mental health)	White British
P10	Befriending Support Worker (women's mental health)	White British
P11	Social Worker (children's assessment team)	British Asian
P12	Domestic Violence Co-ordinator	White British
P13	Domestic Violence Support Worker	White British
P14	Social Worker (birth family support)	White British
P15	Family Practitioner (birth relative service)	Black British
P16	Therapist/Practitioner	Black Caribbean
P17	Social Worker (children's services)	Filipino
P18	Domestic Abuse Practitioner	White British
P19	Birth Relative Support Worker	White British
P20	Team Manager (drug and alcohol service)	British Asian (Indian)
P21	Early Intervention Worker (drug and alcohol service)	British Asian (Indian)

Materials

Data were collected using:

1. A pre-workshop questionnaire relating to performance objectives;
2. A post-workshop questionnaire to measure performance objectives, which was open-ended for qualitative feedback;
3. A post-workshop written reflexive narrative exploring the influence of the workshop on professionals' practice.

The pre-workshop questionnaire (Appendix 9) comprised eight statements about issues relating to mothers-apart and how best to respond to this group of women. The items linked directly to knowledge-based performance objectives identified in the development of the matrix of change objectives, where a lack of knowledge of issues

relating to mothers-apart was identified. The items measured participants' levels of understanding (on a scale of 0-10, where 0 was the lowest and 10 the highest) of eight areas that mothers-apart and practitioners in the assessment phase identified as necessary for change, i.e., the eight performance objectives, for professionals to have increased knowledge of:

1. The ways that mothers can become separated from their children;
2. Mother-child separations in a context of violence/abuse;
3. The needs of mothers apart (mothers who are at risk of becoming, or have already become, separated from their children);
4. How a gendered/feminist approach to violence against women and children addresses issues pertinent to mothers;
5. How attitudes, perceptions, beliefs and values affect practice;
6. How to improve self-efficacy/skills when working with mothers apart;
7. The need for protocol for working with mothers apart;
8. The role of networks/networking in relation to mothers apart.

The post-workshop questionnaire (see Appendix 10) included the same eight items, in order to measure the change in participants' levels of understanding of these key areas (performance objectives). Also, two yes/no items ascertained whether workshop goals had been met. These questioned whether participants had gained a raised awareness of: 1) the circumstance of mothers-apart, and 2) how to improve support responses to them. Additionally, open-ended questions were included to provide feedback regarding: key learning from the workshop, the least and most effective elements of the workshop, and any other information. All these questions were linked to the effect evaluation questions as described above.

The post-workshop written reflective exercise (Appendix 11) asked participants to consider how the workshop had influenced, or could influence, their practice, which was a process evaluation question. This data-collection exercise was designed to collect meaningful qualitative data in order to explore remaining change objectives: i.e., intra/inter-personal factors (attitudes, beliefs, values, perceptions, skills and self-efficacy). Participants were primed for this reflexive narrative through an experiential exercise during the workshop using Bolton's (2010) 'through-the-mirror' writing, which encourages thinking to raise self-awareness (Appendix 12). These post-workshop written reflections provided good descriptions of participants' thoughts on how the workshop influenced their practice. These reflections produced rich data for interpretative analysis because participants both described and revealed inter/intra-personal factors, e.g., attitudes towards mothers-apart and skills in responding to women who experiencing mother-child separation. IM provided a unique approach to the planning and evaluation of DVA education, by focussing on change at a practitioner level rather than at a service user level, e.g., perpetrators and victims/survivors. Instead, practitioners were offered the experience of a reflexive process regarding their own requirements for personal-professional development, which are usually related in the public sector.

Procedure

Coventry University Research Ethics Committee granted ethical approval for this study (Appendix 13). Participants responded to an advertisement about the workshop and enrolled via email. They completed the pre-workshop questionnaire in advance as one part of a pack of enrolment documents, e.g., Participant Information Sheet (Appendix 14), Consent Form (Appendix 15), directions, etc. The workshop was a one-day training event, trialled at Coventry University on 17th June 2015. At the

start of the day, participants were given an information pack including the post-workshop questionnaire and workshop schedule, which outlined the main learning components (see page 385 in the Workshop Guide, Appendix 16). The components were designed to achieve the performance objectives that were identified in the matrix of change objectives developed during IM Step 2, and the questionnaire items and the learning objectives reflected the performance objectives. In this way, there was coherence to the workshop that resulted from the IM approach to programme planning with all components being evidence- and theory-based, and traceable to previous IM Steps.

Participants completed the post-workshop questionnaire at the end of the workshop day and submitted these directly to me (as the facilitator) and they completed the post-workshop reflexive narrative within one month of the workshop and submitted these via email. Appropriate procedures were used to meet ethical requirements that included creating a safe learning environment for a sensitive subject, and encouraging the protection of participants and service users. For instance, participants were pre-warned of the potentially upsetting nature of the workshop due to its focus on mothers and loss, grief, DVA and trauma. I advised participants of ways to stay safe, such as mindful sharing of personal information.

Analysis

Quantitative analysis of data from pre- and post-workshop questionnaires was conducted using descriptive statistical methods (using statistical package for the social sciences (SPSS)). Qualitative analysis of data was conducted deductively following the effect and process evaluation questions, which were formulated for this purpose as described earlier. The results were compared with the findings of the

previous studies conducted during this investigation and interpreted in light of these using grounded theory methods of analysis (Charmaz 2000, Glaser and Strauss 1967).

Forms of analysis across the four studies

Bartholomew et al. (2011) do not make recommendations for methods of data analysis in IM. However, the *precede* logic model (Green and Kreuter 2005), provides an organising framework for deductive analyses of data collected in IM step 1 needs assessment, according to *a priori* themes (*precede* logic model is explained in Chapter 7). In the present study, the first three phases of the logic model were used as a framework for deductive analysis of the data collected during the situational analysis of the needs of mothers-apart, which involved a review of the literature and two subsidiary studies (nominal group process and co-autoethnography). Then, phase four of the logic model was employed for deductive analysis of the data collected during the training needs analysis from interviews with professionals. Finally, effect and process evaluation questions, as recommended by IM authors, guided a deductive analysis of the qualitative data collected during the workshop evaluation.

Grounded theory methods of analysis

In order to compare themes within the various stages of the research project and studies conducted within it, I selected grounded theory methods of analysis (Charmaz 2000, Glaser and Strauss 1967) because of their potential in analysis and synthesis of the data corpus as a whole. When dealing with multiple methods of data collection in the present study, grounded theory analytic methods enabled a flexible approach to the data (e.g., allowing data that might not fit in one phase to be employed in another), and an integration of findings. Additionally, the method enabled interpretation that went beyond description and reporting of deductive analyses, e.g., using *precede*.

However, grounded theory is a methodology used to generate theory as an entirely inductive process (Glaser and Strauss 1967), so, it is important to stress that it was not my intention to conduct a grounded theory study *per se* but to utilise grounded theory *methods of analysis*.

Traditional grounded theory developed by Glaser and Strauss (1967) is a positivist method in which the authors argued that theory can be ‘discovered’ from categories that ‘emerge’ from the data. The positivist stance of classic grounded theory implies there is one objective external reality, which was at odds with the present study, which is situated within the critical qualitative paradigm. So, I used Charmaz’s constructivist version of grounded theory methods, which “aim towards interpretive understanding of subjects’ meanings” (2000:510) and, hence, recognise that researchers have particular perspectives and biases. Charmaz’s grounded theory was ideal for data analysis in this study, particularly as the author proposed that researchers use basic grounded theory methods flexibly because flexibility is characteristic of the traditional approach (Glaser and Strauss 1967).

In this vein, Glaser and Strauss’s (1967) systematic inductive guidelines for analysing data were selected for this research project “as flexible, heuristic strategies rather than as formulaic procedures” (Charmaz 2000:510). Grounded theory analytic methods complement the core processes of IM because both involve similar fluid, iterative and cumulative identification and integration of categories of meaning from data collected during multiple studies. Specifically, key strategies of constant comparative analysis, theoretical sampling, memo-writing and theoretical saturation (Glaser and Strauss 1967) are all similar to IM core processes, except that rather than building theory, planners create programmes. The different end products are created through surprisingly similar methods and are well-aligned.

Briefly, constant comparative analysis involves the identification of similarities and differences within and between categories and supports the development of subcategories. Theoretical sampling involves collecting further data in the light of categories that have emerged from earlier stages of data analysis. Memo-writing is used to note observations, develop categories and generate a theory for improving professionals' responses to mothers-apart. And, theoretical saturation is achieved when new instances of variation in categories cease to emerge, or when the researcher feels that the set of categories and subcategories capture the bulk of the available data (Glaser and Strauss 1967). These processes were ideal for working with, and analysing the collection of data from multiple methods as advocated by IM authors.

CHAPTER FIVE

IM STEP 1 NEEDS ASSESSMENT: SITUATIONAL ANALYSIS

Introduction

The focus of this chapter is a ‘situational analysis’ (Green and Kreuter 2005) involving the work of the research-planning group to assess the needs of mothers-apart through IM core processes, i.e., searching the literature, brainstorming ideas and conducting new research. The chapter reports the findings of new research conducted through two small subsidiary studies with mothers-apart as part of Intervention Mapping (IM) Step 1 needs assessment. This chapter begins by describing the establishment and function of a research-planning group, which is the first IM Step 1 task. The nature of the group and its function are explained, including how the group shaped the research. Addressing the research questions, this chapter explores the experiences of mothers-apart – both when they realised their partners/ex-partners were turning their children against them, and afterwards, when the men had separated them from their children. There is a focus on the women’s efforts to enlist the help of services/professionals to prevent this form of abuse, and an exploration of the women’s emotional support needs during and following this trauma. The findings of these studies are discussed in relation to the extant literature, and their relevance to the research questions and aims of intervention development is indicated.

Participatory planning group

Collaborative decisions were made throughout the study and the perspectives of the planning group members shaped the project. Mothers-apart in the planning group discussed the common situations of members of MATCH Mothers and it was noted

how “we all seemed to have been married to the same man”. This comment reflects the similar characteristic of perpetrator/fathers who interfered in mother-child relationships, by conditioning children to refuse contact and declare that they hated mothers whom they had previously loved. Similarly, the women’s experiences of trying to prevent mother-child separations, by seeking preventive help were alike. There *was* no preventive help for these women, and service workers either did not believe stories of men ‘trying to turn children against their mothers’ or were sympathetic but did not know how to help. Beyond mother-child separation, familiar stories were told about a lack of support for the trauma and grief experienced by mothers-apart who reported being judged, blamed and maltreated by a range of ‘helping’ professionals. Such issues raised by members of the planning group helped to identify the research questions outlined in Chapter 1 about why their support needs had not been, or were not being, addressed.

The planning group discussed the concept of Parental Alienation Syndrome/Parental Alienation (PAS/PA) (Gardner 1987), which is a concept that is often drawn upon by MATCH members to understand the separation from their children. Several mothers-apart had gone to countless agencies explaining their situations in terms of PAS/PA. However, this help-seeking behaviour did not lead to preventive help but rather seemed to exacerbate the problem by unintentionally inviting the scrutiny of a wide range of professionals who, knowingly or unwittingly, assisted in alienation strategies. Often, MATCH Mothers are passionate about raising awareness of PAS/PA and planning group members were not aware of the controversy surrounding the concept (e.g., Meier 2007, 2009, 2013).

In contrast, group members rarely described separations from their children in a context of DVA. Once their stories were shared, however, it emerged that coercive

control was a key feature of their relationships with perpetrators/fathers who undermined the women's mothering roles. Morris's concept of maternal alienation (MA) resonated strongly with the mothers-apart in the planning group because it conceptualises alienation between mother and child as an intentional strategy to divide women and children as a form of violence against women as mothers (Morris 2008). The fact that this concept has not gained ground in the United Kingdom (UK) or anywhere else was discussed at length during the planning groups. It was a source of frustration to group members that there exists two concepts that could reasonably explain the type of mother-child separation commonly experienced by members of MATCH Mothers yet neither of them appeared to be helpful because one of them is practically unheard of and the other has been appropriated by abusive men as a tool to harm women and children.

I initially considered a supportive/therapeutic group intervention for mothers-apart due to my experiences of facilitating group therapy in prisons, and running a support group for mothers-apart, which both seemed to be effective interventions. The decision to switch to a learning development workshop for professionals to improve responses to mothers-apart occurred following an early scoping exercise conducted in the first few months of the project. I contacted various agencies in Coventry with the intention of gaining service providers' views on the idea for a supportive group intervention for mothers-apart. This was met with mostly negative reactions from agency workers, which appeared to be based on their beliefs that mothers-apart 'do not engage' with services/workers, and would not benefit from an intervention because they were perceived to be 'beyond help'. Workers told me that this group of women were 'not a priority' for services. My experience of talking to workers expressing negative feedback to the research project was that their accompanying

emotional responses to mothers-apart indicated inter-/intra-personal factors.

Practitioners would become angry, for example, and make unpleasant comments about mothers who 'choose' abusive men over children.

Hence, the scoping exercise revealed judgement and mother-blaming, which indicated reasons for the marginalisation of mothers-apart in the community. Professionals' responses were clearly a crucial matter for attention in this research project because any future intervention for mothers-apart would depend on the support of workers to facilitate it. There were also some practitioners who were very interested in the research project and saw a need for intervention because they were sympathetic to the plight of abused mothers at risk of, or experiencing, mother-child separation.

The fact that a group intervention was deemed unlikely to be of benefit to mothers-apart in the community contradicted the evidence in the literature, which stresses the importance of support groups for mothers-apart above all else (Arditti and Madden-Derdich 1993, Fischer 1983, Stewart 1999). The only support group of this kind in Coventry (where I conducted the scoping exercise) was one that I ran myself with members of the charity, MATCH Mothers (Mothers Apart from their Children), in alliance with a local domestic violence and abuse (DVA) service where I worked as a voluntary counsellor at the time. This group was valued and well attended, so, it was clear that this type of support was needed in the community. Furthermore, because I advertised this group locally, social workers from the local adult social work team contacted me from time to time regarding support for mothers-apart on their caseloads, and referred women to the group. This paradox regarding the question of whether to focus on a group intervention was later resolved in the planning group.

At the start of the present study, members of the planning group expressly wanted the research to be inclusive of mothers-apart in all different circumstances. Consequently, I embarked on an all-embracing literature review and aimed for a diverse range of professionals to be involved in the project. Although no studies were found of mothers-apart as a combined group of women, a collective population was identified by harnessing studies of mothers-apart in different circumstances and looking for similarities when there was violence/abuse. An early review of the literature enabled a comprehensive description of the problem of mother-child separation in different contexts of DVA. However, there came a point where I took a decision to narrow the focus of the research project to examine the problem of a lack of intervention and support for women experiencing interference in the mother-child relationship by abusive partners/former partners.

When I was working on my initial idea to develop a therapeutic intervention for mothers-apart, I was much more focussed on the psychological health of mothers-apart, and on quality of life problems related to their health. Insights into the health and social situations of mothers-apart were gained during the literature review, which I first conducted with the aim of establishing which mental health problems (e.g., trauma, anxiety, depression) contributed to, or interacted with, the social problems (identity dissonance, mother-blaming, stigma). One example of psychological distress common to a mothers-apart was ‘disenfranchised grief’ (Doka 1989), i.e., not having a valid outlet to express one’s grief when one’s loss cannot be admitted to, or when there is blame. Not being able to talk about the loss of significant others would negatively affect the social situations and quality of life of mothers-apart, e.g., it would be difficult to be open and honest in one’s interactions with others, which would affect one’s relationships.

However, planning group members dismissed this line of enquiry saying that they did not want to be treated as if there was something wrong with them, i.e., they did not want to be pathologised. Although, they wanted support for grief and trauma, they held preventive intervention to avoid mother-child separation altogether in higher esteem. The women wanted the intervention to address systemic flaws and ineffectual practice that failed to prevent abusive men from targeting mother-child relationships, and to hold these men accountable for their violence aimed at women as mothers. So, both workers and mothers-apart rejected the notion of a supportive/therapeutic group for women albeit for different reasons: the former due to antipathy and the latter due to a desire to target systems/practice.

Planning group members also proposed that there were differences between the needs of mothers-apart like themselves and other mothers. Some defined themselves as 'good mothers' whose children should never have been taken from them, in contrast to those mothers who may have had children removed from them legitimately. The planning group agreed that, once mothers have been separated from their children, the support needs of mothers-apart were likely to be similar in terms of trauma and grief. However, the group thought that situations in which abusive men were actively trying to divide mothers and children demanded specific intervention by services and professionals, and likely dedicated support for women experiencing this particular issue. So, the women's own situations led to a greater focus on MA and it became apparent that the mothers-apart in this group held systems such as family courts and social services (and the individuals within them) accountable for not preventing or addressing abusive men's alienating strategies, and not supporting them in their distress when MA was realised. Consequently, through planning group discussions, the literature search and two small subsidiary studies with mothers-apart,

the research focus settled on improving systems'/professionals' responses to mothers-apart and eventually to the idea of a learning development workshop.

New research

Following the scoping exercise, literature review and shift in priority population, mothers-apart in the planning group were interested in examining their own experiences of professionals/services in order to identify factors relating to help-seeking and help-provision. The authors of *precede* urge planners to “involve people in a self-study of their own needs and aspirations” (Green and Kreuter 2005:10). So, in an effort to better understand what mothers-apart need and want from professionals/services, research was conducted with mothers-apart. Two small studies were undertaken to make use of the planning group's knowledge in order to identify the needs and aspirations of the at-risk population (mothers-apart), and to consider how the priority population (professionals) might improve their responses to mothers-apart. The studies were conducted using nominal group process (e.g., O'Connor et al. 2013) (study one), and co-autoethnography (e.g., Taylor and Coia 2009) (study two). Methodologies are detailed in Chapter 4; the findings of both studies now follow.

Results of nominal group process

Four key themes were identified from the work of the focus group as areas for systemic/professional change: preventive, pro-active, relational and therapeutic: identified during the nominal group process as either a problematic or desired situation. The need for preventive intervention was identified as most important, and the other three of equal importance to each other. After a summary in Table 3, themes are then explained with excerpts from the nominal group process.

Table 3. Key themes: preventive, pro-active, relational and therapeutic

Problematic situation	Desired situation
<i>Preventive</i>	
Lack of awareness of abusive men's strategies to target the mother-child relationship	Services'/practitioner awareness of abusive men's strategies to target the mother-child relationship
No option for threatened alienation except to go through adversarial court system, which exacerbates situation	Preventive intervention to assist abused women in using coercive control legislation using a needs-led approach
Workers incorrectly perceive situation as mere 'conflict' i.e., equity of blame	Recognise inequities of power and signs of abuse, understand dynamics of coercive control
Abusive men permitted to interfere in the mother-child relationship – no intervention or pathway to prevent this form of child abuse	Recognise interference in the mother-child relationship as coercive control - intervention/ pathway necessary
Lack of awareness of how abusive men manipulate professionals	Awareness of perpetrator tactics to exploit systems and manipulate professionals
Flawed decisions due to too few meetings that are biased or superficial	In-depth investigation of situation through consultation with non-abusing parent
No follow-up to court decisions mean that abusers flout rules and continued alienation goes unnoticed	Follow-up to court hearing to ensure parents' adherence to court orders
<i>Pro-active</i>	
Lack of active protection keep mothers and children together when threatened by abusers	Active nurturance of the mother-child relationship during and post-abuse
Deficit approach devalues mothers, especially those who have been primary carers	Value mothers as having an important role in their children's lives by using strengths-based approach
Lack of advocacy and empowerment	Advocacy, empowerment for victims/survivors by experts to speak out on behalf of mothers-apart and support through bewildering processes
Some mothers told not to talk to anyone about their situation, which prevents help-seeking	Mothers-apart to be fully informed about their rights to have access to help/support
Lack of practical help and advice: legal, financial and housing	Women-centred service for help and advice: legal, financial and housing

Relational

Mothers-apart patronised, not listened to or believed, or taken seriously -their testimonies about their children ignored

‘Othering’ of mothers-apart that is dehumanising – ‘us and them’

Being judged as not a ‘good mother’ – feeling shamed and humiliated

Unkind comments, unsympathetic, uncaring, disrespectful attitudes

No longer have trust in professionals

Workers to listen to mothers-apart and believe them – to take their concerns seriously and treat as experts in their children’s lives

Treat mothers-apart as human beings not as defectives – could happen to anyone

Do not judge and understand that non-residency does not equate with bad parenting

Kindness, respect, humanity, compassion and conscientiousness

Should be able to trust professionals

Therapeutic

Lack of understanding of the emotional pain and distress of mothers-apart

Lack of help and support to cope with extreme emotions: anger, trauma, distress and fear

Lack of therapist competency with issues affecting mothers-apart

Professionals do not know about support for mothers-apart who are often emotionally vulnerable, lonely and isolated

Mothers-apart isolated when they feel that they’re the only one

Professionals who stigmatise mothers-apart are wide-ranging but include therapists

Empathic understanding of emotional pain experienced by mothers-apart

Help and support for coping with extreme emotions: anger, trauma, distress and fear

Effective counselling and psychotherapy for helping with grief, loss, anger, pain

Vulnerability of mothers-apart to be recognised and professionals to inform them of how they can be supported

Raised awareness of how mothers can become separated from their children

Therapists, in particular should provide a safe haven from stigmatising/judgemental behaviour/attitudes

Preventive

Participants were resolved that measures should be in place to prevent controlling, abusive men from successfully separating mothers and children from one another:

“Courts should stop our ex-partners preventing us from seeing our children and from manipulating our children to stop seeing us because this is child abuse. We need practical support in preventing this from happening”. (P3)

Barriers to professional intervention were acknowledged by the women, however, which they perceived as primarily being due to a lack of awareness of how abusive men target the mother-child relationship or even that this happened, and due to a lack of pathways for action when professionals did become aware:

“Professionals lack knowledge, experience and resources to deal with the problem of abusive men taking children from their mothers”. (P2)

Similarly, respondents reported that a lack of awareness about DVA meant that it was common for domestically violent, intentional mother-child separation to be misinterpreted as mere divorce-related conflict:

“I think they see the situation as a volatile divorce situation rather than an abusive situation”. (P1)

Mothers-apart discussed the importance of educating professionals about coercive control and to include information about the ways that abusers manipulate professionals using similar strategies to those used on them, e.g., to charm, persuade, coerce, intimidate and threaten:

“We want them to know that they are being manipulated by abusive ex-partners and understand that we are not bad mums – that this could just as easily happen to them”. (P5)

Importantly, group members felt strongly that abused women should not be entrapped in a relationship for fear of losing their children when the mother-child relationship is

threatened, nor be forced to leave their children and family home when this becomes the only option for escaping their abuser:

“In my situation you could say I chose to leave - but only because I had no other option. The children’s father wouldn’t leave and living in that situation with him was soul destroying for me”. (P5)

One area that was viewed by participants as particularly problematic for professionals was how they should respond to children who resist seeing their mother when abusive men exploit the social care concept of ‘wishes and feelings’, by turning children against their mothers and manipulating children to refuse contact:

“No so-called professional of any kind has the power to make a child see its mother if that child is saying that it doesn’t want to - even when that professional knows the child is a puppet whose strings are being pulled by an abuser”. (P6)

Mothers-apart talked of how professionals seem powerless to act in such situations even when they know that their children are acting as the mouthpieces for their fathers’ ‘wishes and feelings’ rather than their own.

Group members bemoaned the fact that workers sometimes seem biased, believed their abusers over them and made life-changing decisions on minimal information:

“My abuser had already won the social worker over by making friends with him. He didn’t believe anything I said and laughed at me. His report was totally biased in my ex’s favour. I was shocked that they were allowed to just indiscriminately omit vital information given by me about his abuse yet include false allegations made by him against me as if they were facts”. (P6)

The women also highlighted the problem of court orders being ignored when there is an absence of follow-up visits resulting in orders being flouted:

“On my last visit to court the Judge told my ex off for not letting me see my eldest son, he apologised to the Judge and as we left court he told me that nothing was going to change and nothing did. I could not afford to do court again. There should be some follow up after the hearing”. (P1)

Participants noted that the failure of workers to follow-up and scrutinise the parenting practices of abusers, which enabled their strategies in perpetuity.

Pro-active

Participants said they wanted positive, pro-active responses from professionals. Rather than women being forced into an adversarial court process, which not only appears to exacerbate the situation but also can be a platform for post-separation violence, the need for protection for abused women and children was highlighted:

“They should listen to mothers not blame them - and take their reports about domestic violence seriously and how they’re partners have threatened to get residency and stop our contact. This is abuse –plain and simple and they need to understand that”. (P3)

Mothers-apart reported that professionals tended to disregard their role to date in their children’s lives, even when they had been their children’s primary carers, as if they were unimportant beyond the nuclear family:

“It’s like they look straight through me as having no value, no place in my children’s lives, less than nothing, to be discarded like an empty vessel. Once I have produced my children, brought them up, loved them and looked after them for all those years – then suddenly I am nothing - nobody? Just because he treats me like rubbish do they have to also?” (P6)

Rather, the women wanted professionals to recognise their value in their children’s lives and to help them and their children re-adjust to new childcare arrangements where they continued to be acknowledged as important to their children. Participants discussed how mothers going through court proceedings are re-traumatised by processes that blame, de-value and marginalise them. They talked about how mothers-apart needed advocacy and empowering support from knowledgeable professionals and specialist workers to support and guide them through bewildering processes and speak on their behalf:

“Back then I needed someone to be an advocate for me and my wishes. I needed not to be entering the divisive, adversarial court arena alone as the only way to try and sort things out, nor forced to meet with an abuser in mediation”. (P5)

Participants wanted professionals to act on the information that they gave them by taking them seriously and recognising the threat of mother-child separation as a problem that needs action rather than judgment.

Relational

Mothers-apart discussed how they not only wanted professionals to respond positively and pro-actively to their practical and emotional support needs but they also wanted professionals to relate to them with respect, compassion, kindness and humanity:

“We need to be shown respect as mothers and treated like human beings and not case numbers”. (P3)

Rather than being dismissed as irrelevant in their children’s lives, respondents insisted that professionals recognise them as experts in their children’s lives and act on information provided:

“They have to believe us and act on what we are telling them – we are the child’s mother for god’s sake – and we know what’s best for our child. I just don’t understand how it has got to this that mothers are being completely pushed out of the picture like this”. (P5)

“We need to feel supported and listened to. To not feel judged or stigmatised. To be able to trust those we approach for help/support. To have real choices. To be recognised as an important part of our children’s lives”. (P1)

The women reported that once children’s proceedings began and their mothering capacity was scrutinised they were treated by professionals as though they had already been judged to be deficient:

“They assume that we’re the type of parents that have their children taken off us for not being able to care for our children – they lump us in with mothers who are not actually good-enough parents. Definitely, since I lost residency of my son I have been treated by professionals as if the reason for that must lie in something that I have done”. (P6)

Participants talked about being viewed by workers as ‘bad mothers’ when they believed themselves to be ‘good mothers’:

“Professionals need to understand that mothers are having their children taken away from them even though they are good mothers whose relationship with their child is being destroyed by an abusive ex-partner”. (P3)

Although the women reported that their motherhood was perceived to be deficient due to becoming separated from their children, they were keen to point out that this was as a result of DVA, which cuts across all sections of society and could happen to anyone:

“They need to understand that this could happen to anyone and stop viewing any mother that is at risk of losing her child or has lost her child as defective. This could happen to them – to anyone – as long as an abuser has enough money and power he could do this to anyone so they think they are above it and they’re immune but they’re not”. (P6)

Group members described being let down by a variety of professionals, and reported feeling like they have no trust left in systems that are meant to protect and support:

“I have given up on professional help now. I do not trust professionals to be totally honest”. (P2)

Mothers-apart reported an array of negative experiences but were clear about what they wanted instead from professionals. This included practitioners in the psychotherapeutic field, who participants felt doubly aggrieved by because psychological therapists were viewed as professionals who should have been ‘on their side’.

Therapeutic

Respondents talked about how all professionals needed to develop empathy for women experiencing mother-child separation, but that this was especially true for therapists who they perceived should provide a safe haven from stigmatising behaviour and attitudes above all other professionals:

“When your own therapist doesn’t believe you then there’s no hope”. (P5)

The women reported needing emotional support at a difficult time:

“I would like to see emotional support from therapists who can support the mother and child through this time”. (P2)

It was considered an important requirement for professionals to have an empathic understanding of their situations in order for them to appreciate the intense emotional anguish that is experienced by mothers-apart:

“I needed professional support to deal with the process of when they take your child away because it’s the most traumatic thing that any mother could ever imagine. There should be proper psychotherapy to deal with this because it seriously messes your head up”. (P3)

Participants talked about how acknowledgment and validation was important especially against a backdrop of being disbelieved, dismissed and marginalised. As members of MATCH Mothers, the participants acknowledged the support of the Charity and how its primary benefit was in knowing that there were other mothers-apart who had gone through similar experiences so they were not alone. Participants thought it was not necessary for someone to go through an experience to understand it, however, and that therapists should be able to have empathic understanding and respect for their clients. Group members reported feeling let down by therapeutic services and stressed the need for competent therapists to provide help and support for coping with some intense emotions, e.g., anger, trauma, distress and fear:

“Extreme trauma, grief, distress and fear of how he could take my son from me before it happened and he was threatening to do it, going out of my mind with worry that he could do it when it started, and absolute devastation and anger that he’s been allowed to do this. So I needed someone to believe me, to listen to me, to take action and stop him from doing what he was doing. I needed to someone to turn to and understand when I was going out of my mind with the pain and the anger. I don’t really know how I have survived this but I didn’t find anyone that understood until I came to MATCH”. (P6)

This excerpt highlights the vulnerability of a mothers' profound distress as she experienced perpetrators/fathers intentional separation of her son from her and her fruitless search for support. The need for preventive help and emotional support for women in such circumstances is unequivocal.

Interim discussion of study one

The nominal group process identified a discrepancy between what mothers-apart said they needed and wanted from systems/professionals, and what they received instead. There are some similarities between these results and what is in the literature regarding systems'/professionals' negative responses, including mother-blaming, and the ways in which organisations have not been supporting of the safety and protection of women and children (e.g., Fordham 1999; Harrison 2008; Laing and Humphreys 2013; Morris 1999b; Radford and Hester 2001, 2006). Also, research has reported how family court personnel have ignored and marginalised women's experiences of DVA in divorce and children's proceedings and prioritised contact for fathers above the safety of women and children (e.g., Bemiller 2008; Hunt and Roberts 2004; Saunders 2001; Saunders and Barron 2003; Trinder, Firth and Jenks 2010). In particular, judges' decisions to separate mothers from their children have been seen to be influenced by their perceptions of what constitutes a good/bad mother, with researchers pointing out that judges can be persuaded by pejorative constructions of 'hostile and alienating' mothers (Bemiller 2008; Elizabeth, Gavey and Tolmie 2010; Hacker 2013; Neustein and Leshner 2005). In Ptacek's (1999) study of the negotiations between abused women and judges during restraining order hearing in the US, the author identified a slew of judicial responses that suggest collusion with violent men that include: unwillingness to impose sanctions on them, showing greater concern for defendants than for women seeking protection, and

joking and bonding with defendants. Morrill et al. (2005) drew attention to the lack of DVA training for judges and how this results in ill-informed decisions relating to men's violence against women.

I did not find any studies that specifically examined the support needs of mothers who have experienced mother-child separation via coercive control because this is an under-researched area. Most pertinently, although Morris (1999a) identified MA during research into mother-blaming, the author did not talk to the women about their support needs. In this respect, the findings of the present study add to the literature by identifying what women threatened with/ experiencing this problem, said they wanted/needed from services/professionals:

- Prevent abusive men from separating mothers from their children and from being able to maintain this situation in perpetuity;
- Act on reports of women that their relationships with their children are threatened or attacked and monitor abusive men's parenting practices;
- Take mothers' concerns seriously, aim to keep mothers and children together, value mothers' expertise in their children's lives;
- Provide mothers-apart with effective, dedicated therapy.

These findings were important in beginning to formulate answers to the research questions about the support needs of mothers-apart and about professionals' responses to these needs. The findings informed the workshop planning by identifying key areas for change in practitioners' responses to the problem of coercive controllers' strategies aimed at the mother-child relationship, and to the support needs of mothers-apart.

This study extends understanding of the support needs of mothers experiencing the threat of, or actual, mother-child separation by asking them what would have

helped, e.g., what did they think would have prevented mother-child separations? What did they need from services/professionals to support them once they knew they were going to become separated from their children? What were their needs following the aftershock, both in the short- and long-term? The present study asks these questions of the mothers-apart themselves, and also in study two that follows, which is an-depth collaborative reflection on the situation by women who have experienced first-hand the barriers to support when experiencing MA. These findings add to the feminist DVA literature, which highlights how interventions – including professionals’ DVA education - should be needs-led and that victims/survivors are best-placed to identify their own needs (Women’s Aid 2015, 2017).

Results of co-autoethnography

Themes

Three main themes, each with two sub-themes, and one underlying theme (see Table 4) were identified in the women’s stories, reflections and group discussions. The co-autoethnography as a narrative follows (see Chapter 4 for methodology).

Table 4. Main themes and sub-themes, and one underlying theme

Main themes and sub-themes	Areas for change to improve responses
a. Accessing help was problematic i. <i>No discernible place to go for help</i> ii. <i>Help-seeking made matters worse</i>	Acknowledge mothers-apart as an at-risk population of vulnerable women with complex needs that are not being addressed by any services/interventions
b. Professionals served perpetrators’ needs more than survivors i. <i>Contributing to, or colluding</i> ii. <i>Apathy or constraint</i>	Understand systemic MA: how professionals can contribute to mother-child separations when perpetrators exploit systems and manipulate professionals
c. Practitioners’ responses to intense psychic distress polarised i. <i>Unhelpful, blaming, harmful</i> ii. <i>Helpful, supportive, therapeutic</i>	Person/woman-centred practice needed for empathic, understanding responses that avoid judging, blaming & criticising. Victims/survivors need to be listened to and believed
One underlying theme: Lack of knowledge/awareness about DVA, MA and coercive control	DVA education needed to understand contrived mother-child separation using children as proxy in coercive control of women

The co-autoethnography narrative

A narrative now follows, encompassing the stories of three mothers-apart and my account of our reflections and discussions that ensued. Connecting this autobiographical narrative to the wider literature produced co-autoethnography. Collective pronouns are used to represent and encompass participants' voices collectively so that their identities remain concealed and persons alluded to remain anonymous for ethical reasons described in the methodology chapter. Brief summaries of our stories are provided before themes are illustrated in the narrative.

Our stories

Sophie's story

The separation from my oldest son started when my wealthy ex gave me airline tickets to Australia to visit a relative. It was all a rush but I felt that the competent nanny I had just employed would look after my children well. It turned out, however, that they were having an affair and that my trip was planned to get me out of the way. On the 6th day of my holiday I received a phone call in Australia asking me to never return. I was devastated by this news and his demands, and immediately came back to the UK on the next flight available, the following day. This was the start of my fight to care for my young children. I immediately took up with a good solicitor that I used throughout a 3 year court battle. X kept my eldest son apart from me and I was told continually that he did not want to see me for all the time we were apart totalling 12 years in all. Sophie

Hazel's story

X started turning my children against me the first time I fled to a refuge near the end of our relationship. By the time I eventually left, the alienation was serious and was faced with an impossible choice: stay and be rejected or abused by X and my children or leave and try and get my children away from X through legal channels. X carried out his threats by using my children as pawns during a vicious divorce and children's proceedings. It seems ironic that my children who were rightly placed at the centre of this process by professionals could be let down so profoundly by them when they stated that they were acting in their best interests. X fooled them all though and he managed to get away with everything he did to me and my children. He always told me that I'd lose the children if I left and I did. The process took place over many years, cost tens of thousands of pounds, several investigations, and endless discussions, meetings and reports by professionals. I have not seen my daughter for 11 years. What X did to my children is child abuse and I fear they are damaged beyond imagination. It was all to punish me for leaving and a legion of professionals helped him to do this. Hazel

Lilly's story

I was in a controlling, loveless marriage with an abusive man who withheld affection and sex. I never felt loved and I never thought I was doing the right thing. If I questioned our relationship he would say he loved me. If I brought up the lack of sexual intimacy he would just stare at me with a look on his face of disgust. X would not talk and I found this really traumatising. Over the years there seemed to be a growing anger and hatred towards me. One day I snapped at him in a shop. This was a very unusual thing to do, as there was an unspoken rule that you do not snap or vocally express how you are feeling. The next day he left me saying that my daughter had told him she was unhappy because "Mum's always down and irritable". With that he took my daughter and went to his parents. I went into a deep shock as he had told me that he and my daughter could not bear living with me anymore. I was completely stunned and I felt the floor had collapsed beneath me. My daughter has not spoken to me for three years. Lilly

Accessing help was problematic

Our main problem was that we were not able to find help to prevent ex-partners separating our children from us. We took action to stop this by reporting them to a range of services but no prevention intervention was available. One of us had been entrapped in a decade-long abusive marriage by the threat, "you'll never see the kids again if you leave". We knew that our children's apparent refusal to see us was being driven by their fathers. But, when we reported this to various agencies and professionals, e.g., solicitors, social services, DVA agencies, Children and Family Court Advisory Services (CAFCASS) workers, a court-appointed psychiatrist, etc. there were no preventive interventions. Professionals did not take us seriously, did not believe us, and/or did not have the power to intervene if they did.

These findings reflect what we know from the literature about the lack of professional support available to mothers. In Kruk's (2010) study with fourteen noncustodial mothers, for instance, the author reports:

"... an almost total lack of professional support available to mothers, and feelings of isolation. Several mothers felt judged as undeserving of support services. Mothers talked about the lack of available supports, yet with the appearance of supports being in place for them; women-serving organizations and child protection services were identified in particular as unhelpful and not tuned into the unique challenges of these mothers" (Kruk 2010:538).

No discernible place to go for help

Our main barrier to finding help was that we didn't know where to go for it.

The biggest problem that I sought help for was how to leave X without losing my children. There's nowhere where you can go and say, "I'm trying to leave my husband but he's turning my children against me and he's going to stop me from seeing my children if I leave him". There's nowhere you can get help with that. Hazel

Despite this mother's testimony, there is now help available for the problem she describes in the UK using the recent (2015) coercive control legislation (data collection for study two preceded this law). Despite the problem not yet being addressed by services using the law, this thesis argues that coercive controllers' strategies to target the mother-child relationship should be addressed as a crime using the law.

These findings reflect the literature, which suggests that women experiencing coercive control are not always aware that they are in a DVA relationship (Women's Aid 2017). Abused women have to recognise coercive control if they are to seek help for it. And, practitioners need to know the signs if they are to offer help. This thesis argues for DVA education to raise awareness of coercive control strategies that target mother-child relationships so that they can recognise the mother seeking support when her partner has threatened to turn her children against her if she leaves him, for instance. This is an extremely serious problem affecting women and children that needs prompt action in order to avoid contrived mother-child separation.

In the wake of mother-child separation, when seeking support for trauma and grief, we found it difficult to find effective support. Some therapists' attitudes even increased our distress and we felt very alone. Because this seemed like the worse problem in the world for a mother to experience, the absence of 'anyone to help' seemed incomprehensible and we felt angry about this. The lack of help intensified

grief over the loss of our children, and losses relating to motherhood and relationships with other family members. The sense of aloneness in the world was acute and overwhelming at times. Already isolated in our marriages through strict, controlling regimes, we found that we were isolated outside of them also. But this time without our children and without any way to get them back.

The isolation was increased by admonitions from family court workers not to reveal the details of the children's proceedings to any outsiders, as this would breach confidentiality. This seemed like secondary abuse because we were silenced and this was a barrier to seeking help. Meanwhile, we knew our ex-partners were flouting this rule by openly discussing the details of the divorce and children's proceedings in front of our children to manipulate them. We knew this from various sources: friends, family, siblings, court reports about what our children were saying about us, etc. The pain of how damaging this was for our children was almost unbearable.

My daughter started to distance herself from me and couldn't cope being around me. She knew everything that was happening as he was very vocal to his family and her and was drip-feeding her information. I know this as my ex in laws, who I am still on speaking terms with, told me. My daughter became poorly under the stress. She started to have a lot of time off school and started to develop eating problems. Lilly

In a range of harrowing situations, we feared for the health and safety of our children who had been entrapped by our abusers. But, there was no way to access help when social services appeared to be supporting the perpetrators/fathers. As protective mothers, this was a torturous situation, and one that we felt was not possible to understand by those who have not experienced it. The murderous rage, the humiliation, the abject powerlessness to do anything about the situation were hard to cope with – and all without specialised support by anyone to help us.

Help-seeking made matters worse

To make matters worse, helpful intervention not only eluded us but help-seeking itself seemed to inflame the situation when more professionals became involved and were more likely to believe our abusers' accounts.

The family courts are so adversarial – it makes matters much worse. Sophie

Kruk (2010) referred to 'legal abuse' to describe abused mother's experiences in the adversarial systems of the family courts, which was viewed by the participants as:

"Equally or more harmful and damaging by the mothers than the abuse they had endured at the hands of their former spouses. In addition, they felt further victimized by the array of professionals working in the shadow of the law: the child welfare system, psychologists and other assessors, and medical and educational systems" (Kruk 2010:535).

The findings of this study are similar to other studies of mothers experiencing partners and former partners' abuse through the family courts where women experience secondary abuse, re-traumatisation and re-victimisation (Bemiller 2008; Kruk 2010; Morris 1999a, 2008).

None of us realised that our ex-partners were turning our children against us until it was much too late. But once we did realise, when processes were already underway, it appeared to be impossible to gain any traction in preventing an avalanche that followed: of mounting hostility from our exes, of growing coldness from our children, and of ever-increasing numbers of professionals becoming involved in contributing to the problem. It seemed we were going around in circles desperately trying to get people to listen and believe us but people either dismissed our claims or sympathised and couldn't help. The more steps we took to prevent our children becoming estranged from us, the deeper we sunk into a morass of state intervention where we were being reconstructed as 'BAD MOTHERS.' We asked: How could this be happening? What can be done to stop it? Who can help us? We

spoke of labyrinthine nightmares that worsened with each intervention as we were shunted from one appointment to another, vainly trying to ‘DO SOMETHING’. The fear of never seeing our children again was paralysing. We were worried out of our minds. Our children were being manipulated and programmed to hate us. What could we do? We couldn’t get near them to remind them of how much we loved each other! We feared for their futures. We were frightened that they would be damaged irreparably and forever. The anger was all-consuming. HOW COULD HE DO THIS? HOW COULD THEY LET HIM? WHY DON’T THEY DO SOMETHING? The trauma was overwhelming.... and lingers on.

We were disempowered and demoted. What happened to our status as mothers? We were once the most important people in our children’s lives. We ran households, loved our husbands, bore and reared children. We were the experts in our children’s lives. For whatever reason, our exes were men who had worked out the surest way to hurt us by taking away what was most important to us. With our children went our identities and our whole worlds. We were dehumanised and dematernalised. Everything we had been crumbled away. For a while, it was like we were nothing. And it hurt like no other pain.

The mothers in Morris’s original (1999a) research described abusers’ alienating strategies. Morris (2010) refers to MA as “both the tactics and the profound, long-lasting effects of these tactics on women and children” (2010:223). As described elsewhere, few studies talk to women about these experiences and Morris’s (1999a) participants do not explore this aspect. It is hard to put into words the enormity of such abuse, which usually follows years of coercive control, often compounded by secondary abuse from systems and, finally, the living bereavement that may be endured in perpetuity. This co-autoethnography adds to the literature by offering a

glimpse of the emotional impact on mothers: more research is needed to gauge the impact of children too.

Professionals served perpetrators' needs more than survivors

Our stories contained numerous examples of how systems/professionals aided perpetrators in their strategies when they knowingly or unwittingly directly contributed, or did not intervene due to constraints or apathy.

Contributing or colluding

It seemed that every time we reported some form of abuse, our exes would make a counter-claim, and that his was always the last word. Professionals seemed to value our ex-partners versions of everything and seemed to do their bidding. Workers did not recognise how our abusers' manipulated them in the same way they did with us. We recognised their strategies with practitioners - to lie, to threaten, to charm, to play the victim or the hero.

Once my barrister had met X he understood how powerful and controlling he was. My solicitor was very wise in family court legalities and was well known for his experience. Unfortunately, they couldn't do much about the expert witnesses who influenced the judge's decision. X had charmed the CAFCASS lady and got to the psychiatrist before me - spreading his lies. Sophie

Most professionals seemed unaware of manipulations, or complied with threats. Our experiences were mainly of professionals, usually unknowingly, helping perpetrators/fathers to separate us from our children. Believing coercive controllers' lies and taking false allegations seriously instead of our own reports was most galling and disconcerting, causing additional distress and trauma due to the injustices.

Because we saw through our abusers' strategies, which seemed obvious to us, we were dumbfounded that professionals took our children's claims that they did not love us seriously - because we were 'bad' or 'evil', or were 'the worst mum in the world'.

When we first read these statements in court papers we thought it meant that our

abusers would be found out - that there must be systems in place that raised alarms when children refused contact with their mothers, following such ludicrous claims - especially in DVA situations. One of us was living in a women's refuge for heaven's sake! But, unbelievably, professionals acted on the children's requests – not accepting that they were merely the mouthpieces for their fathers' 'wishes and feelings'.

We went to a CAFCASS meeting and I felt it was the first time I was listened to and understood. I was relieved that we might now get help and support. Sadly this was not true. A letter came through the post saying that if my daughter didn't want to see me she didn't have to. My daughter had written an account in which she lied about me and said that she was scared of me. I was distraught by the lies and felt incredibly let down by the system. Professionals believe children but what my daughter said was based on his lies about me. Lilly

We all experienced professionals colluding with our partners/ex-partners and could see that this might have been for a range of reasons such as fear following threats. In one of our children's cases, for example, a social worker agreed to investigate an abuser's false allegation of child sexual abuse (CSA) after he threatened to take the story to the national press if it wasn't acted on immediately. The abuser refused to allow any more meetings with their child until the allegations were investigated and the social services were forced to comply with his wishes.

There is little research into the ways that abusers inveigle professionals into intentional mother-child separation strategies that may depend on them, e.g., manipulating workers into believing false allegations made about women's mothering capabilities. One study (Humphreys 2000) reported threats and intimidation by DVA perpetrators towards social workers who described hostile and frightening abusers. And Morris's (2008) concept of systemic MA drew attention to the ways that professionals unwittingly contribute to the problem by mother-blaming discourse and practice. Stark (2007) recognised how helping professionals collude with perpetrators of coercive control in addition to friends and family members (2007:207). Collusion

by judges, in particular, was recognised by Ptacek (1999) who described harsh judicial responses towards abused women and preferential treatment towards the needs of violent men. The present study adds to understanding how professionals collude or comply in perpetrators' strategies to target mother-child relationships by talking to mothers-apart themselves about their experiences, which adds something new to the debate. This thesis argues that the role of systems/professionals in coercive controllers' strategies to target mother-child relationships is a major area for attention for DVA education, in order to increase practitioners' awareness of how they might be enlisted into mother-blaming tactics.

Apathy or constraint

We spoke about how it seemed unbelievable to us at the time that professionals were siding with abusive men when it seemed so clear to us what was going on. But they just did not seem to 'get it'.

I had spent hours begging them to try and understand me. I began to realise, "oh, they're not getting it." I found my solicitor helpful to some extent but felt she was going through the motions and didn't fully understand the extent of damage my X was doing to my daughter and myself. We had been to court a number of times. During the time I had begged X for mediation but he would not entertain it. Now I have absolutely no confidence in the legal profession, social services, CAFCASS and CAMHS. I don't have any trust or any kind of belief that, well, they're the people you're told to go to – and sent to - but I would never go to them again for anything. I just feel so let down by them. Lilly

We saw professional blindness to perpetrators'/fathers' strategies to eliminate us from our children's lives, and those that weren't seemed apathetic or constrained – mostly by not knowing how to help, it seemed. Some professionals admitted that they suspected "the father was behind it all" when children stated that they did not want to see us or made false allegations about us but that there was nothing they could do.

They just seemed to shrug and say, "Oh well, I'm sure they'll come round" as if we'd just had a minor tiff! Sophie

Such reactions were agonising and frustrating. We were regularly enraged by indifference - or was it wilful blindness in the face of constraints to act on information? It was so unjust! We wanted to scream and shout, to protest, to go on the television and tell the world! We considered tying ourselves to railings, going on a hunger strike – something, anything! People offered to get our ex-partners beaten up, which did not seem wise. What is a mother to do when she is trying to save her children? Like any mother we would have died for them – or killed for them. But here we were –utterly impotent. Overwhelming emotions were exacerbated by the lack of indignation by everyone around us, which increased outrage and caused further distress. The mental anguish caused by the disbelief that “NOBODY WOULD HELP US OR STOP OUR CHILDREN FROM BEING TAKEN FROM US!” added to a sense of unfairness and injustice that we had already experienced in controlling and abusive intimate relationships with our children’s fathers, and felt like an extension of that abuse. It seemed impossible that there was no legal procedure to stop our exes taking our beloved children from us. These separations drove us to the limits of our endurance and we broke down. We became ill and people judged us. Professionals decided there was something wrong with us as individuals. We were all assessed at various junctures and found wanting. Our diagnoses were there for all to see in court papers – more evidence against us.

None of our exes were ever assessed. One of them refused two drug tests without consequence. One of them made a vicious verbal attack during mediation that was not documented by any professionals. None of our abusers were charged or prosecuted for the years of abuse they subjected us to. And still do for those of us whose children remain alienated. They were no consequences. Nothing. They got away with it.

Practitioners' responses to intense psychic distress polarised

We all sought support from therapists, who we needed to help us manage intense psychic distress that followed. Through telling our stories for this study, however, we discovered that we had widely varying accounts of psychological therapists' responses to our situations, which seemed to be either very supportive/empathic or emphatically harmful.

Unhelpful/blaming/harmful responses

I have described the intense anguish that each of us experienced earlier in this piece. It would appear that we went through does not seem to be an issue that many therapists are able to work with effectively and some were unhelpful, blaming and harmful in their responses. It seemed that therapy was most unhelpful when therapists' attitudes and perceptions prevented them from being empathic and understanding our experiences.

I went to a therapist at a point where I thought life wasn't worth living. It wasn't helpful. In the last week she said. "Well I think the best thing you can do is to try and put yourself in your husband's shoes. Have you ever thought about what he might be going through?" Needless to say, I never went back. Sophie

We all made repeated attempts at finding a suitable therapist but so many of them seemed critical, judgmental and lacking in empathy or compassion – some of this therapy seemed to be harmful and made us feel much worse about ourselves.

I went to therapy, which was awful. All she kept asking me was "How can you make the situation better?" I felt if I knew that I would be doing it and that there must be answer that she knew and wasn't telling me. I felt so angry by this and it lessened my trust in therapists. She also said that if it was her daughter she would be shouting and screaming to get things done. I had, and no one helped. I often left feeling totally inadequate, powerless and an extremely bad mother. Lilly

Two of us had considerable experience of psychotherapeutic interventions before separation because encouraging professional scrutiny of our mental health was part of our abusers' scapegoating strategies. One of us had a long history of mental

health problems that were really ‘symptoms of abuse’ (Humphreys and Thiara 2003a). However, this was used as evidence of our deficiencies in children’s proceedings with no context of the abuse they were caused by. One of us had an ex-partner who tried to get us put away in a ‘mental institution’. Only a decade or two earlier he might have succeeded. We wondered if this had been the old way of ‘getting rid of mummy’ and if ‘alienating’ was the new way. We experienced psychotherapeutic encounters as professionals treating our deficiencies rather than recognising our traumas.

In particular, we recalled a range of assessments by psychological experts that were associated with court proceedings or our children’s mental health procedures. During these trials we felt subjugated and humiliated by older male psychiatrists in smart offices and professional female types in the various organisations who acted in superior ways and spoke to us very disrespectfully.

I repeatedly experienced abuse and was traumatised by a system made up of legal, health and social care professionals who did not listen to me, believe me or take my concerns about my children seriously. I was a full-time mother and I had been attuned to my children’s needs day in, day out, right up until the teenage years. Suddenly, there were people in our lives who thought they knew better than me about my own children. A social worker sniggered at me and seemed to enjoy telling me that as a mother I had no rights, a psychiatrist told me to my face that I was lying and baffled me with the philosophy of truth and Schrodinger’s Cat, and a judge reprimanded me by shouting at me whilst pounding his gavel. X always told me that he’d make sure I’d never see my children again if I ever left him and these people were helping him to do this. Hazel

There is a lack of research on the ways that therapists fail mothers who have been intentionally separated from their children by abusers. This is most likely because this problem has gone, largely, unacknowledged in the therapeutic community. This study adds to the therapeutic literature by suggesting that this is an area for attention.

Helpful and therapeutic responses

People who responded helpfully to our separations included new partners, and other mothers-apart in MATCH Mothers.

What has helped me most has been very focussed self-help and meeting other mothers-apart who understand me through the charity, MATCH Mothers. There is stigma in being a mother apart as it is socially unacceptable. MATCH Mothers helps me to not feel so judged. Sophie

Finding support was especially difficult in the early days of being separated from our children when we were plunged into a new world that we did not understand, but it was in particularly short supply from professionals - especially outside of women-centred organisations. All of us agreed that the people who were most helpful throughout the process of becoming separated from our children were those who listened to us, believed us, valued our concerns as mothers, validated what had happened to us as abuse and trauma, and let us know that they understood how we had become separated from our children.

She was a specialist DV counsellor and I remember how the weight of my situation affected her and that she felt my pain so keenly that in that moment I knew that she understood what I was going through. She also reflected this back to me with her words that enabled a shared acknowledgment of the enormity of the situation. In that meeting I knew that this was a woman whom I could trust to believe me and to understand how badly I was hurting. How I craved the support that she was offering me through her empathy and compassion. Hazel

Some of these more helpful responses have remained with us and sustained us through countless dark times. We also recalled certain individuals who made a huge difference to our recoveries who were not therapists but gave us what we needed when we were at our most vulnerable.

In this state of complete helplessness, grief, trauma and psychological pain I took a huge overdose of medication. I am lucky to be alive, yet at the time I was distraught at having been found and helped because I knew it meant I had to keep going. The psychiatric nurse at the hospital was amazing and seemed to understand. He said I had been bullied to the point of suicide and I needed to focus on finding myself again as I quite clearly had no sense of self or identity left. He wrote a report and gave me a copy. I kept this as proof for myself that someone listened and believed me. Lilly

The therapeutic value of listening to, believing and validating survivors' stories is well established in the field of DVA where symptoms of abuse are recognised as trauma (e.g., Herman 1992, Humphreys and Thiara 2003a, Sanderson 2008). For mothers-apart, though, there are additional challenges associated with the 'loss' of a child.

Lack of knowledge/awareness of alienating tactics

We discussed how the problems identified in the main themes, i.e., accessing help being problematic, professionals assisting perpetrators rather than survivors, and practitioners' unhelpful, blaming and harmful responses to intense psychic distress, seemed to result from a lack of knowledge of the dynamics of DVA, and the use of children in abusive men's strategies (grooming and alienating, for example). We felt this was due to professionals understanding DVA using the 'physical incident model' (Katz 2016) rather than as a pattern of coercive control. Professionals' lack of knowledge/awareness of non-physical forms of abuse was posited as an explanation for the key themes and identified as an underlying theme of the main problem areas.

Whilst trying to find help during mother-child separation we had all learnt about the concept of Parental Alienation Syndrome (PAS) (Gardner 1987) from the Charity, MATCH Mothers, and learned much about it from the Internet. It seemed at the time that this theory described what was happening to our children but nobody we took this information to, paid any attention to it and continued to ignore what was taking place.

Every 6 months I was going to court and talking about parental alienation syndrome but contact never happened. The last time when I was leaving court, X turned and said to me, "Have you got the message yet? You're never going to see him." Eventually I realised, "Well there's no point in fighting in court anymore because the court isn't doing anything to make him change his mind". They just didn't do anything about it or even try and stop it. Who could I have turned to? It became easier over the years to hide my problems rather than seek help. Sophie

It was evident from our accounts and discussions that most professionals in our cases either did not recognise or understand alienating strategies. Certainly, none of us had heard of the problem of MA during our experiences. Kelly (1988) stated, “what is not named is invisible and, in a social sense, nonexistent” (1988:114). We reflected on how, in our professional roles, we hear of female clients reporting that their social worker has accused them of attempting to ‘alienate’ their children from the father. It is clear that it is Gardner’s (1987) theory that underpins child protection practice that uses the language of ‘alienation’ because of the increasing use of this concept in the UK (e.g., Whitcombe 2014, 2015; Women’s Aid 2017). However, this is problematic because, as Morris has highlighted: “the gender neutral term (parental) hides a highly gendered concept” (Morris 2008).

It was interesting to observe how passionately the participants of this study who were mothers-apart clung to the concept of PAS as the best explanation of what happened to them and their children. This seemed to be because there was a lot of information about it on the Internet, and there was the potential to be involved in awareness-raising campaigns run by various organisations, e.g., fathers’ rights groups. MATCH Mothers collaborates with such groups and individuals who are anti-feminist practitioners but does not recognise the conflict of interest. For instance, members of the Charity promote awareness of PAS even though it is used as a tool by abusive men to deny abuse allegations, which puts perpetrators/fathers in a strong position to gain custody of children (Lapierre and Côté 2016).

Morris (2009) described “a coercive web-like regime on household members and the interlocking of many forms of abuse” in her concept of the ‘abusive household gender regime’ (2009:414). This concept explains a regime that we were all familiar with in this study, whereby women and children are entrapped when they

live with a a “repertoire of coercive strategies... [by perpetrators who] deflect responsibility for abuse on to mothers, discredit women who are seeking protection for themselves and/or their children, align children with perpetrators, coach children in abusive practices and recruit them into perpetration of abuse” (Morris 2009:416). Although, these types of abuse have been recognised as coercive control in the literature (e.g., Stark 2007), this terminology is not commonly applied to understand the dynamics of coercive control during divorce/separation and children’s proceedings, where mother-child separation is a risk.

Interim discussion of study two

This co-autoethnography weaves the extant literature throughout the author’s narrative relating to the reflections and accounts of three mother-apart. As with first study results described above, there are similarities between the findings of study two and what is known in the literature about systems’/professionals’ negative and mother-blaming responses to women survivors of DVA. This is especially the case when child contact is an issue and where institutional responses seem to devalue mothers when transferring primary care of children to perpetrators/fathers (e.g., Bancroft and Silverman 2002; Bemiller 2008; Chesler 1991, 2011; Elizabeth, Gavey and Tolmie 2012; Harrison 2008; Katz 2015a; Slote et al. 20005; Saunders and Barron 2003; Stark 2007; Thiara and Gill 2011). Similarly, much is known about coercive controllers’ strategies to hurt and punish mothers through disrupting attachments between them and their children (Beeble, Bybee and Sullivan; Hayes 2015; Katz 2015a; Morris 1999a, 2008; Radford and Hester 2006; Stark 2002, 2007). This chapter highlights how, even though we have understood about these types of abuse since the 1980s (Pence and Paymar 1986), services still do not explicitly intervene in coercive controllers’ mother-child separation strategies and prevent this

form of abuse. Furthermore, workers/experts sometimes collude with perpetrators/fathers (Morris 1999a, Ptacek 1999, Stark 2007).

Study two adds to this literature by talking to mothers-apart themselves about their attempts to prevent/address this type of abuse, their help-seeking efforts, their support needs, and their experiences of professionals' unhelpful/blaming/harmful responses. The perspectives of the women add something new to our understanding of these issues. This study found that professionals did not respond appropriately to abusive men's intentional mother-child strategies but, rather, services'/workers' responses were to do nothing about the problem, except to assist perpetrators (knowingly or unwittingly). The study also found that the majority of professionals did not respond effectively to the women's support needs after they had been separated from their children, although mothers-apart also reported helpful responses by a minority. Finally, the study also found that even though some professionals' responses were helpful in that they listened, believed and cared, they did not know how to either prevent the abuse or provide effective therapeutic support so were, ultimately, impotent.

These studies stress the enormity of the abuse and the profound effects on mothers, and the ineffective and/or harmful responses of practitioners involved before and after mother-child separations, which have not been described before in such detail. This chapter identifies the need to educate practitioners to understand coercive controllers' strategies targeting the mother-child relationship and to understand how to support mothers-apart. The chapter argues that services/practitioners need to understand these strategies as coercive control and address them using the new coercive control law. And, that this understanding could be embedded in a new type

of mother-centred DVA education, which draws attention to coercive controllers' mother-blaming strategies, and to systems' mother-blaming structures and practices.

Conclusion

Negative responses to the population of mothers-apart during a scoping exercise suggested that the lack of support for this group of women was likely associated with mother-blaming attitudes and a lack of understanding about the ways that mothers become separated from their children. Findings of studies one and two revealed an array of extremely unhelpful responses to the problem and the at-risk population, including apathy and collusion with perpetrators. These problematical responses were thought to be associated with a lack of workers' awareness about abusive men's strategies to separate women and children, and professional ignorance of how abusive men enlist practitioners into such strategies. The research-planning group considered that this form of abuse could be addressed by using the coercive control law if services/practitioners understood the problem as such. It was acknowledged that academic understanding of the problem as one of coercive control did not appear to have impacted on services or shaped practice. This situation indicated a need for education for practitioners - to raise awareness of the problem and how to improve responses to mothers. Additionally, the need for dedicated therapy for mothers-apart was recognised due to reports of ineffective and harmful psychotherapeutic practice with this group of women.

As described in the methodology chapter, the priority population for intervention shifted from the at-risk population of mothers-apart to the professionals who work on their cases. This shift necessitated a second needs assessment with the new priority population for intervention, in the form of a training needs analysis, which is reported in the next chapter.

CHAPTER SIX

IM STEP 1 NEEDS ASSESSMENT: TRAINING NEEDS ANALYSIS

Introduction

This chapter concerns the training needs analysis that was conducted as part of Intervention Mapping (IM) Step 1 needs assessment (Bartholomew et al. 2011). The chapter reports the results of interviews that were conducted with a range of practitioners who shared their views on: the problem of mother-child separation in a context of domestic violence and abuse (DVA), the lack of support for mothers-apart, and their thoughts on a DVA learning development workshop to raise awareness of these problems. The findings were deductively analysed using the *precede* framework (Green and Kreuter 2005), which enabled determinants of professionals' responses to be identified as predisposing, enabling and reinforcing factors. This chapter offers practitioners' insights into the problems and issues facing mothers-apart, reasons why the needs of this group of women are not currently being met, and how to improve systems'/professionals' responses through specialised DVA training. The findings are discussed in relation to the extant literature and the aims of intervention development.

Results

The results of study three are organised in two parts that reflect the interview schedule: 1) an ecological assessment of the problem itself, i.e., the lack of support for women experiencing mother-child separation via coercive control, and 2) educational assessment of professionals' training needs. The results of these two parts are reported consecutively (although there is much overlap) before a discussion of the findings as a whole.

Ecological assessment

In interviews with a range of professionals, participants both demonstrated, and talked about, other practitioners' helping or hindering responses towards mothers-apart and the problem of mother-child separation in a context of DVA. These are shown in Table 5, which uses *precede* categories to identify practitioners' inter-/intra-personal factors as: predisposing, enabling or reinforcing.

Predisposing factors

The majority of participants reported a clear lack of practitioner knowledge and understanding of coercive controllers' strategies as they relates to the at-risk population.

This excerpt by a DVA safeguarding police officer typifies this deficit:

"We are on a daily basis working with mothers who are losing their children or who have already lost children, and who are at risk of not having them returned to their care... and from our point of view it is frustrating because I don't think professionals understand it. Why somebody's got in that position needs to be understood. From our point of view, the controlling relationship with the perpetrator, the influence they have... I don't think professionals, from a children's point of view realise... I think there's a complete lack of understanding around most of the issues." P14:9-25

This participant referred to deficiencies in practitioners' knowledge of DVA dynamics generally, in addition to those particular to social workers. Most participants bemoaned a lack of general organisational awareness of DVA, and especially of coercive control, pre-and post-separation. More knowledgeable practitioners (especially those working in DVA services) demonstrated considerable understanding of abusive men's strategies involving the manipulation/exploitation of systems/professionals, in addition to children/family/friends. And, they described a significant lack of awareness by a range of professionals who could not identify when perpetrators were using them in their own interests. Family court personnel were identified as almost always lacking DVA training. Judges, in particular, were noted as being mostly unaware of how abusive men manipulate them in court, being adept at strategies of coercive control with court workers.

Table 5. Professionals' hindering and helping responses to mothers-apart

	Unhelpful/punitive/harmful	Helpful/supportive/therapeutic
Predisposing	Lack of knowledge/understanding of DVA/MA/coercive control	Good knowledge of DVA & issues relating to mother/child
	Denial of population/ ignoring support needs – ‘undeserving’	Recognition of lack of support and needs-led approach
	Lack of knowledge/awareness of perpetrator tactics to manipulate/exploit professionals	Avoidance of professional collusion with perpetrator and question abuser’s narrative
	Resistance to asking questions about DVA or talking about mother-child separation	Commitment to addressing challenging issues and transparency of process
	Knowledge of DVA being marginalised	Acknowledging/addressing DVA issues in mental health
	Negative/’othering’ attitudes, beliefs, perceptions	Positive attitudes, beliefs, perceptions relating towards mothers
	Deficit model of mothering through DVA - ‘failing to protect’	Strengths-based perception of mothers - resilience/resources
	Attachment to belief that mothers choose perpetrators over children	Nuanced understanding of why ‘she stays/doesn’t leave’
	Expectations that mothers should be able to parent without support	Parenting recognised as difficult job for which support is normal
	Mother-child separation normalised	Mother-child separation viewed as last resort in exceptional circumstances
	Perception of babies/children as entities separate from their mothers	Perception of mothers and children as inextricably linked from pregnancy
	Mother/victim-blaming	Mother/victim empathy
	Anticipated lack of service user engagement and poor safety outcomes for children	Expectations that improved responses to mothers-apart will benefit both mother and child
	Positively inclined towards child removal - defensive practice	Mother-child support and education as early intervention
	Domestic idealism results in unrealistic expectations	Non-classist/racist realistic expectation of mothers
	Familial ideology promotes contact with violent fathers	DVA awareness of risks to child in post-separation contact

Enabling	Societal/cultural 'bad mother' ideology/stereotypes	Valuing mother-child relationship/mothers' expertise
	Attachment theory used to intervene/blame mothers	Attachment/bond between mother & child prized
	Medical model used to pathologise natural responses to trauma/victimisation	Trauma-based model/social approach to DVA/ mother-child separation
	Diagnoses used to remove children from mothers	Diagnoses only acceptable in order to facilitate help/support
	Focussing on assessment on mothers – fathers invisible	Assessment to establish primary abuser
	Lack of support/protection for workers assessing perpetrators	Strategise for safety rather than ignore perpetrator
	Evidence of mothers' childhood abuse/neglect used as indicator of parenting incapacity justifying child removal	Mothers' childhood abuse/neglect as indicator of vulnerability justifying support
	Risks to mother and child not considered when reporting DVA	Creative strategies to avoid reporting DVA when unsafe
	Disinterest in using resources to provide support service	Ability/willingness to run support group for mothers-apart
	Unskilful practitioner-mother relationships	Skilled in building trust and modelling positive relationships
	Unskilful responses to emotional dysregulation and challenging client issues	Skilled responses to grief/loss/trauma/anger/guilt/shame/low self-esteem
	Constraints to assist mothers-apart e.g., job role/limitations	Ability/willingness to signpost/ procure legal aid/assist with housing/ inform of rights, etc.
	Ignorance of power dynamics/abuse of power	Awareness of power dynamics and commitment to address
	Rigid thinking/ assumptive approach/ lack of awareness of self/ personal issues	Reflective thinking, reflexive practice, multi-perspectival approach
	No debriefing/networking – professionally isolated/stressed	Debriefing/networking/multi-agency working
	Ineffectual/unsuitable supervision (management only)	Good supervision (reflective) in addition to line management

Reinforcing	Backlash/non-acceptance/reprimand for subordinates	Woman-centred/feminist practice accepted/espoused
	Blocking/not approving research to support vulnerable mothers by social work trainees	Approval/funding of research to improve service provision/ policy-making
	Media influence: anti-feminist/ motherhood rhetoric by fathers' rights groups	Critical thinking/maternal/feminist standpoint/awareness
	Rewards/incentives re adoption targets/shared-parenting policies	Understand/challenge right-wing nuclear family politics
	'Birthmother' label/criteria excludes many mothers-apart from support	Recognise support needs of collective of mothers-apart
	Financial savings of not providing support rewarded	Recognise false economy of not providing support
	Lack of personal experience of benefits of supporting mothers to remain/reunite with children	Personal experience of support/advocacy/mentoring resulting in reunions, stronger recoveries, safer/happier mothers/children

Interviewees most often referred to social workers as lacking awareness of DVA as they relate to mothers. Participants with a good awareness of these problems were especially noted in those who demonstrated feminist understanding of mothering in a context of DVA. For example, a clinical psychologist stated:

“The legal system is a very patriarchal system and, although there have obviously been advances with their attention to gender issues, it seems to me that it’s still the case that the perpetrator of domestic violence - in relation to the women that I’ve seen recently - goes away scot-free without any recourse in law - with total impunity really. And the women who’s done her level best, often - it feels like she’s been punished by having her child taken off her - when actually all she’s tried to do in most cases was try to protect herself and her child.” P1:2, 9-17

Multiple participants discussed how the impact of DVA experienced by mothers, coping through substance use, can lead to child protection concerns, which may be used against mothers in care proceedings where there was, often, major lack of DV awareness. Some spoke about the irony of children being placed in the care of perpetrators following mothers’ drug dependence as a result of abusive men’s substance control, isolate and control. Most practitioners emphasised the need to stop blaming women/mothers and to hold perpetrators accountable instead, and to support relationships. Professionals described multiple ways that women could be supported through helping relationships, mentoring, advocacy, etc. and by listening, believing, validating, and offering empathy and non-judgement.

Most practitioners attributed the lack of support for mothers-apart to: professional blindness, noting a lack of acknowledgment of this population; mother-blaming from ignorance; and a lack of funding. Prejudicial attitudes towards mothers-also noted by practitioners who described others’ blaming, stereotyping, judging as illustrated by the following comments.

“Well, awareness and understanding from the statutory services? I don’t think there’s awareness of this group at all.” P24:4, 11-12

“Sometimes there’s a lot of blame, in that, ‘well if they’ve lost their kids then they have done something wrong’, so they’re not a priority because they’re to blame.” P

“There is stigma and stereotyping of women who are not with their children for whatever reason – so this is about a mother being unfit or unnatural in some way or abandoning or negligent.” P11:2, 27-30

“People really find it quite unpalatable and make judgements about it.” P11:2, 41

“You just don’t see people feeling for them. It’s like they’re all Baby P mums, you know?” P21:18, 27-28

Interviewees talked of how abuse affects mothers’ parenting capacities but that there was also potential for change with the right kind of help and support. They described a systemic failure to support women to both maintain and regain primary care of their children, as in this example:

“Well, it almost seems like, there is not really a role to support women to get their children back. I think that there’s a lot they have to do to prove themselves but there’s not a lot of support for them to do that. So I guess that that is more of an endemic problem.” P3:1, 39

Some participants viewed mothers made vulnerable by abuse as too damaged to respond to support, or therapeutic intervention, which was perceived to be impracticable due to cost implications. Other participants described preventive early intervention measures that focussed on protecting and supporting the mother, and the mother-child relationship, before the situation reached crisis point. Several social care practitioners described unhelpful attitudes towards mothers-apart that they had observed in their colleagues, for example:

“Some [social workers] are absolutely brilliant with them [mothers], and they’re so good that I haven’t really got a role. But others just aren’t. They just hate them, actually. They just won’t answer their phones and they won’t help them.” P31:8, 2-5

In the main, predisposing factors - which include knowledge, attitudes, beliefs, values, and perceptions - were found to lead to divergent responses, being either unhelpful/punitive/harmful or helpful/supportive/therapeutic. The different responses seemed to be polarised between two groups of professionals: (i) those who were women-centred, advocated to keep mother and baby together if possible, and saw

mother-child separation as a last resort; and (ii) those who were child-centred, who perceived mothers with a history of violence and abuse as not fit to parent, advocated for child removal, and saw little point in funding support for abused mothers due to their perception of an inability to change (e.g., being irrevocably damaged). The approaches of these two groups of practitioners were mostly very distinctive and were described by participants when reporting their experiences of other professionals, and/or were demonstrated by interviewees themselves. The participants seemed to be predominantly women-centred, as would be expected of practitioners interested in a research project about supporting mothers-apart.

No practitioners named ‘maternal alienation’, although several interviewees understood the processes of this concept and talked about MA in terms of DVA and coercive control, and ‘alienation’ or ‘alienating behaviour’. Three participants talked of Parental Alienation Syndrome/parental alienation (PAS/PA): one was a clinical psychologist and expert in PAS and two were DVA programme facilitators who provided a joint interview and explained how the concept of PAS is commonly used by abusive men in the family courts to gain child contact, especially wealthy men who hire psychologists for the purpose of putting forward a case of PAS. Professionals who were more predisposed towards supporting mothers-apart, i.e., those with a pro-mother/mother-and-child stance, appeared to have greater knowledge about coercive control, MA and DVA than those with a preference for removing children as a preventive intervention.

Enabling factors

An overwhelming majority of practitioners who valued keeping mothers and children together were easily able to describe an ideal service for mothers-apart that was commonly described as a ‘one-stop-shop’. Participants consistently described the need for

specialised services to be holistic, strengths-based, needs-led and mother-centred. The professionals who were more child-centred did not describe services like this and, instead, suggested interventions such as support groups, home visits and parenting classes. However, these ideas seemed to be talked about in a blaming/problem-focussed way, such as reporting how mothers-apart often did not engage with services and how a DVA perpetrator intervened and spoiled a support group so that it had to be disbanded shortly after.

In addition to a specialist support for mothers-apart within a women-centred style of service, a number of specialist roles to support mothers-apart were suggested that could be embedded within social services or could exist independently. These included specialist social workers for mothers, specialist maternity advocacy workers, mothers' mentors and guardians. Most participants envisioned a service with multiple elements such as this example from a mothers' mental health service co-ordinator:

"It would be able to support women who are at risk of losing their children as well as those already separated. So, for example, for many situations it would provide advocacy and advice, ideally legal advice, and knowledge of rights. But it would also have a psychological element to help them around issues such as mental-health, self-esteem, or any of the things that are barriers such as parenting advice and anything like that. It would also have an after-care service for women who have lost their children. So it would have, ideally, long-term therapeutic input, counselling and therapy, with input from the psychologist for trauma therapy, you know, to help deal with the issues that led to that loss in the first place – whether that be being in a violent relationship and their self-esteem, and their image, and self-worth around getting into those relationships, or whether it would be around other issues such as alcohol or drugs, or inability to parent due to lack of parenting themselves. But I feel that some kind of intense therapeutic intervention - both after and before would be ideal."

P10:12-13, 44-13

The majority of interviewees recognised a need for such support for mothers-apart. Also, they commonly echoed the need for intense psychotherapeutic intervention. The above participant (P10) also went on to describe the usefulness of a drop-in element to the service described, which could offer anonymity and confidential advice and guidance for mothers who perceive the risk of being reported to the social services too great a barrier to seeking and accessing help. A number of

flawed systems were described and participants perceived a lack of appropriate support as arising from ignorance of DVA dynamics and mother-blaming attitudes, which impacted on resources and were barriers to support, particularly concrete services and funding for them.

Most interviewees cited mother-blaming as the reason for the scarcity of resources to support mothers-apart. The problem of mother-blaming was seen to be influenced by societal and cultural factors that create myths arising from moralistic, Manichean notions of good and bad mothers, and an inability to view mothering through DVA as a complex endeavour requiring supportive interventions through multi-agency work. Several participants talked about the influence of the media on the public perception of mothers where fathers were portrayed as victims of women and mothers who prevent them from seeing their children. They compared the abundance of information about fathers' rights with articles about mothers-apart, who are, largely, unheard of. Practitioners talked of mothers-apart being a 'hidden shame' and an 'unpopular population', and how they were likely to embody similar mother-blaming beliefs about themselves as professionals held about them.

Participants talked about how abusive men were able to exploit mother-blaming and capitalise on stereotypes about 'unfit mothers' in their strategies to break down a woman's confidence and self-esteem in order to exert power and control, which often involved criticising her parenting abilities and targeting her mothering role. DVA practitioners, in particular, recognised that attacks on women's identities as mothers can be compounded and internalised, which can then become part of victims'/survivors' narratives when talking to professionals. This was described as contrasting with perpetrators' narratives, intended to simultaneously focus a spotlight on the deficiencies of mothers whilst elevating abusive men's own capabilities as

‘caring fathers’. Interviewees described how this results in skewed presentations to professionals of passive, cowed and self-deprecatory victim/survivors and confident, articulate and persuasive perpetrators.

Stereotypical presentations of victims/perpetrators were considered to be highly influential in professionals’ decisions when victims/survivors might be perceived as abusers and vice versa. An example of this is the common practice of labelling of DVA victims as ‘emotionally abusive’ towards their children when they are seen as ‘failing to protect’ them from the perpetrator’s abuse. A general practitioner (GP) and Chair of a Care Commissioning Group (CCG) described his perception of such situations where victims are blamed for the actions of their abusers:

“Clearly the abusers are very manipulative aren’t they? And obviously a lot of women are subject to quite severe domestic abuse and the role of the manipulator enables them to think it’s their problem and their fault. And I suppose then, if they don’t then see their children it’s all kind of part of that paradigm of feeling a bad mother and guilt. It is like a Thomas Hardy novel in that sense isn’t it? If all along they were the innocent part of the equation, and all the negative effects of the manipulators behaviour is experienced by them.” P27:3, 1-8

When asked for his opinion on the lack of specialised support for mothers-apart this participant answered:

“I suppose it’s a bit like the cleaner who dusts up and puts the dust under the rug, and the room looks tidy. That’s how I imagine it is, you know, ‘the Emperor’s got no clothes’. But, obviously, there is a lot of focus on child safeguarding, and that is absolutely right. And I suppose that statutory services can feel quite exhausted, you know. There has been a lot of scrutiny for instance, for children’s services in X, and that scrutiny might paradoxically distort what can be a very complex situation - and as part of that distortion can possibly mask say an abusive situation and make it into a safeguarding situation, solely focusing on the child.” P27:3, 10-20

Other professionals described such ‘distortions’ as ‘defensive practice’ where social workers err too far on the side of caution and remove children to protect themselves rather than risk litigation and job loss as a result of an error of judgement – an attitude that was seen to be fuelled by high-profile cases in the media such as that

of Daniel Pelka (BBC 2013). A supported housing manager describes this situation when considering the lack of specialised support for mothers-apart:

“I think that a lot of it is down to money and resources as much as anything else. I think we’re all focused now on keeping a child safe and whatever it takes to do that – we are all frightened of being prosecuted – everybody’s frightened, you know? They’re covering their backs all the time no matter what their professional roles - especially where the welfare of children is concerned, people are just constantly covering their own backs, so there’s not room to think about that at the moment. So it’s a bit like you know, you’re fire-fighting all the time. We don’t have the time, we don’t have the money, and we don’t have the capacity to do it because that’s just too massive to take on.” P5:6, 16-32

There was a consensus among participants that the current climate of austerity has affected the provision of services - especially for the most vulnerable in society - and mothers-apart were generally viewed as being in this sector. Interviewees described how the vulnerability of this group of women appears to be compounded by a sense that they are the lowest priority for support because there is no dedicated support for them - paradoxically because they do not have their children with them and any previous support they had depended on them having a child with them or being pregnant. A foster carer described how one “extremely vulnerable young mother” in placement for assessment decided to leave when she realised that her baby would fare better in care but that when she left there was no requirement of support for her:

“She was homeless...and absolutely on her own – and I think that is wrong. I do think that there’s nobody to help them. And that is very apparent when they’re in placement that they’re only getting the support because of the child involved. As soon as they leave the placement or they decide to leave then they - as an individual - are not supported... So our experience is that if they are attached to the child - and there is some element of them still caring for the child - then there is support but as soon as there is not - then all their problems are nobody’s problems.” P2:5, 24-43

A particularly poignant concern was that of vulnerable girls becoming pregnant in the care system whose entitlement to support (as children) appeared to vanish at the point of pregnancy when they were then viewed as adults even though they were under eighteen years of age. One practitioner attributed this issue to a tendency in the

UK to separate children's services from adult services, which results in two problems:

(i) a failure to see that the safety, health and wellbeing of the mother and child are intrinsically linked and that dealing with them separately is ineffective and inappropriate; and (ii) that the transition for young people from children's services to adult services is poorly facilitated. Described as 'children having children', participants viewed this issue as especially problematic for young mothers in DVA relationships, when perpetrators exploit both a young person's vulnerability and the system that funds removal of children from mothers experiencing DVA whilst failing to support vulnerable women to remain with their children. Here, a service co-ordinator of a mother's mental health service described various circumstances where mother-child separations occur and, more specifically, a situation in which a very vulnerable young mother lost care of her child to her abuser:

"We come into contact with mums who are experiencing domestic violence, or mums who have left their partner who are having conflict with their partner over custody of the children, or mums who have recently had a baby and are being emotionally blackmailed or abused by their partner who is saying that if they leave they will take the child off them - or they will get custody of the child, or they will come and steal the child... Some of the mums we work with have lost a child - either, they've had a child removed by social services in the past, some of the mums we work with have lost... have had a partner take their child off them or partner has won custody. Most of the mums are still with the child but are having difficulty - or are at risk of losing them and having contact... One mum had... her partner - his parents had got custody of the child despite the fact that the partner had been horrifically abusive and she had been in hospital four times and she was at a complete loss. She had no contact with her child but she had been very young at the time... 16 - and he had been much older." P10:6, 25-32

Several practitioners described the problem of abusive men using the family courts and child contact as a platform for the continuation of abuse and control, and they saw a rising trend for perpetrators to be awarded primary care of children. This was perceived by interviewees to be inherently wrong and indicative of a flawed system that fails to: safeguard mother-child relationships, effectively safeguard

children from abusive men when they are fathers, and protect and support mothers who are survivors of DVA.

Two specialist DVA workers (in a joint interview) described the problem of expert witnesses providing reports for wealthy perpetrators/fathers who use family courts to abuse their children's mothers. The participants described how abusive men exploit legal loopholes by paying 'expert witnesses' large sums of money to bolster false allegations against their victims and thereby manipulate organisations to endorse a mother-child separation that has been deliberately engineered. A DVA service co-ordinator described how a perpetrator hired a Clinical Psychologist who successfully used the concept of PAS to increase contact:

"The expert witness came to a court case involving a perpetrator up the road... You know, big house - loads of money. He hired him to come to court and we don't know how it happened - it was just unbelievable. He actually managed to get every night after-school - from 3:30 to 6:30, and weekends. And no one could understand it and everyone was going, 'how could it happen? Has he paid the judge? Has he bribed somebody?' Because this perpetrator had *a lot* of money. Anyway, it was because of what this parental alienation expert said in court and all that about blaming mum."
P19:26-27, 39-9

Participant interviews suggested that mothers-apart experiencing this form of abuse are unlikely to be able to access specialised help because the problem is, largely, invisible to support services and hardly recognised outside of specialist DVA work. So, an absence of preventive intervention appears to be due to a systemic lack of acknowledgment of abusers' strategies to target the mother-child relationship, which foreshadows problems with contact, temporary estrangement or permanent separation. In addition, there is only a statutory requirement to address the support needs of mothers-apart who are categorised as birthmothers. This means that mothers who become separated from their children through state intervention are entitled to support whereas mothers-apart whose abusers wrest their children from them are not entitled to statutory provision of support. This finding is of interest because an abusive man

can initiate either type of separation depending on whether he has an interest in supplanting the mother as primary carer or not (see Appendix 6).

Most practitioners were not aware of any specialised services for mothers-apart but exceptions to this included the charities, MATCH Mothers, and WomenCentre (2013) in Huddersfield (which offers a support group for mothers-apart) (discussed in Chapter 3). Some interviewees identified services that exist exclusively for ‘birth mothers’ - whose children have been taken into care. St. Francis’ Children’s Society (2016) in Milton Keynes is one such example given by two participants, which offers local support in addition to holding events open to birth parents across the UK. The Independent Birth Relative Service (IBRS) in Dorset is another example of services that offer support to birth mothers (and fathers). However, participants described significant limitations in service provision due to lack of funding/resources. No participants were aware of specialised services for women threatened with, or affected by, coercive controllers’ strategies to intentionally separated women from their children. Only practitioners with feminist understandings of DVA, such as those working in specialised DVA services made reference to this problem.

Most participants viewed fear responses to social services as the greatest help-seeking barrier for mothers living with DVA who feared the loss of their children as response to either reporting abuse or seeking support. Practitioners described how both fear of social services and fear of the perpetrator not only results in a lack of engagement with services but also prevents women from answering questions by professionals honestly when they are frightened of ‘opening up’ to professionals. Some participants described how an initial harsh or forceful approach by some workers is liable to alienate mothers and ‘drive DVA underground’ when mothers either refuse to risk social services’ involvement a second time or ‘go into denial’

about their situation - even to themselves when they lose all hope of effective intervention and support and effectively 'give up' on escaping their abuser.

Participants also described social workers being frightened of perpetrators and there were several reports of how they were intimidated or abused by them when making home visits. Double visits were described by a variety of professionals - not exclusive to social work - when aggressive men threatened and intimidated workers, including the use of large dogs to frighten workers and prevent visits in the home. Practitioners described how sometimes they may not be able to enter a home without police assistance but reported that this service was understaffed and inadequate. A mentor co-ordinator for homeless and vulnerable adults described how a Children and Family Court Advisory Services (CAFCASS) officer she knew had confided in her that she had conceded to the contact demands of a perpetrator/father out of fear:

"She said something like, 'I have to admit I've done it. I was so frightened this man would kill me – he was so dangerous, manipulative and frightening – that I just agreed to joint residency'". P21:8, 5-7

Similarities were observed between participants' descriptions of how perpetrators manipulate and control professionals to do their bidding in family courts and in contacts matters, and abusers' strategies with their victims. Whether it is by being charming, articulate and well-presented as strategies to influence judges as described earlier or whether it is by being abusive, intimidating or threatening as described above, perpetrators seem to control professionals using tactics that are indistinguishable from those employed to control their victims. This DVA coordinator noted how important it was for practitioners to be aware of how perpetrators manipulate professionals:

"Perpetrators are really masters of manipulation – and they play you – so you've got to be so good at this and so clued up - and so tough". P19:21, 10-12

Several interviewees reflected on the challenging nature of working with DVA perpetrators and how the requisite skills to avoid colluding with them were often acquired over time with experience.

When working with survivors of DVA, participants recognised the importance of a number of skills that professionals need including: an ability to build trusting relationships; being direct and honest with women; listening, believing and communicating an understanding; being caring and empathic; and asking the right questions. Some practitioners recognised a need for specially created roles that would enable workers to mentor and advocate for mothers-apart, and talked of defending this vulnerable group of women in terms of ‘fighting their corner’. A domestic abuse safeguarding police officer described the high level of mentoring and advocacy that male perpetrators are offered as part of a package, which she believed should be offered to female victims/survivors:

“I think there’s been a lot of research around perpetrator work and we’ve got a lot of perpetrator programmes here in X. We’re very lucky in that we’re one of the very few areas nationally that’s got mentoring services and all that sort of stuff but victims need this - mentoring on a one-to-one basis. So, our perpetrators are getting a better service, I would suggest - by having a mentoring service that is willing to hold their hand, to look at their employment issues, their education, their housing issues, taking them to drugs counselling, alcohol services. Our victims need that and it needs to be one-to-one. And that has not been recognised, I know. I do think that women are set up to fail by the process because nobody understands that a victim still needs that handholding. They might be an adult and they might be a parent but that doesn’t mean that they’re not in crisis. And the fear of doing something is another hurdle - another challenge - when you’re low and when you’ve experienced bad things. One thing then is that doing the perpetrator programme is the right thing but it’s not reflected in the services that we offer our victims.” P14:4, 6-27

There was a clear consensus among the more women-centred practitioners for the provision of support for mothers-apart, be it through specialist workers or specialised services. The child-focussed professionals seemed to be more sceptical of directing funds towards supporting mothers when services for children were already underfunded. In the main, though, mothers-apart were viewed as an extremely vulnerable, frequently isolated, and often very young group of women, who were underserved by community services.

This was despite them being perceived by participants as having complex needs that included a high level of emotional support for the loss of their children, in addition to causational problems. Women-centred practitioners described support for mothers as directly benefitting a range of children, e.g., other children that women had in their care, or future children for mothers who no longer had parental responsibility for a child when children were removed from their care.

To summarise, the enabling factors that were identified as barriers or vehicles to supporting mothers-apart revealed complex situations. Societal and cultural influences - that seemed to stem from myths and stereotypes of bad mothers - combined with a dearth of community resources in a time of austerity, and flawed systems where defensive practice is generated through media hyperbole - to produce multiple barriers to the provision of support for mothers-apart. Enabling factors on an interpersonal level included: knowledge and implementation of a range of skills necessary for professionals to support victims/survivors; advocacy, guidance and mentoring roles to support mothers-apart; and the provision of women's centres that offer multiple programmes and services for women. Importantly, it was suggested that a confidential, anonymous service where women could gain information to help them leave an abuser without fear of being reported, should be a requirement of any service for mothers who are DVA victims/survivors, when the involvement of statutory services during the process of leaving an abuser is likely to heighten danger for mother and child.

Reinforcing factors

Reinforcing factors refer to the rewards and feedback that might be received by individuals' adoption of new behavioural changes: both those that encourage or discourage initiation and continuation of the behaviour. With regards to interpersonal

factors, these were, largely, hypothesised in the absence of actual supportive behaviour towards mothers-apart.

It was relatively easy for interviewees to theorise an ideal service for mothers-apart, with model supportive responses from professionals, as described above. Participants were also clear about the negative impact on mothers-apart of more unhelpful responses to them – being judgemental, harsh and blaming. Some participants also talked of their experiences of working with this latter type of worker, which gave some insight into the reinforcing factors of the professional working environment and organisation norms. This senior practitioner in social care describes one social worker's approach:

“I used to supervise somebody years ago and she'd got a very hard approach to it and, yes, she was very efficient – all of her reports were fantastic. But she hadn't got a scrap of empathy. And I think that that was about something what had happened to her in relation to not being able to have children. It was very hard supervising her because she thought she knew it all – and she did know it all – but she didn't know how to put the feeling over – and they did all hate her – the mothers - obviously.” P26:14, 3-10

This senior practitioner had described her own very caring and empathic response in contrast and how difficult it had been for another new social worker to then be supervised by the worker described above. There seemed to be a clear difference in approaches between workers operating in the same team/office that appeared to reflect the divergence of woman-centred and child-centred practice, where the former were likely to be empathic and caring towards mothers and the latter were reported to be less empathic and caring, and more judgemental and blaming. Contemplation of reinforcing factors, however, highlights how professionals who take a 'tough' approach influence their co-workers, which suggests that certain environments would encourage or discourage either a punitive or supportive attitude towards mothers-apart.

As described above, the majority of participants outlined ideas for the provision of specialised support and the creation of specialist workers in an ideal situation of support for mothers-apart. Some also suggested that such changes would not only encourage improved responses to mothers-apart by individuals within organisations but that a consequence of changes on inter-/intra-personal levels would result in improved systems, i.e., organisational/cultural change. Similarly, some professionals presented this argument in reverse by proposing that a cultural shift in the provision of support for mothers who are survivors of DVA was necessary to improve individual workers' responses. Such changes would likely mean different things to different individuals but some participants in children's services talked about how this might mean an increase in safety, health and wellbeing for children, whilst for women's services, benefits for both mother and child, and the mother-child relationship were imagined.

A good proportion of participants talked of the false economy of not providing support to mothers-apart because of the consequences of unhealthy coping in isolation, e.g., decline in mental health and increase in substance abuse. Overall, interviewees' ideas for supporting mothers-apart, and improving professionals'/systems' responses to them, suggested that supportive interventions would ultimately impact positively on mothers-apart, and their children who often renew relationships with their mothers in adulthood. It was considered that positive changes would act as reward to a range of professionals in the field, and reinforce support to mothers-apart. Some participants envisaged that a reduction of barriers to help-seeking and help-provision would lead to improved accessibility to services, and greater engagement from mothers seeking help and support with safety and protection for themselves and their children.

In sum, reinforcing factors, which refer to the rewards and feedback that might be received by professionals' adoption of changes on inter-/intra-personal levels, included ideas about how such changes might negatively or positively impact on service users and service providers at the intersection of DVA, social care, health care, and family courts (public and private). The majority of participants naturally described benefits to mothers-apart because they were the focus of the interview, but benefits to children and to individual workers/practitioners working with mothers and children were also visualised. Suggested benefits that would serve to reward a range of professionals for improving supportive responses to mothers-apart, included: better engagement with services for mothers who are victims/survivors of DVA; improved understanding for mothers of the impact of DVA on children; greater motivation and ability to terminate abusive relationships; greater responsibility for self and child, and capacity for parenting; improved protection, safety, health and wellbeing for mother and child; decreased likelihood of mother-child separation; having somewhere to refer mothers-apart to for help and support, and increased likelihood for mothers (and children) of recovery from DVA and mother-child separation (in cases where this was unavoidable or appropriate).

Summary

An analysis of the data using the *precede* model embedded in the IM approach revealed multiple factors on multiple levels relating to mother-child separation, which occurs within multiple systems. This study found mother-blaming was central to predisposing, enabling and reinforcing factors, which negatively influence professionals' responses to mothers-apart that, in turn, are affected by wider environmental influences, i.e., societal/cultural/organisational.

Educational assessment

The educational assessment focussed more specifically on the training needs of professionals. The results that follow come from data produced in the second part of the interviews, which concerned the practicalities of the DVA workshop. Participants considered their own training needs and those of professionals in general. They offered their opinions about both the content and delivery style of the proposed workshop. Participant responses were collated and a summary of the main themes discussed in the interviews is presented in Table 6, in order of importance.

Table 6. Summary of themes in training needs analysis

Suggested professionals to target for training
Social services: adult safeguarding, child protection workers, senior management Court personnel: magistrates, judges, family court staff, solicitors, barristers, CAFCASS, contact staff Healthcare staff: GPs, nurses, mental health workers, CPNs, midwives, health visitors Police services, duty care officers, probation, criminal justice professionals Special services: DVA services, substance misuse services, benefits/debt agencies, learning disability Psychotherapeutic practitioners: psychiatrists, psychologists, counsellors, 'talking therapies', helpline staff Education: school staff
Goals of training
Understand how mothers and children become separated in a context of DVA Understand perpetrator tactics involving use of children in family courts Empower women to keep their children or get their children back Value motherhood /mother-child relationship and understand detriment to the child of separation Support mothers-apart after separation Understand issues of stigma and marginalisation for mothers-apart Raise awareness that 'ordinary, good mums' can become mothers-apart Address mental health issues common to this group Understand safety and protection for mothers and children together Learn about services and specialist practitioners to signpost mothers-apart to Understand who's who – the social care system processes and gain legal knowledge Educate/support mothers to make changes/ improve parenting skills/ care for their children/ future children Raise awareness of the situation Understand how professionals/systems contribute to the problem – secondary/institutional abuse Understand complexities of mothers' situations in context of DVA – and impact on mother and child Challenge defensive practice/ negative attitudes, values and beliefs – prejudices/assumptions Empathy/compassion training Strategies/techniques for engagement/empowerment Strategies for working with challenging clients to prevent burnout/compassion fatigue - especially how to work with anger Skills in asking the right questions about DVA or mother-child separation Basic counselling skills / building helping relationships Skills for working with loss and grief – how to gain closure for on-going bereavement Normalise impact of traumatic experiences for mothers-apart Understand false economy of not supporting mothers-apart Evaluate policies and procedures

Address supervision issues

Hopes and expectations

Understanding the needs of mothers-apart, how to address them, what kind of service would be appropriate
How to better respond to and support mothers-apart
Work from the reality of people's lives instead of idealised version of childhood
Network with other professionals and share resources and information
Understand and use reflective/reflexive practice
To be challenged, to think critically, to gain new perspectives
To have a safe space in which to explore practitioners' experiences/feelings about this client group
To have time to think own thoughts
Inspirational, insightful learning with real impact on practice

Preferred delivery

Multi-agency working – range of expertise
Combination of face-to-face and online learning
Listening to survivors/ mothers-apart sharing their experiences/ stories
Case studies
Role play
Interactive learning/ small group exercises
Personal connection/ 'hook', transformational, creative, philosophical
Safe, sensitive, ethical
Discussion
Question and answer session
Information/ theory underpinning practice/ evidence-based research with references
Engaging material in small chunks to prevent monotony
Resources – online, and to take away

When considering a workshop to educate professionals about the situations of mothers-apart, participants described a range of practitioners who they thought would benefit from such an intervention. As shown in Table 6, there was a consensus that social workers should be the primary targets for education because they were generally viewed as instrumental in both instigating mother-child separations or in helping keep mothers and children together. Interviewees, largely, described an ideal workshop as one that is mother-centred, i.e., sees mother protection as key to child protection, problematises mother-child separation in a context of DVA, and supports the mother-child relationship.

Participants expected there to be training/guidance on how professionals could support mothers-apart both practically and emotionally. Practitioners thought this should include ways to promote empathy and compassion, and reduce stigma and stereotyping, in

addition to knowing how to offer practical means of helping such as setting up a support group, and what type of psychotherapeutic support for mothers-apart recommended.

Overwhelmingly, practitioners wanted to learn about mothers-apart by talking to the women themselves, and through networking with other professionals with whom they hoped for interactive discussions and group activities. The majority of participants saw issues relating to DVA, coercive control, and abusers' use of the family court system as fundamental to understanding the needs of mothers-apart and how to respond effectively to this group of women.

The educational assessment identified the training needs of professionals in order to inform planning and development stages (IM Step 2-4) when considering aspects of training such as target audience, preferred delivery styles, and components.

Discussion

Findings of the training needs analysis as a whole (both ecological and educational assessments) informed all aspects of the DVA workshop. Participants in study three brought a varied and rich depth of experience and knowledge to guide this research project. Much of what they reported is similar to what we know already: a lack of professional training in DVA and consequential ignorance of the dynamics of DVA (Morrill et al. 2005); services' scrutiny of abused mothers who are judged and blamed for DVA (Morris 1999a); the invisibility of the perpetrator and a failure to hold abusive men accountable for their actions (Edleson 1998); and the use of PAS/PA by abusive men to wrest children from their mothers (Lapierre and Côte 2016).

What is different about the results of this study, however, is that these reports are specifically about mothers-apart by the professionals who work with them. Thus, these findings offer a new perspective because they align with, and strengthen, what

this group of women say. Additionally, these findings have special relevance in relation to DVA education because issues relating to mothers-apart: e.g., perpetrator tactics to undermine mothers and interfere in the mother-child relationship, mother-blaming, the risk of mother-child separation, etc., are not topics typically addressed in current DVA training courses. This thesis argues that DVA education should be inclusive of these key issues that affect the safety and wellbeing of mothers and children jointly: most notably, their relationships with each other, which are important to the recoveries of both (Katz 2015b).

Negative responses to abused mothers, particularly victim/mother-blaming by child-centred agency workers, have been well-documented in the literature (Laing and Humphreys 2013, Morris 2008, Mullender and Humphreys 1998, Radford and Hester 2006). The present study adds to our understanding of this problem by revealing the depth of feeling related to antipathy towards abused mothers. Sometimes there was a denial of their existence altogether: such was the resistance to consider their needs. Participants used strong language to describe these feelings of their co-workers: “this is about a mother being unfit or unnatural”, “if they’ve lost their kids then they must have done something wrong”, “people really find it quite unpalatable”, “you just don’t see people feeling for them”, “they’re not a priority because they’re to blame”, “I don’t think there is an awareness of this group at all”, and “it’s like they’re all Baby P mums”. The participants’ candidness in this study exposed the depth of professionals’ uncompromising attitudes towards mothers-apart and highlights the stigmatisation of this group of women. In this way, this study adds a nuanced understanding of mother-blaming as it affects practitioners’ intra-/interpersonal ways of being with clients.

Consequently, these findings allow for a greater understanding of the barriers to help and support for this population and offers an explanation for the, sometimes, inexplicable responses by professionals towards mothers-apart described by study two participants. Mother-blaming by professionals, then, is clearly an aggravating factor in the risk of mother-child separation in DVA contexts when it prevents women from accessing preventive intervention or help and support on multiple levels.

One comment made by a senior social worker about her co-workers attitudes was particularly noteworthy: “They just hate them, actually. They just won’t answer their phones and they won’t help them”. Such harshness raised questions about professionals’ underlying perceptions of abused mothers and feelings towards them. Could they really be talking about the same women that I have become so familiar with over a decade in my personal life, practice and research? It seemed incomprehensible that such loving, caring mothers who had been deprived of their mothering roles by abusive men could be thought of so callously. I had to work hard at separating out my different roles in this research project and work reflexively to recognise my biases and retain a certain level of impartiality in analysing the findings.

I discussed the findings with the planning group, and we worked together to understand them. The group as a whole thought that professionals most likely did not see the difference between ‘birth mothers’ - who were sometimes viewed as ‘bad’ and ‘abusive’, and ‘protective mothers’ - whose abusive former partners had duped professionals into *believing* were bad. This discussion reflected comments made in study one by participants on the MATCH Mothers forum, which contributed to the nominal group process: “They assume that we’re the type of parents that have their children taken off us for not being able to care for our children – they lump us in with mothers who are not actually good-enough parents”. So, participants in study one

talked about being viewed by workers as ‘bad mothers’ when they believed themselves to be ‘good mothers’, and participants in study two also described the process of becoming viewed as ‘bad mothers’ when help-seeking made matters worse. A study one participant said, “Professionals need to understand that mothers are having their children taken away from them even though they are good mothers whose relationship with their child is being destroyed by an abusive ex-partner”.

This seemed to be a crucial issue for professionals to understand but I was aware of the inherent mother-blaming in categorising mothers as good or bad. When I pointed this out to the planning group, it proved to be a complex and delicate issue that provoked strong reaction. It was really important to the women to be understood as good mothers but they could also see how distinguishing themselves from ‘bad mothers’ forced them into mother-blaming and moralising behaviour. In an effort to understand this dilemma, one of the mothers in the planning group identified herself as being different from rest of the group because although one of her children was living with her abuser, her remaining children were in care – she was the only mother to be in this position. When this mother described her experiences to the group, the distinctions between good and bad mothering became less clear and the complexity of mothering through DVA was heightened.

The group decided to avoid using good and bad categories and agreed that the intervention should take a strengths-based approach (Women’s Aid 2015). This recognised the agency of women doing the best they can to protect their children under difficult circumstances, often without support despite help-seeking efforts.

Conclusion

Usually, training needs assessments are only conducted with relevant beneficiaries of training programmes, i.e., the professionals targeted for education (e.g., Walklin 1992).

In the present study, a prior situational analysis of the at-risk population of mothers-apart necessitated further theoretical sampling (Glaser and Strauss 1967) via a professionals' training needs analysis. In this respect, the IM approach offered a holistic method of assessing the educational needs of professionals who work with mothers-apart, because the analysis also included the views of this group of women. Thus, the application of IM to the problem inspired a novel approach to planning DVA training that garnered the views of survivors in the training needs of professionals. Additionally, training needs analyses are usually descriptive rather than interpretive (e.g., Staniland 2013) but this study used in-depth interviews with practitioners to inform DVA training in order to gain a deep understanding of the part that professionals play in mother-child separation and in the lack of support for mothers-apart. Finally, use of IM enabled a plan for evaluation to be developed alongside the development of the workshop, providing coherence to both intervention and evaluation that was both theory- and evidence-based. To explain, the needs assessment identified lack of professionals' awareness of the problem and population and the need for practitioners to engage in reflective practice in order to raise awareness. However, theory of reflective practice was not only used in developing key workshop components, but also the evaluation involved practitioners' reflections on the impact of the workshop on their practice.

The findings of this study were aggregated with those of studies one and two, to identify key areas for professionals' DVA education to understand the problem of coercive controllers' strategies to target the mother-child relationship, and the lack of support for mothers-apart. The findings suggest that specialised DVA education is needed to raise awareness of:

- Abusive men's tactics that target women as mothers, undermine their mothering roles (including substance use coercion and mental health coercion), and interfere with the mother-child relationship;
- How to use the coercive control law to address this category of abuse;
- Coercive controllers' strategies to elevate themselves as 'caring dads' whilst degrading women as 'unfit mothers', which capitalise on mother-blaming structures and practices;
- Perpetrators' strategies to exploit systems and manipulate professionals, which can be fundamental to the 'success' of intentional and strategic mother-child separation;
- How the 'success' of abusive men's manipulation of practitioners in mother-child strategies sometimes depends on personal rather than professional factors, i.e., mother-blaming and/or lack of knowledge (of strategies or of how to help);
- The problem of an absence of evaluation (short and long term) of abusive men's parenting when perpetrators are awarded primary care of children and mothers are subsequently alienated;
- The problems inherent in the concept of PAS/PA that construct abused mothers as hostile and alienating, and as women who fabricate abuse to oust fathers;
- Mother-blaming on multiple levels: perpetrator tactic, professional response, societal response, victim/survivor belief;
- Critical analysis of abused mothers as good and bad mothers;
- Mother protection as child protection and the importance of nurturing the mother-child relationship in the recoveries of women and children post-abuse;
- Help-seeking barriers such as the fear of having their children taken from them (by perpetrators or social services).

Additionally, participants:

- Espoused a needs-led, strengths based, woman-centred, holistic approach to help and support for mothers-apart, much like the WomenCentre in Huddersfield that offers a ‘one-stop shop’ and specialised support groups;
- Strongly argued for the need for specialist social workers/ maternity advocacy workers, guardians, advocates and mentors to help abused mothers navigate bewildering and hostile environments associated with the arenas for mother-child separation, especially pointing out that perpetrators have access to more support than victims/survivors do;
- Stressed the need for joined up working between a range of agencies for effective responses to mothers-apart in order to share best practice, which included the need for networking due to the perceived scarcity of information on issues relating to mothers-apart;
- Emphasised the need for effective counselling and psychotherapy for mothers-apart;
- Drew attention to the need for reflective/reflexive supervision for professionals working with mothers-apart, and the need for self-care due to the potential for vicarious trauma and burnout.

This chapter posits that specialised, mother-centred DVA education to address the issues of mothering in a context of coercive control, has the potential to: predispose practitioners to support mothers-apart by increasing knowledge, challenging mother-blaming practice and reflecting on one’s own part in events/outcomes; enable increased efficacy in using coercive control legislation to address abusive men’s strategies to target the mother-child relationship; and reinforce support for mother-child relationships.

CHAPTER SEVEN

INTERVENTION DEVELOPMENT

This chapter charts the development of an educational DVA workshop for professionals using Intervention Mapping (IM) (Bartholomew et al. 2011) by detailing IM steps 2-4. It also explains the *precede* logic model (Green and Kreuter 2005), which is embedded in IM Step 1 needs assessment. The chapter draws the outcomes from the needs assessment together, and explains how determinants in the logic model were identified as most important and most changeable in the context of a workshop for professionals. The matrix of change is introduced, which focuses on the determinants that were targeted in the workshop. This chapter also explains theory-informed intervention methods and their practical applications, and the components and materials developed for the workshop. The process of pre-testing the workshop before its pilot for evaluation in the present study is also described in this chapter.

IM Step 1 Needs Assessment using *precede*

Before beginning to plan an intervention using the IM approach, the planner assesses the problem, the behavioural/environmental causes of the problem, and the determinants of those causes in IM Step 1 (Bartholomew et al. 2011). IM Step 1 needs assessment is conducted using *precede*, which is embedded in the IM approach.

Precede is the first part of the PRECEDE-PROCEED Model (Green and Kreuter 2005) (See Figure 4), and stands for ‘predisposing, reinforcing and enabling constructs in educational diagnosis and evaluation’. PRECEDE-PROCEED is a reciprocal model, starting with a desired outcome and working backwards using a combination of inductive and deductive logic. The model comprises eight phases in

all but IM employs only the first four phases, which are oriented towards assessment - encompassed in the *precede* component..

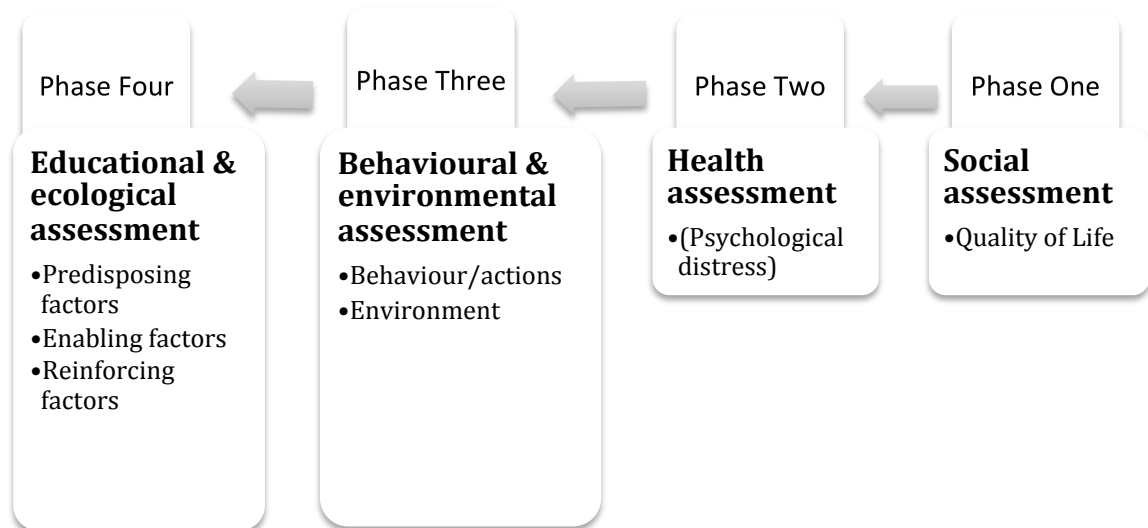


Figure 4. *Precede* component of the PRECEDE-PROCEED Model (adapted from Green and Kreuter 2005)

As described in previous chapters, the first task of IM Step 1 is to establish a participatory planning group. The second task of IM Step 1 is to conduct the needs assessment using *precede*. In this study, the at-risk population were mothers-apart and *precede* guided an analysis of their situations by assessing quality of life, health, behaviour (help-seeking), and their environments. By searching the literature, using planning group knowledge and conducting new research, data was collected that identified multiple issues relating to professionals, which amassed at an environmental level (the environment of mothers-apart) (see Figure 5). Main issues included: unawareness of problems and population; barriers to help-seeking and provision of help; and unhelpful/blaming/harmful responses by systems/professionals. These issues led to identification of the priority population for intervention as the practitioners in the environment of mothers-apart, rather than the women themselves,

and warranted specialised training. The change in target population for intervention necessitated an extended needs assessment, so, the situational analysis with mothers-apart was followed by a training needs analysis with professionals.

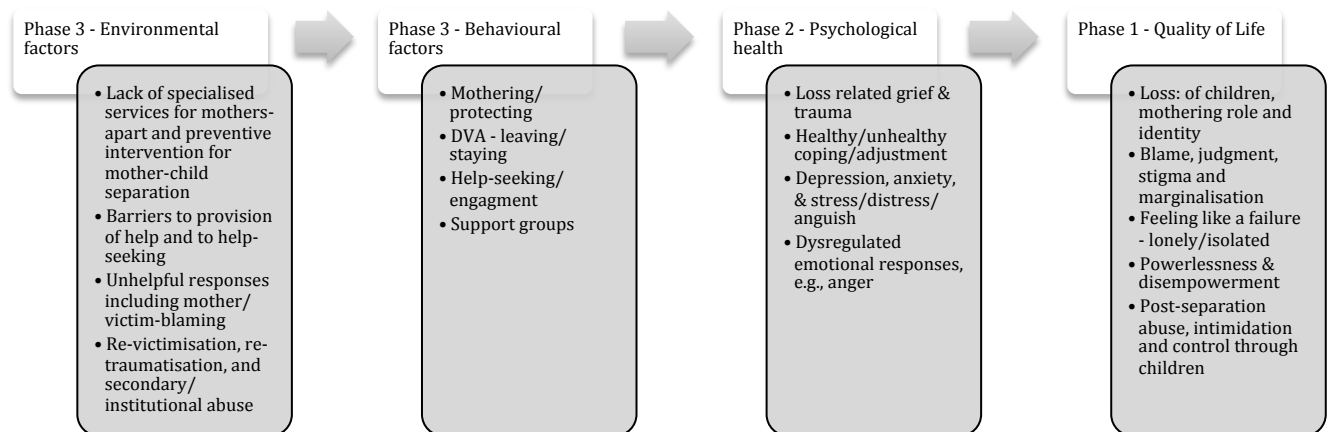


Figure 5. Health, social, behavioural & environmental factors using *precede*

Phase four of *Precede* guided the training need analysis, which comprised educational and ecological assessments. New research was undertaken (study three), which identified predisposing, enabling and reinforcing factors as determinants of professionals' responses to mothers-apart. The determinants primarily concerned a lack of knowledge and understanding of a range of issues relating to coercive controllers' strategies to target mother-child relationships, which were identified as often taking place at a systemic level when perpetrators/fathers capitalise on mother-blaming structures/practices. One important issue was the failure to recognise these strategies as coercive control and address this form of abuse using the new coercive control legislation. The assessment considered how professionals' inter-/intra-personal factors might interact with the behavioural determinants of mothers-apart, e.g., responses to help-seeking, and how the quality of responses might

contribute to health effects or quality of life outcomes. Figure 6 illustrates the logic model of the problem, showing the four assessment phases of *precede*, which identified health, quality of life and behaviour of mothers-apart, factors relating to professionals in the environments of mothers-apart, and the determinants of those factors.

Phase 4 Determinants

- Lack of knowledge/understanding of:
 - DVA as a pattern of coercive control
 - Coercive controllers' strategies targeting mother-child relationships
 - Coercive controllers' strategies exploiting systems/professionals
 - Coercive controllers' strategies capitalising on mother-blaming
 - How to use coercive control legislation to address intentional mother-child separation tactics
 - Importance of supporting mother-child relationships during and post-DVA
- Lack of awareness of mothers-apart as an underserved population
- Mother-blaming attitudes, perceptions, values, beliefs
- Influence of media/culture/society/theory on practice
- Lack of skills, self-efficacy
- Lack of pathways, policy and procedure
- Lack of professional support networks
- Social norms - mother-child separation normalised in practice
- Lack of funding

Phase 3 Behaviour & Environment

- Behaviour:
 - Mothering/protecting
 - DVA - leaving/staying
 - Help-seeking/engagement
 - Support groups
- Environment:
 - Lack of specialised services for mothers-apart and preventive intervention for mother-child separation
 - Unhelpful responses including mother/victim-blaming
 - Institutional/individual practices that devalue mothers/mother-child relationship or create unreasonable expectations
 - Barriers to provision of help and to help-seeking
 - Re-victimisation, re-traumatisation, and secondary/institutional abuse

Phase 2 Health - psychological

- Loss related grief & trauma
- Healthy/unhealthy coping/adjustment
- Depression, anxiety, & stress/distress/anguish
- Dysregulated emotional responses, e.g., anger, sorrow

Phase 1 Social - quality of life

- Loss: of children, mothering role and identity
- Blame, judgment, stigma and marginalisation
- Feeling like a failure - lonely/isolated
- Powerlessness & disempowerment
- Post-separation abuse, intimidation and control through children

Programme goals

The final task of IM Step 1 is to link the needs assessment to programme and evaluation planning by specifying desired programme goals. Bartholomew et al. (2011) explained that the ultimate goals of health planning most always relate to health or quality of life and, if such change outcomes can be accomplished in the evaluation time frame, then they should be prioritised. Because such time constraints are typical, IM authors advise that the main outcome of intervention is sometimes set at a behavioural or environmental level, and so it was in the present study. To identify relevant goals, it is suggested that IM planners begin to consider what factors needs to change in advance of rating importance and changeability of behavioural/environmental conditions in IM Step 2. What was deemed most important in this study by the mothers-apart was the need for preventive intervention at an environmental level to address the problem of abusive men engineering mother-child separations as a form of coercive control. But, this goal was beyond the scope of the present study as a longer timeframe would have been necessary in order to engage stakeholders, recruit mothers-apart, trial an intervention of some length and evaluate the impact on health and quality of life.

Second to prevention, mothers-apart in study one had identified the need for professionals to: take action in response to threats and signs of interference in the mother-child relationship, improve their responses and provide effective counselling for mothers-apart. It was decided that programme goals needed to be defined in terms of behavioural factors that related to professionals' responses, which were concurrently at an environmental level, existing within the environment of mothers-apart. A main outcome at this level was considered acceptable because of the link between the environmental/behavioural and health/social outcomes, i.e.,

professionals' responses were reported by mothers-apart to cause and exacerbate their psychological distress. The conditions that appeared to be most relevant in this area were those relating to: predisposing factors in professionals' responses, i.e., knowledge, attitude, beliefs, values and perceptions; and skills and self-efficacy regarding using coercive control legislation to address abusive men's strategies that target mother-child relationships. Although not as vitally important as an intervention that directly benefits the at-risk population, it was considered valuable to focus on professionals' responses as an awareness-raising exercise, to encourage community support for mothers-apart, and to educate a range of practitioners who work with them.

In IM, programme goals are defined as what will change in a stated population within a specific time frame. Subsequently, a decision was made to raise awareness of the problem in a one-day learning development workshop and goals were defined thusly:

- At the end of the workshop, participants will have an increased awareness of:
 - The circumstance in which mothers become separated from their children in a context of coercive control and,
 - How to improve responses to mothers-apart.

IM Step 2: Creating matrix of change objectives

Bartholomew et al. (2011) explained that the matrix of change objectives is the basic tool for IM. Change objectives state what needs to be achieved in order for performance objectives (POs) to be accomplished, which then enable behavioural/environmental changes, which, in turn, promote health and quality of life improvements (Bartholomew et al. 2011:239). Using IM core processes, planning group knowledge, and information from

new research, preparation of IM Step 2 - matrix of change objectives -was achieved through the following tasks:

- a) State expected programme outcomes,
- b) Convert environmental outcomes into performance objectives,
- c) Select important and changeable determinants of environmental outcomes,
- d) Create a matrix of change objectives.

The logic model of change

In IM Step 2, the planning shifts from a focus on the problem to changing outcomes at behavioural/environment outcome. In this study, the focus was on professionals' responses (behaviours) at an environmental level (the environment of mothers-apart). The logic model for planning in IM Step 2 is similar to the logic model of the problem except that it states pathways for change in relation to the problem rather than causation, which are achieved through the desired effects of an intervention. Figure 7 shows the logic model of change that begins with workshop goals for raised awareness of: the problem of mother-child separation in a context of coercive control, and how to improve responses to mothers-apart. Moving from right to left, the model shows that professionals need to have an increased understanding of a range of issues (performance objectives) that contribute to mother-child separations in a context of coercive control if they are to have a raised awareness of the problem.

Performance objectives (POs) were identified as statements of what the workshop participants would achieve from the workshop, i.e., an increased understanding of a range of issues. To determine the POs, planning group members asked questions such as: What will the participants on the workshop need to do to make changes stated in the outcomes? For instance, in order to achieve a raised awareness of mother-child separation in a context of coercive control, participants

would need to knowledge about coercive controllers' strategies that target the mother-child relationship. The POs provided the detail for what professionals needed to do to improve responses to mothers-apart and the success of the training workshop depended on participants' performance of these objectives at the evaluation stage, i.e., an increased understanding of a number of identified areas relating to mother-child separation and mothers-apart. POs were then examined in light of the determinants of environmental factors. Personal determinants were those factors that were found to be associated with professionals' control or influence over environmental outcomes. Determinants of environmental outcomes that need changing (i.e., unhelpful/blaming/harmful responses) were identified in the assessment phase as predisposing, enabling and reinforcing factors. Specifically, determinants of negative responses and a lack of support were related to ignorance (of the problem, the population and how to intervene/support/help), attitudes (mother-blaming/antipathy/apathy) and skills (ineffectual listening and questioning techniques, and not knowing how to use coercive control legislation to address strategies to target the mother-child relationship).

Change objectives

- Knowledge of:
 - Coercive controllers' strategies to engineer mother-child separations
 - Coercive control law
 - Impact on mothers-apart
 - Barriers to help-seeking and provision of help
 - Dynamics of DVA as pattern of coercive control
 - Mother-blaming structures and practices
 - Needs-led, strengths-based, women-centred practice
 - Reflective, reflexive practice
 - Social support
 - Self-care & professional networking

Personal Determinants

- Knowledge of the problem and population
- Attitudes, values, beliefs, perceptions of abused mothers/ mothers-apart
- Skills and self-efficacy with the problem and population

Performance objectives

- Understand:
 - Ways that mother-child separation can occur
 - Mother-child separation in DVA context
 - Needs of mothers-apart
 - Problem as gendered issue requiring gendered approach
 - How attitudes, beliefs, perceptions & values affect responses
 - Necessary skills and self-efficacy
 - Need for policy and procedure
 - Role of networks

Workshop outcomes

- Goals for intervention stated as professionals' increased awareness of:
 - the problem of maternal alienation & coercive control targeting the mother-child relationship
 - how to improve responses to mothers apart
- N.B. Workshop outcomes at an environmental level (environments of mothers-apart) target professionals' behaviours, e.g., responses to mothers-apart

When considering what conditions need to change to address a problem, Green and Kreuter (2005:176-177) recommend rating the importance and changeability of behaviours and environmental factors using findings from the assessment. Drawing on the outcomes of the needs assessment, planning group members considered which determinants in the logic model of the problem were most important and most changeable, and what was most *feasible* in a one-day workshop. When the POs were examined in light of personal determinants, the most important of these related to professionals' knowledge, their attitudes, beliefs, perceptions and values, their skills and self-efficacy. When considering what was most changeable, it was theorised that all of these areas could be impacted to a certain degree by imparting knowledge of them through an awareness-raising workshop that encouraged deep reflection on the key issues.

The planning group considered this achievable through a one-day educational workshop that imparted knowledge, challenged mother-blaming and stereotypes, encouraged empathy and taught skills in an experiential learning environment that encouraged reflective and reflexive practice. For example, mother-blaming attitudes and behaviours could be impacted by disseminating research about mother-blaming, talking to mothers-apart about how being blamed exacerbated their situations, through multi-agency discussion, e.g., DVA workers talking to social workers. There was some concern that, although all of the important areas could be addressed in the workshop, it would be difficult to evidence change. However, the idea was conceived that an increase in knowledge of each of these areas could be evidenced using pre- and post-workshop questionnaires to measure before and after levels of understanding of all the important issues.

Matrix of change objectives

Bartholomew et al. (2011) explained that the process of creating a matrix of change objectives is based on the assumption that the IM Step 1 needs assessment identifies behaviours or environmental conditions that are causes of health and quality-of-life outcomes. With this assumption in mind, it was presumed that imparting knowledge of the complex dynamics underpinning coercive controllers' strategies to engineer mother-child separations (e.g., by exploiting professionals and capitalising on mother-blaming structures/practices) would lead to an increased understanding of the situations of mothers-apart and, thereby, challenge attitudes and responses to them. For example, following an evaluation of the *Freedom Programme*, Taylor-Dunn (2016) concluded that professionals' understanding of DVA would "ultimately contribute to challenging attitudes and behaviours" (2016:45). The workshop developed in the present study mainly focussed on raising awareness of the problem and population, and imparting knowledge about mother-blaming strategies and how to address these, so that all the important areas identified for change could be achieved to a minimal degree. The workshop aimed to increase practitioners' understanding of key areas on a deep level by encouraging them to reflect on their own part in events and what they could do to improve their responses to mothers-apart.

Change objectives were achieved by breaking down POs into statements about what participants would need to do in order to achieve the different areas of understanding. POs were examined in light of the determinants of environmental modifications to generate change outcomes, and a matrix of these created. The matrix of change objectives was created in the form of a table (see Table 7). First, the POs were entered in the left column of the matrix and the personal determinants across the top of the matrix. Change objectives were then keyed into the cells formed at the intersection of the POs and their determinants.

Determinants comprised: predisposing factors concerning knowledge, attitudes, values, beliefs and perceptions; enabling factors related to skills and self-efficacy; and reinforcing factors identified as social or organisational norms. Conceptually, the matrix of change objectives represents the pathways for change to influence actions taken by environmental agents, i.e., professionals in the community with the potential to support mothers-apart.

Table 7. Matrix of Change

<u>Change Objectives:</u>	<u>Increase Knowledge</u>	<u>Challenge Attitudes, Beliefs, Values & Perceptions</u>	<u>Improve Skills & Self-Efficacy</u>	<u>Reduce Stigma and Discrimination</u>
<i>Behaviour: Raise awareness of the situations of mothers who have become, or are at risk of becoming, separated from their children</i>				
Performance Objectives:				
PO.1. <i>Understand the ways that mothers can become separated from their children</i>	K.1.a. Gain knowledge of the variety of circumstances in which mother-child separations occur	ABVP.1. Be open-minded and view subject from a different perspective		SD.1. Challenge own assumptions that mothers-apart are ‘bad mothers’
	K.1.b. Gain knowledge of the barriers - both to providing support and to help-seeking behaviour			
PO.2. <i>Understand mother-child separations in a context of violence/abuse</i>	K.2.a. Gain knowledge of the dynamics of DVA as a pattern of coercive control that can include the use of children (co-occurring woman and child abuse)	ABVP.2. Ability to reflect on own mother-blaming attitudes and where they come from		SD.2. Challenge own assumptions that mothers in DVA situations are ‘bad mothers’
	K.2.b. Knowledge of how perpetrators target the mother-child relationship especially at the point of separation and post-separation, using strategies that include manipulation/exploitation of professionals/systems, e.g., family courts			
	K.2.c. Gain knowledge about the effects of DVA on women and children and the mother-child relationship			
PO.3. <i>Understand the needs of mothers apart</i>	K.3.a. Gain knowledge of the health and quality of life issues/problems of mothers apart	ABVP.3. Ability to imagine how it feels to be a mother apart (this leads to empathy)		SD. 3. Acknowledge at-risk population as being underserved, marginalised and having unmet needs
	K.3.b. Gain knowledge of what mothers apart say they need/want: prevention, action, respect, effective therapy			

<i>how a gender-specific approach is important for DVA support for mothers</i>	ways of working with women survivors, especially those who are mothers	minded and view problem from perspective of the 'other'	information & reflect on how a gender-specific approach influences practice
<i>PO.5. Understand how attitudes, perceptions, beliefs and values affect outcomes</i>	K.4.b. Gain knowledge of how problem is different for mothers who are survivors of DVA, e.g., the contradictions between men as perpetrators and violent men as fathers		
	K.5.a. Knowledge of how negative attitudes, perceptions, beliefs and values are influenced by mother-blaming and can go on to influence professionals' responses to mothers-apart that lead to re-victimisation, re-traumatisation, and secondary abuse	ABVP.5.a. Feel safe enough to explore own attitudes, prejudices, values, perceptions	
	K.5.b. Knowledge of how positive attitudes, perceptions, beliefs, values related to mother-child protection as child-protection practices & nurturance of the mother-child relationship is vital for the safety& recoveries of woman and children post-abuse	ABVP.5.b. Ability to move beyond own defences & engage in self-reflection	
<i>PO.6. Understand how to increase self-efficacy/skills</i>	K.6.a. Gain knowledge of a needs-led, strengths-based, woman/ person-centred approach to supporting mothers-apart		SS.6.Assimilate new information, then practice with mothers-apart, then reinforce through reflective writing
	K.5.b. Knowledge of how positive attitudes, perceptions, beliefs, values related to mother-child protection as child-protection practices & nurturance of the mother-child relationship is vital for the safety& recoveries of woman and children post-abuse		
	K.6.c.Gain knowledge of reflective/reflexive practice/supervision to understand one's part in mother-child outcomes & avoid vicarious trauma and burnout		
<i>PO.7. Understand how interference in the mother-child relationship can be addressed using the coercive control law</i>	K.7.a. Gain knowledge of how strategies that target mother-child relationships, especially using the family courts are embedded in coercive control legislation, which recognises coercive control as a gender problem		
	K.7. b Gain knowledge of how to assist mothers-apart to use the law to prevent mother-child separation		
<i>PO.8. Understand benefits of support groups and professional networks</i>	K.8.a. Gain knowledge of how isolation, stigma and shame can be alleviated through social (and professional) support.	ABVP.8. Accept evidence suggesting support groups are beneficial	
	K.8.b. Gain knowledge of the specialised services/specialists who provide help, support, advice, advocacy, mentoring to mothers-apart, and know how this information empowers professionals to improve their responses		
	K.8.c. Gain knowledge of professional networking provides benefits when working with stigmatised and marginalised vulnerable groups		

IM Step 3: Theory-informed intervention methods and practical applications

In IM Step 3, the planning group identified and selected theory-informed intervention methods to influence change objectives, achieve POs, and modify personal determinants. The theoretical methods were then translated into practical strategies to apply to the workshop. IM Step 3 was achieved by completion of the following tasks:

- Generate ideas about the workshop in the planning group;
- Choose theoretical methods to influence change in determinants;
- Select practical applications for applying the methods.

Ideas for the workshop

The first task of IM Step 3 involved gaining perspectives from members of the planning group about what shape the workshop should take. This was achieved using core processes such as ‘brainstorming’ to generate ideas about methods and applications. One key idea, for the mothers-apart to talk to the workshop attendees, also emerged during the training needs analysis. A majority of practitioners in interviews conducted for study three said they would like to hear from mothers about their experiences. Planning group members were very enthusiastic about the idea and considered how it would help to challenge stereotypes, and promote awareness and understanding of their circumstances. The idea took hold early on in the planning group and all members who were mothers-apart volunteered to take part in the workshop, which resulted in a key component with a sound evidence base and theoretical basis, i.e., participants said they wanted to learn by talking to survivors, and learning from opportunities with service users are viewed as important educational requirements (Bradbury-Jones and Broadhurst 2015).

As a person-centred counsellor, used to reflective practice, I was keen to incorporate reflexivity into the workshop and stimulate self-reflection in practitioners after talking to mothers-apart. Two members of the planning group were also trainee counsellors and were also interested by this idea. We talked about how we used journaling and reflective writing, both personally and professionally, in order to reflect on our part in either the day's events, or on practice. Since, my own training, I have maintained a reflective journal that asks three questions: How do I feel? What have I learned today? And how can I put this learning to good use in the future? As a group, we were sure that asking such questions of practitioners after talking to mothers-apart on the workshop would provoke self-reflection and promote deep learning and attitudinal shifts. Additionally, I also considered how Kolb's (1984) reflective learning cycle might be used in the evaluation of the workshop. Reflective writing and reflexivity comprised another key element of the workshop that was grounded in evidence and theory (e.g., Bolton 2014).

Multi-agency working to encourage collaboration between practitioners from different fields was also an important idea for the workshop that emerged in both the planning group and in the training needs analysis. Much research has evidenced the need for collaboration between children-centred workers and workers in the field of DVA (e.g., Laing and Humphreys 2013, Morris 2010b, Peckover and Golding 2017). In the planning group we discussed trying to achieve as wide a range of expertise in the workshop as possible so that practitioners could see the problem from many perspectives. These were the main ideas for the workshop that became its core components: it was collaborative, survivor-led and reflective/reflexive.

Theoretical methods

Theoretical methods are practises or procedures that are used to influence changes in the determinants of environmental conditions. In IM Step 3, theoretical methods and applications were matched to the determinants from the matrix of change objectives. This process involved choosing methods of change from theory and the literature. In this respect, Bartholomew et al. (2011) provide a broad selection in their guiding text on IM (2011:327-358), which suggests theories for a whole host of determinants. To match a method with a change objective, the linking concept is the determinant involved. For example, take the change objective: professionals (target population) gain knowledge (the determinant) about maternal alienation (change objective), which is identified as knowledge necessary to understand mother-child separations in a context of DVA (performance objective). The method to achieve this objective was found by looking at methods for the determinant: knowledge. One method identified in the literature to increase knowledge was ‘discussion’, which is underpinned by Theories of Information Processing (Petty, Barden and Wheeler 2009). The method of discussion underpinned those components that encouraged participants to talk to mothers-apart, to discuss their learning with each other and to ask questions on the workshop that promoted debate.

In addition to theories suggested by IM authors, I drew upon theories of reflective practice (Bolton 2014, Laing and Humphreys 2013, Moon 1999, Schön 1991, Rogers 1951, Dewey 1910) and experiential learning theory (Kolb 2014). Reflection and reflexivity were one of the main ideas for the workshop, generated in the planning group, as described above. In particular, I utilised Bolton’s (2010) ‘through-the-mirror-writing’ exercise in the application of reflective writing as both a component of experiential learning and a method of evaluation.

Theoretical methods (and related theory) and applications (see Table 8) were selected to influence behavioural determinants, as methods for change to: raise awareness; increase knowledge, challenge attitudes, perceptions, beliefs and values; reduce stigma; improve skills and self-efficacy; and question social norms. The parameters of each theoretical method selected for the workshop was considered by judging whether they were suitable for using with participants in a context of training. For instance, awareness-raising efforts should always be followed by methods for increasing self-efficacy (Prochaska and DiClemente 1984). In this instance, knowledge was provided about how to increase skills and self-efficacy but participants were also able to experience embodied practice by talking to mothers-apart.

Throughout this process, the implications of each decision on the effectiveness of the training workshop – and its subsequent evaluation - were borne in mind. Because the workshop was being undertaken as part of a PhD project, consideration was given to keeping the measurements to a minimum so as not to overwhelm delegates with forms as there were already many associated with being a study participant. Also, because the workshop was a pilot, it was, largely, considered an awareness raising exercise to see how well it was received, and to get feedback for further development. Consequently, a decision was taken to use only a knowledge-based measure, albeit one that measured understanding related to all the behavioural determinants as identified in the needs assessment. Thus, this was a pragmatic decision taken after considering, not only the time constraints of a one-day training workshop but, also, the possibility of overwhelming practitioners with evaluation measures, which was to be avoided. The task of persuading professionals to attend a

workshop about mothers-apart had already been challenging without taking the risk of putting them off further.

Table 8. Methods and applications

Change outcome	Methods (related theory)	Application
Raise awareness	Consciousness-raising (Trans-Theoretical Approach) (Prochaska and DiClemente 1984)	Dissemination of research to provide information and confrontation about the causes, consequences and alternatives for the problem
Challenge attitudes, perceptions, beliefs & values AND Improve skills & self-efficacy AND Question social norms	<p>Persuasive Communication (Social Cognitive Theory) (Bandura 1986)</p> <p>+</p> <p>Modelling (Social Cognitive Theory) (Bandura 1986)</p> <p>+</p> <p>Participatory problem-solving (Models of Community Organisation) (Minkler and Wallerstein 2002)</p>	<p>Guiding participants towards the adoption of the idea of ‘mother protection as child protection’ (+ key practitioners model knowledge and experience of relevant practice)</p> <p>Teaching: reflective practice and reflexivity (to challenge one’s own assumptions, prejudices, beliefs and values); basic person-centred counselling skills (for improved listening responses); and woman-centred practice and a gender specific approach (self-efficacy)</p> <p>Mothers-apart/survivors share experiences/stories with participants to model the ‘good mother’, which challenges stereotypes/perceptions/beliefs, reduces stigma and encourages empathy</p> <p>Key practitioners model empathy in their responses to mothers-apart & challenge social norms</p> <p>Q & A session and problem-solving exercises for participants to work on in multi-disciplinary groups to encourage networking, shared perspectives (+ key practitioners model skills and self-efficacy)</p>
Increase knowledge	<p>Theories of Information Processing: Discussion (Petty, Barden and Wheeler 2009) Advance Organisers (Kools et al. 2006)</p> <p>Using Imagery (Steen 2007)</p> <p>+</p> <p>Reflective writing (Bolton 2010, 2014)</p>	<p>Opportunities provided throughout workshop for participants to discuss material with each other, ask questions and talk to mothers-apart</p> <p>Graphically organised material on hand-outs enabled participants to activate relevant schemas for new material to be associated</p> <p>Creative imagery used to convey knowledge in a creative, emotive and personal manner to ‘hook’ practitioners</p> <p>Reflective/reflexive writing exercises stimulated participants to add meaning to the information that was processed by considering limits of one’s own knowledge, beliefs, assumptions, etc.</p>

Practical applications for applying the methods

Bartholomew et al. (2011) defined practical applications as “specific techniques for practical use of theoretical methods in ways that fit intervention population and the context in which the population intervention will be conducted” (2011:310). As shown in Table 8, practical application of theoretical methods included a range of training workshop elements to raise awareness and change personal determinants. The main applications were: talking to survivors/mothers-apart, reflective practice and writing, multi-agency working and networking, experiential learning exercises, and discussion.

The final task of IM Step 3 was to ensure that there were no neglected objectives, by making sure that theoretical methods and applications had been selected for every change objective. The matrix of change objectives was invaluable in this endeavour. From this, it was possible to confirm that all change objectives had been addressed by cross-referencing each one from the matrix with each theoretical method and application.

IM Step 4: Producing workshop components and materials

The purpose of IM Step 4 was to produce creative workshop components and materials in support of learning development for professionals. The goal was that these creative products were also effective in bringing about the changes planned in previous IM steps. IM Step 4 was achieved by completing the following tasks:

- a) Consult with planning group on workshop design;
- b) Create workshop scope and sequence, delivery channels and themes, and produce workshop materials;
- c) Pre-test components and materials.

Consult with intended workshop participants on workshop design

The first task in IM Step 4 was primarily addressed during the training needs analysis by interviewing practitioners about their preferred delivery for the workshop. A broad range of professionals whose work involved direct contact with the at-risk population were consulted about: workshop aims, their hopes and expectations of such a workshop were they to attend, and their preferred delivery style. Additionally, planning group discussions provided invaluable insights from individuals who were often both mothers-apart and professionals and were, therefore, able to contribute to design from both perspectives. As described above, the main ideas for the workshop coincided with those that were generated in the planning group, i.e., talking to survivors, multi-agency working and reflection. Additionally, professionals talked about the workshop being creative and ‘not boring’, and for it to be meaningful and emotive. One interviewee talked about finding ‘a hook’ to engage workshop participants with. In this regard, the workshop attempted to incorporate a wide range of materials to stimulate interest and learning in the participants.

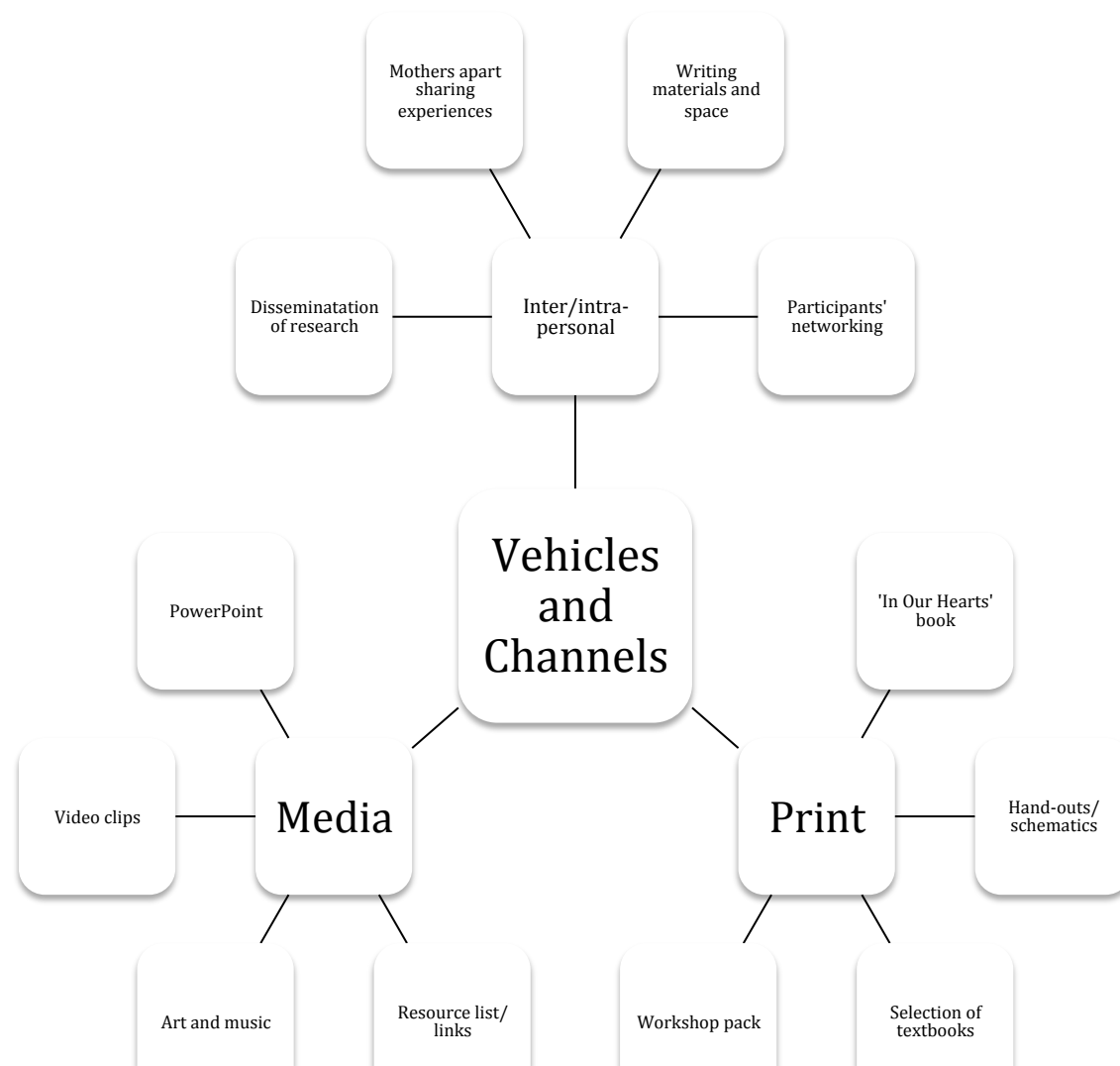
IM authors advise planners to pay attention to cultural relevance when producing programme components and materials and this advice was heeded. Efforts were made from the start to be inclusive and culturally sensitive, and Euro-centrism was avoided wherever possible. For example, a variety of ethnicities were represented in mother and child images that were used in the workshop and reference was made to mother-child separations in specific cultures. Planning was also sensitive to the needs of a variety of practitioners working from different theoretical backgrounds and opposing ideologies, as identified in study three. Research has drawn attention to the competing paradigms in DVA and child protection services (Laing and Humphreys 2013, Mullender and Humphreys 1998, Radford and Hester 2006) and tensions between women’s workers and children’s workers have been described by training

planners (e.g., Morris 2010b). In this regard, emphasis was placed on the challenges faced by these professions and critique of practice was balanced by reports of what workers do well.

Attention was paid to the emotional safety of workshop participants. The interviews provided insight into how professionals could be challenged or adversely affected by training in sensitive issues such as mothers and loss, and every effort was made to reduce the likelihood of adverse consequences. These included: forewarning of the sensitive nature of the workshop, reminders during the workshop for participants to keep themselves safe, and an opportunity for participants to talk to me post-workshop. In this regard, I facilitated the workshop and, because I am a qualified counsellor and psychotherapist, I felt competent to offer guidance to any participant adversely affected by the training.

Creating workshop scope and sequence, delivery channels and themes, and producing workshop materials

The workshop was designed as a platform for inter-/intra-personal development for professionals to learn: from research, from mothers-apart, from each other and from their own reflective learning. Thus, the workshop comprised four main learning components: from research (situational analysis, maternal alienation, training needs analysis); from mothers-apart; from networking/support networks; and from reflective/reflexive practice. Figure 8 illustrates how components were delivered via multiple vehicles and channels, and supported by effective and/or creative materials, designed to effect change.



An overarching theme of the workshop was the idea of mother support and protection as child protection, which drew inspiration from Kelly's (1996) paper: *When woman protection is the best kind of child protection*. Research was disseminated to raise awareness of maternal alienation and professionals' responses towards mothers-apart using material from my own research (Monk 2013, and the present study), and from Morris (1999, 2003a, 2003b, 2008, 2009, 2010a). A range of literature and concepts relating to key issues associated with the problem and at-risk population were drawn upon to impart knowledge, and encourage discussion and reflection. These included key information relating to mothers-apart such as: mothering in a context of DVA (Radford and Hester 2006); contradictions in approaches to women's and children's safety (Hester 2011); child custody, and opposing ideologies of father's rights groups (FRGs) and DVA advocates (Jaffe, Lemon and Poisson 2003); and coercive control (Stark 2007). And information about effective approaches to working with this group of women that included: women-centred working (Jones 2013); humanistic/therapeutic approaches (Rogers 1951); helping approaches to complex trauma (Herman 1992), disenfranchised grief (Doka 1989, 2002); and therapeutic support for survivors of DVA (Sanderson 2008, 2013).

Members of the planning group participated in the workshop to share their experiences and stories in a structured activity, and learning from survivors/mothers-apart was an important component of the workshop. This reinforced the learning from research, and was designed to precede another structured activity immediately afterwards where participants engaged in a reflective writing exercise (see Appendix 12) in order to reflect on their experience and learning. Reflexivity/reflective practice (Bolton 2010) was an important pedagogical underpinning of the workshop, which

was continued afterwards via a post-workshop written reflection (see Appendix 11) for evaluation purposes.

The workshop was underpinned by systems theory and a socio-ecological approach, which encouraged participants to think about the multiple systems in which both mothers-apart and professionals operate. The socio-ecological model (explained in Chapters 1 and 4) was the basis for a new model from a feminist perspective for practitioners' reference. This was created to illustrate how mother-child separations in contexts of violence/abuse are best understood by not focussing solely on mothers, but by examining factors external to them also (see Figure 9). In developing this model, I drew upon the tradition of looking at different factors associated with DVA at multiple levels using a nested ecological framework (Carlson 1984, Dutton 1985, Heise 1998, Edleson and Tolman 1992, Little and Kaufman Kantor 2002, and Flake 2005) that, in turn, drew upon the theory of Bronfenbrenner (1979). Belsky (1980) also used this framework in relation to child abuse and neglect.

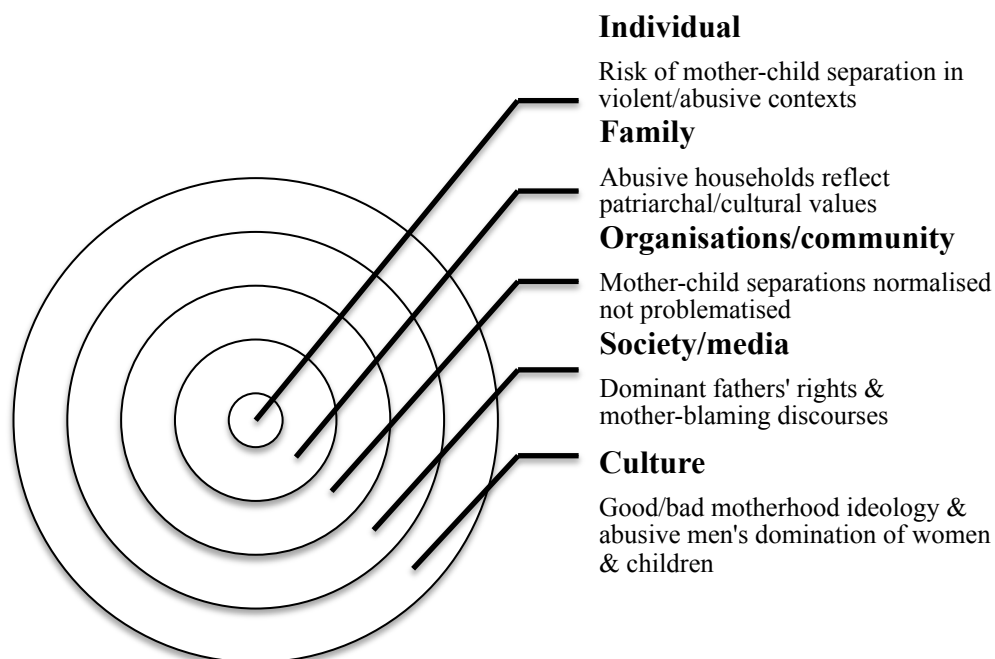


Figure 9. Feminist socio-ecological model

This feminist socio-ecological model illustrates how professionals' inter- and intra-personal factors might *influence* and *be influenced by* multiple elements on individual/organisational/societal/cultural levels.

Mother-practitioner relationships were also considered within systems, and opportunities were provided for networking, sharing information and ideas, and talking to the mothers-apart that, in addition to the structured exercise in which they shared stories and experiences, also joined the participants for lunch and for a planned questions and answers activity. Group exercises encouraged participants to interact and benefit from sharing different knowledge and perspectives held by practitioners from a variety of backgrounds. Use of coercive control legislation to address abusive men's strategies to target the mother-child relationship was discussed and participants considered how to adjust their individual organisation's policies and procedures to improve responses to this type of abuse, and to mothers-apart. A number of hand-outs were used during the group discussions to help participants understand key concepts, e.g., the 'Power and Control Wheel' focussing on 'Using Children' Post-Separation (Domestic Abuse Intervention Programs (DAIP) 2013) (see Appendix 2).

In addition to developing materials described above, copies of the book *In Our Hearts: Stories and wisdom of mothers living apart from their children* (WomenCentre 2014a) were distributed in the workshop space, and were for sale to workshop participants. This book, which is used a resource book for practitioners, was co-created between WomenCentre and mothers-apart who attend a dedicated support group within the service. It is a book of art, stories and poetry that is colourful, creative, emotive and personal. Use of the book was aimed at addressing practitioners' requests for creative, emotional elements that 'hooked' workshop attendees, as described earlier. In the UK, the WomenCentre provides the only

dedicated support for group for mothers-apart, which is embedded within a woman's service and, therefore, was presented as an exemplar model of woman-centred practice (WomenCentre 2013).

Pre-test components and materials

The workshop components were sequentially organised into a one-day workshop schedule (see page 385 in the Workshop Guide, Appendix 16). The plan was based on a logical order: explain the problem of mother-child separation, the population of mothers-apart, and their support needs; dialogue with the women, reflect on experience of learning about, and talking to mothers-apart; work collaboratively, with a range of workers from different professions to use coercive control to address the problem; consider use of networking and reflective supervision to consider one's own part in outcomes for mothers; ask questions; and discuss solutions together as one group of practitioners and mothers-apart.

A pre-test of the main workshop components and materials took place at Coventry University on 27th May 2015 with planning group members. This enabled a practice run-through of the tasks involved in the workshop before it was piloted in the community. The pre-test was a tremendously beneficial exercise, particularly in practical terms such as learning of the need for: helping mothers-apart to feel confident about talking to professionals, pre-preparations that made starting on time more likely (and, therefore, achieving the workshop within the timescale), reminders to distribute vital documents, etc. The planning group meetings' minutes provide a detailed account of these reflections and were documented on '27.05.15 Minutes' (available on request).

Planning group members recognised that it was not easy to be objective or unbiased about the workshop due to familiarity and investment in it, and it would

have helped to pre-test the workshop in the community. With hindsight, it would have been particularly beneficial to be alerted to an unseen problem that arose from having an all-female participant population in the trial workshop, which was deemed to be sexist. However, it was only possible to run through the workshop with mothers-apart, due to the practitioners in the community already being targeted for implementation. Nonetheless, the pre-test was an important exercise that contributed much to the smooth-running of the pilot test one month later, and there were many practical changes as a result that ensured its realisation. For instance, half the members of the planning group were late after having difficulties with finding the venue and with parking. As a result of the pre-test, I was able to recommend arriving early to the workshop within the joining instructions, provide detailed maps, and secure visitor car parking spaces. Subsequently, late arrivals were not an issue on the day of the pilot and there was very good feedback about getting to the venue. Aside from such everyday considerations, the pre-test was highly beneficial for the mothers-apart to role play what it would be like to talk to the professionals on the day of the workshop. Their practice enabled us all to think about the logistics of the exercise and to boost the confidence of the volunteers who felt more at ease by visiting the venue and familiarising themselves with the procedure. The pre-test provided assurance that the key messages of the training workshop would be conveyed through the learning components.

IM Step 5: Implementation

In this study, IM Step 5 involved piloting the workshop for evaluation. The workshop was trialled at Coventry University on 17th June 2015 and was attended by twenty-two practitioners. A description of the workshop has been provided in this chapter and its evaluation is explained in the next chapter. IM Step 5 processes

involving planning programme adoption, implementation, and sustainability (Bartholomew et al. 2011) were not considered in the present study due to its limitations as a PhD research project, as described in the methodology chapter. IM Step 5 processes are considered when making suggestions for further research in Chapter 9.

Conclusion

This chapter has explained the development of the professionals' workshop using the *precede* logic model during IM Step 1 needs assessment and the matrix for change, which is the main IM planning tool. The chapter drew the outcomes from the needs assessment together, and justified the decisions made about which determinants in the logic model were identified as most important and most changeable in the context of a workshop for professionals. Methods for generating ideas for the workshop using the IM approach were explained, and core components justified, including use of theories that underpin the main aspects of the workshop. This chapter has explained how use of IM enabled the development of an innovative DVA workshop for professionals that, not only drew on established methods including talking to survivors, multi-agency working, and reflective practice, but also drew upon the practice of reflexivity. This chapter has argued that reflexivity, which is a deeper form of reflective practice that enables individuals to consider their own part in events, has the potential to effect change in mother-blaming practices associated with mother-child separation via coercive control. In this regard, the application of IM to professionals' training offered a new approach to DVA education by using reflexivity to focus on practitioners' roles in coercive controller's strategies at a systemic level, and professionals' behavioural responses to the problem, and the at-risk population. The next chapter reports the findings of the workshop evaluation.

CHAPTER EIGHT

INTERVENTION EVALUATION

Introduction

This chapter concerns Intervention Mapping (IM) Step 6, and reports the findings of study four, in which the learning development workshop pilot was evaluated. The results of a two-fold evaluation plan are reported, comprising both impact on change objectives and the interactions of the (workshop) participants. This chapter reflects on how use of IM led to an innovative approach to DVA education, which used reflexivity in both pedagogy *and* evaluation of a workshop, i.e., experiential learning and reflective writing exercises prepared participants for evaluation involving written reflections. The results of study four reported in this chapter are situated within the extant literature and conclusions drawn are aided by answering a set of evaluation questions. In particular, this chapter emphasises findings that suggest how the application of IM to DVA education produced different and substantial knowledge about how to bring about change at a systemic level compared to more traditional approaches to awareness training that focus more on the victim-perpetrator dyad.

Additionally, this chapter considers how future target audiences would include participants who would be more resistant to the mother-centred approach than participants of this study. So, attention is given to how to improve practice and outcomes for women that involve change in attitude and ensuing responses/practice. Reflections on how the workshop could be improved in light of the findings are provided, including what strategies might be included in future to support areas for change, and what measures could be used in evaluation. Consideration is also given to

re-mapping the performance objectives to be more specific to what professionals need to actually *do* differently.

Results

Quantitative data

Data from pre-and post-test questionnaires showed that all participants achieved workshop outcomes. Out of a possible score of 80 (8 x items rated 0-10) participants scored their level of understanding as an average of 50 before the workshop and 70 after the workshop (see Table 9 for mean and standard deviation). Furthermore, every participant had increased post-workshop scores compared to pre-workshop scores on every item, which meant all participants achieved all objectives.

Table 9. Mean and standard deviation

	Mean	Standard Deviation
Pre-workshop level of understanding	50.62	14.52
Post-workshop level of understanding	70.43	7.44

A related t-test was conducted that showed workshop participants' understanding of key issues pertaining to mothers-apart was significantly higher after attending the workshop than it had been beforehand, $t(20) = 7.25, p < .001$. In addition, the fundamental consciousness-raising aims of the workshop were achieved whereby every workshop participant stated that they had a raised awareness of: a) the problem of mother-child separation in a context of DVA and b) how to improve responses to mothers-apart. Thus, an overall successful outcome was concluded because: all of the workshop participants achieved all the performance objectives, and gained a raised awareness of both the circumstances of mothers-apart and strategies to

improve their responses to them, and; the majority of the participants reported that participating in the workshop either influenced, or would influence, their practice.

Qualitative data

Qualitative data comprised open questions on post-workshop questionnaires (submitted on the day of the workshop) and post-workshop reflective writing exercises (submitted up to one month after the workshop). The former provided descriptive feedback about the workshop, which enabled effect questions to be answered, e.g., those relating to the least and most effective elements of the workshop.

Post-workshop reflective writing exercises afforded participants the opportunity to reflect more deeply on what influence the workshop might have on their practice, and provided rich data that were amenable to in-depth analysis and interpretation. The data were first deductively analysed using *precede*, i.e., predisposing, enabling and reinforcing factors. This analysis enabled an exploration of inter-/intra-personal factors, e.g., attitudes, which were not measured but could be usefully examined for a meaningful interpretation of the data.

Insights were gained in three ways from: what participants' reported about themselves, what participants' reported about other workshop attendees, and by how participants' revealed personal factors in their evaluative feedback/reflections. The factors are categorised as either hindering/blaming/harmful or helpful/supportive/therapeutic responses that were identified in studies one and three and indicated potential change in these important areas (see Table 10).

Because the pilot workshop was, largely, an awareness-raising project and used a knowledge-based measure of change, the key effect of the workshop can be seen in increased knowledge. However, as can be seen in Table 10, insights were also gained

into other inter-/intra-personal factors that suggest how changes in attitudes, beliefs, values, etc. were potential outcomes of the workshop.

Table 10. Indication of potential change in inter-/intra-personal factors

	Hindering/blaming/harmful Versus (v) Helpful/supportive/therapeutic	Indication of potential change
Predisposing	<p>Lack of knowledge Victims/survivors suffer secondary abuse when professionals fail to understand their situations and blame them for DVA Versus: good knowledge/understanding Mothers apart experience helpful responses from professionals who understand strategies that target the mother-child relationship</p> <p>Unhelpful beliefs Subscribing to the notion of parental alienation as mainly something that women do to men Versus: a mother-centred approach that views mother protection as a valid form child protection, e.g., positioning mothers as experts in their children's lives, taking mothers' concerns seriously, acting on threats to undermine mothers</p> <p>Negative perceptions E.g., of child not wanting to see mother as somehow valid/normal – framed as 'choice', and of mothers making false allegations of DVA, alienation and child sexual abuse Versus: perception of mothers doing their best to protect children from their abusers in a context of unhelpful systems and professional responses that blame mothers but do not hold abusive men accountable or recognise their tactics to capitalise on systems' blaming responses</p> <p>Attitudes Victim/mother-blaming, judgmental, punitive, stigmatising attitudes Versus: non-judgmental, respectful attitudes</p>	<p>Increased knowledge of all eight performance objectives relating to main issues facing mothers-apart and the problem of mother-child separation in a context of DVA</p> <p>Change in beliefs E.g., participant reported a change in her belief that social workers need to hear all sides of the story, instead recognising need to take mothers' accounts at face value when there is coercive control</p> <p>Changed perceptions Talking to mothers-apart challenged stereotypes, e.g., participant reported a change in her previous: 'tunnelled vision of what mothers apart look like'</p> <p>Shift in Attitudes Participant who previously blamed mothers for most cases instances of children being taken into care (on post-workshop questionnaire) showed more understanding attitude in post-workshop reflection in which she describe her 'previous vision of what mothers-apart look like'. This suggests the post-workshop reflection promoted a shift in attitude</p>

	<p>Values Moralistic values arising from child-centred practice that disconnects mother and child, affecting decision making Versus: views of mother and child as one unit that needs protecting in contexts of DVA and nurturing post-abuse as relationship essential to recovery of both</p>	<p>Effect on Values E.g., participant reported how learning about perpetrator strategies to manipulate professionals would lead her to question perpetrator reports and aim to keep mother and baby together</p>
Enabling	<p>Lack of skills to respond effectively Versus: empathy and interpersonal/listening skills arising from critically reflective practice and supervision, and reflexivity Able to use coercive control legislation and guide mothers-apart to use it Able to ask the right questions in DVA situations and able to act on the information</p> <p>Self-efficacy Being overwhelmed by a feeling of impotence when confronted with DVA, especially not knowing how to respond to threats of mother-child separation Versus: feeling confident in ability to work with DVA issues and support mothers seeking help and support through having necessary knowledge and skills</p>	<p>Improved Skills E.g., participant reported ‘the workshop has increased my ability to empathise’</p> <p>Increased Self-efficacy Participants reported feeling empowered by the workshop to support survivors/mothers-apart</p>
Reinforcing	<p>Negative reinforcement E.g., through external factors such as organisation culture demonstrated by cluster of participants from the same agency who discriminated against women survivors of DVA who were mothers Versus: positive reinforcement of attitudes, perceptions, beliefs and values from practitioners on the workshop who espoused a mother-centred way of working</p>	<p>Positive reinforcement Participant talked about the workshop to a client, which provoked positive response by a mother who said that hearing about the experiences of mothers-apart caused her to want to make more of an effort to maintain contact with her child</p>

Effect evaluation questions

1) Did the workshop participants achieve the performance objectives?

The pre-and post-workshop questionnaires showed that all participants who returned questionnaires (21 out of 22) achieved all performance objectives by their increased understanding of key areas. These targeted the lack of knowledge that was previously identified in the planning stage as an important area for change, which could be feasibly achieved by professionals in a one-day workshop. Usually one would target the change objectives to achieve performance objectives but I chose to raise awareness of the key important personal determinants of poor responses instead. All participants reported an increased understanding of each of the eight items on the measure/questionnaire that directly related to performance objectives. Although the performance objectives did not measure other personal determinants (i.e., attitudes, values, perceptions, beliefs, skills, self-efficacy) it measured knowledge about these areas. For example, attitudinal change was not measured but all participants indicated an increase in their understanding about how attitudes influence responses.

As illustrated in Table 10 (see above) there was evidence of potential change in other personal factors that, although not measured, were identified in participants' written reflections. For example, the following workshop attendee reported an understanding that the wishes of children sometimes need to be questioned by professionals in situations when there is DVA, especially when children have contact with a perpetrator:

“In my role as a social worker, it is important that the child's voice is heard but the complexity of power and control, manipulation and using children against the other parent has made me reconsider just taking their views at face value”. P2

Notably, this practitioner reconsidered her practice response to take children's views at 'face value', which evidences a shift in the perception that children can be relied upon to give an authentic account of family life when there is coercive control. This social worker understood the need for critically evaluative and reflective practice in a context of DVA (Laing and Humphreys 2013).

Also, the participant in the following extract reports how the workshop increased her skills:

"I feel the workshop has increased my ability to empathise and understand clients who have been separated from their children. It has taught me the importance of listening to the mum's own account and not to make assumptions based on information given to me by courts or other professionals and to be aware that this may not always be accurate." P9

It is evident then, that the reflections demonstrate how attending the workshop stimulated real shifts in participants' personal factors such as knowledge, attitude and skills.

2) Did the workshop participants gain a raised awareness of: the circumstances of mothers-apart, and how to improve their professional responses to them?

All participants who returned questionnaires reported improved knowledge of: the circumstances of mothers-apart, and how to improve their professional responses to them. In addition to yes/no responses to these issues on questionnaires, participants also indicated a more nuanced understanding of these issues through their written feedback and reflections. For instance, the following participant reflected on how her perceptions of mothers-apart were challenged by talking to the volunteers from

MATCH Mothers on the workshop:

"The workshop also made me consider the alternative ways that women can become mothers apart, as within my field we only work with women who have lost their children via the care system. Unfortunately this gave me a tunnelled vision of what mothers-apart look like and the issues that affect this client group.... I realised that although the women we spoke to were different to those that I work with, for example Middle Class, married, highly educated they experienced the exact same feelings of shame, guilt, isolation, etc. that the client group I engage feels. Meaning that it doesn't matter where you come from or the reasons that have led to a

mother becoming apart from their child, the effect that has on a woman is the same no matter what. This is what I will take forward in my practice”. P8

Notably, this comment also evidences a change in perception of the population of mothers-apart that was achieved through attending the workshop.

Importantly, the participants evidenced learning about mother-child separation via coercive control by talking to the mothers-apart at the workshop. They understood how the manipulation of professionals and exploitation of systems were integral to the strategies of perpetrators who engineer mother-child separations. The following practitioner reflects on what she learnt from talking to the mothers-apart:

“There were re-occurring themes within them all, such as mothers being undermined and controlled, a manipulative and strategic approach by the perpetrator to prepare and groom children, legal processes/ agency procedures being passive and unable to respond to mothers’ trauma and high emotional state. In doing so, professionals effectively positioned the perpetrator as more credible and rational, rendering mothers as not engaging appropriately and therefore being a risk/not having appropriate attachments with their children.” P7

Participants’ reflections also showed an understanding of the need to respond to the grief that mothers-apart experience with care and empathy:

“Sharing the personal details and feelings they had at such difficult times in my [sic] life has made me reflect on the empathy and compassion needed from workers when dealing with a mother’s loss of her child”. P2

3) What were the most and least effective elements of this workshop?

The post-workshop questionnaires showed that participants recognised a broad range of learning from the workshop in addition to identifying the most and least effective components. A summary of these is provided in Table 11.

Table 11. Summary of participant feedback on workshop

Most important learning from the workshop
Understanding long-term trauma/distress for the at-risk population
Challenges for mothers-apart in the lack of specialised services/interventions to address their needs
Professional/system ignorance about MA*, the use of children in DVA, and coercive and control
Recognising perpetrator invisibility and the need for accountability
Understanding the variety of circumstances in which mothers become separated from their children but how similar issues/needs were despite differences including class, cultural identity, etc.
Need for empathic understanding, listening and believing - and not judging

Importance of valuing the mothering role
Value of multi-agency working and networking
Concept of mother protection as child protection
How mother-child separation and good-enough parenting are not mutually exclusive

Most effective components of the workshop

Listening and talking to mothers-apart
Multi-agency working providing different perspectives
Reflective writing
Group discussions (networking)
Questions and answers (networking)
Facilitator's presentation of research
Models/hand-outs/resources
A needs-led, strengths-based approach
A focus on women's centres

Least effective components of the workshop

Policy and procedure exercise (not enough time and resources)
Too much information in too little time (general feedback rather than specific component)
Lack of a family/systemic approach (complaint about workshop stance rather than component)

* MA: maternal alienation

Most of the participants omitted to state a least effective element, which was interpreted as a communication of a positive view of the workshop although this could be due to participants' desires to 'please the researcher'. Of those participants who *did* report a least effective element of the workshop, comments were associated with too much information in too little time and resources to complete some tasks, especially a policy and procedure exercise that was overly complex for the time available. A small minority ($n = 3$) of participants were critical of the workshop, or aspects of it, both on the post-workshop questionnaire and in the reflective writing exercise, especially making reference to the need for 'a familial/systemic approach' on the workshop. This was despite the workshop being underpinned by systems thinking, which was not commented upon by any participants. Rather, workshop critics contested the feminist, mother-centred, gendered approach, which they fundamentally disagreed with, viewing it as biased and evidential of misandry (their critique is explored later in this section).

Process evaluation questions

4) What indications were there that the workshop influenced practice?

Out of those participants who submitted written reflections (19 out of 22), all but one participant reported that participating in the workshop was likely to influence, or already had influenced, their practice. Of the three remaining post-workshop reflections, two were not returned (one due to bereavement, and the other an absence from work email). The participant who did not reflect on how the workshop might influence their practice, *did* return the reflecting writing tool but, instead, used it to criticise the workshop. This participant's critique is explored in this chapter in the next section, which examines how the workshop was received.

There were many indications that the workshop might influence, or had already influenced practice, for example:

"I feel empowered to support women on this journey in the future due to the workshop and I look forward to this project developing and further influencing my practice. The workshop allowed me to reflect on how mother-blaming the child protection process can be and I feel empowered to continue to support mothers to be empowered to go through the system and have good outcomes for their children." P4

Participants mostly imagined hypothetical situations where the workshop might influence their practice, such as this professional who reported on how knowledge might strengthen her inclination to challenge decisions that might lead to mother-child separation:

"Recognising how these behaviours, attitudes and values imbedded in professional responses stack up to perpetuate the perpetrator's position of power and a mother as 'other' will enable me to challenge them and focus on the needs and strengths of the individual mother." P7

This participant's acknowledgment of the needs and strengths of the mother reflects how the strengths-based, needs-led approach of the workshop might influence practice and, perhaps, challenge the norm to use a deficit model when working with mothers-apart.

Actual influence of the workshop on practice was also evident in participants' reflections of their skills and self-efficacy with the at-risk population both in actual or hypothetical circumstances. Significantly, one participant reported that the workshop had influenced her interactions with a mother-apart:

"I have had a subsequent meeting with a client and spoke about the workshop and she was very interested in the experiences of other mothers. The session opened up other opportunities to explore her particular situation and she became more motivated to ensure that she has access to her children and that the network works more collaboratively." P16

This finding shows a link between how the mothers-apart on the workshop affected the practitioner (she remembered their stories and learned of their distress) who took the story and learning into practice with a client (who became more motivated to maintain contact with her child). Although it is not possible to evidence a direct causal link between the reflexivity promoted on the workshop and this participant's responses to her client, I suggest that it was the space created for reflection after talking to the mothers-apart, and the post-workshop reflective writing exercise, that likely influenced the practitioner to also reflect on the experience with her client.

A further comment made by the same participant suggests a reflective process involving a greater awareness and valuing of mothers in their children's lives:

"In some instances society feels that removing them is preferable – however, from attending the workshop I now feel that sometimes the longitudinal impact has not been considered (SS*is not considering the impact: if we remove children now what happens in 10 -15 years' time to the child and mother relationship? After all you cannot get back the time missed/often the circle repeats it's self again. Thus I feel on reflection becoming part of the familial narrative and life cycle)... I feel on reflection this workshop will help me promote to other practitioners the impact of our intervention with local families during the assessment processes. To provide an alternative dialogue which considers that in most instances mothers are important in their child's development." P16

*social services [participant's asterisk and explanation]

5) How did the priority population receive the workshop?

It was clear from participant feedback that there were divergent views about the workshop with the majority of participants giving very positive feedback but also a

minority of participants giving critical feedback (some mild but some strong criticism). Those giving positive feedback were sympathetic to the main aims of the workshop, embraced the ideas and learning, recognised the need to support mothers-apart and were supportive/complimentary about all aspects of the workshop. Overall, participants affirmed the women/mother-centred approach of workshop, especially DVA workers who were very knowledgeable about feminist ideas. Comments from professionals in other sectors included this example from a family practitioner:

“Feminist ideas are important in developing equity in child related issues and the wider discourse that all parents would benefit from a nurturing outcome that puts the child at the heart of the safe guarding process and this in many instances includes the mother’s voice.” P16

One professional, described some workshop attendees as “rolling their eyes” when a feminist approach was discussed and illustrated the tensions between practitioners from different approaches:

“We heard from agencies who didn't understand, who judged, stigmatised and could not see the bigger picture and the master manipulation of the perpetrators. We heard how workers bring their own values, morals and attitudes into their decision making, and women get further abused emotionally by those who do not 'get it'”. P12

The contrasting approaches were further evidenced by two participants who wrote on their post-workshop questionnaires that they objected to the gendered focus of the workshop; instead advocating a systemic approach to working with the whole family, rather than a feminist woman-centred approach that was espoused during the training. These participants, and one other, also made personal comments about how they perceived my stance, and my facilitation of the workshop. The more critical participants reported: a) being unhappy that the workshop focussed entirely on mothers-apart and did not include issues relating to fathers living apart from their children or male victims of DVA; b) believing the facilitator to be biased against men and also against children’s services/social workers; c) believing that a family/systemic

approach should have been promoted on the workshop and; d) fundamentally disagreed with the notion of mother protection as child protection. These criticisms came from social workers and appeared to be due to the child-centred and family/systemic approach of these workers, which is antithetical to a woman-centred approach. The disparity in the comments illustrates how different perspectives/values/attitudes/beliefs influence practice.

The divergent standpoints reflected the different views of professionals in the services and institutions that mothers-apart generally engage with, that were evident in the findings of the previous studies of this research project. In the literature, these viewpoints have been previously identified as practitioners' tendencies to either support or further victimise abuse victims/survivors (e.g., Johnson and Sullivan 2008). The contradictory approaches to women and children's safety by DVA and child protection agencies are well-documented in the literature (Laing and Humphreys 2013; Morris 2003a, 2008; Radford and Hester 2006). In the present study, although the dissenting voices were in the minority, one can suppose that, on the whole, participants attending a workshop about mothers-apart are likely to be biased towards supporting this population as they are interested enough to attend a day's training. Therefore, the cohort would not likely be representative of professionals who are involved with mothers-apart. Ideally, the priority population would also include professionals such as judges, psychiatrists, and CAFCASS workers – none of whom attended the workshop. There might be any number of reasons for this such as: a lack of time/availability, interest in the workshop, motivation to improve responses to the at-risk population, or professionals may simply not have seen the workshop advertisement.

On the workshop, critiques of professional practices were not solely directed at social workers, however. Indeed, they were aimed at a wide range of professions including psychiatry, law and counselling and psychotherapy (my own profession). This highlighted the problems inherent in outlining areas of poor practice that need improving directly to relevant professions. Defensiveness and a need to defend social work in the workshop was most likely stimulated by the prevailing culture of blaming social workers for child fatalities. For example, Munro (2011) explained, “anxiety is fuelled by the level of public criticism that may be directed at child protection professionals if they are involved in a case with a tragic outcome” (2011:107). Additionally, some feedback suggested that participants’ attitudes and belief arose from troubled personal experiences/histories, which might also have created a barrier to learning if there was an emotional response to the workshop.

Contrasting approaches within the cohort of workshop participants also highlighted the fact that a range of theories underpins social care so that individuals within the organisation can find themselves working alongside colleagues who espouse opposing values, beliefs and attitudes. In contrast, workers from DVA agencies almost always work from a feminist perspective, so colleagues will generally agree with each other about the central principles, e.g., listen and believe victims/survivors, protect women and children against violence, hold perpetrators accountable. Despite the differences of approaches among participants on the workshop, the majority found much value in learning about different perspectives. The networking opportunities throughout very likely helped participants to recognise other professionals sympathising with mothers-apart, which might have given them ‘permission’ to be empathic even when this was not the prevailing culture of their

organisation. This excerpt from a social worker is very reflective on some of the competing values and beliefs in this profession:

“I have been reminded of the importance of having unconditional positive regard for clients. Within social work where making professional judgements can sometimes appear to be incompatible with empathy, the workshop has made it clear to me that achieving these values is critical to achieving good practice”. P7

As noted, a small number of participants made reference to the need for ‘a familial/systemic approach’ on the workshop. What is most likely is that because a minority of participants objected to a feminist analysis of the family where there is DVA and child abuse, and because this study focuses on men’s violence towards women and children, the positioning of abusive men on the workshop was generalised to all men and fathers and misinterpreted as prejudicial to the male population. Consequently, a family/systemic approach was viewed as superior by its advocates because it involves all family members including male perpetrators of violence and abuse. There are clearly challenges with this approach, however, as it can be unsafe/uncomfortable for victims/survivors to attend family-based interventions such as family therapy, mediation, and restorative justice with their abuser due to power imbalances (e.g., Hester, Pearson and Radford 1997; Hester and Radford 1996; Liebmann and Wootton 2008).

Mother-blaming underpinned the majority of the criticisms leveled at the content of the workshop related to beliefs and perceptions about abused mothers. One criticism was that I failed to highlight the issue of male victims of abuse, and the problem of PAS/PA, which was perceived to be a far worse problem than MA. Some participants expressed beliefs about women making false claims of DVA and child sexual abuse, and the tendency for mothers to prevent fathers from seeing their children post-separation. Such beliefs reflect the dominant position argued by the media and fathers’ rights’ groups (FRGs) that women and mothers are to blame for

unsatisfactory contact situations with their children (Jaffe, Lemon and Poisson 2003), which, in turn, influence the beliefs and attitudes of practitioners.

Another example of mother-blaming was found in workshop feedback that accused women of wanting to stay in DVA relationships, and of ‘choosing’ their abusers over their children when given an ultimatum by the state. In contrast, one DVA worker in study three described how mothers in such situations may stay with abusers to keep themselves and their children alive, or sacrifice their own freedom for that of their children by giving up their children to the state, if they believe this action will afford their children greater protection. Again, this illustrates the contrasting perspectives of child-centred and women-centred workers.

6) How would the at-risk population benefit from the workshop?

Bartholomew et al. (2011) explained that determinants can be hypothesised to modify environmental outcomes (2011:269). For example, it was reasonable to hypothesise that knowledge about the needs and circumstance of mothers-apart and how to improve responses to them would result in a greater awareness of this group of women and, ergo, an improvement in professionals’ responses. Thus, it can also be surmised that mothers-apart who come into contact with participants of the workshop piloted in this study would likely benefit from delegates’ raised awareness of the problem of mother-child separation via coercive control. This practitioner, for example, highlighted how the workshop raised awareness of the plights of mothers-apart and the lack of support for them:

“The workshop identified how sparse support for mothers-apart is and that there is a real need for support for these mothers. I found the workshop really influential and it made me question mine and my service’s response to clients who have become a mother apart or who are at risk of this.” P4

This practitioner was clearly reflecting on ways in which to support mothers-apart, which indicates that the at-risk population would likely benefit from the positive

impact of the workshop on professionals. Improving support for this group of women would likely depend on how receptive the host organisations are to the new learning evidenced by those who attended; how challenging it would be for them to implement their thinking in relation to this topic; how constrained individuals are by their line managers, and by cultural norms; and how prescriptive individuals' practice is.

Most practitioners reflecting on the workshop described ways that the workshop might positively influence their practice, and some even gave examples of already improved responses to mothers-apart. However, some practitioners perceived they had too little time for reflective practice of the type encouraged by the workshop. Practitioners often think that creating space for reflective practice takes up too much time but research suggests that this considered way of working conversely saves time in the long-term (Bolton 2014).

7) Was the workshop delivered as planned, thereby achieving fidelity?

On the whole, the workshop was delivered as planned but, on the day of the workshop, it was clear that there was too much information and too many components for one training day. Notably, it was not possible to complete one of the group activities concerning the need for protocol for working with mothers-apart due to a lack of time. Consequently, this area of learning was not as fully explored as others and was identified as the least effective component of the training by participants. This activity used a generic DVA policy document to identify key areas for policy change needed to address MA. This was a group work/multi-practitioner exercise that, although suffered from a lack of time to complete, was also positively received by participants due to the benefits of a multi-perspective approach. Therefore, collaboration was rated highly, which was the overarching aim of this exercise rather than the task of amending the policy document that was rated as low.

There were also some technical problems that could not be fixed by the University technician, so, some aspects of the workshop were not delivered as planned. These were not components but were creative elements that were included in response to interviews with professionals in study three, regarding workshop delivery. For instance, one member of MATCH Mothers who is an artist contributed a number of images that were put to music as an introduction to the workshop, which was intended to provoke interest and act as ‘an emotional hook’. Interviewees in study three had described the value of such creative devices. Also there were some video clips for the same purpose but none of these worked on the day.

8) How could the workshop be improved?

A number of areas for improving the workshop were identified during the evaluation processes, which are the main focus of the discussion that follows.

Discussion: *improving the workshop*

In the main, the workshop was well-received and successfully raised awareness of the circumstances of mothers-apart and the need to support this group of women. One practitioner described a scenario with a client that demonstrated real-world positive impact on practice as a consequence of the workshop. Overall, the majority of workshop attendees described how the workshop might influence their practice in the future. However, when analysing participants’ reflections on the workshop, it became apparent that I had been, largely, ‘preaching to the converted’.

Although the majority of attendees at the pilot workshop accepted the mother-centred approach, the dissatisfied minority were more likely to represent the target audience to address the problem in the future - and they were very resistant to a feminist approach. In order to focus on changing practice and outcomes for mothers-apart in future interventions, the findings of this study suggests that the workshop

would need to involve attitude change and clear behavioural/practice change. In light of this, the performance objectives were re-mapped to be more specific about what professionals need to *do* differently, and the change objectives to achieve these were made more explicit (see Table 12).

Table 12. Re-mapped matrix for change

<u>Change Objectives (COs):</u>	<u>COs targeting knowledge</u>	<u>COs targeting attitudes, beliefs, values & perceptions</u>	<u>COs targeting skills & self-efficacy</u>	<u>COs targeting stigma and discrimination as norms</u>
<i>Performance Objectives:</i>				
<i>PO.1. Respond effectively to coercive controllers' strategies targeting the mother-child relationship</i>	Recognise coercive controller's tactics aimed at women as mothers	Expect that women who report tactics by partners/ex-partners to turn their children against them are women whose mothering is being undermined by an abuser	Express confidence in identifying strategies to turn children against their mothers as coercive control	Acknowledge that women experiencing attacks on the mother-child relationship are currently marginalised by services
<i>PO.1a. Identify strategies of coercive control to interfere in the mother-child relationship</i>	Recognise strategies that use mother-blaming: manipulating professionals and exploiting systems, and manipulating/using children	Expect abusive men's allegations towards women as mothers to be coercive and controlling strategies rather than fact	Express confidence in identifying coercive control aimed at women as mothers	Challenge assumptions that mothers are 'lying/vindictive/hostile/alienating'
<i>PO.1b. Use the coercive control law to address/prevent mother-child separation</i>	Identify areas of coercive control legislation that can be used to address/prevent mother-child separation	Consider how abusive men's mother-child separation strategies could be addressed using the coercive control law	Express confidence in ability to use coercive control legislation to help prevent	Challenge assumptions that abused mothers are not 'good-enough' parents
<i>PO.1c. Take the concerns of abused mothers seriously when they report risk of mother-child separation</i>	Identify ways to address women's concerns such as 'he is trying to turn my children against me' using coercive control law	Expect mothers to be telling the truth about abusive men's threats against the mother-child relationship, e.g., that they will never see their children again	Express confidence in ability to address the concerns of women at risk of mother-child separation	Challenge organisational norms by treating abused women as experts in their children's lives
<i>PO.1d. Act on information about abusers' threats/attacks on the mother-child relationship</i>	State protocol for responding to threats and strategies that interfere in the mother-child relationship	Consider how both mothers and children might benefit from taking action to keep them together when abusive men threaten the mother-child relationship	Express confidence in ability to act on information & strategies that target women as mothers	Challenge assumptions that it is safe for children to live with abusive men who are hostile to the mother
<i>PO.1e. Recognise mother-blaming systems'/professionals' responses</i>	Identify ways in which professionals' responses are influenced by mother-blaming and can go on to influence their responses towards mothers-apart, which can lead to re-victimisation, re-traumatisation and secondary abuse	Consider how mother-blaming responses can be moderated through reflective practice and supervision in which reflexivity is used to identify one's own part in outcomes	Express confidence in challenging mother-blaming by self or others	Challenge organisational and societal norms that blame mothers and normalise mother-child separations

<i>PO.2. Adopt a gender-specific approach to supporting abused mothers</i>	Identify ways in which women-centred ways of working benefit women survivors, especially those who are mothers	Expect women survivors of DVA who are mothers to have particular support needs not met by mainstream services	Express confidence in ability to take a mother-centred approach to supporting mothers-apart	Acknowledge that majority of services are designed by men for men and not suitable for women because men and women have different needs
<i>PO.2a. Value mother-protection as an effective method of child-protection</i>	Identify positive outcomes of mother-child protection as child-protection	Expect children to be safer and happier in environments where their mothers feel safe and supported	Express confidence in ability to prioritise safety and protection of mothers	Challenge assumptions that abused women are not able to protect their children
<i>PO.2b. Value nurturance of mother-child relationships in a context of DVA, and post-abuse</i>	Recognise how supporting/nurturing the mother-child relationship is vital for the safety & recoveries of woman and children post-abuse	Expect women and children to have stronger, healthier recoveries post-abuse when they can support each other	Express confidence in ability to support mothers and children to stay together	Challenge assumptions that is is unhealthy for children to support their mothers
<i>PO.3. Support mothers who have become separated from their children</i>	Identify how to support mothers-apart using a needs-led, strengths-based approach	Consider how both mothers and their children might benefit from on-going support even when separated	Express confidence in ability to support mothers-apart	Challenge assumptions that mothers-apart 'don't engage' by avoiding deficit-model of abused mothers
<i>PO.3a. Identify the effects of abusively engineered mother-child separation on women and children</i>	Recognise the health and quality of life issues/problems experienced by mothers-apart and their children	Expect the effects of mother-child separation engineered by perpetrators/fathers to be profound and long-lasting, resulting in a need for social/emotional support	Express confidence in ability to recognise effects of mother-child separation as primary problem over mental health, substance misuse, personality disorder, etc.	Acknowledge at-risk population as being underserved, marginalised and stigmatised
<i>PO.3b. Help mothers-apart access effective counselling</i>	Identify therapists/services competent to work with issue of mother-child separation via coercive control	Expect mothers-apart to have access to free counselling	Express confidence in ability to help mothers-apart access free and effective counselling	Challenge assumptions that mothers-apart are 'beyond help' and see value of therapeutic support for all
<i>PO.4. Recognise own support needs when working with mothers-apart</i>	Assess own support needs in relation to self-care and reflective/reflexive supervision	Expect working with DVA and mothers-apart to have an effect on oneself personally and professionally	Express confidence in prioritising self-support and monitoring for burnout, vicarious trauma and compassion fatigue	Acknowledge that mother-child separation could happen to anyone and allow oneself to empathise rather than 'remain hard/cold' for self-protection

Even though not measured on the pilot workshop, the personal determinants of professionals' behaviours (attitudes/perceptions/beliefs/values, skills/self-efficacy and stigma/discrimination) were addressed from an awareness-raising perspective, i.e., knowledge about them. This was achieved by drawing on theories and methods recommended by Bartholomew et al. (2011) to promote change. The findings of study four suggest that, although unmeasured, changes were stimulated in these important areas and were reported by participants (see Table 10, page 255). These changes were brought about by application of theories and methods to target these areas through components and materials reported to be effective by workshop delegates. For instance, the component: 'mothers-apart dialogue with practitioners' (application) used Modelling (method), from Social Cognitive Theory (Bandura 1986) to challenge stereotypes and perceptions of, mothers-apart, and to encourage empathy. An exploration of the findings of study four suggested that this was a successful strategy to support attitude change and empathy training, for example. However, only knowledge about these areas was measured, whereas a better evaluation of outcomes would have been achieved by using measures of attitude change and increased empathy. What follows now is an exploration of the most and least effective components of the workshop with regards to meeting new objectives on future workshops and, then, measures are suggested for these relevant and specific outcomes (as set out in the re-mapped matrix shown in Table 12 above).

The most successful component of the pilot workshop was: 'mothers-apart dialogue with practitioners', which was preceded by the component: 'how to listen, not judge, and ask the right questions', and followed by the component: 'reflecting and meaning-making'. This threefold experiential learning component targeted a number of areas simultaneously. It targeted knowledge of how mothers become separated from

their children in contexts of DVA and of their support needs. But it also targeted skills and self-efficacy by teaching about listening skills beforehand and promoting practice of these skills through the use of open questions. The exercise also targeted perceptions of mothers-apart and beliefs about this population by hearing survivors' own accounts and being able to ask questions about what they needed. Practitioners who attended the workshop described the impact on their skills and perceptions that went beyond just knowledge, e.g., 'the workshop has increased my ability to empathise', and another reported a change in her previous: 'tunnelled vision of what mothers-apart look like'. Clearly, talking to survivors was effective in bringing about change in a number of areas and this component should be used to target performance objectives in future workshops aimed at improving professionals' response to mothers-apart. Training that includes talking to survivors reflects what we already know from the literature to be effective. For example, WomenCentre (2014b) report the benefits of mothers-apart talking to social workers on university degree courses.

Participants also reported the workshop components involving multi-agency collaboration/networking were powerful and empowering ways of learning that encouraged different perspectives and challenged social/organisational norms. In the pilot workshop these included problem-solving exercises using case studies and a policy-writing exercise; learning about self-care, supervision and networking; and a question and answer (Q&A) session. Although the policy exercise was listed as the 'least effective' component by some participants in the workshop this was explained as due to: a lack of time to complete well and too much information to assimilate, and a lack of resources (insufficient hand-outs). However, the policy exercise was embedded in one of the multi-agency working, problem-solving exercises that were listed as one of the 'most effective' components. Components that focus on using the coercive control

legislation to address/prevent MA should be retained in future workshops but need to be better thought out and prioritised for effective change outcomes. There was no feedback about the case studies and these were most likely superseded in efficacy by the opportunity to talk to survivors rather than working with imaginary scenarios. The networking opportunities embedded in the workshop, that included the Q&A session, were very highly regarded by workshop attendees and likely affected change. Participants reported learning from other practitioners about a number of areas, particularly from DVA workers who were very knowledgeable about perpetrator strategies to target the mother-child relationship, and from counsellors who were able to role model effective dialogue with mothers-apart.

Components that involve multi-agency working are an important aspect of DVA education. Morris (2008) espoused training that brought together DVA workers and social workers because the author recognised the tensions between women-centred practice and child-centred ways of working and sought to encourage multi-agency working. The present study targeted a much wider population for intervention because findings from the needs assessments suggested a need to engage practitioners from the intersection of DVA, health and social care, and family law - and it was fairly successful in this endeavour. However, the fact that the pilot workshop was, largely, attended by practitioners working from a mother-centred perspective was most likely due to the support that had built up for the research project in the community and, specifically, support for my research built up through stakeholder engagement. It is likely, then, that future workshops would attract delegates less predisposed to the mother-centred approach and more child-centred workers. However, IM Step 1 needs assessment suggested that a wide variety of professionals would benefit from the learning development workshop. In this regard, it would be important to ensure a good

mix of practitioners in the recruitment stage and this is drawn attention to in the workshop guide (Appendix 16).

Learning from the didactic teaching component: ‘Who are mothers-apart and what’s the problem?’ could be seen in many participants’ feedback forms and reflections of the workshop. Personal determinants targeting knowledge were easily achieved by didactic teaching and measures showed improved understanding about MA, in particular. Given that no participants had heard of MA before becoming involved in the research project, this learning was foreseeable. PowerPoint presentations were not reported to be effective by any participants, however. But, they were not listed on the ‘least effective’ section of the workshop evaluation form either. Rather, participants listed learning from the content of the presentations on the ‘most effective’ section, which suggests that workshop delegates found the content of the teaching component appealing but not the delivery. Therefore, changes in attitudes would likely be achieved through the threefold experiential and reflective components described above that were based around the experience of talking with survivors. I would propose that research about MA and coercive control be retained as an important element of the workshop, but this would be better delivered through other means. Information could be distributed electronically before the workshop, for instance, and be discussed via multi-disciplinary group exercises in which workshop delegates generate their own learning with the aid of hand-outs and schematics. Many hand-outs using pictorials/schematics were used during the pilot workshop (see section on materials in Chapter Six). Participants reported that these were very useful and theories show visually stimulating graphically organised educational tools make learning more interesting and meaningful (Kools et al. 2006, Steen 2007).

Future evaluation of change outcomes to achieve re-mapped performance objectives (see Table 12, page 271) would involve measuring the important personal determinants of professionals' responses to mothers-apart, i.e., knowledge, attitudes, perceptions/beliefs, values, skills, self-efficacy, and stigma/discrimination associated with social/organisational norms. Measures to support evaluation of attitude change would be particularly important given that future workshops would target child-centred workers who are likely to be resistant to a mother-centred approach. In order to support future evaluation of the re-mapped performance objectives, self-report questionnaire measures would be developed comprising statements relating to change objectives. For example, in order to achieve the performance objective, 'respond effectively to maternal alienation', the attitude-based change objective to target one of the personal determinants of a positive response to MA is: 'Expect that women who report the signs of maternal alienation to be abused mothers whose mothering is being undermined by their abuser'. This could translate into the measure as shown in Figure 10.

Please indicate how much you agree or disagree with the following statements by ticking the relevant box:

I expect that women who report the signs of maternal alienation to be abused mothers whose mothering is being undermined by their abuser.

Strongly agree	Agree	Neither agree no disagree	Disagree	Strongly disagree

Figure 10. Attitudinal measure relating to believing mothers' reports

It would be undesirable to measure all the change objectives shown in the remapped matrix (see Table 12, page 271) as this might result in too lengthy a questionnaire for workshop participants and could deter completion. It would also be unnecessary to measure knowledge-based change objectives because, as was concluded in study four, an increase in knowledge and understanding is inevitable. Similarly,

change objectives aimed at reducing stigma and discrimination are going to be realised through change in attitudes towards abused mothers, perceptions of mothers-apart and beliefs about mothering in a context of DVA, etc. Therefore, the measurement tool would measure change in attitude, perceptions, beliefs, values, skills and self-efficacy, resulting in a 26-item questionnaire. An example of how this might look is provided in the Workshop Plan (see Appendix 16).

Importantly, reflective writing and reflexivity were integral to the pedagogy of the DVA education that was developed during this research project. In addition to measures that showed an increased knowledge, data from participants' written reflections added depth and richness to understanding *how* practitioners had been influenced by the pilot workshop or might be in their future practice. Future workshops would continue to be underpinned by relational and reflective pedagogy; this would necessarily involve reflexivity in an environment that facilitates practitioners' examination of their own part in processes whereby mothers and children might either stay together or become separated. Therefore, the post-workshop written reflective exercise would be retained in future workshops as both a pedagogical method and a qualitative evaluation tool.

Conclusion

This chapter has reported on the results of study four in which the learning development workshop was evaluated. It has reported how all workshop participants indicated a raised awareness of: the ways in which mothers become separated from their children in a context of DVA and, how to increase their support for mothers-apart. And, how every participant reported an increased understanding of every issue address in the workshop, which related to performance objectives.

This chapter explored qualitative findings gleaned from written reflections of the workshop both at the end of the training day, and up to one month afterwards. These showed how practitioners' reflexive thinking about the fundamental role that practitioners play in DVA outcomes influenced their responses to mothers-apart in meaningful ways. By foregrounding the problem of mother-blaming at a systemic level, and encouraging practitioners to think about their part in events through reflective, reflexive pedagogy, the workshop went beyond traditional awareness-raising methods. This study shows that a shift in focus to the professionals who are fundamental to DVA outcomes – and most relevant to this study, to mother-child separations - can influence professionals' practice in different ways to standard DVA training that focuses on perpetrator-victim/survivor dynamics.

This chapter showed that use of IM in the creation of a workshop produced new methods of DVA education, which could influence practice to increase professionals' support to mothers-apart. The reflexive aspect, in particular, has the potential to influence practitioners' responses despite possible blaming attitudes, which are challenged before encouraging self-reflection on one's own part in events. This chapter identified important aspects of DVA education to influence practice:

- Feminist, mother-centred approach that explained coercive control as gendered, highlighting particular vulnerabilities of motherhood;
- Foregrounding mother-blaming strategies that rely on mother-blaming structures and practices for success;
- Reflection on pivotal roles of systems/professionals in coercive controllers' strategies to target the mother-child relationship;
- Reflection on potential for supportive intervention using the leitmotif of 'mother protection as child protection';

- Creative approach using artwork and poetry of mothers-apart that dehumanised the at-risk population and encouraged empathy;
- Teaching basic skills in listening, asking appropriate questions and gaining empathic understanding;
- Experiential learning through talking to mothers-apart/survivors that encouraged empathy and challenged stereotypes/perceptions/beliefs;
- Instructing practitioners on how to help mothers use the coercive control law to address MA;
- Multi-agency working that encouraged multi-perspectival thinking and challenged social/organisational norms;
- Reflective writing exercises that encouraged reflexivity.

This chapter also showed that IM produced new methods of DVA evaluation through a carefully planned approach to assessing both effect and process of the workshop. This was achieved by incorporating reflexivity into the evaluation design by asking participants to reflect on how the workshop might influence, or had, influenced their practice. Therefore, the IM approach elevated the evaluation design beyond a conventional training feedback form analysis because process questions asked: how the participants received it, what its benefits to mothers-apart might be, its fidelity and suggested improvements. These questions are more qualitative and meaningful than feedback forms used in standard DVA training and enabled for important insights into how the workshop influenced practitioners' practice.

I also reflected on how I might change future workshops – also considering how the majority of practitioners who attended the pilot workshop accepted or agreed with the feminist approach, and how very few were against this. I considered how, in order to change practice and outcomes for women, future workshops would need to target

audiences less agreeable to this approach, which is essential to address the problem of mother-blaming and the abuse of women as mothers. This would necessarily involve attitude change and clear behavioural/practice change. Although I addressed these areas to a certain degree through the workshop, by raising awareness of them, my evaluation did not include these areas and I did not measure change in them.

Therefore, I re-mapped the performance objectives, and planned strategies to support attitude change to include in future workshops, and suggested measures for these to support future evaluation.

This discussion of the workshop evaluation illustrates how using IM in the development of DVA education to raise awareness of MA and the lack of support for mothers-apart, offered practitioners a new type of training that focussed on an overlooked area of coercive control; centralised systems'/practitioners' roles in the problem; and used reflexivity in pedagogy and evaluation. The findings of the evaluation showed how the workshop not only enhanced participants' understanding of coercive controllers' strategies to sabotage mother-child relationships, but also enabled the practitioners to see their role in this problem. The systems approach used in IM, foregrounded the part that professionals play in this type of abuse, and stressed the role of mother-blaming in abusive men's strategies that capitalise on this problem inherent in systems and practice. This analysis showed how the workshop, which centralised mother-blaming strategies and practice, went beyond traditional awareness-raising methods of DVA education to also include reflective, reflexive pedagogy *and* evaluation. This chapter has argued that reflexivity encouraged professionals to reflect more deeply on their attitudes, assumptions, prejudices and values, than is usually promoted in DVA education, and that this influenced their

practice and promoted positive change. The final chapter that follows, synthesises the findings of the four studies and considers the contribution of this research.

CHAPTER NINE

SUMMARY, SYNTHESIS AND CONCLUSION

The ways in which abusive men target women as mothers and undermine mothering roles have long-been understood in the field of feminist research into domestic violence and abuse (DVA) as part of a pattern of coercive control (Bancroft 2002; Bancroft and Silverman 2002; Bancroft, Silverman and Ritchie 2012; Beeble, Bybee and Sullivan 2007; Dobash and Dobash 1980; Harne 2011; Katz 2015a, 2015b, 2016; Lapierre 2010; Lischick 2009; Morris 1999a, 2008, 2009; Pence and Paymar 1986; Radford and Hester 2006, 2015; Stark 2007, 2009). Yet, despite the substantial body of research that has developed in this field, insufficient attention has been paid to coercive controllers' assaults on the mother-child relationship itself, which Morris (1999b) named maternal alienation (MA). Similarly, there has been little consideration of the roles of practitioners in the mechanisms of MA, i.e., their exploitation/manipulation (Monk 2013, Morris 1999a), which depend on mother-blaming structures and practices that Morris called 'systemic maternal alienation' (2003b). This thesis argues that, what little research there is in this specific area, it has failed to impact on: a) services responses to the problem of MA; b) practitioners' awareness of how perpetrators/fathers might attempt to enlist them in their strategies to divide women and children and; c) DVA education and training for professionals, which does not highlight this key element of coercive control or facilitate practitioners' awareness of their, often, pivotal roles in processes and outcomes related to mother-child separation.

The principal method of this research project was Intervention Mapping (IM) (Bartholomew et al. 2011), as described in Chapters 1 and 4. This systematic six-step

method provided a framework for the planning, development, pilot and evaluation of an educational workshop for professionals based on theory and empirical evidence. The steps of IM were completed using core processes including: searching the literature, using current planning group knowledge and conducting new research at different stages of the research project. New research was conducted in IM Step 1 via a needs assessment (studies one and two) and a training needs analysis (study three), and in IM Step 6 through a workshop evaluation (study four).

The feminist and mother-centred research presented in this thesis was based on data from multiple methods in the four studies: two subsidiary studies with 10 mothers-apart, through nominal group process and co-autoethnography; interviews with 31 practitioners who worked at the intersection of DVA, health and social care, and family law; and an evaluation of a learning development workshop in which a further 21 professionals participated through pre- and post-workshop questionnaires and post-workshop written reflections. The data across the four studies were subjected to deductive and inductive analyses using frameworks from IM and the *precede* model, which is embedded in IM Step 1, and grounded theory analytic methods that comprised: theoretical sampling, constant comparative analysis, memo-writing and theoretical saturation (Glaser and Strauss 1967).

The intention was to understand the lack of support for mothers-apart in the UK and how professionals might improve responses to the problem of mother-child separation by understanding their roles in processes and outcomes. The overall analysis shows how using IM allowed for the development of DVA education that went beyond the traditional awareness-raising methods to include reflective, reflexive pedagogy, which influenced professionals' practice and had real-world impact.

This concluding chapter summarises the research and synthesises the main findings of the four studies, addressing the research questions. This discussion highlights the originality and significance of the findings with reference to the already published research. Following this, the implications of the findings are presented by making recommendations for policy-makers, service providers, practitioners and educators across disciplines and talks to those who might want to apply the Intervention Mapping (IM) approach to DVA education. Then, the strengths and limitations of the studies are considered, and suggestions for further research are made before concluding remarks.

Summary of findings

The first research question asked:

1. Why is there a lack of support for mothers-apart?

This study found a cluster of factors relating to practitioners suggesting that they play significant roles in either supporting or disregarding this group of women who are currently underserved by organisations. Not only did professionals affect the likelihood and quality of support for mothers-apart but they were also found to have pivotal roles in contributing to, or preventing, mother-child separations when strategies of coercive controllers involved their manipulation/exploitation. As discussed in Chapter 4, the mothers-apart in studies one and two were seeking help to prevent mother-child separation but could not find it, and afterwards too, their efforts to find emotional support, were often unsuccessful. They reported polarised responses by professionals - being either punitive/blaming/unhelpful or caring/positive/helpful. The women in studies one and two considered that the lack of support for them was due to: professionals' ignorance of perpetrators'/fathers' strategies to sabotage their relationships with their children, disbelief in this phenomenon, and a tendency to

believe their abusers instead. The women described how professionals' belief in their abusers' narratives led to the women being blamed for a host of allegations made by the perpetrator/fathers, who also manipulated children into making false accusations against their mothers, which included charges of child sexual abuse.

The data collected from practitioner interviews reported in Chapter 5 overwhelmingly suggested the lack of support was due to mother-blaming attitudes by organisations/professionals, who were reported to view this group of women as 'bad', 'unfit' or abusive for 'failing to protect' children from the violence of perpetrators/fathers. The majority of practitioners in this study described attempts to support women survivors of DVA and keep mothers and children together, which was a more favoured approach of those working in specialised DVA services than workers in child-centred agencies. In the latter, social workers operated from a variety of philosophical backgrounds, which meant that some practitioners in social care were feminist and aimed to keep mothers and children together when they understood DVA as a gendered problem of men's power over women and children; whereas some social workers' child-centeredness was hinged on a gender-neutral family approach that failed to acknowledge perpetrators'/fathers' joint coercive control of women and children as a phenomenon. Participants in this study reported the 'potluck' nature of help and support for women victims/survivors who were mothers, which appeared to depend on whether individual practitioners were sympathetic to mothers or not. In sum, the lack of support for mothers-apart was reported by study participants (both mothers-apart and practitioners) as due to:

- Ignorance of the problem of mother-child separation engineered by coercive controllers;

- Arbitrary nature of support depending on professionals' sympathetic/empathetic attitudes towards mothers, which were influenced by either pro-mother stances or mother-blaming attitudes;
- Constraints of sympathetic professionals to prevent or act when they did not know how to help, especially when services lacked policy and procedural pathways to intervene or refer;
- Tendency of unsympathetic professionals to disbelieve and blame mothers, and believe and support perpetrator/fathers instead.

The reported tendency of some professional to believe perpetrators/fathers over mothers suggests that coercive controllers are able to exploit/manipulate systems/workers and capitalise on mother-blaming structures/practices. This would make workers complicit in perpetuating abusive men's narratives and assisting them in strategies to intentionally divide women and children rather than addressing the problem. Collusion with perpetrators/fathers was reported by participants, who also described threat-induced complicity, professional apathy, and unwitting involvement in abuser's strategies. These problems were reported by mothers-apart and practitioners who described how professionals:

- Knowingly complied with perpetrators/fathers requests for increased contact against their professional judgement following personal threats made against them that caused them to become too frightened to refuse;
- Made conscious decisions not to investigate women's reports of coercive controllers' threats and tactics of intentional mother-child separation by claiming that they had never heard of this form of abuse;
- Protected themselves instead of mothers and mother-child relationship through 'defensive practice' involving the removal of children when 'erring

too far on the side of caution’ - an attitude that was seen to be fuelled by high-profile cases in the media - in order to avoid allegations of ‘an error of judgement’ that could result in litigation and job loss;

- Were wilfully blind to the dubious nature of abusive men’s allegations against mothers and acted on them regardless when they were personally or professionally threatened, e.g., following one perpetrator’s threats to report a social worker to the national press if he failed to take seriously an accusation of child sexual abuse against the mother.

Additionally, practitioners in studies three and four indicated further situations in which mothers-apart might fail to receive appropriate support when:

- Organisational norms, in which workers are de-sensitised to the condition of mother-child separation as an abnormal event, can lead to professional blindness, i.e., coercive controllers’ strategies to sabotage mother-child relationships through a child protection route can escape workers’ notice when it is ‘business as usual’;
- Practitioners’ personal beliefs/histories may lead individuals to be misogynistic and bear grudges against mothers more generally, which might occur when workers perceive themselves to have been abandoned, unloved or unprotected by their own mothers, particularly for failing to protect them from men’s child abuse.

I now turn my attention to the remainder of the first set of research questions.

2. In what circumstances do mothers become separated from their children in a context of DVA?
3. What is the impact of coercive controllers’ interference in the mother-child relationship, especially estrangement?

4. What are the support needs of mothers-apart?

In searching for answers to these questions the study found that:

- Mothers become separated from their children through coercive controllers' strategies to interfere in the mother-child relationship and/or engineer mother-child separations, especially when systems/professionals legitimise abusive men's appropriation of mothers' primary care roles;
- The impact of mother-child separation on mothers-apart most commonly involves: intense psychic distress associated with profound grief, loss, trauma and anger; feelings of failure and worthlessness, low self-esteem and reduced confidence; and shame and disempowerment associated with social stigma, judgment and marginalisation;
- Mothers in this study said they needed preventive measures as a priority and emotional support in the event of actual mother-child separation; and they also opined, more generally, that mothers-apart need to be listened to, believed, and taken seriously, especially when reporting coercive controllers' strategies to interfere in mother-child relationships;
- Practitioners in this study said that mothers-apart need a holistic needs-led, strengths-based, mother-centred approach to support - preferably embedded in women's centres, which would include practical help in addition to intense psychotherapeutic support, and specialised advocacy/mentoring when women are involved in 'bewildering court processes';
- Practitioners also stressed that DVA survivors should be entitled to equivalent levels of intervention and support that perpetrators receive, particularly the 'metaphorical hand-holding' that abusive men benefit from

compared to survivors, and especially mothers-apart who lack specialised support altogether.

Answers derived from the first set of research questions above go some way in answering the second set also. To explain, questions five and six were:

5. How do systems/professionals respond to the problem of coercive control of women as mothers, especially that which targets mother-child relationships?
6. How do systems/professionals support mothers-apart?

When contemplating these questions, we can see that these have been answered above to a certain extent, i.e., systems/professionals respond inadequately to these problems, in the main, and support for mothers-apart is arbitrary, depending on individual workers' sympathies towards their plights, and whether practitioners are predisposed to help, and know *how* to help. The findings of this study suggest that negative responses to mothers-apart are rooted in mother-blaming and moralising tendencies in addition to a lack of knowledge and understanding of MA.

However, participants across studies also reported many ways in which practitioners respond positively and effectively to the problem and the population. It was difficult for mothers-apart in studies one and two to report effective responses to the problem because this, clearly, was not their experience, i.e., their former partners successfully managed to sabotage relationships with their children. However, besides effective prevention intervention, some of the women recounted examples of professionals' responses that helped them during and after the process of mother-child separations, which included:

- Taking the women's reports seriously, i.e., believing them that perpetrators/fathers were turning their children against them and that their children were at risk of harm by being separated from protective mothers;

- Acknowledging the mothers as experts in their children's lives - as women who knew what they and their children needed to stay safe;
- Appreciating the enormity of their situations and responding appropriately through empathy, non-judgement/blame, and respect/humanity.

Helpful and effective ways of responding to the problem and the population were also reported by practitioners interviewed in study three, which helped to answer the research questions. Practitioners who participated in this study had vast experience in the field of DVA and their tacit understanding of coercive controllers' strategies aimed at mother-child relationships contributed much to understanding how systems/professionals should respond to this form of abuse. Many helpful responses were identified (see Table 5 on page 192) – briefly these comprised:

- Informed responses coming from a place of understanding abusers' tactics, and awareness of how professionals can be enlisted in mother-separation strategies, which capitalise on mother-blaming structures and practices;
- Preventive, pro-active responses stemming from knowledge of how to address tactics using coercive control law, how to hold abusive men accountable for their abuse, and monitor perpetrators'/fathers' parenting if they seize control;
- Mother-centred responses that take a strengths-based, needs-led, holistic approach to the joint protection/support of mothers and children, especially recognising the need for their mutual support of each other in recovery;
- Respectful, non-judgemental, empathic responses by competent therapists who have knowledge of mother-child separation in a context of coercive control and understand issues facing mothers-apart.

These findings provided the answers to question seven, and this information was used to inform the creation of the DVA workshop that was piloted in the community.

7. How can professionals improve their responses to coercive controllers' strategies to attack the mother-child relationship, and to mothers-apart?

The final question was answered in Chapter 8, which reported on the workshop evaluation:

8. How might a learning development workshop to raise awareness of these issues influence professionals' practice?

All participants reported a raised awareness of the ways in which mothers become separated from their children in a context of DVA, and of how to improve their responses to mothers-apart. Additionally, issues identified as areas for change during the IM process were measured using pre- and post-workshop questionnaires using items directly related to eight performance objectives. Every participant indicated an increased understanding of every important area related to the problem of mother-child separation and the lack of support for mothers-apart:

- The ways that mothers can become separated from their children;
- Mother-child separations in a context of coercive control;
- The needs of mothers-apart;
- How a gendered/feminist approach to violence against women and children addresses issues pertinent to mothers;
- How attitudes, perceptions, beliefs and values affect practice;
- How to improve self-efficacy/skills when working with mothers-apart;
- The need for policy and procedure for working with mothers-apart;
- The role of networks/networking in relation to mothers-apart.

Chapter 8 did more than report an increase in workshop participants' awareness and understanding, however. Data from practitioners' written reflections showed how the workshop influenced other inter-/intra-personal factors besides knowledge.

Findings suggested that the workshop also effected change in attitudes, perceptions, skills and self-efficacy, which were related to components that emphasised how inter-/intra-personal factors affect practice. For instance, the problem of mother-blaming in both coercive controllers' strategies and in systems/structures and practice was stressed and great emphasis was placed on the role of practitioners in DVA outcomes related to mother-child separation – to help or hinder. Importantly, the issues were addressed through a reflective writing exercise that taught and promoted reflective practice and reflexivity. This not only promoted deep reflection on practitioners' roles in outcomes for mothers, but also prepared participants to contribute to a more meaningful evaluation than the measures described above, via a post-workshop reflective writing task. The participants' reflections suggested that they gained a deep level of understanding of their roles, particularly from their examples of how the workshop might influence, or had influenced, their practice. Chapter 8 identified the following important aspects of the DVA education pilot, which showed potential for influencing practice in this field:

- Feminist, mother-centred approach that explained coercive control as gendered, highlighting particular vulnerabilities of motherhood;
- Foregrounding perpetrators' mother-blaming strategies that rely on systems' mother-blaming structures and practitioners' mother-blaming practices;
- Reflection on pivotal roles of systems/professionals in coercive controllers' strategies to target the mother-child relationship;
- Reflection on potential for supportive intervention using the leitmotif of 'mother protection as child protection';

- Creative approach using artwork and poetry of mothers-apart that dehumanised the at-risk population, challenged stereotypes and assumptions, and encouraged empathy;
- Teaching basic skills in listening, asking appropriate questions and gaining empathic understanding;
- Experiential learning through talking to mothers-apart/survivors that encouraged empathy and challenged stereotypes/perceptions/beliefs;
- Instructing practitioners on how to help mothers use the coercive control law to address intentional mother-child separation;
- Multi-agency working that encouraged multi-perspectival thinking and challenged social/organisational norms;
- Reflective writing exercises that encouraged reflexivity.

Chapter 8 discussed how using the IM approach led to the identification of these important aspects of DVA education to: understand mother-child separation via coercive control, to address the problem using the law, and to improve responses to mothers-apart. IM enabled the development of a workshop that emphasised the, sometimes, fundamental roles that practitioners play in DVA outcomes. By foregrounding the problem of mother-blaming and encouraging practitioners to think about their part in events through reflective, reflexive pedagogy, the workshop went beyond the traditional awareness-raising methods and influenced professionals' practice. The findings suggested that the pilot workshop impacted the way that some practitioners related to mothers-apart following deep reflection.

Contributions to knowledge

Abusive men's strategies to 'turn children against their mothers' (e.g., Beeble, Bybee and Sullivan 2007), which Morris (1999a) called maternal alienation, have

been understood by feminist academics in the field of DVA for some time as coercive control (Pence and Paymar 1986, Radford and Hester 2015, Stark 2007). However, academic understanding has not yet impacted on service provision and shaped policy and practice to prevent MA, so, mothers threatened with, or experiencing the problem still have no access to specialised help from services/professionals (Monk 2013, Morris 1999a). Additionally, agencies and practitioners generally have little understanding of the systemic aspect of MA or of how they might unwittingly contribute to it, which Morris named ‘systemic maternal alienation’ (Morris 2003b, 2008). This thesis has used these findings related to professionals, i.e., their part in the problem of systemic maternal alienation and their lack of support for women assaulted by coercive controllers’ strategies targeting the mother-child relationship, as a starting point for an investigation of how to improve practitioners’ responses to mothers affected by this type of abuse.

Applying IM to this investigation, enabled the causes of the problem of a lack of support for mothers-apart to be considered at a range of levels via the logic model, and identify professionals as the priority population for intervention. Although it may appear unusual to target professionals’ behaviours through DVA education, this study found that both abusive men’s strategies and the help-seeking behaviours of mothers-apart are quite strongly associated with professionals’ mother-blaming behaviours and attitudes. Through the creation of a learning development workshop that was piloted with professionals in the community, this study found that DVA training could be used as a platform to raise awareness of mother-blaming strategies, structures and practice; and the lack of support for mothers-apart. Significantly, study findings suggest that using reflexive methods of delivery and evaluation in DVA training has

the potential to influence practice in meaningful ways that encourage practitioners to be aware of their own part in mother-child separations.

Regarding MA, this thesis has drawn attention to the opportunities present in DVA training to educate professionals about the ways in which they might be co-opted into coercive controllers' strategies to divide women and children. This thesis advocates mother-centred training in coercive control that foregrounds mother-blaming strategies, structures and practices, which are fundamental to the division of women and children by abusive men who capitalise on them and exploit/manipulate systems/professionals. To combat this form of abuse, this thesis has drawn attention to how MA could be addressed by using coercive control legislation and suggests that training is needed in this respect. Finally, but importantly, this research highlights the lack of support for mothers-apart who are an underserved, marginalised population in need of dedicated therapeutic support; this thesis makes suggestions for a specialised counselling approach.

This study contributes to DVA research in three main areas: a) it advances understanding of the lack of support for women threatened with, or experiencing, mother-child separation via coercive control; b) it proposes ways to address this complex problem area through legislation, education and therapy; and c) its application of IM to this problem offers a fresh perspective for DVA education to transcend traditional awareness-raising methods and include instead reflective, reflexive pedagogy and evaluation. These three main areas will now be discussed in turn and each area of contribution is further broken down into specific points.

a) This thesis advances understanding of the lack of support for women threatened with, or experiencing, mother-child separation via coercive control in the following ways:

- *It highlights an arbitrariness of support for women threatened with, or experiencing this form of abuse, which appears to be related to the polarised nature of professionals' responses to abused mothers*

Morris (2003b) highlighted two problematic practices that contribute to MA as, i) tendency to blame the mother, and ii) invisibility of the perpetrator (2003b:10).

However, the author's research (199b, 2008) focussed on the relationship between the mechanisms and systemic nature of MA rather than the lack of support for women and the behaviour of practitioners at an individual level. The lack of support for women assaulted by coercive controllers' mother-child separation strategies, and professionals' individual responses to this problem, have not been considered before.

This study draws attention to an arbitrariness of support for women threatened with, or experiencing, coercive controllers' intentional mother-child separation, and shows how this unpredictability is likely due to the 'potluck' nature of either positive or negative responses to abused women. In this study, feminist, mother-centred workers who valued keeping mothers and children together and had a good awareness of perpetrators' strategies to target the mother-child relationship tended towards positive responses. Meanwhile, negative responses were associated with child-centred practice from workers who advocated a familial/systemic and gender neutral approach that, sometimes, seemed to blind them towards assaults on women as mothers by fathers/perpetrators because they did not understand the gendered nature of coercive control of women as mothers. Although the literature has previously noted the different attitudes and values of these two approaches, noting that child-centred

workers tend more towards mother-blaming (Fordham 1999; Lapierre 2010; Radford and Hester 2001, 2006; Stark 2007), the link between the divergent responses of individual workers and the unpredictability of support specifically towards women threatened with, or experiencing MA, has not been previously highlighted. This finding adds to an understanding of the systemic nature of MA by suggesting that coercive controllers' success in intentionally dividing women and children will depend, to a certain degree, on the attitude of the worker involved, and whether the perpetrator/father will be able to exploit/manipulate the mother-blaming practices of the worker or not.

- *It offers a nuanced understanding of mother-blaming by professionals as a moralising activity by individuals who may be affected by personal histories and experiences that affect their psychic responses*

This thesis adds to current understanding of mother-blaming practices by exploring a more personal aspect to this problem in ways that do not try to blame workers but rather try to understand their negative responses. A nuanced understanding that adds to what is known in the literature mentioned above (the divergent responses to abused mothers by different approaches) was achieved through data analysis that explored the roots of professionals' negative responses to abused mothers. I looked to both reports by both mothers-apart and practitioners across the four studies.

Firstly, findings showed that some mothers-apart in study one blamed other mothers who were deemed to be 'bad mothers', which had a bearing on professionals/ mother-blaming because it saw both populations as inherently interchangeable, i.e., mothers-apart can be professionals and vice versa. I got a good sense of the moralising undercurrent to mother-blaming that is attached to perceptions of good and bad mothers across the studies by both mothers-apart and practitioners. Buckley's

(2003) concept of mother-blaming as a moralising activity (2003:46), is highly germane to the lack of support for mothers-apart because it suggests that individual practitioners' attitudes stem from their perceptions about what constitutes a 'good mother' or a 'bad mother'. On this basis, workers decide themselves who is worthy of support or not depending on their own personal perspectives and moral compass. This important finding suggests that 'professional judgement' is more about 'personal judgement' so that an individual worker's response to MA, which should be to protect women and children from perpetrators' attempts to destroy the mother-child relationship, might depend more on an individual worker's judgement about whether the mother is to blame for her situation and abuse.

Secondly, through the workshop pilot and evaluation, I made a link between the fairly extreme and emotional responses of some practitioners in their unreasonable blaming of *all* mothers who are in DVA situations, and some participants sharing of childhood abuse, neglect and perceived abandonment by their mothers. Following Hooper's (1992) study of mothers of children who had been sexually abused, the author noted, "Many children experience feelings of anger and betrayal at their mothers for not having protected them from abuse. Girls who are sexually abused by their fathers are often angrier with their mothers than with the abusers" (Hooper 1992:5-6). I suggest that some survivors of childhood abuse or perceived maternal abandonment, who were angry with their mothers, stay angry with them - especially if they do not work through these issues in a supportive environment - and that this anger may infect their responses to mothers in general. As one participant in study three described, when talking about a co-worker's attitudes towards abused mothers, "she just hated them and wouldn't answer the phone to them". In my professional opinion, especially as a counselling supervisor, I propose that such a strongly negative

response is not a professional one but comes, instead, from a place of personal hurt. It is important to note that this is professional intuition rather than there being solid evidence for this, but I suggest that this interpretation has value that is worth investigating further.

Overall, these findings indicate potential benefits for DVA educators to explore systemic responses to victims/survivors because mother-blaming is a problem that contributes to a lack of support and appropriate responses. By emphasising the moralistic aspect of mother-blaming as an inappropriate and unprofessional response, we can deepen understandings of this problem through education that encourages practitioners to explore emotional responses to personal histories, which might impact indirectly on service-users. Reflexivity has the potential to improve professionals' responses to mothers-apart if practitioners can be encouraged to understand their own biases, and offers a powerful aid to reflective practice, education and supervision for professionals working in the field of DVA.

- *It identifies current constraints of services/professionals to prevent mother-child separation via coercive control and support mothers-apart.*

This study identified that, despite some practitioners describing or demonstrating helpful/supportive/non-blaming responses to mothers-apart, they were restricted in what they could do to help prevent mother-child separation via coercive control or support mothers-apart. There is a lack of research into this area and little is understood about professionals' lack of effective responses to MA due to individuals'/organisations' limitations. Morris (1999a) reported a lack of intervention in MA due to mother-blaming but did not consider additional constraints by professionals with non-blaming attitudes and responses. In this respect, the present study adds something new to the debate.

The findings of this study showed that the prime barrier appeared to be a lack of knowledge about *how* to help, especially as MA has no name in current usage, and it is not yet understood by services/professionals as coercive control (as described above). This means that a mother might tell a professional support worker that she is trying to leave her abuser but that he has threatened to turn her children against her but, because the worker does not recognise this as coercive control and has never heard of MA, she does not know how to help or who to refer the person to. So, rather than document this as coercive control or DVA and refer to the appropriate services, the worker might instead refer to the mother to a free legal helpline, for instance, where professionals are even less likely to recognise this as coercive control or DVA. Once on this path, the mother is likely to enter the adversarial family court arena and, so, provide the perpetrator/father with a platform from which to continue his abuse/control of the mother through contact proceedings (Chesler 2011; Elizabeth, Gavey and Tolmie 2012; Miller and Smolter 2011; Neustein and Leshner 2005; Przekop 2011; Radford and Hester 2015; Slote et al. 2005). In this way, the naïve support worker has unwittingly assisted the perpetrator/father and contributed to the problem instead of helping, even though she may have been sympathetic, non-blaming and willing to help. This is an important finding that suggests urgent action is needed to improve professionals' responses to this type of abuse, especially through focused education.

b) This thesis proposes the following ways to address this complex problem area through legislation, education and therapy:

- *It identifies that coercive control legislation could be used to prevent maternal alienation and address coercive controllers' strategies that target women as mothers and interfere in the mother-child relationship*

This thesis identifies that MA could be addressed in the UK, using the recent coercive control law that criminalises 'coercive or controlling behaviour in intimate or family relationships' (Home Office 2015). As acknowledged earlier, despite long-standing awareness of MA as coercive control in academia, this academic understanding has not yet filtered down to services, so they do not recognise the problem when confronted with it. Reframing MA as coercive control, and using the law to address the problem is a logical stance (Stark 2017). Systems/professionals would be able to support mothers-apart by helping them to use the legislation to address coercive controllers' assaults on the mother-child relationship and prevent contrived mother-child separations.

As it stands, the legislation could be used to address many abuses relating to interference in mother-child relationships and to situations where abusive men: harass and threaten women's other family members (Goodkind et al. 2003); and 'use children' (Beeble, Bybee and Sullivan 2007) as weapons to punish women for leaving or attempting to leave (Bancroft 2002, Monk 2013, Morris 1999a, Stark 2015). However, this is new legislation and it will take time for services and professionals to learn how to use it in this complex area, and coercive control training would need to highlight the particular ways that mothers and children are vulnerable to this form of abuse (e.g., Katz 2016; Radford and Hester 2006, 2015; Stark 2007).

Coercive control was criminalised during the period of the present study, which provoked much discussion by mothers-apart in the research planning group about how they might have used the law to prevent their former partners from 'turning their

children against them' if the offense had been available to them. They regretted that the law arrived too late for them and their children but were hopeful of how it might be used to address MA in future to prevent more mothers and children being separated from each other. Interestingly, not one of the thirty-one participants interviewed for this study talked about this possibility or framed the problem of abusive men turning children against their mothers as one of coercive control, nor did they suggest the law could be used to address the problem. These findings highlight the importance of educating professionals about this problem as one of coercive control and how to address it using the law.

- *It proposes training in coercive control specifically addresses the problem of coercive controllers' strategies to target mother-child relationships, and emphasises the role of systems/professionals in this type of abuse*

This thesis proposes that coercive controllers' strategies to target the mother-child relationship be placed high on the agenda for professionals' learning development. It suggests that coercive control training should highlight the significant vulnerabilities of mothers to this form of abuse, and foreground mother-blaming strategies of abusive men, and mother-blaming structures and practices that they capitalise on in their assaults on the mother-child relationship. Although these aspects of men's violence against women and children have been considered to some degree in professionals' training (AVA 2016, Morris 2010b, Women's Aid 2016b) the problem of abusive men's attacks on mother-child relationships has not been foregrounded and, crucially, the role of systems/professionals in this type of abuse has not been addressed. This thesis argues that it is essential for practitioners to understand the systemic nature of contrived mother-child separation and the fundamentality of workers to its success.

With regards to education, every participant interviewed in study three categorically stated that DVA training they had attended did not address any aspect of mother-child separation in a context of DVA: not the risk of it to mothers and children, or the strategies of perpetrators to contrive it. As noted previously, the participants in this study did not describe this problem as one of coercive control, even though they talked about perpetrators ‘trying to turn children against their mothers’. Neither did the interviewees discuss the possibility of preventing abusive men’s contrived mother-child separation using the coercive control law, nor how they might support women to do so. Practitioners in this study had a tacit understanding of perpetrators/fathers strategies to undermine women as mothers and attack the mother-child relationship but they did not talk about confronting the problem or appear to know how to do this. These findings highlight the opportunities of coercive control training to educate practitioners about this type of abuse and how they might be co-opted into abusers strategies, and how they can address it using the law.

- *It suggests a dedicated therapeutic approach to supporting mothers-apart*

Importantly, the results of this study indicated a need for dedicated therapy for supporting mothers who have been profoundly affected by coercive controllers’ mother-child separation tactics. Researcher-practitioners (Hart 2008; Morris 1999a, 2008; Santora and Hays 1998; Snowdon and Kotzé 2012) have recommended similar approaches to therapy for mothers separated from their children, which involve feminist, narrative methods and attention to disenfranchised grief (Doka 1989, 2002). However, although these approaches focus on important aspects of mother-child separation, e.g., loss and grief, they do not consider the unique positions of mothers-apart as survivors of coercive control who are more likely to experience traumatic responses to violent context in which their children are wrested from them by their

abusers. The findings of this investigation show that both mothers-apart and practitioners across all four studies expressed a need for ‘intense psychotherapeutic support’ to help women manage the trauma of mother-child separations in a context of coercive control. Therefore, therapy recommendations made by the above researchers would also need to be supplemented by a focus on complex trauma (Herman 1992), which victims/survivors of coercive control suffer (Sanderson 2008, 2013; Stark 2007).

Currently, mothers-apart are a hidden population who are a marginalised group of women due to their non-normative status and stigmatisation (Arditti and Madden-Derdich 1993, Bemiller 2010, Kielty 2008a, Kruk 2010). The findings of the IM step 1 needs assessment in the present study identified psychological/emotional effects of mother-child separation following DVA that include: trauma, grief, loss, anger, suicidal ideation, disempowerment, low self-esteem and loss of identity, purpose and hope. Mothers-apart in studies one and two reported disturbingly inadequate and ineffective responses by judgemental, incompetent therapists, which were tantamount to secondary abuse, and led to re-victimisation and re-traumatisation. In light of these findings, this thesis argues that mothers-apart require a dedicated therapeutic approach that recognises, and is sensitive to, the particular experiences of this group of survivors. Importantly, practitioners who work with mothers-apart need to recognise the potential for secondary traumatic stress and, so, ensure that they remain sensitively attuned to the women’s specific therapeutic needs. The findings of this study, which relate to the need for professionals’ awareness of mother-blaming, also suggest that therapists engage in reflective, reflexive practice and supervision, and monitor their self-care to ensure that they remain emotionally engaged and committed to the therapeutic alliance.

c) Through its application of IM to the problem of mother-child separation in a context of coercive control, and the lack of support for mothers-apart, this thesis presents an innovative DVA educational workshop in the following ways:

- *The multi-perspectival approach to the training needs analysis using IM meant that the DVA training that was created, was informed by the views of both service users and service providers – this is unusual*

Usually, training needs assessments are only conducted with relevant beneficiaries of training programmes, i.e., the professionals targeted for education (e.g., Walklin 1992). In the present study, a cluster of factors associated with professionals was identified in an IM Step 1 needs assessment conducted mothers-apart. Consequently, a training needs analysis was conducted with professionals. In this respect, the IM approach offered a holistic method of assessing the educational needs of professionals who work with mothers-apart, because the analysis also included the views of this group of women. Thus, the application of IM to the problem inspired a novel approach to planning DVA training that garnered the views of survivors in the training needs of professionals.

- *The multiple research methods recommended by IM authors meant that the training needs analysis was also informed by data from in-depth interviews, which transcends the usual 'light' methods*

Training needs analyses are usually descriptive rather than interpretive (e.g., Staniland 2013) but this study used in-depth interviews with practitioners to inform DVA training in order to gain a deep understanding of the part that professionals play in mother-child separation and in the lack of support for mothers-apart. The majority of interviewees described a clear lack of practitioner knowledge and understanding of coercive controllers' strategies as they relate to the at-risk population. Deficiencies in practitioners' knowledge

of DVA dynamics were most often reported, in addition to the particularities of coercive control, which was described as beyond the understanding of professionals outside of specialised DVA services, especially coercive control, pre- and post-abusive relationship relating to mother-child separation.

Significantly, the more knowledgeable practitioners demonstrated considerable understanding of abusive men's strategies involving the manipulation/exploitation of systems/professionals, in addition to children/family/friends. And, they acknowledged a significant lack of awareness by a range of professionals who could not identify when perpetrators were using them in their own interests. Family court personnel were described as almost always lacking awareness of this problem. Judges, in particular, were noted as being mostly unaware of how abusive men manipulate them in court, being adept at strategies of coercive control with court workers. Therefore, the interviews with practitioners provided an in-depth understanding of the systemic nature of the problem, which informed both content and delivery of the workshop in ways that would have not likely been achieved by usual methods of analysing training needs.

- *This thesis highlights the usefulness of applying IM to DVA education in order to encourage practitioners to think about their part in outcomes through reflexivity*

IM has not previously been applied to DVA education so this was a novel way to approach the complex problem of a lack of support for mothers-apart. Morris (2003b, 2008) highlighted the systemic nature of MA but the problem is not drawn attention to in standard DVA training. IM offers a systems thinking approach to the planning, developmental and evaluation processes of DVA education and, so, offers a new perspective to raising awareness of this problem of mother-child separation via coercive control. The interviews described above both confirmed and emphasised the need for education to emphasise the part that professionals play in DVA outcomes.

This need had already been identified by mothers-apart in studies one and two during IM Step 1 needs assessment and confirmed/emphasised when these findings were aggregated with those resulting from the interviews conducted for study three. The multi-methods and multi-perspectival approach taken in IM emphatically stressed the need to centralise the fundamental roles of systems/practitioners in coercive controllers' strategies to destroy mother-child relationships, which resulted in a new approach to DVA education.

The application of IM to the workshop in this study to raise awareness of the problem of a lack of support for mothers-apart, and inform practitioners about their potential roles in mother-child separations, produced new knowledge about how to bring about change in practitioners' self-awareness and reflexivity. Compared to more traditional approaches to awareness training, this involved the use of reflexive pedagogical and evaluation methods to assist practitioners, not only in gaining an increased understanding of the problem, but also in developing self-awareness of their part in the problem and their potential to help or hinder.

Additionally, the use of reflective writing in both pedagogy and evaluation produced unforeseen benefits that could also be capitalised on DVA education more generally. During the pilot workshop, a personal reflective writing exercise was used to aid practitioners' reflections on talking to survivors (mothers-apart) as a sound pedagogical strategy (Bolton 2010). This exercise also prepared the participants to reflect on how the workshop influenced their practice up to one month after the workshop for the purposes of evaluation. Participants reported how that the workshop might influence, or had already influenced their practice. One practitioner provided a very promising real-world example of how speaking to a mother-apart about the workshop led to the woman saying she was motivated to stay in her children's lives

after hearing about the stories of the mothers-apart on the workshop. These findings suggest that the reflective element of the workshop continued to influence practice by promoting reflexivity.

Although no direct causal link can be provided, this thesis argues that the powerfully reflective nature of the workshop with mothers-apart confronted practitioners with mother-blaming structures and practices, and encouraged them to consider their own part in outcomes for mothers and children to remain together or become separated in the aftermath of DVA. This thesis highlights the benefits of a mother-centred approach to coercive control education that focuses on the part of professionals, i.e., their capacity for helping or hindering responses that can either help prevent or contribute to mother-child separations, and their awareness of potential collusion with perpetrators and other mother-blaming individuals and systems.

Implications

The implications of the research findings speak to policy-makers, service providers, educators, and a wide range of practitioners working at the intersection of DVA, family law, and social and health care, including the ‘psych’ professions (psychotherapists, psychologist, psychiatrists).

Implications for policy-makers

This study highlights recent policy guidance on coercive control, which acknowledges how the family courts can be a platform for continued abuse (Crown Prosecution Service 2017). But, it has also drawn attention to what is *not* highlighted in coercive control policy or definitions relating to specific strategies of abusive men that target women as mothers, their mothering roles and the mother-child relationship *itself*. Crucially, the findings of this study emphasise a need for policy-makers to

acknowledge abusive men's interference in the mother-child relationship both before and after the crisis point of divorce and separation because coercive control aimed at women as mothers embodies a plethora of tactics intended to regulate women's mothering experiences, identities, and practices before and during pregnancy, childbirth, and thereafter (Heward-Belle 2016), and also following sabotage of the mother-child relationship when there is MA. Therefore, this is an important area for policy: not only to prevent coercive controllers' intentional mother-child separation but also to challenge abusive men's continued control over women and children through tactics that keep them apart.

Given that DVA perpetrators are often successful in their applications for custody of children (e.g. Hester 2011, Meier 2009, Stark), it is vitally important that coercive control policy enables ongoing scrutiny of abusive men's parenting when women report interference in the mother-child relationship, and conditioning tactics are suspected. Clumpus identified the issue of "child custody as a tool of punishment and control, wielded against them" (the mothers) and how this effectively means that, "when a father has custody of a child, he also retains custody of the mother" (Clumpus 1996:41). Without policy to challenge this form of abuse, mothers and children can be kept separate in perpetuity when coercive controllers continue to condition children into not wanting to see their mothers, or believing they do not love them (the mother or the child). This form of abuse can have profound and long-lasting effects on both women and children (Morris 2010), and urgently needs addressing/challenging.

Implications for professionals and service providers

The results of this study stress the need to improve systems'/professionals' responses to mothers who are at risk of, or are experiencing, mother-child separation

by coercive controllers' assaults on the mother-child relationship. As discussed above, support could be achieved through using the coercive control legislation, through specialised DVA education, and through dedicated therapy for mothers-apart. Mothers-apart should be acknowledged as having complex needs that require access to appropriate preventive help and support, and effective therapy. Mothers-apart in this study needed preventive help as a priority. Services should assist women threatened with, or experiencing, mother-child interference by a partner/ex-partner, to use coercive control legislation to prevent intentional mother-child separation as a form of abuse and control. Mothers-apart also said they wanted their roles as mothers to be recognised by professionals and to be treated with care and respect. Practitioners in this study said that services should offer mothers-apart advocacy/mentoring, advice/guidance, and practical/specialised help of the type that is offered by women-centred services, which is needs-led, strengths-based, holistic, wrap-around support. Services should work to ending the mother's isolation through social supports, re-establishing her access to resources, and reinforcing her capacity for mothering through supporting the mother-child relationship (Katz 2015b).

Services should respond to coercive controllers' threats to interfere in the mother-child relationship or to an engineered mother-child separation by removing the offender and holding him accountable. This study urges services to instruct practitioners in how to support women to use coercive control legislation to address this problem using current guidelines (Crown Prosecution Service 2017). This could include practitioners helping women to collate evidence of their abusers' threats/attempts to interfere in the mother-child relationship, e.g., copies of emails, text messages, phone calls, social media, witness statements, etc. This study advocates that services should recognise strategies aimed at mothers, mothering roles and

mother-child relationships through educating workers to have awareness and to know how to respond.

Raising awareness of coercive controllers' strategies to sabotage mother-child relationships to victims/survivors is key to preventing the problem early enough and before it becomes too entrenched, which can happen when women do not recognise this type of abuse in time and children have already been 'turned against their mothers' as shown in study two of this investigation. It is important that services help mothers understand the ways in which perpetrators might try and manipulate them, their children, family members and professionals, and highlight certain problematical areas they might challenge using the law. For instance, in study two, an example was given, of the way in which a perpetrator/father used social care systems' process of ascertaining 'the views and wishes of the children' to condition children into refusing contact with their mother. The children were merely conduits for the perpetrators'/fathers' wishes and feelings but this was not understood by the professionals involved in the case, despite the mother living in a women's refuge at the time and telling the social services that her children were being brainwashed into hating her. Radford et al. (1997) stressed the problem in focussing mainly on the views and wishes of the children whilst not adequately exploring children's welfare and the impact that DVA might have on them (1997:480). Mothers also need to be aware of how children might be parroting their fathers' wishes and feelings and understand that children might not be able to tell anyone that they love them and want contact with them for fear of punishment as described by mothers-apart in this study.

It is important to be aware of how adept abusive men are at manipulating practitioners, especially when mother-blaming systems are amenable to the perpetrator's perspective. Lapierre noted how "strategies used by men are often

‘successful’ because they take place within the institution of motherhood, which poses women as responsible for their children and imposes upon them a particular set of expectations”, and that “to some extent, abusive men seem to understand how the institution of motherhood operates and can be used against women” (2010:1447).

Finally, there are implications of this study for the ‘psych’ professions. Both mothers-apart and practitioners emphasised the need for effective therapy by competent, sensitive practitioners as described earlier in this chapter. Early therapeutic/psychological intervention should be in place for victims/survivors of abuse to access funded therapy in advance of crises where mother-child separation becomes the only option for child protection when an abused mother has no access to therapy that she is deemed to need (largely, because of historical abuse when she might herself have been let down by the state as a child). Successful therapy is likely to involve good psychological connection between mothers-apart and their therapists, who can: work collaboratively with the women at relational depth, understand the issues associated with mother-child separation and, help women manage trauma and overwhelming emotional/psychological distress relating to loss/grief/anger/shame/guilt.

Implications for DVA educators

Because IM is underpinned by systems thinking and a socio-ecological model, this thesis argues that these aspects of the IM approach could also benefit the planning and evaluation of DVA education in other problem areas where professionals have key roles in abusers’ strategies. For instance, stalking often involves manipulating professionals to divulge information about victims/survivors (Miller and Smolter 2011). So, encouraging workers to think about how they might unwittingly assist

perpetrators by including the whereabouts of a survivor in a court report, for instance, would be a useful aspect of DVA education.

IM is a useful approach to planning DVA training when mother-blaming has been identified as a factor because the systems thinking that underpins IM helps to consider such systemic structures and practices. DVA education should raise awareness of the systemic nature of abusers' tactics that include exploitation of systems and manipulation of persons such as professionals, children, other family members and friends, and capitalise on mother-blaming structures and practices. DVA training should raise awareness of how practitioners can be drafted into perpetrators' abuse of women and children via a range of manipulative tactics such as claiming victim status, using threats of harm, or a charm offensive, any of which can result in professionals assisting, or colluding with, perpetrators strategies to divide women and children for the purpose of abuse and control. DVA training should stress the problem of mother-blaming in DVA contexts, and provide alternative perspectives to counter these views. And, it should highlight the importance of reflective/reflexive practice and supervision in which worker attitudes/beliefs/values/perceptions are explored. DVA education should also emphasise the manipulation/exploitation of systems/professionals by perpetrators/fathers and stress the importance of a gendered approach that recognises the centrality of mother-blaming in abusive men's strategies and systems'/professionals' responses.

Methodological reflections, strengths and limitations

A variety of research methods were applied to the four studies presented in this thesis. These studies have both strengths and limitations and the results and conclusions should be understood in light of these. Due to the, largely, unorthodox nature of this research project, I have drawn on Bassey's (2001) concept of 'fuzzy

prediction', which replaces the certainty of scientific generalisation by the uncertainty (or fuzziness) of statements that contain qualifiers such as might, may and 'are likely to'. Bassey (1983) recognised that there is strength in studies of single events when the results resonate with readers, and in this sense, I have shared the results of my studies with several readers who have confirmed that my reports resound with their experiences, and offer an insight into the worlds of mothers-apart. In this sense, I subscribe to Bassey's (1981) concept of 'relatability' that refers to how practitioners reading the report of the study can relate it to their own practice. Social media has been invaluable in this regard in canvassing the opinions of practitioners who read about my work on my blog (Monk 2014), which I promoted through twitter (@monk_laura). For instance, I blogged about the theme of mother-blaming that I was working on in my analysis and received affirmation from service users, service providers and researchers that readers could relate to the findings of my study.

Bartholomew et al. (2011) recommend multiple research methods in IM but the authors do not recommend data analysis methods. I used grounded theory (GT) (Charmaz 2002, Glaser and Strauss 1967) methods of analysis because I perceived similarities between IM and GT. The two methods were well aligned in many aspects, especially their iterative, cumulative nature and practice of conducting new research as appropriate to the study, which builds on previous research. There are also important differences to be noted: principally the entirely inductive thrust of GT, in contrast to the deductive approach of IM, including use of *precede*, which is embedded in IM. So, whilst the present study is not a GT study *per se*, because of this key difference and the fact that the main approach is IM, GT methods enabled an analysis of the data that went beyond the deductive frameworks of the IM Steps and *precede*. This allowed for an interpretation that led to nuanced understandings of

coercive controllers' strategies targeting the mother-child relationship and how professionals can respond effectively to this problem. The GT methods of constant comparative analysis and writing memos (Glaser and Strauss 1967) were invaluable for comparing the findings of all four studies and keeping track of emerging ideas about how to best support mothers-apart.

The last stage of the constant comparative method was "writing the theory" where the memos of categories were brought together for summarising and as, Glaser and Strauss suggested, "perhaps, further analysing before writing" (1967:113). The analysis of the findings naturally continued during the writing of the discussion chapter because I found that the act of writing produced further insights. In fact, it was only during my final reflections on how I had addressed my biases that I came to an understanding of the moralising aspect of mother-blaming. To explain, by pondering how I was very positively biased towards supporting mothers-apart I realised that it was difficult for me to blame mothers for situations in which they became separated from their children according to perceptions of 'badness'. And that this separated me from those who engage in mother-blaming because I avoid making moral judgements about why mothers are apart from their children. Therefore, I discovered Buckley's (2003) concept of mother-blaming as a moralising activity (2003:46), when engaged in active self-reflection and reflexivity in which I examined my own tendencies (or lack of) towards mother-blaming. Ergo, this discovery came through reflective writing and thinking rather than in the data collection stage. For these reasons, I think that the use of GT methods of analysis enabled the achievement of a more nuanced understanding than might otherwise have been possible. I am unaware of any other studies that have integrated the IM approach with GT methods of analysis.

Another one of the strengths of this research project was the involvement of MATCH Mothers' members, who participated in studies one and two, in addition to forming the core of the planning group, and volunteering their time to talk to practitioners on the workshop. I was a member of this group myself and, because I have insider status, I was also able to gain the trust of the women in ways that an outsider could not have done. Members of planning group have contributed to this project in powerful and meaningful ways that could not have been achieved otherwise due to their deep tacit knowledge of the problems facing mothers-apart, and their desire to change the current situation concerning the lack of support for this group of women. The unique nature of this participant sample also means, however, that this study would be difficult to replicate for those researchers without insider status. Nevertheless, this research project has the potential to be a useful guide for survivor-led research using the IM approach. I am unaware of any other studies that have used IM in this way.

The present study highlighted the problems faced by mothers-apart in accessing appropriate help and support and identified a range of professionals' responses that were reported to be unhelpful, punitive and harmful. Another strength of this research project is that this problem was investigated using a feminist standpoint, which posits that, "by starting research with women's lives, we can arrive at empirically and theoretically more adequate descriptions and explanations – [and] less partial and distorting ones" (Harding 1991:48). This is not to claim that the experiences of the mothers-apart in this study are true for all mothers-apart though, because the small samples in studies one and two preclude this. What *is* possible, however, as Bassey (1981) proposed, is to relate the findings to my own position because I believe my own situation to be similar to those described in this study.

Again, whilst it would not be appropriate to make research claims concerning the behaviours of professionals based on the subjective accounts of a small sample of mothers-apart as in studies one and two, I can certainly relate the findings to my own position, and data from a range of participants resonated strongly with my own position as both mother apart and professional. Furthermore, the findings from studies one and two were triangulated with study three in which a range of practitioners also reported similar responses to mothers-apart (both negative and positive), and acknowledged a lack of services/specialised support. This is not to say that professionals' reports should be considered more valid than the women's reports, but the similarity of the findings suggests that practitioners' responses to mothers-apart were very significant because they were reported to impact on: mother-child separation processes, on women's psychological and quality of life problems, and on coping, adjustment and recoveries. Likewise, the needs of mothers-apart as expressed by the women and their reports of helpful/therapeutic/supportive responses by professionals were also very similar to views of participants who were practitioners in studies three and four.

A limitation of study four was the all-female participation in the workshop evaluation, which was not intentional. There was some initial interest from men who work in this area with mothers-apart but they did not end up participating in the training. This caused some tension with workshop attendees, mistakenly assuming this was related to a feminist stance as described in Chapter 8. In future, it would be an important task to improve engagement of male participants and address the gender imbalance. This could be achieved by advertising the workshop in more male-oriented environments, e.g., perpetrator programmes, organisations in which men campaign against DVA, and legal arenas.

During this research project, I have had to consider my own feminist position. I align myself with feminist standpoint theory because I recognise the unfair nature of power inequities that structure the institutions that mothers-apart commonly encounter and because I am critical of the power relations between this group of women and systems/professionals. However, I stress my tendency towards pluralism by also valuing systems thinking and, especially, Bateson's (1972) ideas about an 'ecology of mind'. My commitment to feminism *and* a pluralistic stance has enabled me to value motherhood and women-centred ways of working *and* also to consider how systemic/family practice (which is sometimes anti-feminist and mother-blaming) can combine with, or accommodate, feminist ideals. Ultimately, a pluralistic stance helped prevent ideological dogmatism, which enabled me to consider potential biases during the final analysis of this study. Participants' criticism for the workshop during the evaluation was crucial to this process. Bateson's (1972) ideas, in particular, enabled me to reflect deeply on the criticisms and come to important insights. Some of these led to the discovery of a way to bridge women-centred practice and systemic/family (child-centred) practice, which seemed polarised during stages of this project. Systems theory and feminist standpoint theory coalesced successfully into the final analysis using grounded theory methods. I am unaware of any other studies that have integrated the IM approach with feminist research methods (and grounded theory methods of analysis).

As I have been a mother apart myself with complete member status of this group of women, it was important to consider my biases. I have been highly self-reflective throughout the research process by using Lewin's (1948) reflective cycle model to plan-act-observe-reflect on any bias during decision-making and making sense of the data. In particular, I remained open to the criticisms made about the

workshop where some practitioners accused me of being biased (and anti-men and anti-social workers). Instead of dismissing these condemnations considered them in some detail, and allowed ensuing ideas to shape my research and inform my recommendations. When reflecting on possible biases I thought hard about my tendency to avoid mother-blaming, which seemed to be at odds with the tendency of some workers to blame mothers for much harm done to children (and to fathers, incidentally). However, as a psychological therapist I am not in the habit of blaming but of empathising, and trying to understand and make sense of complex situations, and sometimes to find solutions to problems also. For these reasons I can only conclude that my biases are positive and that more practitioners need to be positively biased towards abused mothers and mothers-apart as with any other vulnerable at-risk population with support needs. This seems a reasonable position to take in order to help and empower mothers-apart to keep their children or work towards their children being returned to their care when appropriate, and to support abused mothers who have become separated from their children in the absence of specialised services for them.

I also want to draw attention to my expertise as a qualified counsellor and psychotherapist with experience of working therapeutically with mothers-apart as a strength of this study. I believe that my immersion in the real world of mothers-apart, both personally and professionally confers an intuitive understanding of the needs of mothers-apart upon me, and strong insights into how they can be best supported by professionals. This is not to say that I have all the answers to the problems addressed in this research project. But, I was inspired by a genuine desire for such knowledge, arising from exasperation with the lack of professional advice, guidance, advocacy and support for mothers-apart that I continue to observe. This has been particularly

true of abused mothers suffering maternal alienation who have been at the forefront of this project. As previously stated, members of the planning group comprised mothers in this type of situation and all involved in the project have had a real interest in finding out how to support this group of women. This position led to research that has been honest, earnest and rigorous in its approach to finding answers to research questions.

A limitation of this study was that an effective evaluation of the workshop in study four was compromised by only measuring knowledge-based objectives. The results of this element of the study were somewhat predictable, i.e., participants on a training workshop knew more about the subject following training than they did before. It would have been more meaningful to measure the predisposing factors relating to attitudes, beliefs, perceptions, value, skills and self-efficacy. So, in the intervention evaluation chapter, I reflected on how I might change things in future – including reflection on the fact that those who attended were mostly accepting of the feminist approach but that this situation would be unlikely in future training. In light of these issues, I reconsidered how to effect attitudinal change and remapped the performance objectives to be more specific about what professionals need to *do* differently. Overall though, despite the limitations of the knowledge-only measure, the qualitative feedback alone provided important insights into inter-/intra-personal factors.

Suggestions for further research

IM Step 5 involves planning programme adoption, implementation, and sustainability (Bartholomew et al. 2011). These issues were not considered in the present study due to its limitations as a PhD research project, and because the intervention developed was a pilot project. The evaluation of the workshop showed

that practitioners generally valued training to improve their responses to mothers-apart, which warrants further research to implement and evaluate an improved workshop based on the findings of this study. At that stage, planning for the workshop to be adopted and sustained in the community would be considered.

One initial study aim was to establish numbers of mothers-apart in the UK who had experienced MA. This turned out to be an impossible task, mostly due to the lack of acknowledgment of this population, but also due to recent de-gendering of data that has resulted in a lack of national statistics on non-resident mothers, for example. It would be useful to conduct a large study into different types of coercive control experienced by survivors in order to quantify the population of women whose partners/ex-partners attempted or succeeded in sabotaging mother-child relationships.

In the literature, there is very little information on mother-child separation in other cultures. Anecdotally, I am aware that in some deeply patriarchal cultures, mothers can be separated from their children with no recourse to action when their culture and law precludes it, such as those with no laws against DVA. In the UK, for example, it would be a useful contribution to the literature on mother-child separation to examine how mothers might be separated from their children when they are told that their only option for help is the Sharia court (see Women's Aid 2014:46).

It is vitally important that more research is conducted into coercive controllers' strategies to target the mother-child relationship and to disseminate this research in the community so that practitioners can recognise this problem. I argue that this is a serious problem in the UK and although I appreciate the difficulty in making any such claim without prevalence data, I certainly experience this on a regular basis in practice and in the accounts shared by members of MATCH Mothers. Additionally, women in these situations regularly write to me for help because of my research and social

media presence. As shown in this study, when children go to live with their mother's abuser, the women do not have access to specialised support to cope. Research that leads to improving support for women experiencing the profound and long-lasting effects of this type of abuse is vitally important in addition to that which focuses on preventive work.

Little is known about the effects on children who go to live with DVA perpetrators following court-mandated processes. This might be because it is likely to be a challenging area of research due to difficulties accessing such children for interview. Most research with children living with DVA is done with the consent of their mothers living in women's refuges, or who are connected to DVA services. However, children who go to live with perpetrators/fathers following mother-child division might not see their mothers again, so consent would have to come from children's fathers. It is unlikely that perpetrators/fathers, who had intentionally divided mothers and children for their own purposes, would engage with researchers wanting access to their children. They would first have to identify as DVA perpetrators, which is not likely because MA and mother-blaming strategies are likely to have been employed as a smokescreen to conceal their abuse (Morris 2003a). However, members of the Charity MATCH Mothers are in situations where they often have parental responsibility for at least one of their children and also have regular contact with the child who lives with its father. Therefore, there may be the potential to access children who could be a wealth of information about mother-child division by coercive controllers. Nonetheless, there are clear ethical implications of interviewing children via their mothers when the children are still living with, or having regular contact with, perpetrators/fathers. Alternatively, there would also be value in interviewing adult children who were separated from their mother in a

context of coercive control - provided they recognised an abusive context, which would be more likely for children reunited with mothers than those who remained estranged and/or had adopted the worldview of the perpetrator/father.

Closing comments

The findings presented in this thesis offer hope that professionals can improve their responses to mothers-apart. When I first started this research project, I felt very alone because of the negative reactions to this at-risk population from practitioners in the community. But over the course of the first year I worked hard to build stakeholder engagement and by the time I reached my thirty-first interview with a range of experts in the field, I felt truly heartened by the wealth of support shown towards mothers-apart by practitioners from a range of professions. Yes, education is needed to change attitudes towards mothers experiencing DVA, and that will likely always be the case. However, I also spoke to practitioners who were sympathetic towards mothers-apart but constrained in their efforts to help because they did not know how. These practitioners said they *wanted* training in this area, and that they were genuinely interested in improving their responses to mothers are apart. Following the workshop pilot in June 2015, it was encouraging to hear practitioners reflect on how the training would impact, or had impacted, on their practice in meaningful ways.

Overall, the accounts of practitioners and mothers apart in this study suggest a need for a new type of DVA education that specifically focuses on coercive controllers' strategies to attack the mother-child relationship, and explains how to support mothers-apart by addressing their needs. What this study suggests is that this specific problem needs DVA education that takes a deeply reflexive pedagogical approach – one that encourages practitioners to think about their own part in abusive

men's mother-blaming strategies. For these depend on mother-blaming structures and practices, and on the manipulation of workers by coercive controllers who use similar tactics on professionals as they do with the women and children who they have control over. What has been, largely, missing in the DVA education field, until now, is an understanding of the significant parts that practitioners play in abusive men's strategies. This is particularly true of strategic assaults on the mother-child relationship, which depend on the exploitation of organisations that take a gender-neutral approach to DVA and, often, do not recognise this type of abuse. Patriarchal systems such as the family courts operate under the hegemony of fathers' rights discourse, which wields the tool of Parental Alienation Syndrome. Such environments are open house for abusive men to target women as mothers as a form of punishment for them escaping their control and they target their relationships with their children because they understand the vulnerabilities of mothers (Lapierre 2010).

Practitioners need educating about these issues so that they can be aware of mother-blaming discourse and practices, and develop critical reflective practice to consider where their ideas come from and how they might be shaped by mother-blaming theories and myths. This thesis has made the link between flawed systems/practices and omissions in DVA education, and raises awareness of these flaws so that practitioners might understand their roles in DVA outcomes. By drawing attention to the part that professionals play in coercive controllers' strategies to target the mother-child relationship, this study has shown that a fresh approach to DVA education, using reflexive pedagogy, may play an important role in raising practitioners' awareness of how to address this form of abuse and support mothers-apart.

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Appendices

Appendix 1. Table of studies/texts/articles re mothers-apart

Author (s) Year Location	Focus & Source	Participants & Methods of Type of Article	Key Findings/Themes
Casady (1975) US	'Runaway Wives'. <i>Psychology Today</i> 8 (12), 42	Short opinion piece on the phenomenon of 'runaway wives' in the US associated with the Women's Liberation Movement.	Women's boredom with marriage leads to them leaving for freedom and independence. Many women return after demonstrating unhappiness/dissatisfaction. This piece does not mention motherhood or abuse.
Murray (1975) US	'The Runaway Wife Phenomenon'. <i>Practical Psychology for Physicians</i> 6 June, 40-45	Opinion piece by a marriage counsellor in the form of a hypothetical case study of a couple who go from being 'happily married' to a situation in which the wife leaves the marriage for personal fulfilment outside of being a wife and mother. Supplemented by two subsidiary pieces: one on assertiveness versus aggression, and on 'battered women'.	Women's need for self-fulfilment, self-actualisation and independence. Problems women have in being assertive. The benefit of couples counselling. 'Wife abuse'.
Sklar (1976) US	<i>Runaway Wives</i> . New York: Coward, McCann and Geoghegan	Seminal text on the phenomenon of 'runaway wives'. Sklar documents the rise of an estimated 'several hundred thousand women' who left their marriages 'in a striking bid for freedom unparalleled in American history' (inside fly cover). The author interviewed 'more than' 50 middle-class women and some of their husbands, as well as detectives who tried to trace the women, and sociologists, psychologists and marriage counsellors who attempted to explain what the author describes as 'an unprecedented flight'.	Rejection of marriage rather than the rejection of men as individuals during the Women's movement that saw how women could be more than just wives and mothers. A network of women developed from the emancipatory movement. Driven by guilt, most runaway wives returned to their families after they made their point - being taken for granted/going unnoticed, etc. Some women left for another man, which did not fit with the 'new runaway' wife ideal, but some left due to DVA, which did. Before leaving, women in unhappy marriages used prescription drugs and alcohol to cope, some self-harmed/attempted commit suicide or 'retreated into madness'.

Todres (1978) Canada	'Runaway Wives: An Increasing North-American Phenomenon' <i>The Family Coordinator</i> 17 (1) 17-21	38 mothers aged 27-54 (mean age 39) were recruited through the 'mass media' in Toronto. Women were interviewed using questionnaires that involved a 'combination of fixed alternative and open-ended questions' aimed at 3 areas: demographics, events leading up the woman's departure, and leaving.	Most common reason for leaving given by the women was a lack of communication by the spouses and a lack of common interests; and their financial and emotional security, i.e., mothers believed the children would be better off living with their fathers due to their income and stability of staying in the home. The second most frequently stated response the woman gave for leaving the children behind was being 'emotionally unable to care for their children' (Todres 1978:18). After leaving, women described greater negative consequences (painful loss of children and missing them, guilt, and social stigma) than positive (increased independence and self-esteem). Stigma included friends, family and professionals who expressed disapproval.
Fischer and Cardea (1981) US	'Mothers Living Apart from Their Children: A Study in Stress and Coping' <i>Alternative Lifestyles</i> 4 (2) 218-227	31 women aged between 24-47 were recruited in a comparative study of custody and non-custody mothers. Semi-structured interviews were conducted with the women and a questionnaire that asked fixed questions about societal attitudes, for instance. The study examined the stress involved for non-custody mothers in not fulfilling ascribed roles as mothers and being exposed to negative societal evaluations	Sex role stereotypes and social norms Negative attitudes towards mothers-apart (unfit mothers) No mention of DVA but: "One mother stated that the ex-husband did not want the children except as a means to hurt her" (1981:223). And 'fathers were described as coercing, brainwashing, and buying off the children, even stealing them' (1981:223). Authors found non-custody mothers no more unfit than custody moms.
Paskowicz (1982) US	<i>Absentee mothers</i> . New York: Universe Books	100 'absentee mothers', defined as having relinquished custody whether or not it was the mother's wish to do so, were recruited through snowball and convenience sampling. 96 of the women were white and 4 were black. The median age of the sample was 35. Data were derived through questionnaires comprising approximately 150 questions.	Stereotypes that invited contempt, anger and hostility Voluntary and involuntary relinquishment Absentee mothers' childhoods often featured absent parents Unhappy marriages, authoritarian husbands Self-harm, and suicidal attempts/ideation Recoveries feature independence, educational, personal and professional development.
Rosenblum (1986) (US)	'Leaving as a Wife, Leaving as a Mother: Ways of Relinquishing Custody' <i>Journal of Family Issues</i> 7 (2) 197-213	In-depth, semi-structured interviews were conducted with 20 divorced/separated noncustodial mothers. None of the mothers lost custody in court processes but were defined by actual residence: women lived with their children less than 50% of any given year (as defined by Fischer and Cardea 1981).	Relinquishing custody is different when mothers relinquish custody "as mothers" or "as wives" because one involves a choice to leave children whereas the other doesn't. There are no differences between the personalities and traits of custodial and noncustodial mothers.

Greif (1987) (US)	'Mothers without custody'. <i>Social Work</i> 32, 11-16	517 mothers without custody completed a questionnaire that was published in a US magazine with a 200,000 readership – returns were supplemented by those from members of a national self-help group for mothers without custody. Additionally, in-depth interviews were conducted with more than 50 of the mothers chosen at random.	Mothers who felt comfortable with childcare arrangements and non-custody status experienced less stress, loneliness, anger, guilt than those who were not happy with their situations. Mothers who had fought for custody and lost through court proceedings were most unhappy due to: not having a choice in living apart from children; feeling judged as unfit by the courts, which lead to a sense of failure; and believing that children would be better off with her.
Greif & Pabst (1988) US	<i>Mothers without Custody</i> . Lexington: DC Health	Comprehensive text on non-custodial mothers drawing on research with a sample of 517 (largely, white, middle-class) mothers recruited from self-help groups. Telephone and personal interviews were conducted following initial questionnaires.	Non-custody due to a variety of reasons where husbands wanted custody or women believed children were better off with their dads. 16% of mothers said the men wanted custody for revenge: for ending the marriage, for infidelity, or due to her being 'unfit' in some way. Support for women advocated self-help groups, family therapy and clinical individualised treatment or group therapy.
Chesler (1991) US	'Mothers on Trial: The custodial vulnerability of women'. <i>Feminism and Psychology</i> 1 (3), 409-25	This is a critical reflective essay that highlights the custodial vulnerability of mothers who are not protected by law. The article stresses the gender inequities in the family courts, which awards custody to fathers whether they are abusive or parentally uninvolved.	Mothers have never been legally entitled to custody of their children There is gender bias in the family courts and fathers are winning more Mothers are blamed and pathologised Fathers are believed/excused and mothers are not Mothers need: a liberation movement, a custody phone support line, a team of specially trained pro bono professionals and housing, childcare, job training and employment
McMurray (1992) Australia	'Influences on Parent-Child Relationships in Non-custodial Mothers' <i>Australian Journal of Marriage and Family</i> 13 (3), 138-147	8 noncustodial mothers responded to newspaper adverts and telephone interviews were conducted with them. The author described a qualitative, phenomenological approach, and analysis was thematic.	Financial pressures were a strain on mother-child relationships as women struggled after divorce from men whom they had been financially dependent on. Children preferred activities with their fathers who had more money. Interparental conflict was identified by mothers as the most important issue influencing their ability to parent – exes undermined mothering roles, including telling the children lies about them and preventing contact if rigid rules were not adhered to.

Arditti and Madden-Derdich (1993) US	'Noncustodial Mothers: Developing Strategies of Support' <i>ProQuest Nursing & Allied Health Source</i> 42 (3)	13 non-custodial mothers were selected from court records from 2 counties in Virginia, US. They were interviewed using questionnaires (to collect data variables regarding divorce and child-separation, e.g., circumstances and economic situation), scales (to measure adjustment to divorce, parental involvement and the co-parental relationship), and open-ended interview questions (for in-depth exploration of certain issues e.g., relinquishment, adjustment, coping, support).	Most common reasons reported for separation: children's choice, intimidation, court decisions, and financial problems Children viewed as a means to punish the mothers for wanting to end the marriage, or as a bargaining chip to get them to stay in the marriage Mothers: were motivated by what was in the children's best interests; Were unhappy with arrangements due to a lack of choice and a sense of helplessness, which contributed to feeling oppressed and marginalised; and reported hostile divorce proceedings involving intimidation, coercions, and lack of choice in the custody decision; felt their children were greatly influenced by their fathers – either by guilt or money or both; reported a decline in closeness to their children before and after the divorce, and a feeling of being an outsider in their children's lives; and reported problems with adjustment due to their feelings of loss over their children, and financial inadequacy.
Ferguson (1994) (US)	'Mothers without Children: Implications for Practice' <i>Affilia: Journal of Women and Social Work</i> 9, 401–16	Two case studies provide a vehicle through which to discuss societal expectations of mothers and motherhood, and the environmental, intra- and inter-personal factors involved in mothers' decisions about custody.	Societal views and expectations of motherhood: Gender-biased toys reinforce stereotypes; Mothers are blamed for all of children's problems; Religious interpretations of motherhood demand women to sacrifice themselves, which includes their needs/wants/desires/ambitions and leads to depression; Occupational inequality is exacerbated by women's roles in the home.
Herrerías (1995) (US)	'Noncustodial Mothers Following Divorce'. <i>Marriage and Family Review</i> 20 (1-2), 233-255	130 noncustodial mothers participated in this study from 22-49 years old (mean age = 35.7). In-depth interviews were conducted with 102 participants whilst the remaining 28 responded by mail to a life history questionnaire, as well as to an additional 8-page series of open-ended questions. The study aimed to examine self-concepts, psychology, relationships, factors in relinquishing custody, social quality of life, and evaluate decisions in retrospect.	Varied factors were cited for 'giving up' children: financial considerations, emotional problems, threats of legal custody fights, and 'being in a destructive relationship with mate'. Women felt negative, guilty or like a failure. Most women did not regret their decisions because they felt that the best decisions were made from the children, especially relating to finances and environment.
Clumpus (1996) (UK)	'No-Woman's Land: The Story of Non-Custodial Mothers'	Feminist qualitative study in which 10 women aged 23-44 years were recruited from MATCH Mothers. All participants were white, English and heterosexual and all their children were living with the father. The interviews were transcribed and analysed thematically.	Three dominant discourses were identified: Discourse of the unfit mother; Discourse of 'Maternal Protection'; Custody as 'Power Over' (explores abusive men).

Babcock (1997) (US)	'Stigma, Identity Dissonance, and the Non-residential Mother'. <i>Journal of Divorce and Remarriage</i> 28 (1-2), 139-156	Feminist qualitative research methodology was used. In-depth face-to-face interviews were conducted with 41 nonresidential mothers. The interviews explored the respondent's attitude about her mothering role and perceived negative social attitudes towards nonresidential mothers. Analysis consisted of the constant comparative method (Glaser and Strauss 1967).	Majority of participants reported: Being dissatisfied with custody/childcare arrangements Lack of economic resources main reason for relinquishing custody A preference for having their children live with them or to have unlimited contact Motherhood was the participants' most important identity status Strong and prevalent negative stigma, judgement and marginalisation from society
Santora & Hays (1998) US	'Coping Outside Traditional Roles: The Case of Noncustodial Mothers and Implications for Therapy.' <i>Women and Therapy</i> 21, 53–66	Mixed-methods semi-structured interviews with 26 noncustodial mothers between ages 26-48. 23% of participants were of ethnic minority cultures and 77% Euromerican. The qualitative element to this study asked: "If you could share with other noncustodial mothers what has been most helpful to you, what would that be?" Participants gave over 100 responses, which were organised into 11 general themes.	Themes (as women said them): Social support (rated highest and included support groups) Redefining role as mother and expanding beyond the sole focus one's identity as a mother Acknowledge profound grief experience and don't be afraid of the pain Take care of yourself so you can be there for your children Trust yourself and your decisions Read and educate yourself about women's issues Do something for your children, like making a picture book Find ways to express yourself creatively (e.g., journal writing)
Stewart (1999) US	'Nonresident mothers' and fathers' social contact with children'. <i>Journal of Marriage and the Family</i> 61 (4), 894–907	Study investigating sex difference in non-resident parents' level of contact using a national survey to test 3 hypotheses with a sample of 13,008 respondents: 156 mothers and 531 fathers.	Overall, both non-custodial mothers and fathers had similar types of visitation patterns However, non-resident mothers were slightly more likely to maintain contact via phone and mail than fathers. Conclusion that emotional issues and practical barriers make day-to-day contact with children difficult to maintain, regardless of parents' gender.

Morris (1999) Australia	<i>Maternal Alienation as a Further Dimension of Violence Against Women and Children.</i> Unpublished master's thesis. University of Adelaide	Qualitative semi-structured interviews with 9 alienated mothers and survivors of abuse, and 2 focus groups with women survivors of DVA. Data analysed used thematic analysis. Research conducted within a feminist framework	MA as intentional – for revenge, to punish, & to hide abuse Interconnected (emotional) DVA and child (sexual) abuse (Kelly's 1994 double-intentionality) Use of mother-blaming & motherhood ideology on multiple levels Need for professional intervention to support mothers & challenge to male voice/ constructions of meaning
Gustafson (2001) Canada	'Unbecoming behaviour: One woman's story of becoming a non-custodial mother'. <i>Journal of the Association for Research on Mothering</i> 3 (1), 203–212	In this article, the author tells the story of how she came to be separated from her children following divorce. The methods are not stated.	Process of becoming separated from children likened to 'unbecoming' a mother Trying to do the best thing for the children Feeling abandoned by the 'professionals' Loss, grief and anger Aloneness and shame Feeling powerless, exhausted, exasperated 'Good' and 'bad' motherhood ideology – demonised as deviant, unnatural and unfit Judgement and condemnation Choice in the context of limited choice
McCloskey (2001) US	'The "Medea Complex" Among Men: the Instrumental Abuse of Children to Injure Wives' <i>Violence and Victims</i> 16, 1, 19-37	This mixed-methods study investigated the reasons for the co-occurrence of partner and child abuse, specifically trait versus instrumental theories of aggression within families. Interviews were conducted with 363 women and one of their children in the US. The women were recruited as two groups: one group as victims/survivors of DVA, and one control group. Women and children were interviewed about the following stressors for men's abuse of family members: unemployment, drinking, and life-stress events, and analysed to determine whether they equally predicted partner or child abuse.	Findings showed that families were oversampled for the presence of spousal violence. Logistic regressions showed that heavy drinking and life stress events predicted men's abuse of their partners, and that these factors were unrelated to child abuse. 'Wife battering', however, placed children at heightened risk, and the children stood a 42% chance of receiving escalated abuse from their fathers. The authors of this study proposed that men's abuse of children often instrumental in order to coerce or retaliate against women.

Büskens (2002) Australia	<p>'From perfect housewife to fishnet stockings and not quite back again: One mother's story of leaving home'. <i>Journal of the Association for Research on Mothering</i> 4 (1), 33-45</p>	<p>This paper is grounded in the experiences of 15 mothers who left their families but a narrative is presented of one woman (Lillith) as a 'paradigmatic example'. The paper focuses on "one pivotal question about what happens when a mother leaves home, with a particular emphasis on maternal sexuality" (2002:34).</p>	<p>Lillith was subject to physical violence in her marriage to Adam, was sometimes beaten in front of their 3 children and was eventually hospitalised from a particularly severe beating. Lillith made a subsequent suicide attempt. She left when she began to resent her children for keeping her trapped in the marriage. She reports leaving as both wife and mother. Lillith experienced considerable and lifelong stigma, she lived with guilt in return for freedom.</p>
Kielty (2005) UK	<p>'Mothers are Non - resident Parents Too: A Consideration of Mother's Perspectives on Non - residential Parenthood'. <i>Journal of Social Welfare and Family Law</i> 27 (1), 1-16</p>	<p>20 women aged between 25-53 years were recruited from the charity, MATCH Mothers. 2 further volunteers were recruited from personal contacts. All were white women with a diverse social, economic and educational background. Narrative interviews were conducted and analysed using relinquishing categories.</p>	<p>Mothers' satisfaction with arrangement correlated with their perceived degree of choice regarding child residence, i.e., those that chose relinquishment were happier than those that did not. The majority of mothers did not accept the idea of role reversal – believing mothers provided superior parenting, e.g., greater empathy, enduring and unconditional love and altruistic motivation.</p>
Neustein and Leshner (2005) US	<p><i>From Madness to Mutiny</i>. Boston: Northeastern University Press</p>	<p>A sociological inquiry into the problems facing mothers of sexually abused children forced into contact disputes with perpetrators/fathers. The text draws on research conducted over 20 years into the American family court system using an ethnomethodological approach.</p>	<p>Corrupt practices relating to misogyny, sexism, mother-blaming, protecting men/abusers/ lawlessness, mental health 'quackery'. Effects on mothers: intense psychological distress akin to 'insanity', i.e., paranoiac, schizophrenic type reactions, and profound trauma, grief and loss.</p>
Pagano (2006) US	<p><i>Journeys of Women without Custody</i>. Bloomington: AuthorHouse</p>	<p>Text on noncustodial mothers arising from author's doctoral study. In-depth interviews were conducted with 9 noncustodial mothers recruited from a support group in the US. Analysis was described as 'emergent, interpretive and phenomenological.</p>	<p>Caring - giving care, caring for oneself, 'letting others mother', mother care Maternal ambivalence Bereavement Renewed sense of self</p>

Bemiller (2008) US	‘When Battered Mothers Lose Custody: A Qualitative Study of Abuse in the Home and in the Courts’ <i>Journal of Child Custody</i> 5, ¾ 228-255	Qualitative study using feminist methodology. Data from a larger study into noncustodial women’s experiences of being non-residential parents. This study focussed on themes relating to DVA and unfair treatment in the family courts. Sample comprised 16 women aged between 27-48. 75% were white and 25% were African American (n=4). Women’s narratives were gleaned using semi-structured, in-depth interviews. Grounded theory methods were used to analyse the data.	Themes: 1. Intimate relationship abuse 2. Family court and institutional abuse Sub themes: The economics of motherhood Gender bias in family court processes 3. Post-custody abuse
Morris (2008) Australia	Unpublished doctoral thesis examined MA as gendered violence using gendered analysis of VAWC	Feminist, action and participatory research, using methods from ethnography and grounded theory. Data collected from fieldwork and group meetings (documentation from the Maternal Alienation Project), from 11 post-project qualitative interviews with MAP workers, and 2 focus groups of workers	MA as gendered violence involving mother-blaming and degrading constructions of mothers in families that relate to discourses/myths on multiple levels, e.g., society, organisations Improvement of organisations’/systems’ responses to MA through practice tools, policy recommendations & training Importance of language to convey women’s and children’s lived experiences
Kruk (2010) Canada	‘Collateral Damage: The Lived Experiences of Divorced Mothers Without Custody’ <i>Journal of Divorce & Remarriage</i> 51, 526-543	Feminist, qualitative study using narrative inquiry. Semi-structured, face-to-face interviews were conducted with 14 mothers without custody of their children after separation. A field journal was also kept. Data were analysed using elements of a reflexive grounded theory approach and a constant comparative method of content analysis. A single-case analysis was conducted with each transcript using a classification system: holistic-form, holistic-content, categorical-content, and categorical-form analysis.	Seven main themes: Broken mother–child attachments, unresolved grief, and sense of loss Legal abuse within the adversarial system, and legal judgment based on nonconformity to a motherhood ideal Physical violence and emotional abuse in the family system Access denial and parental alienation Social stigma Lack of support services Financial losses
Chesler (2011) US	<i>Mothers on Trial: The Battle for Children and Custody</i> . 2nd edn. Chicago: Lawrence Hill Books	This is a revised and updated 2 nd edition of the author’s 1986 book of the same name, which is based on initial interviews with 60 mothers who had been children’s primary carers but were custodially challenged in the US and Canada, and then interviews with 55 fathers who fought for custody. The author also interviewed 55 African, Asian, Hispanic and Native American mothers.	“Good-enough” mothers lose custody 70% of the time Fathers win custody even when they are violent and abusive There is gender bias against mothers who are blamed and not believed It is a myth that mothers receive preferential treatment Fathers’ rights groups perpetuate myths about the alienating mother The ‘voluntarily’ noncustodial mother is a myth. Defines ‘good-enough’ and ‘fit’

Gustafson and Elliott (2011) Canada	‘Lives lived together and apart: A mother and daughter talk fifteen years later’. <i>Women’s Studies International Forum</i> 34, 185-194	This article draws on story-telling conventions that allow a mother and daughter to engage in conversation about being separated from one another through a narrative as methodology.	Mothers and children understand separations differently Mother-daughter relationships shift over time and the work of preserving the relationship is iterative Narratives do not have to be dramatic-traumatic Mothers maintain positive relationships with their adult children regardless of the residential arrangement Gendered parental obligations mean a mother is always seen as the one who should take on primary responsibility for nurturing her children even when a marriage ends Paternal absence is assumed rather than questioned whereas the naturalness of maternal presence is assumed.
Snowdon and Kotzé (2012) New Zealand	‘I’m Not a Bad Mother – Stories of Mothering-on-the-Edge’ <i>Australian and New Zealand Journal Of Family Therapy</i> 33 (2), 142-156	A Snowdon and Kotzé’s (2012) qualitative study of three non-resident mothers, who identified as Pakeha New Zealanders, The first author was a mother-apart from her son for seven years and the study draws on Snowdon’s (2007) master’s dissertation, alongside the family therapy practice of the two authors. Snowdon and Kotzé identify themes that indicate a narrative therapy approach to working with mothers-apart.	Financial positioning Non-residence viewed as sense of failure ('bad mother') Actions that recognise and resist an outside position
Finzi-Dottan, Goldblatt and Cohen-Masica (2012) Israel	‘The experience of motherhood for alienated mothers’	Qualitative study that examined the alienated mothers’ experiences of motherhood. In-depth semi-structured interviews were conducted with 10 women whose children refused contact with them. Data analysed thematically.	One main theme: Merging v. detachment Four sub-themes: 1) marriage as an illusion of salvation from an abusive home; 2) giving birth to a child as compensation for chaotic childhood experiences; 3) husband exploiting and abusing their sense of failing motherhood; and 4) the husband and mother-in-law expelling the mother.

Monk (2013) UK	<i>Maternal Alienation: A thematic analysis of how six mothers become separated from their children in the context of domestic violence.</i> Unpublished master's thesis. Coventry University	Qualitative, feminist research in which in-depth, semi-structured interviews were conducted with six women who identified as mothers-apart. Participants were white British aged between 35 and 55 years old, with a mean age of 46 years. Data were analysed using inductive and deductive thematic analysis.	Three overarching themes were identified as the central aspects of maternal alienation when the women's ex-partners: undermined their mothering roles, sabotaged contact between them and their children, and supplanted them as their children's primary attachment figure. Six further themes were identified as the key strategies used to achieve each of these three aspects of maternal alienation: denigration of mothers; elevation of fathers; manipulation of children, family, and professionals; exploitation of institutions/systems, oppression of mothers; and isolation/exclusion of mothers.
Beckwith (2015) UK	<i>Managing the Hurt: Narratives of Mothers Living Apart from their Children.</i> Unpublished master's thesis. University of Huddersfield	Qualitative, feminist methodology in which in-depth interviews were conducted with eight women who identified as mothers-apart. Recognition was given to the co-constructed nature of narrative interviews and elements of community based participatory research were threaded into the study design. Two readings of the Listening guide were employed to analyse transcript alongside reflective writing explored in the context of Doucets' metaphor of 'gossamer walls'. "Franks" illness narratives of 'chaos' and 'restitution' were adapted to account for separation as a critical life event.	The 'good mother' narrative Validations of the 'good mother' Stigmatised mothering Resistance of the 'bad mother' label 'Incompleteness' and the pain of 'incompleteness' Chaos stories Missing out Broken Rock bottom Unfit Contact Gatekeepers In the dark

Appendix 2. ‘Using Children’ Post-separation Wheel

Post Separation Power and Control Wheel

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Appendix 3. Ethics Approval Study One (P16433)



The following ethics request has been approved by Elaine Cartmill. All the relevant documentation will be available for you to download within the next 24 hours. Please log back into Ethics and select the request from your listing. Select the Downloads tab to retrieve the documentation. Please proceed with good ethics.

Ref:	P16433
Project Title:	Development of Group Psychotherapy for Mothers Separated from their Children in the Context of Domestic Violence
Applicant:	Laura Michaela Monk
Supervisor:	Erica Bowen
Module Code:	HLSR010
Module Leader:	

Go to ethics.coventry.ac.uk to view this request in more detail.

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Appendix 4. Forum Questions

Study one list of questions posted on the MATCH Mothers forum:

- What type of help/support did you need when you realised you were at risk of becoming separated from your child?
- What type of help/support did you need once you became separated from your child?
- What do you need now?
- What kinds of needs/issues/problems have you sought professional help for?
- What type of intervention would have helped you and your children remain together?
- How do you want systems and professionals to help?
- What would you like professionals to know or understand?
- What could professionals do to improve their responses?

Appendix 5. Ethics Approval Study Two (P26528)



The following ethics request has been approved by Sophie Krumins. All the relevant documentation will be available for you to download within the next 24 hours. Please log back into Ethics and select the request from your listing. Select the Downloads tab to retrieve the documentation.

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Ref:	P26528
Project Title:	Developing training for professionals working with mothers separated from their children in a context of DVA
Applicant:	Laura Michaela Monk
Supervisor:	Erica Bowen
Module Code:	HLSR010
Module Leader:	

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Appendix 6. Co-constructed Narrative Guidelines

1. Write your story about how you came to be separated from your children – focussing on your needs, the help that you sought and the professionals and organisations involved.
2. Protect the identities of those involved.
3. Aim for between two and six pages of A4.
4. You might want to select one or two events out of a larger series of events. A detailed description of a few events is better than one generalised description of many events.
5. Write a coherent story with a beginning, middle and end.
6. When appropriate try to listen to and portray the multiple perspectives of other people involved in the story.
7. Concentrate on writing yourself as a survivor, on writing a story you can live with.
8. Try not to make it a ‘moan fest’ about professionals but think about the good experiences too because we want professionals to know how best to help us.
9. Try to write a story that makes you feel better and helps you cope better.
10. If you find the story you have chosen to write to be too painful or to bring up issues you are not yet ready to deal with, contact me. Your feelings of safety while writing are of utmost importance.

Appendix 7. Ethics Approval Study Three (P26848)



The following ethics request has been approved by Sophie Krumins. All the relevant documentation will be available for you to download within the next 24 hours. Please log back into Ethics and select the request from your listing. Select the Downloads tab to retrieve the documentation.

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Ref:	P26848
Project Title:	Developing training for professionals working with mothers separated from their children in a context of DVA
Applicant:	Laura Michaela Monk
Supervisor:	Erica Bowen
Module Code:	HLSR010
Module Leader:	

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Appendix 8. Interview Schedule

In this interview when we talk about mothers apart we are talking about mothers who have become, or are at risk of becoming, separated from their children. They may have regular, little or no contact with one or more children who they may or may not have once been a primary carer for.

Currently, there is a lack of specialised services for mothers apart, a lack of intervention to address their needs and a lack of knowledge and skills on the part of professionals to support this group of women. The following questions aim to explore this deficit in order to inform a training programme for professionals.

Before we start, could you tell me a bit about where your awareness of mothers apart comes from? For example, professional or personal experience, job role, etc.

Mothers Apart Project - Interview Schedule

1. What do you perceive to be the main gap in the awareness/understanding (by professionals/organisations/culture/society, for example) of the needs/problems/issues of mothers apart?
2. In what ways do you think that the needs of mothers apart are being met (e.g., by services/organisations/professionals)? i.e., what are they doing right?
3. Why do you suppose there is a lack of specialised/dedicated services/interventions for mothers apart?
4. What are the main barriers to providing care, help, support and advice to mothers apart?
5. What type of intervention/service do you think would be most effective to address the needs/problems/issues of mothers apart (what would it look like)?
6. Do you know of any such interventions/services?
7. What type of professionals/service providers do you think would benefit from training to improve responses to the needs of mothers apart?
8. What would you consider to be the main aim of such training?
9. Has any training that you have undertaken included information about the needs of mothers apart?
10. If you were to undertake such training, what would you hope to gain/expect from it?
11. What method of delivery do you think would be effective/appropriate/preferable?
12. Do you have anything else that you would like to add?

Appendix 9. Pre-workshop Questionnaire

MAP Pre-Workshop Questionnaire

Participant No:

Please indicate your level of understanding (on a scale where 0 is lowest and 10 is highest) of the following:

The ways that mothers can become separated from their children

0 1 2 3 4 5 6 7 8 9 10

Mother-child separations in a context of violence/abuse

0 1 2 3 4 5 6 7 8 9 10

The needs of mothers-apart (mothers who are at risk of becoming, or have already become, separated from their children)

0 1 2 3 4 5 6 7 8 9 10

How a gendered/feminist approach to violence against women and children addresses issues pertinent to mothers

0 1 2 3 4 5 6 7 8 9 10

How attitudes, perceptions, beliefs and values affect practice

0 1 2 3 4 5 6 7 8 9 10

How to improve self-efficacy/skills when working with mothers apart

0 1 2 3 4 5 6 7 8 9 10

The need for protocol for working with mothers apart

0 1 2 3 4 5 6 7 8 9 10

The role of networks/networking in relation to mothers apart

0 1 2 3 4 5 6 7 8 9 10

Appendix 10. Post-workshop Questionnaire

MAP Post-Workshop Questionnaire

Participant No:

What is your level of understanding (on a scale where 0 is lowest and 10 is highest) of the following:

The ways that mothers can become separated from their children

0 1 2 3 4 5 6 7 8 9 10

Mother-child separations in a context of violence/abuse

0 1 2 3 4 5 6 7 8 9 10

The needs of mothers-apart (mothers who are at risk of becoming, or have already become, separated from their children)

0 1 2 3 4 5 6 7 8 9 10

How a gendered/feminist approach to violence against women and children addresses issues pertinent to mothers

0 1 2 3 4 5 6 7 8 9 10

How attitudes, perceptions, beliefs and values affect practice

0 1 2 3 4 5 6 7 8 9 10

How to improve self-efficacy/skills when working with mothers apart

0 1 2 3 4 5 6 7 8 9 10

The need for protocol for working with mothers apart

0 1 2 3 4 5 6 7 8 9 10

The role of networks/networking in relation to mothers apart

0 1 2 3 4 5 6 7 8 9 10

Post workshop reflection

Raised awareness – please answer yes or no

Has participation on this workshop led to a raised awareness of the situations of mothers apart?

Yes or No

Has participation on this workshop led to a raised awareness of how to improve responses to mothers apart?

Yes or No

Please provide feedback about this workshop in the spaces provided:

What is the ***most important*** thing that you have ***learned*** from this workshop?

What do you think was the ***least effective element*** of this workshop?

What do you think was the ***most effective element*** of this workshop?

Any other comments?

Thank you for your evaluation and feedback!

Appendix 11. Post-workshop Written Reflection

Mothers Apart Project Workshop

Participant Code:

Written Reflection

Please write about how your participation on the above workshop has influenced, or might influence, the way that you work and how you respond to mothers apart?

(150-750 words)

Appendix 12. Reflective Writing Exercise

Through-the-mirror-writing

Bolton, G. (2010) *Reflective Practice: Writing & Professional Development*. London: Sage

- In the space below write a quick list of 20 words or phrases about your experience of talking to mothers apart.
 - Allow yourself to write anything; everything is relevant, even the seemingly insignificant.
 - Re-read; underline ones which seem to stick out.
 - Choose one. Write it at the top of the next page...Write anything that occurs to you...
 - NOBODY else needs read this ever, so allow yourself to write anything.
 - You might write a poem, an accurate account, or muse ramblingly.
-
- Whatever you write will be right

Appendix 13. Ethics Approval Study Four (P32399)



The following ethics request has been approved by Sophie Krumins. All the relevant documentation will be available for you to download within the next 24 hours. Please log back into Ethics and select the request from your listing. Select the Downloads tab to retrieve the documentation.

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Ref:	P32399
Project Title:	Development of a workshop for professionals working with mothers separated from their children in a context of DVA
Applicant:	Laura Michaela Monk
Submitted:	06/03/2015 14:10
Supervisor:	Erica Bowen
Module Code:	HLSR010
Module Leader:	

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Participant Information Sheet

Information about the Mothers Apart Project Workshop

The aim of this study is to implement and evaluate a workshop for professionals responding to mothers who have become, or are at risk of becoming, separated from their children. The experience of becoming separated from children, often in traumatic circumstances, can cause quality of life and health problems for mothers apart. PTSD, grief and depression are common among this group of women who often do not engage with services for a variety of complex reasons. Working with such women can be challenging on many levels for professionals who tell us that they would like to know more about best practice in working with this client group. This study has used a community-informed approach to planning a workshop by collaborating with both service users and service providers to develop an innovative training programme. This workshop promotes a multi-agency approach to working with mothers apart so is aimed at a wide range of professions. In this respect, a variety of professionals are being recruited in order for there to be a good mix of practitioners and service providers who can share their knowledge and expertise with each other.

Why have I been chosen?

You have been chosen because you are a professional working in a field in which mothers can become separated from their children, e.g., adoption, divorce and separation, domestic/sexual violence/abuse, mental health, substance misuse. Or you may work indirectly with these issues – for instance, if you work as a supervisor or on a family panel.

Do I have to take part?

Participation is entirely voluntary.

What do I have to do?

1. You are being asked to take part in a free workshop training day on Wednesday 17th June 2015 at Coventry University.
2. You are also being asked to evaluate this training using a brief questionnaire before and after the workshop.
3. Additionally, you will be asked to give written reflective feedback within one month after the workshop through a guided reflective writing exercise (150-750 words).

What are the risks associated with completing this questionnaire?

One element of the workshop is concerned with loss around mother-child relationships so there is a risk that programme materials or activities could cause emotional upset. The facilitator of the workshop is a trained counsellor and psychotherapist, accredited by the BACP and experienced in group facilitation. Care will be taken with activities where these risks occur, such as using debriefing exercises. In the event that you become distressed as a

result of taking part in the workshop Laura will be available to talk to and to offer professional advice, during and after the workshop.

What are the benefits of taking part?

You have the opportunity to participate in a unique training programme that aims to help improve your response to a particularly vulnerable population.

Withdrawal options

You will have the right to withdraw from the study for up to two weeks after you have submitted your reflective written feedback. After this time, any information might have been used in the study.

Data protection & confidentiality

You will not be asked to reveal the names and details of any individuals. Your name will not be used in any part of the investigation and any quotes used from the questionnaire will be used anonymously. Your organisation will not be named and will remain anonymous. Any information that you provide will be kept confidential. It is not possible to guarantee total confidentiality when the project is written up, however, as it may be possible to recognise idiosyncratic details of individuals' responses. Questionnaires and written reflections will remain unidentifiable with a numbered code and stored in a locked filing cabinet.

What will happen with the results of the study?

The results of the study will be written up as part of a PhD research project. They may also be used in presentations, conference papers and for publication in journals. Additionally, the results of this investigation could be used to inform future research in this area.

Who has reviewed this study?

Coventry University Ethics Committee has reviewed this study.

Please contact the principal researcher, Laura Monk, using the details below for questions, a complaint, or further information:

Laura Monk Email: monkl@coventry.ac.uk
Office: 02476 887023 **Mobile: 07882 464133**

In the event that Laura cannot answer your question or satisfy a complaint please contact the Director of Studies:

Professor Erica Bowen Email: aa0522@coventry.ac.uk

Appendix 15. Consent Form

Consent Form

Participant code:

Before participating in the Mothers Apart Project workshop, please ensure that you understand and agree to the following points:

- I am over the age of 18.
YES/NO
- I confirm that I have read and understood the participant information sheet for the above study.
YES/NO
- I understand that participation is voluntary & I am free to withdraw without giving a reason & any information I provide can be destroyed on my request for up to
2 weeks after providing the post-workshop written reflection
YES/NO
- I understand that information I provide will be kept confidential and that my identity, the identity of the organisation that I work for, and any individuals, will remain anonymous.
YES/NO
- I understand that information I provide may be used and analysed for research purposes and the findings may be published in an academic journal, conference paper or presentation, using anonymised quotes.
YES/NO
- I understand that the data will be treated according to the British Psychological Society Code of Ethics.
YES/NO
- I understand the nature of the study, what will be asked of me, and the limits of confidentiality.
YES/NO
- I consent to participate in this study
YES/NO

Please Sign: *Use Brush Script M7 or electronic signature here* Date:

Appendix 16. Workshop Plan

September 2017



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Introduction

This plan for *Mothers-apart Project Workshop: Valuing Mothers, Protecting Mother-Child Relationships* provides clear and practical guidance for delivering specialised domestic violence and abuse education (DVA), with a particular focus on supporting mothers who experience coercive controllers' strategies to target mother-child relationships and other tactics aimed at women as mothers.

The workshop is the product of a participatory action research project involving members of the Charity, MATCH Mothers (mothers apart from their children) who refer to themselves mothers-apart. Central to the workshop is the learning opportunity to talk to mothers-apart who are DVA survivors with a wide range of experiences of help-seeking and intervention related to becoming separated from their children (and of being reunited). Enquiries for participation in training can be made to enquiries@matchmothers.org

DVA education proposed in this guide is a theory- and evidence-based learning development workshop that emerged from needs assessments with mothers-apart and the professionals who support them. It was developed using an Intervention Mapping approach (Bartholomew et al. 2011), which is underpinned by systems thinking/theory (e.g., Bateson 1971) and uses a socio-ecological model (Carlson 1984). This workshop is based on mother-centred practice, which recognises that women/mothers have different support needs to men/fathers (Corston 2007). In particular, a great deal of research demonstrates the need for women-only services, which have a deep understanding of DVA and its impacts (Nottingham Women's Centre 2017). A gender-specific approach is especially apt for mothers who have lived within an abusive household gender regime, characterised by a web of coercive control (Morris 2008).

The type of help and support that mothers-apart say they need, can be developed if professionals have access to specialised DVA education that assists them to:

- ❖ Address coercive controllers' attacks on the mother-child relationship
- ❖ Challenge mother-blaming structures, attitudes and practice
- ❖ Use reflexivity to help practitioners see their own part in DVA outcomes
- ❖ Increase knowledge of issues facing mothers-apart
- ❖ Improve relational responses, skills and self-efficacy

I hope you are inspired by this workshop to value mothering, help protect mother-child relationships and provide mothers-apart with appropriate help and support.

Laura Monk 2017

Workshop facilitation and pre-preparation

It is important that this workshop is facilitated by those with considerable knowledge and experience of supporting female DVA victims/survivors. The route to facilitation is through prior workshop attendance.

The workshop was piloted in 2015 at Coventry University. A number of practical issues for attention were highlighted during the development phase that could make a difference to the workshop experience. Because this workshop invites volunteer mothers-apart to contribute to the learning environment, it is important that the schedule is strictly adhered to so that the volunteers have a safe framework within which to participate, including clear time boundaries. Both mothers-apart and delegates will most likely be travelling to unknown destinations and will have to navigate unfamiliar territory. So, it will be necessary to provide directions, sign-posting, etc. in order to ensure that all volunteers and delegates avoid stress and arrive on time.

The workshop has a clear focus on supporting mothers whose relationships with their children have been threatened or damaged by a coercive and controlling partner or former partner. The need for this training was identified through the lack of support for mothers experiencing this type of abuse by academics, practitioners and mothers-apart themselves. A training needs analysis was conducted and the resultant workshop is based on evidence and theory with specific aims and objectives. It is important that change objectives are measured in the evaluation of the training. Objectives are stated clearly in the outline of each component in this guide and facilitators can request the most up-to-date matrix for change from the workshop developer when preparing their evaluative feedback forms. An example is given below of how the change objectives set out in the current matrix can be used for evaluative purposes.

A registration process is recommended in order to enable the education provider to ensure professional diversity and to collate a list of delegates' names/professions to be used for networking purposes. Multi-agency collaboration is an important element of the workshop and a Workshop Information Sheet is provided below to assist facilitators in this regard and can be adapted as required.

Workshop Information Sheet

The experience of becoming separated from children, often in traumatic circumstances, can cause quality of life and intense psychological and emotional distress for mothers apart. Complex trauma, disenfranchised grief, anger and stigma are common among this group of women who currently have no access to specialised help to address their needs. Working with such women can be challenging on many levels for professionals who tell us that they would like to know more about how to support mothers-apart.

This workshop is based on research that used a community-informed approach that drew on the experiences of both service users and service providers. It promotes multi-agency collaboration and networking so is aimed at a range of professionals. In this respect, recruitment is aimed at a variety of practitioners in order to provide an opportunity for sharing knowledge and expertise.

This workshop offers a new focus for DVA education that specifically addresses the problem of abusive men turning children against their mothers in order to: cause them harm and distress; continue control, abuse and intimidation beyond the relationship; and, punish women for escaping their abuser. Therefore, it takes a mother-centred approach. This is not to ignore or minimise the experiences of men and attention is paid to the differences between mothers and fathers regarding parent-child separation.

This workshop offers innovative DVA education that uses reflective practice to consider this form of abuse at a systemic level. Coercive controllers' use mother-blaming strategies that exploit mother-blaming structures and practices, and they manipulate practitioners by using similar tactics that they use with their victims who are both women and children. Therefore, this workshop uses reflexivity, which is a deeper type of reflective practice that encourages individuals to think about their own part in events. In particular, inter-/intra-personal factors such as knowledge, attitudes, beliefs, values, skills and self-efficacy are explored on this workshop through reflective writing exercises. Participants are encouraged to engage in this type of practice beyond the workshop.

What are the aims of the workshop?

The aim of this workshop for professionals is to raise awareness of coercive controllers' intentional mother-child separation strategies, and how to address this type of abuse, and to improve responses to mothers pre- and post-separation from a child in such circumstances.

What are the workshop objectives?

The workshop objectives are to assist practitioners to:

- ❖ Respond effectively to coercive controllers' strategies targeting mother-child relationship
- ❖ Identify strategies of coercive control to interfere in the mother-child relationship
- ❖ Use the coercive control law to address/prevent mother-child separation
- ❖ Take abused mothers' reports of mother-child separation seriously
- ❖ Act on information on coercive controllers' threats/attacks on the mother-child relationship
- ❖ Recognise mother-blaming systems'/professionals' responses
- ❖ Adopt a gender-specific approach to supporting abused mothers
- ❖ Value mother-protection as an effective method of child-protection
- ❖ Value nurturance of mother-child relationships pre- and post-abuse
- ❖ Support mothers who have become separated from their children
- ❖ Identify the effects of mother-child separation on women and children
- ❖ Help mothers-apart access effective counselling
- ❖ Recognise own support needs when working with mothers-apart

What are the benefits of taking part?

This workshop benefits you as a practitioner in assisting you to address coercive controllers' intentional mother-child strategies, which often occur at a systemic level, and to support mothers-apart. The workshop benefits mothers-apart because, in a needs assessment, they stated they needed improved services'/professionals responses. You have the opportunity to participate in innovative DVA education that values mothers and mother-child relationships.

What is required of me to attend this workshop?

- ❖ In order to achieve professional diversity and prepare for networking you will be asked to share relevant details with the facilitator in advance of the workshop.

- ❖ You will be asked to dialogue with mothers-apart about their experiences of help-seeking and systems'/professionals' intervention during mother-child separation. These are not intended to blame workers but to learn from what went wrong.
- ❖ In order to achieve the aims and objectives of the workshop, you will be asked to engage in reflective writing practice that encourages deep reflexivity to consider your potential roles in coercive controllers' strategies and mother-blaming practices.
- ❖ You are asked to contribute to evaluation using a pre-workshop questionnaire before attending the workshop and a post-workshop questionnaire at the end.
- ❖ Additionally, you'll be asked for written reflective feedback within one month of the workshop through a guided reflective writing exercise (150-750 words). This element of the workshop extends your learning and contributes to improving the workshop.

What are the risks associated with this workshop?

One element of the workshop is concerned with loss around mother-child relationships so there is a risk that programme materials or activities could cause emotional upset. Please be aware of the self-care element of the workshop.

What will happen with evaluations of the workshop?

The primary purpose of evaluations is to make improvements to the workshop and its facilitation but they may be also used for research purposes and reports.

Who is the facilitator?

Laura Monk Email: monkl@coventry.ac.uk

Pre-Workshop Questionnaire

Participant No:

Please indicate whether you agree or disagree with the following statements:

I expect that women who report tactics by partners/ex-partners to turn their children against them are women whose mothering is being undermined by an abuser

Agree 1 2 3 4 5 Disagree

I recognise coercive controllers' strategies to exploit mother-blaming systems and manipulate others including their children and practitioners like myself

Agree 1 2 3 4 5 Disagree

I know how to address abusive men's mother-child separation strategies by using coercive control legislation

Agree 1 2 3 4 5 Disagree

I expect mothers to be telling the truth about abusive men's threats against the mother-child relationship, e.g., that they will never see their children again

Agree 1 2 3 4 5 Disagree

I consider how both mothers and children might benefit from taking action to keep them together when abusive men threaten the mother-child relationship

Agree 1 2 3 4 5 Disagree

I consider how mother-blaming responses can be moderated through reflective practice and supervision in which reflexivity is used to identify my own part in outcomes

Agree 1 2 3 4 5 Disagree

Please complete side two.

Were you aware of the problem of coercive controllers' strategies to target the mother-child relationship before you saw this workshop advertised?

Yes or No

Were you aware of a lack of support for mothers-apart before you saw this workshop advertised?

Yes or No

Please provide information before attending the workshop in the spaces provided:

What is your job role and how does your work bring you into contact with mothers-apart?

What is your reason for attending this workshop and what interest do you have in supporting mothers-apart?

What are your views on women/mother-centred practice?

Any other comments?

Thank you for taking the time to fill out this form – please return by email

Post-Workshop Questionnaire

Participant No:

Please indicate whether you agree or disagree with the following statements:

I expect that women who report tactics by partners/ex-partners to turn their children against them are women whose mothering is being undermined by an abuser

Agree 1 2 3 4 5 Disagree

I recognise coercive controllers' strategies to exploit mother-blaming systems and manipulate others including their children and practitioners like myself

Agree 1 2 3 4 5 Disagree

I know how to address abusive men's mother-child separation strategies by using coercive control legislation

Agree 1 2 3 4 5 Disagree

I expect mothers to be telling the truth about abusive men's threats against the mother-child relationship, e.g., that they will never see their children again

Agree 1 2 3 4 5 Disagree

I consider how both mothers and children might benefit from taking action to keep them together when abusive men threaten the mother-child relationship

Agree 1 2 3 4 5 Disagree

I consider how mother-blaming responses can be moderated through reflective practice and supervision in which reflexivity is used to identify my own part in outcomes

Agree 1 2 3 4 5 Disagree

Please complete side two.

Post workshop reflection

Has participation on this workshop led to a raised awareness of:

Coercive controllers' strategies to target the mother-child relationship? Yes or No

How to address this problem using the coercive control law? Yes or No

How to improve responses to mothers apart? Yes or No

Please provide feedback about this workshop in the spaces provided:

How will this workshop influence your practice?

What do you think was the ***least and most effective elements*** of the workshop?

How could this workshop be improved?

Any other comments?

Thank you for taking the time to fill out this form – please return to facilitator

Post-workshop Written Reflection

Mothers Apart Project Workshop

Participant Number:

Written Reflection

Please write about how your participation on the above workshop has influenced, or might influence, the way that you work and respond to coercive controllers' strategies to target the mother-child relationship, and to supporting mothers-apart.

(150-750 words)

Workshop Schedule

- 9.00 Workshop opens for registration
- 9.30 Start
- 9.30 *Welcome, introductions, overview and questions*
- 10.00 *Who are mothers-apart and what's the problem?*
- 10.45 *How to listen, not judge, and ask the right questions*
- 11.15 Comfort break
- 11.30 *Mothers-apart dialogue with practitioners*
- 12.30 *Reflecting and meaning-making*
- 13.00 Lunch break
- 13.45 *Mother-protection as child-protection*
- 14.00 *Self-care, supervision and professional networking*
- 14.30 Break/networking
- 15.00 *Q & A session*
- 16.00 Post-workshop questionnaire
- 16.10 Finish

Welcome, Overview, Introductions and Questions

Welcome includes an introduction to mothers-apart who then exit the workshop and return for the dialoguing exercise

Explains workshop packs: schedule, delegates names for networking purposes, handouts

Includes emphasis on essential elements of this education workshop: participatory small-group exercises, multi-agency working/networking, talking to mothers-apart, experiential learning, reflective/reflexive practice, evaluation

Trigger warning

Workshop aims and objectives

Draw attention to aims and objectives of the workshop located on the Workshop Information Sheet

Questions and introductions

Workshop delegates are invited to use post-it notes on their tables to think of questions that they would like answered by the end of the day when mothers-apart will join the group in the ending Q&A session. This is a small group exercise and delegates on each table are encouraged to introduce themselves to each other, think of questions and stick these on specified wall space.

Who are mothers-apart and what's the problem?

Measurable outcomes (MOs)

MO 1. Understand the ways that mothers can become separated from their children

MO 2. Understand mother-child separations in a context of DVA

MO 3. Understand the needs of mothers-apart

Change objectives

Gain knowledge of:

- 1.a. Circumstances in which mother-child separations occur
- 1.b. Barriers – both to providing support and to help-seeking behaviour
- 2.a. Dynamics of DVA as a pattern of coercive control, which can include the use of children (co-occurring woman and child abuse)
- 2.b. Perpetrators' strategies to target the mother-child relationship especially at the point of separation and post-separation, using strategies that include manipulation/exploitation of professionals/systems, e.g., family courts
- 2.c. Effects of DVA on women and children and the mother-child relationship
- 3.a. Health and quality of life issues of mothers-apart
- 3.b. What mothers-apart say they need/want
- 3.c. Barriers to help-seeking/help-provision, which results in unmet needs and marginalisation

Challenge attitudes, perceptions, values, and beliefs by:

1. Being open-minded and viewing subject from a different perspective
2. Considering own mother-blaming attitudes and where they come from
3. Imagining how it feels to be a mother apart (this leads to empathy)

Reduce stigma through:

1. Challenging own assumptions that mothers-apart are 'bad mothers'
2. Challenging own assumptions that mothers in DVA situations are 'bad mothers'
3. Acknowledging at-risk population as being underserved, marginalised and having unmet needs

Practical Application:

Facilitator-led group discussion and schematics

Materials:

'In Our Hearts' visuals from WomenCentre workbook

Handouts: Post-Separation Power and Control wheel, maternal alienation schematic, logic model

How to Listen, Not Judge, and Ask the Right Questions

Measurable outcome (MO)

MO 6. Understand how to increase skills/self-efficacy

Change objectives

Gain knowledge of:

- 6.a. A needs-led, strengths-based, woman/ person-centred approach to supporting mothers-apart
- 6.b. Basic listening/counselling skills and know how to ask questions about DVA, and how to respond/act, i.e., how to assess, refer, signpost and share concerns
- 6.c. Reflective/reflexive practice/supervision to understand one's part in mother-child outcomes & avoid vicarious trauma and burnout

Improve skills & self-efficacy by:

- 6. Assimilate new information in order to support mothers-apart

Practical Application:

Facilitator-led group discussion and schematics

Materials:

Handouts:

Women's Aid 'Change that Lasts' pictorial

Mothers-apart Dialogue with Practitioners

Measurable outcomes (MOs)

- MO 1. Understand the ways that mothers can become separated from their children
- MO 2. Understand mother-child separations in a context of DVA
- MO 3. Understand the needs of mothers-apart
- MO 5. Understand how attitudes, perceptions, beliefs and values affect outcomes

Change objectives

Gain knowledge of:

- 1.a. Circumstances in which mother-child separations occur
- 1.b. Barriers – both to providing support and to help-seeking behaviour
- 2.a. Dynamics of DVA as a pattern of coercive control, which can include the use of children (co-occurring woman and child abuse)
- 2.b. Perpetrators' strategies to target the mother-child relationship especially at the point of separation and post-separation, using strategies that include manipulation/exploitation of professionals/systems, e.g., family courts
- 2.c. Effects of DVA on women and children and the mother-child relationship
- 3.a. Health and quality of life issues of mothers-apart
- 3.b. What mothers-apart say they need/want
- 3.c. Barriers to help-seeking/help-provision, which results in unmet needs and marginalisation
- 5.a. How negative attitudes, perceptions, beliefs and values are influenced by mother-blaming and can go on to influence professionals' responses to mothers-apart that lead to re-victimisation, re-traumatisation, and secondary abuse
- 5.b. How positive attitudes, perceptions, beliefs, values related to mother-child protection as child-protection practices & nurturance of the mother-child relationship is vital for the safety & recoveries of woman and children post-abuse

Challenge attitudes, perceptions, values, and beliefs by:

- 1. Being open-minded and viewing subject from a different perspective
- 2. Considering own mother-blaming attitudes and where they come from
- 3. Imagining how it feels to be a mother apart (this leads to empathy)

Reduce stigma through:

- 1. Challenging own assumptions that mothers-apart are 'bad mothers'
- 2. Challenging own assumptions that mothers in DVA situations are 'bad mothers'
- 3. Acknowledging at-risk population as being underserved, marginalised and having unmet needs

Improve skills/self-efficacy by:

- 6. Assimilating new information, then practise with mothers-apart, then reinforce through reflective writing

Practical Application: Mothers-apart open dialogue with delegates

Materials/conditions: Facilitation, time management, physical space

Measurable outcomes (MOs)

- MO 1. Understand the ways that mothers can become separated from their children
- MO 2. Understand mother-child separations in a context of DVA
- MO 3. Understand the needs of mothers-apart
- MO 5. Understand how attitudes, perceptions, beliefs and values affect outcomes
- MO.6. Understand how to increase skills/self-efficacy

Change objectives

Gain knowledge of:

- 1.a. Circumstances in which mother-child separations occur
- 1.b. Barriers – both to providing support and to help-seeking behaviour
- 2.a. Dynamics of DVA as a pattern of coercive control, which can include the use of children (co-occurring woman and child abuse)
- 2.b. Perpetrators' strategies to target the mother-child relationship especially at the point of separation and post-separation, using strategies that include manipulation/exploitation of professionals/systems, e.g., family courts
- 2.c. Effects of DVA on women and children and the mother-child relationship
- 3.a. Health and quality of life issues of mothers-apart
- 3.b. What mothers-apart say they need/want
- 3.c. Barriers to help-seeking/help-provision, which results in unmet needs and marginalisation
- 5.a. How negative attitudes, perceptions, beliefs and values are influenced by mother-blaming and can go on to influence professionals' responses to mothers-apart that lead to re-victimisation, re-traumatisation, and secondary abuse
- 5.b. How positive attitudes, perceptions, beliefs, values related to mother-child protection as child-protection practices & nurturance of the mother-child relationship is vital for the safety & recoveries of woman and children post-abuse

Challenge attitudes, perceptions, values, and beliefs by:

- 1. Being open-minded and viewing subject from a different perspective
- 2. Considering own mother-blaming attitudes and where they come from
- 3. Imagining how it feels to be a mother apart (this leads to empathy)

Reduce stigma through:

- 1. Challenging own assumptions that mothers-apart are 'bad mothers'
- 2. Challenging own assumptions that mothers in DVA situations are 'bad mothers'
- 3. Acknowledging at-risk population as being underserved, marginalised and having unmet needs

Improve skills/self-efficacy by:

- 6. Assimilating new information, then practise with mothers-apart, then reinforce through reflective writing

Practical Application: Reflective writing exercises

Materials/conditions: Reflective writing exercise, quiet time for reflection, writing materials

Mother-protection as child-protection

Measurable outcomes (MOs)

MO.4. Understand how a gender-specific approach is vital for DVA support for mothers
MO.7. Understand how interference in the mother-child relationship can be addressed using the coercive control law

Change objectives

Increase knowledge of:

- 4.a. Research that evidences the need for women-centred ways of working with woman survivors, especially those who are mothers
- 4.b. Gain knowledge of how problem is different for mothers who are survivors of DVA, e.g., the contradictions between men as perpetrators and violent men as fathers
- 7.a. How an absence of protocol results in a lack of apparent pathway for support for mothers-apart
- 7.b. How to assist mothers-apart to use the law to prevent mother-child separation

Challenge attitudes, perceptions, values, and beliefs by:

Be open-minded and view problem from perspective of the 'other'

Improve skills & self-efficacy by:

Assimilating information and reflecting on how a gender-specific approach influences practice

Practical Application:

Participatory problem-solving
Interactive discussion

Materials:

Hand-outs: Hester's '3 Planet Model', Coercive Control definition and guidelines

Measurable outcomes (MOs)

MO.8 Understand benefits of support groups and professional networks

Change objectives

Increase knowledge of:

8.a. How isolation, stigma and shame can be alleviated through social (and professional) support.

8.b. How to promote self-efficacy in mothers in the absence of specialised support by helping them to set up support groups

8.c. What specialised services/specialists provide help, support, advice, advocacy, mentoring to mothers-apart, and know how this information empowers professionals to improve their responses

8.d. How professional networking provides benefits when working with stigmatised and marginalised vulnerable groups

Challenge attitudes, perceptions, values, and beliefs by:

8.a. Accepting evidence suggesting support groups are beneficial

Practical Application:

Participatory problem-solving

Materials/conditions:

Facilitation, time management, physical space

Q & A session

At the start of the workshop, delegates were invited to use post-it notes on their tables to think of questions that they would like answered by the end of the day. At this point, mothers-apart join the group and participant in the Q&A session.

This session has the potential to achieve any number of change objectives.

Practical Applications:

Interactive discussion

Practitioners model mother-centred attitudes, e.g., empathy and respect

Mother-protection as child protection philosophy

Mothers-apart share experiences

Reflection and reflexivity

Materials/conditions:

Post-it notes

Wall space

Time

Resources

Post-Separation Power and Control Wheel (see Appendix 2, page 357)

Support for Mothers-Apart Logic Model (see Figure 6. page 224)

Mechanics of Maternal Alienation, page 395

Hester's (2011) 3-Planet Model, page 396

Women's Aid 'Change that Lasts' pictorial, page 397

Through-the-Mirror Reflective Writing Exercise (see Appendix 12, page 368)

Coercive Control Definition and Guidelines:

Crown Prosecution Service (2017) Domestic Abuse Guidelines for Prosecutors [online] available from <

http://www.cps.gov.uk/legal/d_to_g/domestic_abuse_guidelines_for_prosecutors/#a02> [27 July 2017]

Eradicating domestic violence: issues and barriers – A presentation by Professor Marianne Hester explaining theory of 3-Planet Model:

Slideshare.net [online] available from <

<https://www.slideshare.net/EESCsection/presentation-heester>> [31 August 2017]

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Contacts

MATCH Mothers

BM Box No. 6334
London
WC1N 3XX

Enquiries@matchmothers.org

www.matchmothers.org

Mothers Apart Project

monkl@coventry.ac.uk

www.mothersapartproject.com

Mothers Living Apart from Their Children Project

For copies of 'In Our Hearts' book contact Siobhan Beckwith, Project Lead

Mothers Living Apart from their Children Project, WomenCentre Kirklees

siobhan.beckwith@womencentre.org.uk

www.womencentre.org.uk