



Supporting women and babies after domestic abuse

A toolkit for domestic abuse specialists

Contents

1	What is this toolkit for?	3
2	Setting the context	4
3	How does domestic abuse impact mothers and babies during pregnancy?	8
	3.1 Risks to women	9
	3.2 How does domestic abuse impact on the baby in pregnancy?	11
4	How does domestic abuse impact mothers and babies?	13
	4.1 In the short term	13
	4.2 More than just mothers and babies: Attachment as triadic and systemic	18
	4.3 In the longer term	20
5	How can domestic abuse specialists help?	22
6	Supporting mothers and babies affected by domestic abuse	23
	6.1 Listening to mothers	23
	6.2 Helping mothers to build positive mental representations of their unborn babies	24
	6.3 Exploring termination of pregnancy or adoption	25
	6.4 Helping mothers and babies to tune into each other	27
7	Safety planning with mothers and babies	36
8	The challenges of contact	38
	Summary: the key principles of woman and infant centred support	39
	Endnotes	41
	Activities	44

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Women's Aid is the national charity working to end domestic abuse against women and children. Over the past 44 years, Women's Aid has been at the forefront of shaping and coordinating responses to domestic violence and abuse through practice, research and policy. We empower survivors by keeping their voices at the heart of our work, working with and for women and children by listening to them and responding to their needs.

We are a federation of around 180 organisations who provide just under 300 local lifesaving services to women and children across the country. We provide expert training, qualifications and consultancy to a range of agencies and professionals working with survivors or commissioning domestic abuse services, and award a National Quality Mark for services which meet our quality standards. We hold the largest national data set on domestic abuse, and use research and evidence to inform all of our work. Our campaigns achieve change in policy, practice and awareness, encouraging healthy relationships and helping to build a future where domestic abuse is no longer tolerated.

Our support services, which include our Live Chat Helpline, the Survivors' Forum, the No Woman Turned Away Project, the Survivor's Handbook, Love Respect (our dedicated website for young people in their first relationships), the national Domestic Abuse Directory and our advocacy projects, help thousands of women and children every year.

1 What is this toolkit for?

This toolkit equips domestic abuse specialists with appropriate knowledge and skills to support pregnant women and women with babies and toddlers. It will help domestic abuse workers to build:

- ▶ an understanding of the impact of domestic abuse on early parenting;
- ▶ an understanding of the impact of domestic abuse on the development of infants and very young children; and
- ▶ a model of support that is woman centred and infant centred.

Who developed this toolkit?

The toolkit was commissioned by Women's Aid Federation of England, and was developed by Professor Jane Callaghan and Dr Fiona Morrison from the Centre for Child Wellbeing and Protection at the University of Stirling, and Amna Abdullatif from Women's Aid.

How to reference this toolkit

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2 Setting the context

Domestic abuse is a gender-based form of violence and control^{1, 2, 3}. Women and children are its most frequent and intensely impacted victims⁴. Domestic abuse includes physical attacks (e.g. threats of violence, hitting, punching, pushing, throttling, use of weapons), emotional and verbal abuse (e.g. belittling, manipulating, gaslighting), financial control, and social isolation.

Research and practice in the domestic abuse field has tended to focus on the impact on adult victims (usually women) and how we can best support them. In recent years there has also been a growing recognition of the harm children experience when domestic abuse occurs^{5, 6}. Perpetrators have received a lot less attention until very recently, and can often seem quite invisible in both research and practice in domestic abuse. When considering the impact of domestic abuse on children, women come under a lot of scrutiny. Abusive men as fathers are largely ignored, whilst women who are victim-survivors and mothers are intensely monitored, advised, and regulated^{7, 8}. This can result in mother blaming for women who are struggling with the impact of domestic abuse

on themselves, on their baby, and on their relationship with their baby. It is important to note, that abusers may not always be the father of the children, and could be other carers. Abuse can also occur in same-sex relationships.

This toolkit focuses on the mother-infant relationship. However, throughout the toolkit we will also ensure that the abusive perpetrator does not slip out of view. We hope by doing this, we will provide a set of materials that are truly woman centred and infant centred.

Research and practice has increasingly focused on the impact of domestic abuse on children, and it has become clear that children and young people can experience significant harm to their emotional wellbeing, their school life, and their relationships⁹. Parents and professionals often assume that because babies are pre-verbal they are less aware of the violence and abuse taking place in their home, and are less likely to be negatively affected. Unfortunately this is not the case, and recent research suggests that children who experience domestic abuse as babies are more likely to experience negative outcomes than older children.



Possible risks for children who experience domestic abuse



Although this picture might look quite bleak, it is important to remember that, with appropriate support from family, friends or professionals, most children who experience domestic abuse are resilient and recover well^{20, 21, 22}. It is also important to recognise that children who experience domestic abuse have their own skills and resources, and find creative strategies to help themselves manage the experience of violence and controlling behaviours in their relationships and in their home^{23, 24, 25, 26, 27}. In other words, children can be harmed by domestic abuse, but the harm is not inevitable, and they can be supported to have better outcomes.

For some women, domestic abuse begins or escalates when women are pregnant or have very small children²⁸. Abusers will often increase their controlling and emotionally abusive behaviours during this time, and there is also a higher risk of physical violence²⁹. Abuse during pregnancy can have health and wellbeing implications for both mother and child. Recent research has also highlighted that babies are particularly vulnerable to experiences of domestic abuse, because of the impact of violence and abuse on the relationships that are most important to infant development. Despite this, support for babies and mothers has often been a neglected area in both research and practice. This toolkit aims to fill some of that gap.

KEY POINTS

- ▶ Domestic abuse is a gendered form of violence and control that targets primarily women and children.
- ▶ Children experience direct harm when domestic abuse occurs, and this raises their risk of negative psychological, educational, social and physical outcomes.
- ▶ Babies growing up with domestic abuse are particularly negatively impacted.
- ▶ Children do develop coping strategies, and can be supported to recover after domestic abuse. Negative outcomes are not inevitable.
- ▶ Women victims of domestic abuse are often positioned as 'responsible' for children's wellbeing, and this can lead to victim blaming.
- ▶ It is important therefore to ensure that we maintain a focus on perpetrators as **responsible** for the harm their children experience.
- ▶ A feminist approach to supporting mothers and babies must be **both** woman and baby centred.

A note about shame and blame

Shame is a common emotion in domestic abuse. It is a tool of power and control that is often wielded by abusers. It is often directed at women's sense of themselves as women and as mothers. Abusers may tell women that they are shameful, that they are bad women and bad mothers. Mothering in particular is often targeted by domestic abusers, who knock mothers' confidence and challenge their sense of parental competence.

We live in a culture where being a 'proper' mother and being a good woman are conflated. The attack on parental competence

can undermine confidence greatly, by making women feel shame, and as somehow 'unnatural women'.

Women are often shamed by professionals who try to get them out of domestic abuse by telling them to 'think about the impact on their babies'. Some parent infant manuals can also sound quite accusatory, suggesting that babies' outcomes are a result of good or bad **mothering**.

It is our firm position in this manual that shame cannot be an element of a successful support framework for women and babies after domestic abuse.

Activity: Keeping the perpetrator in mind

Read the following referral note to a colleague in social services. See if you can identify the traces of woman blaming in the note. Rewrite the note to better reflect what has happened to this mother and baby, and what support that you think this family needs.

Fiona (20) moved in with her boyfriend Craig (32) when she was 15. She has experienced escalating violence over the course of their relationship. She is a functioning alcoholic and occasional drug user. She became pregnant when she was 18, and despite Craig's violence, including a blow to her belly that resulted in her hospitalisation, Fiona failed to leave Craig. Nicola was born when Fiona was 19 and Fiona has continued to live with Craig despite his violent outbursts, including on one occasion being pushed down the stairs whilst holding the baby. Fiona is clearly not able to provide a safe and stable environment for Nicola, and is prioritising her dysfunctional relationship with Craig over her baby's needs.

3 How does domestic abuse impact mothers and babies during pregnancy?

Prevalence studies suggest that between 20% and 30% of women will experience physical violence at the hands of a partner/ex-partner during pregnancy^{30, 31, 32}. About 36% of women report verbal abuse, 14% severe physical violence and approximately 20% of pregnant women reported sexual violence³³. For many women, domestic abuse begins in pregnancy, while for others it escalates in terms of frequency and severity of violence. In some cases, physical violence stops during pregnancy as the abuser may make a conscious effort not to hurt the developing baby. However, it is important to remember that this does not necessarily indicate that abuse itself has stopped, simply the physical manifestation of it. In such cases it is likely that violence will start again once the baby is born.

Control over pregnancy itself can also be used as a tool of abuse – this form of coercive control is called reproductive control. For example the abuser may remove or tamper with contraceptives, or deny access to family planning or emergency contraception. This is because an abuser can use a woman's pregnancy as a way of increasing her dependency and intensifying their control over her. Women who experience domestic abuse report a higher than average rate of unintended pregnancy³⁴. Risks of both unintended pregnancy and domestic abuse during pregnancy are higher for younger and teenage women. Pregnant women find it harder to leave, particularly because of concerns about finance and housing.

There are many risks involved in domestic abuse during pregnancy, and it can impact both mother and baby in short-term and long-term ways. Risks are both emotional and physical.

Domestic abuse in pregnancy

20-30%

20-30% of pregnant women report incidents of **physical violence**

36%

Around 36% of women experience **verbal abuse** during pregnancy

14%

14% report very **severe** or **life threatening** violence

20%

20% of pregnant women are subjected to **sexual violence**

Domestic abuse in pregnancy can have a long-term impact on mothers, and on their babies

3.1 Risks to women

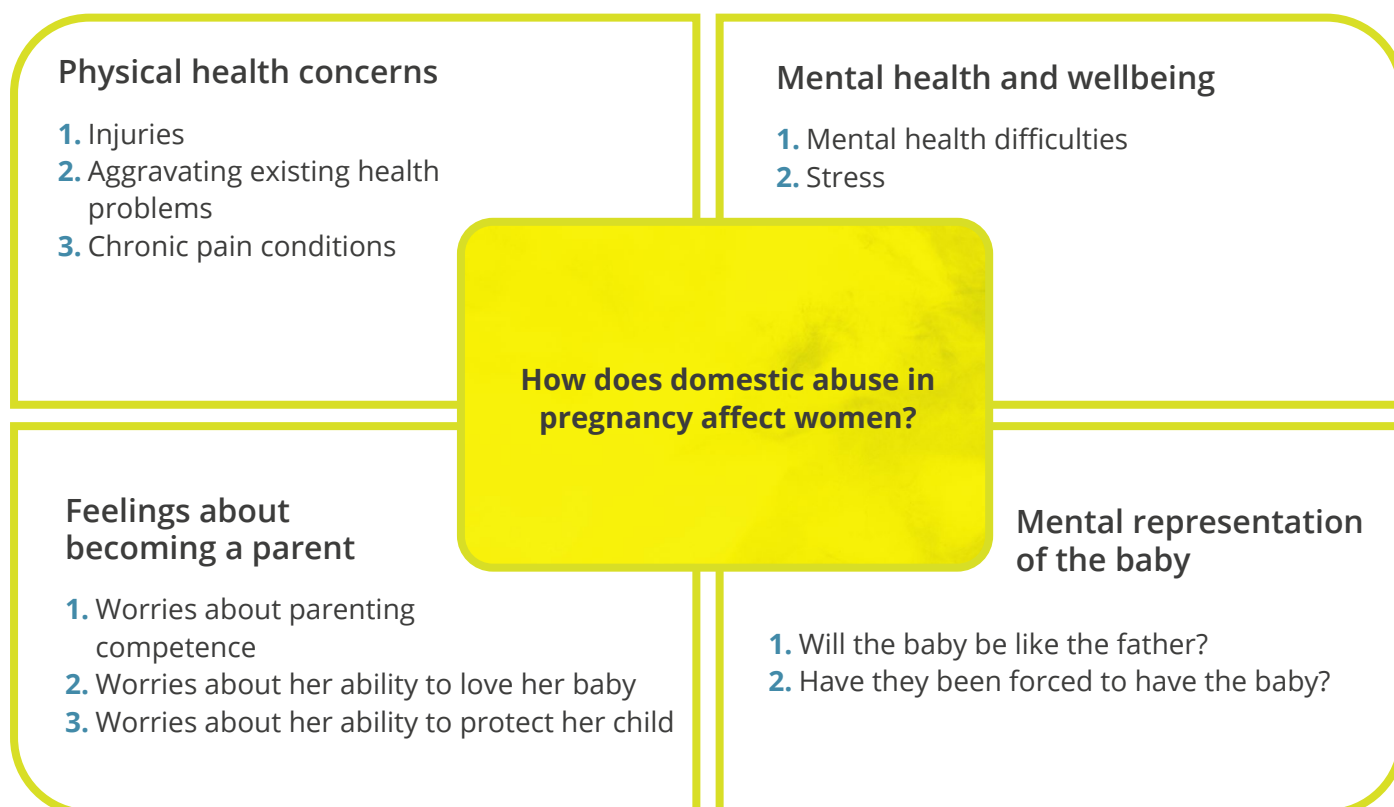
The physical risks to pregnant women are significant. 40% of pregnant abused women reporting to healthcare settings had head and neck injuries and 28% had broken bones or muscular injuries³⁵. 34% reported being choked, and for many the pattern of attack changed, with an increase in blows to the stomach³⁶. Whilst there is variability in the pattern of assault, these kinds of attacks are seriously endangering to both women and babies. Violence during pregnancy can also worsen pre-existing health problems, and such experiences are also associated with the development of chronic pain conditions and gynaecological issues. Women who experience domestic abuse are more likely

to have anaemia, hypertension, and to need hospitalisation because of excessive vomiting and dehydration, blood pressure difficulties, urinary tract infections, and bleeding. They are also at greater risk of early labour, being underweight when they deliver, and requiring intervention during labour^{37, 38}. Around a quarter of maternal deaths in both the UK and the US are associated with domestic abuse^{39, 40}.

Dealing with violence and controlling behaviour also takes a toll on a woman's mental health and wellbeing. Worries about their own safety are often compounded by concerns for their baby. Anxiety, depression, post-traumatic responses, high levels of stress, and substance use are all common effects.

Domestic abuse in pregnancy can reduce women's sense of parental competence, because of the way that abuse undermines our sense of self-efficacy – our sense that we are capable and can do things effectively. It is commonplace for all women to worry about whether they will be good enough mothers. We worry whether we will be able to provide, whether we will care for our babies well and love them enough, and whether we have the skills and abilities needed to be a good parent. For a woman experiencing domestic abuse, being constantly belittled has a significant impact on maternal confidence. In addition, domestic abusers often specifically target women's *mothering*, often explicitly commenting that they will not be good parents, that they are bad women and therefore necessarily will be bad mothers, that they can't get anything right, so how can they expect to parent effectively, and so on. When physical violence occurs, this can be further aggravated by a fear that they cannot be trusted to keep their babies physically safe, something that can challenge a woman's sense that she can be a good enough parent. Similarly, feeling trapped, for instance, by finances, or by a sense of emotional dependency can result in a woman feeling that she can't leave, and that inability to leave can also make her feel she is not doing all she can to protect her children.





In addition, one key impact of antenatal domestic abuse is how it can affect women's mental representations of the baby growing in their body. Pregnant women often build up a mental image of the baby they are carrying, and of the kind of relationship they will have with that baby. This image enables early bonding between mother and baby to begin. When women are subjected to domestic abuse, this image can be distorted by the violent and manipulative behaviour of the abuser. For instance, women may worry that the baby they are carrying might grow up to be like their abusive partner. For women experiencing reproductive control or sexual violence, a baby might feel forced on them, something they have no choice in, and this can, understandably, impact on their ability to feel loving towards the baby.

Because we live in a culture that suggests that women are **natural** carers, and that mothering is instinctive and linked closely to femininity, being a good mother and being a good woman are often conflated⁴¹. The gender based nature of domestic abuse undermines women as women and as mothers, and this is often a further tool used by abusers⁴². By attacking their ability to mother, and by undermining their early bonding with their unborn babies, abusers are also attacking their victim's sense of being a good enough woman. They may start to feel like 'unnatural' women, who have 'unnatural' feelings about being a mother. This can further compound feelings of being trapped in the relationship ("who else would have me"), can undermine women's sense of wellbeing, and can impact on self-esteem and mental health.

3.2 How does domestic abuse impact on the baby in pregnancy?

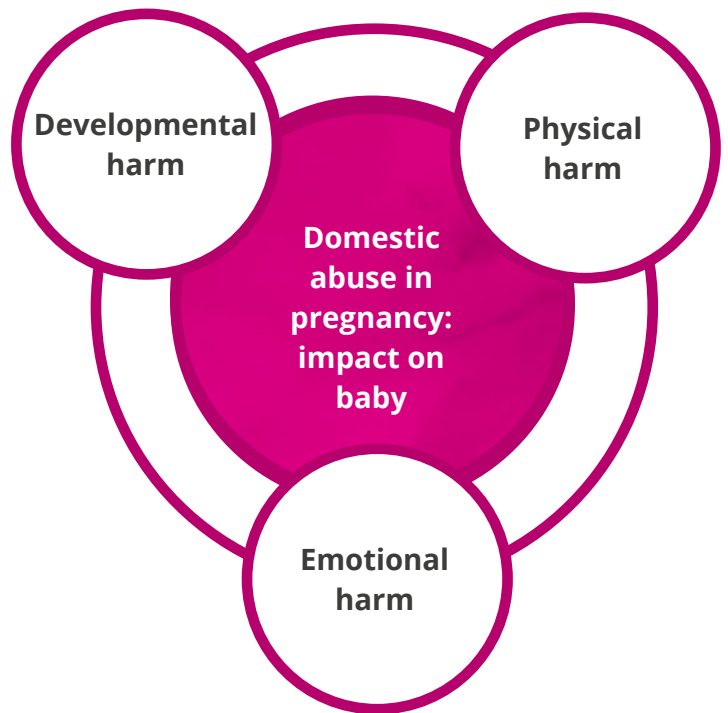
When pregnant women experience domestic abuse, there are several risks to the developing baby. These are risks of:

- ▶ Physical harm
 - ▶ Physical injury
 - ▶ Death
- ▶ Emotional harm
- ▶ Developmental harm

Babies whose mothers experience domestic abuse whilst pregnant are more like to have a low birth weight, be born prematurely and be small for date.

The risk that the baby will die during pregnancy or birth are between 2–2.5 times higher when domestic abuse occurs⁴³, with common causes of death being blows to the abdomen, and soft tissue injury to the baby^{44, 45}.

Because domestic abuse raises women's stress levels, they produce a high level of the 'stress hormone' cortisol. This is the hormone that enables our body to ready itself to respond to danger, and that triggers our 'fight or flight' response. Research has found that there is a direct association between mothers' levels of this hormone, and those in the unborn baby. Exposure to high levels of cortisol in the womb has been found to have significant effects on the developing child. In the womb, babies' brains develop rapidly, and foetal brain development follows a precisely timed sequence. This means that antenatal stressors can have a significant impact on brain development. The hypothalamic-pituitary-adrenal (HPA) axis is the part of our nervous system that manages our responses to stress, as well as many of the important systems of the body (metabolic, cardiovascular, immune, reproductive and central nervous system). Neuroscientific research suggests that this system is compromised when babies are exposed to high levels of cortisol in utero. When this system is disrupted in foetal and early infant development,



cortisol levels remain higher than average across childhood. This finding offers some insight into why children exposed to violence in utero and in early childhood might be more vulnerable to difficulties in managing emotion, in responding well in social interactions, and a range of health difficulties^{46, 47}.

Whilst it is important to understand that it is possible for domestic abuse to serve as a bio-social event stressor that creates lasting neurodevelopmental difficulties, at the same time, this is only a partial story in relation to child development after domestic abuse. Many children recover well, and do not show signs of this early trauma in their subsequent development. Some research also tells us that, whilst some of the impact of maternal cortisol can be seen in early infancy, the impact reduces naturally over time⁴⁸. Although we know a lot more today than we did a decade ago about the impact of trauma on the infant's developing brain, many neurodevelopmental questions remain unanswered⁴⁹, and we should be cautious about models that may overextend

this, or overstate the negative impact of this in a manner that makes recovery difficult to visualise. Whilst we do know that experiencing trauma in pregnancy and early infancy has some negative neurodevelopmental effects, these do not occur in all children, and many children recover well,

despite trauma. Aspects of the infants' social environment seem to be the key predictors of how they recover after this kind of experience of domestic abuse.

KEY POINTS

Effects of domestic abuse on women and babies during pregnancy

For women

- ▶ Physical health can be affected, as a result of physical injury, or the risk of worsening existing health problems. Domestic abuse can also trigger chronic pain conditions.
- ▶ Stress and mental health difficulties can be triggered or worsened.
- ▶ Abuse can impact on women's self concept as parents, and challenge their confidence in their parenting competence and their ability to love and protect their child.
- ▶ Domestic abuse can also impact women's image of the baby, impacting on bonding.
- ▶ Where reproductive control has been exerted, this can impact severely on women's wellbeing, and on their bonding with their baby.

For babies

- ▶ Risk of physical injury and death.
- ▶ The stress of domestic abuse can raise cortisol levels, impacting neural development, and emotional wellbeing.
- ▶ This may have a long-term impact on babies' development, and can sensitise them to difficulties in managing their own stress once they are born, and as they grow and develop.
- ▶ It is important to remember that many babies and children recover well, and that the neurodevelopmental account is only a partial explanation.

4 How does domestic abuse impact mothers and babies?

It is important to remember that, whilst the mother-infant relationship can be disrupted by domestic abuse, it has also been identified that it is the most important factor in children's recovery from domestic abuse. Releasing mothers from any feelings of guilt or feeling not-good-enough as parents, supporting them to enhance their relationship with their child, and enabling both mother and baby to recover is therefore a central intervention for families after domestic abuse.

4.1 In the short term

Domestic abuse can have a profound impact on babies, their mothers and the relationship between them. It can be helpful to understand domestic abuse as a kind of *relational trauma* that has an effect on all the relationships in the family⁵⁰. Domestic abuse impacts women's ability to parent as they might wish to, both directly and indirectly. Abusive men can actively prevent women from spending the time they might want to with their babies, or might stop them from picking up or feeding their babies when they want to. They might block women from breastfeeding, or stop them from parenting in a sensitive and responsive way. They might become jealous of the baby, wanting the woman's attention only for themselves, and this can be expressed through an escalation of violence and control, and threats to the woman and the baby. Becoming a new parent can also increase the social isolation that is often associated with domestic abuse, and can also increase financial dependency. These dynamics can produce anxiety in women's interactions with their babies, and can have an impact on women's mental health and wellbeing. In this

way, domestic abuse can act as a barrier to bonding.

The attachment relationship – the bond that exists between a baby and their main carers – is central to infant development and long-term wellbeing. The relationship between a baby and their main caregivers is the primary learning environment in which the infant learns about themselves and about the world they live in. It is where they learn to value themselves, and to relate to other people. These earliest relationships lay the building blocks for their developing sense of personhood, for learning about emotions and how to manage them, for understanding their own needs and the needs of others.

There are six key components of a positive healthy attachment:

- 1. Emotional availability** refers to a mutual openness to the emotions of the other; mother and baby are sensitive and responsive to each other's emotional cues and communications.
- 2. Attunement** between the baby and the mother refers to a sense of being connected, of having our attention directed in the same way, and a sense of reciprocity in the relationship. For example, when working with a very small baby and their parent, look for mutual eye contact, for responsive and mirroring facial expressions.
- 3. Synchrony** refers to the rhythm and timing of the relationship between mother and baby. Are they 'in synch' with each other, or 'out of synch'? Is there a sense of natural flow in their interaction, a sense of harmony between them as they interact? This is easiest to see in relation to the sense of mutuality and turn-taking in the mother-infant relationships. Look for evidence of 'call and response' in interactions. One may

make a sound and a facial expression. This will be mirrored by the other, and perhaps amplified or altered in some way. The other partner responds again... The interaction continues as a balanced, mutual communication, that forms the learning space for the development of appropriate social interaction and dialogue.

It is in these kinds of interactions that we see the importance of this attachment relationship for babies learning to manage emotion.

One thing that we observe in positive interactions between infants and their carers is the way that parents can support infants to moderate and regulate difficult emotion. In most mother-infant relationships this is achieved in the following kind of way:

The baby becomes distressed, and expresses this distress by beginning to cry.



The mother responds by mirroring the baby's expression in a responsive, gentle way.



The baby receives this acknowledgement.



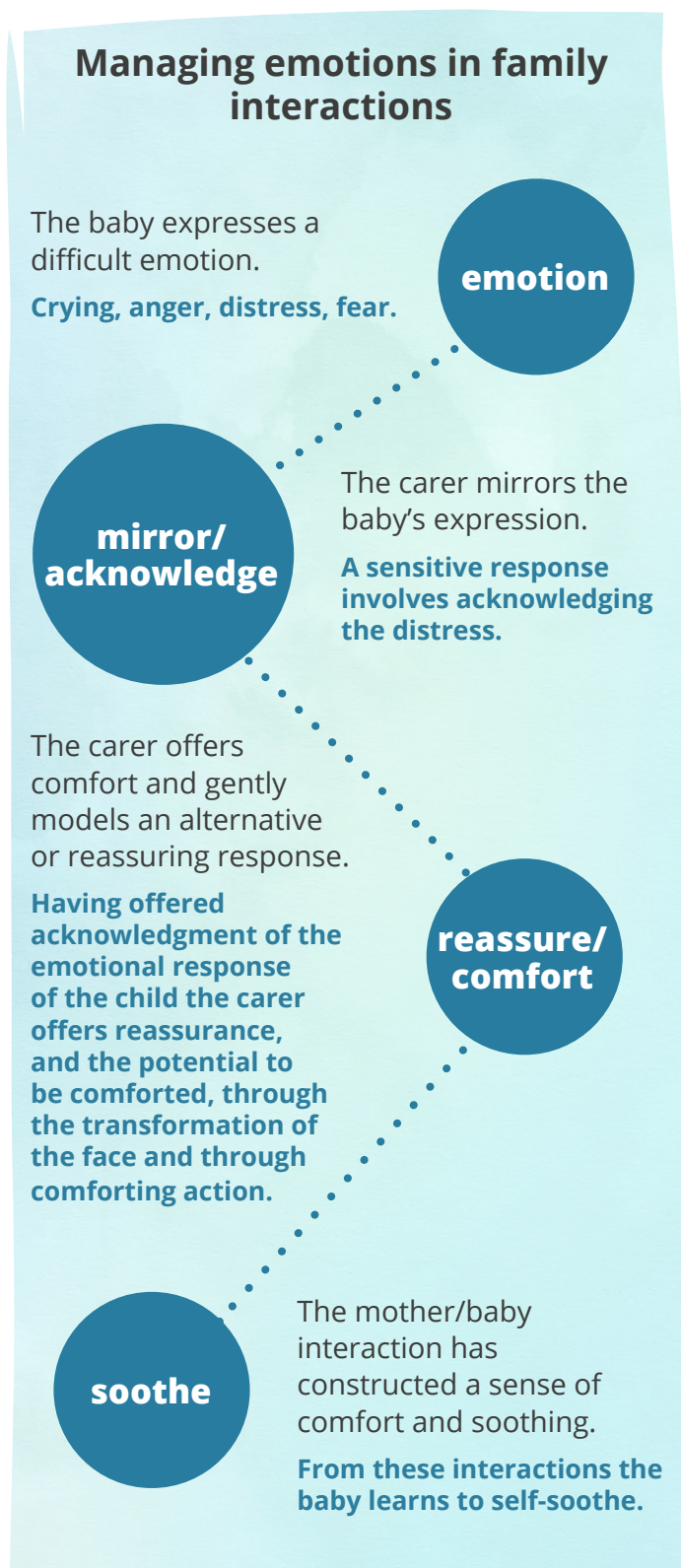
The mother offers comfort, and the potential for emotional transformation by offering an alternative emotional expression and response (a reassuring smile, for instance).



The baby is (perhaps after some time!) comforted.

Domestic abuse can significantly disrupt this kind of delicate and sensitive emotional interaction. For instance, when the domestic abuser is behaving in a frightening manner – perhaps shouting, hitting out, behaving aggressively – a mother holding a baby will often act to reassure a baby who is distressed, telling them that everything is alright, that they are safe. There is a **step missing** in the emotional interaction here. The baby's realistic fear has

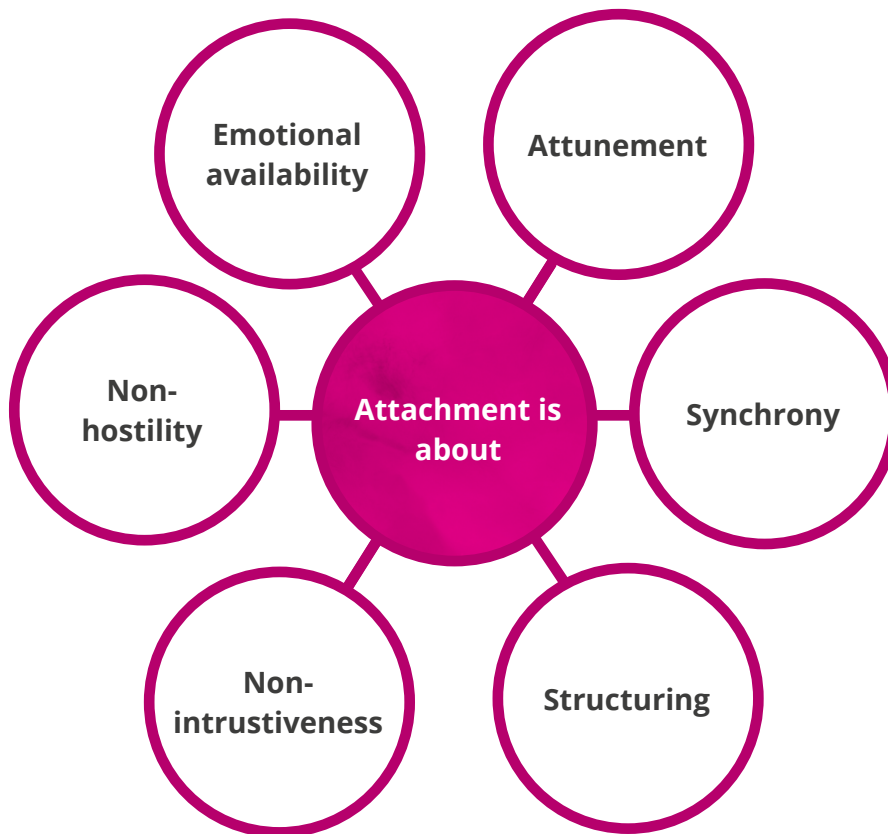
not been acknowledged. The baby is getting the message all is OK, when clearly it is not. This is of course a completely understandable response when women are dealing with the trauma of abuse – one cannot quite imagine an alternative response. But it does, inevitably, send confused signals about emotion and interaction.



4. Structuring: This is our ability to provide boundaries for our babies – the limits we place around our babies to keep them safe. Domestic abuse can challenge our ability to set boundaries in an appropriate way. It can increase anxiety, making it difficult for us to let our babies explore, or it can dull our sense of danger, meaning we don't always step in when we should. Structuring at its simplest means making the baby's environment safe for exploration (e.g. putting safety locks on fridges and plug covers on sockets, removing sharp objects and things that can be swallowed from their reach). Structuring also means consistent responses, so that, for instance, if the oven door is off-bounds, it is *always* off-bounds – allowing them to touch it one day and not another is confusing to the baby (who may not yet understand the idea of the oven being on or off!).

5. Non-intrusiveness: Parenting involves a subtle balance between being there for your baby, and knowing when to step back. Non-intrusiveness is our ability to be appropriately responsive but not to *get in the baby's way*. This means for instance, allowing a happy baby to play happily with their feet for a while, waiting for *their* cue for you to get involved, and not jumping in unnecessarily.

6. Non-hostility: When attachments are disrupted by domestic abuse, this can result in inappropriate hostility in mother-baby interactions. For instance, telling a child off for crying, telling them not to be a baby, gender-shaming them (e.g. don't be such a 'girl') are all quite commonplace examples of a hostile response by the parent. Restoring balance in the attachment relationship requires tuning into mutual communications in an open way, and really understanding each other's emotional cues.



Activity: An infant observation

With appropriate permission, observe a mother baby interaction in a context where, to your knowledge, domestic abuse has not occurred.

Spend some time just watching the mother and baby interact in an everyday environment, doing ordinary everyday things. About an hour should be enough. What would be a suitable time frame to observe? In nursery settings one hour is pretty normal to observe baby and carers, however this is a much more difficult situation to be doing these observations.

- ▶ What signs do you see of attunement, synchrony, responsiveness, structuring, non intrusiveness and non-hostility? What behaviours suggest these characteristics are present in the interactions?
- ▶ What signs do you see of disruption in each of these?

You can use the observation grid on the next page to help you record your observations, if you like.

If possible repeat this observation – again with appropriate consent – with a mother and baby where you know abuse has occurred.

After the observations

Compare your notes for each observation. What do you notice?

A word of caution: do not ASSUME that just because domestic abuse has occurred, attachment problems will be present.

Reflect

Read through your notes for both observations, and notice any mother-blaming language. It is easy to fall into this trap when working with attachment theory. How can you re-word your notes to ensure that they are woman and infant centred, and recognise that the source of difficulty is NOT in the mother-infant interaction itself, but in the fact that the abuse has disrupted that relationship?

Attunement	Synchrony	Responsiveness
Structuring	Non-intrusiveness	Non-hostility

4.2 More than just mothers and babies: Attachment as triadic and systemic

Most research and practice focuses on attachment as a feature of the mother-infant dyad, i.e. it is something that happens between mothers and babies. However, systemic approaches to attachment remind us that there is usually an important third person in attachment relationships, typically the father. In other words, attachment is perhaps best understood as a triadic relationship, not a dyadic one^{51, 52, 53}. This is particularly important in families where domestic abuse is an issue, as the parent-infant triad can be particularly stressful and fraught.

The relationship between parents and babies is not one-directional. It is not the case that parents *do* parenting to children and children receive parenting passively⁵⁴. Babies have a repertoire of behaviours that evoke attachment promoting behaviours in their carers. They coo, they cry, they look, they smile. These are all things babies do that draw their carers into a relationship with them. In other words, the parent-infant relationship is inter-relational, or 'intersubjective'⁵⁵. To understand the interactions between babies and other people, we have to understand these are *mutual* interactions. Parenting is a relationship, and it nests within lots of other relationships.

To understand parenting after abuse, it is important to keep the perpetrator and their impact in mind. This impact is felt by mothers and babies. When babies experience traumatic events like domestic abuse, it can have an impact on many of these behaviours. Whilst they may not yet have words to tell you how they feel, they let you know through their behaviours. Babies who experience domestic abuse might seem fearful around people. They might react in a very startled way to loud noise – or they might not react at all. They may lose interest in food, or seem reluctant to feed. Sometimes they become fussy at the breast or when feeding from a bottle. They may cry a lot, or seem more



distressed than most babies. Alternatively, they may seem quiet or withdrawn, not responding to the world around them. These are all coping responses infants develop to deal with the fear and stress that is evoked when violence occurs. These kinds of changes in babies' responses interrupt their usual repertoire of behaviours, and this can have an impact on mothers bonding with their babies.

At the same time, mothers may be trying to develop a relationship with their infant whilst experiencing extreme stress themselves. Parenting is a kind of emotional labour, that is very vulnerable to stress⁵⁶. When we are exhausted, frightened and worn down, it can be very difficult for us to be open and responsive to our babies' needs. In addition, because domestic abusers often target women's ability to be 'good mothers', and might use the mother-baby relationship as a way of controlling the woman, women can easily start to misinterpret their babies' signals, seeing them as rejecting, or disinterested, angry or mean. We noted previously that our representation of our babies is set up during pregnancy, and continues after birth. We build an image of the kind of

person our baby is, and we hold that image inside ourselves – an image of them and our relationship with them^{57, 58}. This perception can also become distorted when domestic abuse occurs, through the direct intervention of the perpetrator (who may interpret the baby's behaviours and interactions in ways that are harmful to the child and the mother – a kind of mother-baby gaslighting), or because of the stress women experience as a consequence of the perpetrator's violence and abuse.

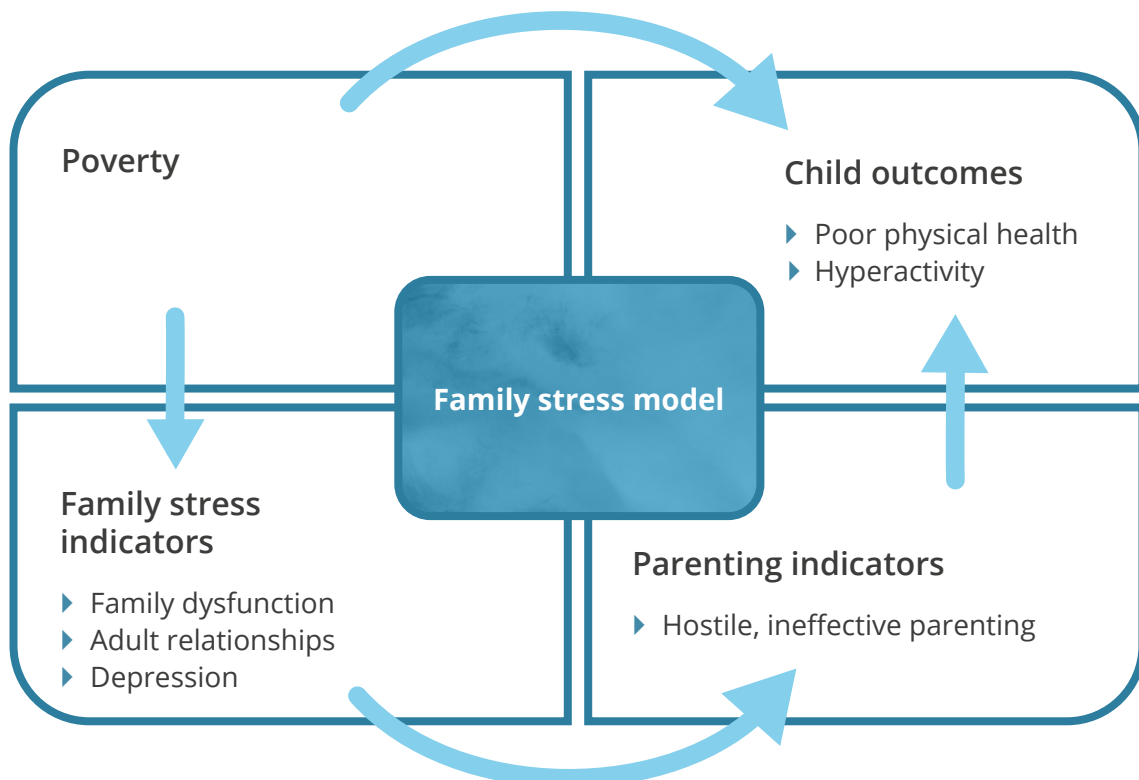
Parenting does not happen in a social vacuum. Mothers fleeing domestic abuse are also subject to a range of *other* stressors – like changed socioeconomic circumstances, problems with housing, employment, schooling for older children, etc. These stressors are exacerbated by the kind of precarity we experience as a consequence of austerity measures, service cuts, and the restructuring of welfare and benefits that might all significantly stress women fleeing domestic abuse.

As we have noted, parenting is a form of emotional labour and is vulnerable to stress. The main 'labour' of parenting is to be emotionally available and responsive to the infant.

Socioeconomic stress raises the likelihood that parents will be more depressed and irritable, and this can put a strain on family relationships⁵⁹. It is important to always remember that problematic parenting and poorer children's wellbeing are *outcomes* of systemic stressors (like domestic abuse and poverty) – they are not *causes*. A lot of early intervention work in the UK focuses on *parents* and offers parenting support. However, it is important to constantly bear in mind that the emotional work of parenting has to be supported by good living conditions and socioeconomic support for families and not (just) by parenting support. The illustration below shows the interaction of socioeconomic stress, parenting and child outcomes.

Part of our job in supporting women fleeing domestic abuse is to advocate for better services for women. Addressing parenting in isolation does not address sufficiently the impact of socioeconomic stressors on families⁶⁰. Socioeconomic factors intertwine with the relational context of the family to increase risk of negative outcomes for babies and children. Intervening in *parenting and mother-baby interaction*, without addressing the complex interplay of these varying socioeconomic

Family Stress Model (Conger 2010)



factors will always be limited⁶¹, as providing parenting support without significant social and economic support is not genuinely effective early intervention⁶². This does not mean we should not try to support mothers and babies through parenting, but that we should be aware of its limitations, and should continue advocacy for better social and economic support for women who have experienced domestic abuse.

Finally, our relationships with our babies are also built through our own family experiences. We learn to parent primarily through our own experiences of being parented. We learn what works and what does not through our encounters with our own parents as babies and children, and try to apply those lessons when we have children of our own. Women who have experienced domestic abuse and are struggling with their role as a parent may not have had ideal experiences of parenting with their own mothers and fathers⁶³. It is even more likely that perpetrators of domestic abuse have themselves had poor models of parenting.

To help mothers and babies recover together after domestic abuse, we need to explore their own experiences of parenting and being parented. This means understanding their family background and cultural expectations and understandings of family life. We need to help them to understand what contributes to a positive bond, and to help mothers to understand how to interpret infants' distress and their other emotional cues more accurately. This must be done with compassion and sensitivity. Women do not need to experience any more guilt or shaming in the aftermath of domestic abuse. It is important to recognise the things they have done to protect their infants and themselves, and that any limitations in their ability to respond to their babies is constructed by the stressful and dangerous situation in which they have had to live. It is important to retain a sense of accountability for the person whose violence and abuse has produced these difficulties, and to be aware that if there is ongoing contact between the baby and their violent parent, that they may continue to be exposed to dysfunctional, manipulative parenting that is rooted in an abusive use of power.

4.3 In the longer term

When babies grow into toddlers, the early building blocks of their development may already have been disrupted by the domestic abuse they and their mothers have experienced. This can make them very reactive (prone to tantrums, intense fear, exaggerated startle) or quite passive and helpless⁶⁴. Most commonly, toddlers experience both kinds of states, as these are overlearned responses to the violence and stress that has characterised their early relational experiences⁶⁵. Toddlers may start to show signs of difficulties in recognising and managing their emotional responses, and may find it harder than most children of a similar age to soothe themselves or calm themselves down^{66, 67, 68}. Some children may behave in a way that is 'regressive', or typical of a child much younger than them. Toddlers who experience domestic abuse are, understandably, more prone to night-time difficulties, such as poor sleep, nightmares, or regular night waking. They may be clingy and insecure, or they may seem distant and uninvolved with their parent or with others around them⁶⁹. They may seem more aggressive than typical toddlers, or they may seem withdrawn and very shy⁷⁰. Because of their experiences of trauma they can experience 'hyperarousal' – a sense of being constantly alert to possible danger. This can result in behaviours



that are similar to hyperactivity or attention deficit with hyperactivity disorder.

Many of the behaviours described here can be interpreted by families in stress as 'naughtiness' or 'being difficult'. It is important to work supportively and compassionately to gently challenge those representations, helping mothers to recognise that these are normal responses to the violence and abuse they have experienced in the home. Our work here is

to help mothers understand that these are fear responses, and overlearned responses to feeling afraid and insecure. We need to support the ability to respond kindly and gently to these responses, and help all in the family to understand that responding to fear with anger or rejection is not a helpful response.

KEY POINTS

The impact of domestic abuse on mother-baby relationships

- ▶ Domestic abuse is a relational trauma that can impact all family relationships.
- ▶ Domestic abusers often specifically target the mother-baby relationship and disrupt early bonding.
- ▶ Becoming a new parent can further increase women's isolation, financial dependency and feeling of being trapped.
- ▶ The attachment relationship is sensitive to stress.
- ▶ Attachment is a process that is relational and intersubjective – it happens between mothers and babies, it is not something parents do to babies.
- ▶ Positive attachment has six major and interconnected components: emotional availability, attunement, synchrony, structuring, non-intrusiveness, non-hostility.
- ▶ Attachment is not just something that happens between mothers and babies. The other parent forms part of a triad of attachment. When domestic abuse occurs, the triadic patterns are ones of control and coercion, and this directly disrupts the attachment triad, and has a knock on effect on all relationships.
- ▶ It is important to consider the impact of socioeconomic stress on women's ability to respond sensitively to their babies. Austerity, service cuts, and precarious welfare provision all produce stressors that impact the emotional labour of parenting.
- ▶ Our parenting is impacted by the way we ourselves were parented. It can be helpful to explore the taken-for-granted assumptions women might have about being a mother that might link to early parenting experiences.
- ▶ Like mothers, babies can continue to be impacted by domestic abuse long after it apparently ends. This is particularly the case if contact arrangements mean they have a sustained relationship with the abuser that might enable abuse to continue after women have left. It is important to recognise their distress and behavioural issues as **normal responses** to the abnormal relational context and environmental disruption that domestic abuse produces.

5 How can domestic abuse specialists help?

Women who experience domestic abuse report that they do feel they need more support when they are pregnant and have babies⁷¹. This includes practical knowledge around protection from further harm, emotional support, support in building their relationship with their new child, and worries about losing their child. Despite feeling the need for this support, many women who experience domestic abuse when pregnant or when they have very young children do not seek out professional help⁷².

Worries about losing their child can mean that women are very reluctant to disclose domestic abuse during pregnancy and when their child is very young⁷³. This is particularly the case for women who have experienced loss of previous children, or who have had queries raised about their supposed 'failure to protect'. Whilst we cannot, as professionals, ignore safeguarding concerns about children, we must offer support that recognises the impact of domestic abuse, and places responsibility with the perpetrator and not with the victims^{74, 75}. Even if we do need to report safeguarding concerns, it is important to try to do this cooperatively with the mother, recognising fully that she is a victim, not a perpetrator, and ensuring that mother blaming terms like 'failure to protect' are not used. This retains the potential for the supportive relationship you have built to continue, despite the need to engage child protection processes. It is useful to use phrases like: "I understand that you are doing your best, and that you are trying hard to protect your baby from the impact of abuse. However, I do still have concerns about the baby's safety. Can we work together to get some additional help to keep him/her safe?"

Specialist workers can help in several ways: by offering women a non-judgemental space in which their concerns about their children and their parenting can be discussed and heard;

by providing support to enhance parent-infant communication and to support bonding; by supporting women with information and practical advice; by supporting women's confidence and reducing isolation; and by helping women build plans to keep themselves and their babies safe.

Don't forget other potential sources of support for mothers and babies

We have noted already that attachment relationships are not (just) dyadic. It is important to remember that early attachment can be multiple, and that polyadic attachments are valuable and healthy. This is clearly visible in cultures where extended family structures or strong community bonds are important in raising babies. In all cultures though, there are important alternative sources of attachment and nurture beyond the mother-infant dyad. It is useful to look at grandparent relationships, close friendships, sibling relationships etc. as potential sources of bonding for babies, to support their mothers.

In addition, there may be other professionals supporting the woman and baby you are working with. Health visitors and midwives have an important role in supporting women in their role as mothers after domestic abuse. The woman may also be supported by social workers, children's centres, or nursery/child care professionals. It is useful (with appropriate consent) to ensure that all professionals supporting the family understand the history and share a non woman blaming understanding of the impact of domestic abuse on mothers and babies. As a domestic abuse specialist, you may need to do some advocacy work to ensure a shared understanding and good collaborative relationships are established.

6 Supporting mothers and babies affected by domestic abuse

6.1 Listening to mothers

Mothers who have experienced domestic abuse can be reluctant to raise worries about their babies⁷⁶. This may be because they worry about losing their children, about being perceived as a bad parent, and because their own sense of their parenting has been undermined and they worry that they might actually *be* bad parents. Providing a supporting listening space in which women can talk about their concerns is one of the most important things any professional can offer. Remember that it is OK to ask about their experiences and worries, and that it is important to do this in a supportive, non-judgemental way. Questions might include:

- ▶ Abusive men can often make us feel like we're not good enough as mothers. Did your ex-partner ever make you feel that way? Would you like to talk a bit more about that?
- ▶ Do you have any worries about your baby, or about your relationship with your baby?

When women feel ready and able to talk, use the techniques of active listening to ensure that they feel heard and understood. This involves listening with careful attention, and responding in a way that shows the woman you are listening, and that encourages her to tell more of her story, in her own way. Active listening is not judgemental, and is not focused on advice giving. Rather it is focusing on enabling a space in which the woman can talk and know that she is heard. The key techniques of active listening are summarised in the figure here.



6.2 Helping mothers to build positive mental representations of their unborn babies

As we have previously noted, mothers often build relationships with their babies before they are born. They imagine what this person growing inside them will be like, how they might behave, what kinds of people they will become. This is the basis for early bonding between mothers and babies. Because of the strain domestic abuse places on women, this early bonding can be compromised. Women may lack the emotional energy, or the mental space to be able to creatively engage with the baby within. Alternatively their relationship with the baby may be distorted by the abuse:

- ▶ They may worry about the baby being like the father.
- ▶ They may have been subject to reproductive control and feel forced into pregnancy, or the baby might be a product of rape, resulting in distorted ideas about the baby (“they are a parasite”, “they are contaminating me”). Coerced pregnancy can result in women feeling even more trapped in the abusive relationship.

- ▶ The abuser may have tried to force the woman to end this pregnancy or a previous pregnancy, resulting in feelings of loss of control, a sense of an attack on self-determination and on feelings of bodily integrity, fear, grief and loss.

It is important to open a space for women to express their feelings about this. Whilst you should not assume that all women who experience domestic abuse will have negative feelings about the unborn baby it is important to allow a space in which they can acknowledge them if they do. There needs to be some space to normalise negative feelings and thoughts too; most pregnant women do have negative feelings at some point related to the discomfort of pregnancy, fear about the birth, and worries about who the baby will be. In the box below, there are some suggestions about how you might help mothers set up a more positive dialogue with the baby⁷⁷:

Getting to know your unborn baby

Put on some music – anything you enjoy. Does the baby react? Do they get more active? Do they become quieter or seem to go to sleep? If they are energised, you could try moving to the music. How does it feel to dance with them?

At bedtime, try some gentle music. How does the baby respond? Some parents say that they play the same lullaby each night, and that when the baby is born, they seem to remember it.

Try singing to your baby. They like the sound of your voice. Try any song you like or you can use nursery rhymes and lullabies. Don't worry what you sound like – your baby doesn't care, and you can always do this when it's just you and them around.

When you feel your baby move or kick, try chatting to them – they are awake and listening. Put your hand on your stomach so you can feel them moving. Try saying “Hi baby! I'm here.” Or anything else you want to chat to them about.

Chat to your baby as you go around the house. As you go from one activity to another, talk to your baby as though she or he were right there in front of you. Talk about what you're doing: “Oh, we are going to take the dog for a walk now.” “I'm a bit peckish. Do you feel like a snack, baby?” “I need a break, let's see what's on TV.”

Sit down and relax. Gently rub your belly and ask your baby how they are feeling. “How are you doing today?”

6.3 Exploring termination of pregnancy or adoption

Where a woman expresses a sense that they do not want to have the baby they are carrying, remember that it is OK to explore those feelings. This may lead to a sensitive conversation about alternatives like termination and adoption. These can be difficult conversations to open up, but a gentle question like, "I know this can be hard to talk about, but how are you feeling about the pregnancy?" and, "There are many options available to you, would you like some information about them?" can be a huge relief for women

who may find it hard to think that they have other options that they can supported with, without any judgement. Forcing a woman to carry a baby to term is a traumatic and difficult thing, particularly in the aftermath of violence. As domestic abuse workers, it is important to feel able to have difficult conversations about the impact of abuse, violence and coercion on women's bodies and their pregnancies, and this is a conversation you should feel able to have in a non-judgemental and supportive way.

Some questions you could adapt when supporting women⁷⁸

Remember every woman and situation will be different, so use these to help you think about questions you could ask.

How are you feeling about this pregnancy?

Prior to finding out you were pregnant, what were your feelings about abortion/adoption/parenting?

Under what circumstances would you like to become a parent?

How would you like things to turn out for you ideally?

Activity: Thinking about terminating a pregnancy

Although abortion has been legal in the UK for many years, and although many workers in the domestic abuse sector are supportive of women's right to abortion on demand, nonetheless, talking to women about terminating a pregnancy can be a challenge.

Your role is to support women to make their own decision, not to impose your views. Therefore, as a first step, it is important to reflect honestly about your own feelings about abortion.

With a colleague, spend some time talking about abortion. Think about how you first became aware of it as a child, the messages you were given about it. How have your views shifted and changed over time, and why.

What are your current thoughts and values? Why do you think what you do?

You may want to reflect on your own experiences of abortion or of supporting someone close to you through abortion. (There is no pressure to discuss this with your colleague, although you can if you both wish to. Do look after yourself in this discussion though.)

Whatever your views, it is important to acknowledge them, and to be sure not to impose them on the women you are working with.

Now spend some time with your colleague talking about how it might feel to discuss the possibility of termination with a woman you are supporting? What do you think you should and should not say? If someone you are supporting wants to discuss options, what specialist services are available in your area to support her? Remember your role is to explore options, not offer advice.



6.4 Helping mothers and babies to tune into each other

6.4.1 Challenging negative representations of the baby

After birth, and through the early years, mothers and babies need time and space to develop positive bonds after domestic abuse has occurred. Recognising the damage done by abuse is important. Supporting mothers and babies effectively involves helping women to understand how abuse might have impacted their ability to 'tune in' to their babies, and to recognise the strengths they have to offer in their relationship with their children. Our work is to support mothers to recognise the reparative value of loving and positive contact in building resilience and aiding recovery.

It is common for people under stress to feel that the world is trying to 'get at them'. We feel that the world is a hostile place and that those around us are aggressive, competitive or deliberately hurtful. Living with domestic abuse can really intensify that world view; when domestic abuse occurs the person who is supposed to love us has been controlling and often quite literally persecutory. They hurt us for reasons we don't entirely understand. This

relational experience can easily transfer itself into other relationships, so that we start to expect that people we love will try to control us, hurt us, or abuse our trust and our kindness.

Those of you who have had babies of your own will know the often quite strange experience of walking around in public with a tiny baby, and having someone ask, "Is s/he good?" It's a bemusing question. I remember someone asking me it when my baby was about two weeks old, and I looked down at her little sleeping face and thought "I have no idea how to answer that!" My baby was neither good nor bad. Their behaviours were not intentional, they just were. When they cried, they cried, they weren't intending to upset me. When they could not sleep at night, it was not because they were trying to 'get at' me, they were just struggling and turning to the person they knew was there to help them. They weren't 'good' or 'bad', but were just babies being babies. It wasn't a moral issue! The question does, however, present a particular cultural construction of babies, a sense that babies are 'good' if they do not give their parents too much trouble. If they sleep well, feed well, and are generally easy going, then they might be represented as 'good'.

Activity: Thinking about needs

We've listed some questions to help the women you support think about how they feel about expressing needs, and how this might impact their interactions with their babies. Try this yourself, before you use the questions with anyone else.

1. When you were little, who helped you when you cried? How? How did you feel?
2. When you were little, what do you remember about feeling angry? What was said in your family about being angry?
3. What lessons did you learn as a child about crying, needing comfort, being angry, having needs?
4. What do you do when you need help, or love, or support from somebody? What does it feel like to have those needs?
5. We all have an inner coach – a voice in your head that kicks in when you are in difficult times. When you have strong feelings like anger, fear or sadness, what does that voice say to you? What sorts of things did your abusive partner say about your ability to be a mother, or about the baby?
6. How do you see it when your baby asks for help or expresses a need? Are there any links between how you respond to your baby, and how your carers or your abusive partner responded to yours?

Activity: Is she good?

“The other day I was out walking with my baby and was approached by an older woman who cooed over her, and then asked ‘Is she good?’”

- ▶ What behaviours would you associate with a ‘good baby’?
- ▶ Can babies be ‘good’ or ‘bad’?
- ▶ What are some of the things that might make it hard for a woman to create a positive internal representation of her baby after she has experienced domestic abuse?

The combination of these two factors can lead to a context where women who experience abuse might react to their babies’ expression of needs by being annoyed, by feeling got at, by worrying that their baby is ‘just trying to wind them up’ or being ‘just like their dad’.

These views of babies as ‘bad’, ‘like their dad’ or hostile to their mothers are ones that can really get in the way of healthy relationships developing between mothers and babies. They are entirely understandable in a context where very close relationships are spaces in which intimate betrayals have occurred and intense pain has been caused. But they do nonetheless need to be explored, queried and gently challenged.

It is not uncommon for people who have had a difficult and traumatic experience of early parenting to experience babies as being ‘difficult’ or ‘bad’. This is because women who experience abuse in their relationships can feel there are excessive demands on her emotionally and can lead to distorted internal representations of her baby/children. Listen for phrases like:

This baby is just so naughty.

This baby is winding me up.

This baby is manipulating me.

This baby is just like his dad.

This baby is ‘getting’ at me.

This baby is so stubborn and wilful.

None of these can possibly be accurate statements. Babies don’t have the mental ability to plot, scheme, manipulate, or wind up. They haven’t developed the mental skills needed to behave in an *intentional* way. Rather the baby is simply trying to get its needs met, for instance for comfort, contact, loving interaction, food and rest. Gentle challenge is needed when these kinds of statements are made.

Women who experience domestic abuse may also have the internalised voice of their abuser to contend with too. Think about, for instance, a situation where their partner yelled every time the baby cried, or accused her of being a bad mother who couldn’t look after her own baby. Because of this abuse, she may have an overlearned tendency to jump in too fast to soothe the baby, imposing her own panic and need to quickly quieten the baby onto them, without thinking enough about what the baby actually needs and what the baby is trying to communicate.

Finally, noisy babies are often problematised in a fast paced western culture. When our babies cry or shout out, this is often seen as ‘bad behaviour’ or evidence of ‘poor parenting’ rather than normalised as part of what babies do. Think about being on a train when a baby starts to cry – how many times do you see other people tut, or pull faces, or sigh about the ‘intrusion’? In some cultures there is still very much a view that children should be seen and not heard, and these kinds of assumptions can have a very negative impact on the way that we see and respond to our babies.

Much of our attention so far has been on helping mothers to tune in and respond to their babies in a more sensitive way. Another important

aspect of the early relationship that supports healthy development is our ability to be a safe base from which our babies can explore the world. This means offering a predictable, consistent response to the baby that helps them to move out into the world, knowing that they have the safety of their relationship with their carer to go back to.

6.4.2 Slowing things down

It is important to help mothers to understand when not to rush in to 'save' their children, when to allow them a little space and time to just be. Domestic abuse leaves many survivors with a lot of anxiety and little confidence in their parenting abilities. This can translate into an overly reactive response to babies that is too intrusive.

To support women as domestic abuse support workers, our job is to create a bit of space in the mother-child interaction, and in this way perhaps disrupt taken-for-granted responses and knee-jerk reactions. We need to support women to understand how their own parenting experiences, cultural assumptions, and experiences of abuse might have affected their ability to tune into their babies and really understand their inner worlds and their communication.

We have **four key aims** in helping mothers to develop a better understanding of their baby:



A first step in helping mothers and babies tune in to each other is derived from a technique called '**watch, wait and wonder**'⁷⁹. Many of the difficulties that we see emerging in parenting between carers and babies, particularly after domestic abuse, are difficulties of communication. As parents, we can tend to jump to conclusions about what babies want: "S/he is crying, she must want milk." This produces a mismatch between the baby's communication

Help the mother to reflect upon her baby's emotional life and inner world.

Help the mother to reflect on and understand her own emotional reactions, particularly as a parent.

Help the mother to understand the interactions between her baby's emotions and her own.

Through reflection, help mothers to solve communicative puzzles between her and her baby, and develop sensitive, responsive caregiving.

WATCH

- ▶ What is my baby doing right now?
- ▶ What are they really doing (**not** what am I assuming they are doing)?
- ▶ What are they feeling?

WAIT

- ▶ Pause, take a deep breath, give yourself time to respond.
- ▶ Reflect, don't react.
- ▶ Are there other possible interpretations?

WONDER

- ▶ What are they trying to tell me?
- ▶ What is the meaning of this behaviour or sound for them?
- ▶ What does this situation feel like for them?
- ▶ What might they need from me?

and our response to that communication. Because babies obviously do not communicate in the symbolic way that we do as adults, hearing their signals accurately can be hard. In fact, all parents get it wrong far more often than they get it right. It is important to remember this when supporting mothers and babies, and to remind mothers of this fact too. Of course they will get it wrong – we all do. But getting it right more often is what helps us to become good enough parents. By supporting women to slow down their communication with their babies, to be less reactive and automated in their responses, and to try to listen, we can help them to increase the chances of them understanding their babies and responding in a way that is more 'in tune'.

Domestic abuse impacts directly on our ability to reflect on our own emotions. Dealing with the demands and manipulative behaviour that often characterises domestic abuse can leave little space to understand our own authentic emotional response, as it is subsumed in coping with the abuser's often excessive emotional demands and gaslighting. We learn not to think about or trust our emotions, because we are so often told they are wrong, inappropriate, or not real. Mothers can be supported to reflect more on their own emotions, and on their baby's. Some of the following questions might help⁸⁰:

- ▶ Think of a time when you and your baby had different feelings about something, for example, the loud bang of fireworks may have thrilled you, but made your baby very distressed.
 - ▶ What did you feel?
 - ▶ What did you think the baby felt? (You can encourage them to reflect too on whether there might be alternative interpretations of the baby's feelings)
- ▶ Think of a time when you had a really strong emotional reaction, and this impacted on your baby.
 - ▶ What did you feel?
 - ▶ How did it impact on your baby? (How do you think they felt?)

Once you have had some practice with the mother in reflecting on her own feelings and identifying the differences between her feelings and the baby's, you can start to use these questions to explore real life, current interactions between them.

- ▶ "How are you feeling right now?"
- ▶ "How do you think the baby is feeling?"
- ▶ "How do you know that is what the baby feels?"
- ▶ "Can you think of other possible interpretations of his/her feelings?"

This reflection can help us to slow down, and think and feel our way through what our baby is feeling, and what they are communicating to us. With practice, 'watch, wait and wonder' can become a very natural, integrated part of our response to our babies.

Additional questions we might want to help mothers ask is "What is my own feeling and reaction when they behave like this? And where does that reaction come from?" Many of our automated responses to babies come from our own experiences of being babies and of being parented. For instance, if our own parents responded angrily when we cried, then we learned that crying is a bad thing, that it produces an angry response. If we have not had a chance to develop other ways of interpreting and responding to babies, when our baby cries we therefore fall back onto a very old script that says, "this baby is being bad."

6.4.3 Helping with boundaries

Setting boundaries is an important way to help mothers and babies experience the consistency and sense of safety that they need to build and support warm, nurturing relationships.

In domestic abuse, it is common that boundaries set by family members are not respected. Abusers are intrusive and controlling, and do not work with consistent boundaries. Their 'rules' may be rigid and irrational, and they show little respect for the victim's need for consistency, kindness, or the ability to experience freedom to live as they wish, to explore their world, etc. Abusive behaviour tends to veer between rigid and controlling 'rules', and intrusive disrespect for others' need for privacy and emotional or physical space. The 'rules' are often also unpredictable – new rules might emerge unexpectedly, keeping the goal posts constantly shifting for victims. This abusive dynamic commonly creeps into parenting behaviour as well. Having experienced such extreme behaviours around rules and routines, setting ordinary boundaries can be challenging for adult survivors, and difficult to manage for children.

The basic principles for boundary setting are:

FAIRNESS

Boundaries should be reasonable and fair to all in the family.

CONSISTENCY

It is important that boundaries are set in a predictable, consistent way.

GENTLE BUT FIRM

Boundary setting is not coercive or aggressive.

Some strategies for boundary setting with toddlers

Toddlers need to be free to explore the world around them, but also need to be kept safe whilst doing that. Below are some specific strategies you could talk through with the mothers you are working with. Remember though that there is not just one way to parent, and that these are guidelines that you can adapt with the parent you are working with, to suit their lifestyle (working? shift work?) home environment, culture, abilities and preferences. They are not standards to impose on parents.

1. Can I touch it? Establish easy to understand terms that communicate to the toddler whether it's OK for them to touch particular things or not. For example "yes touch" for things they can handle and play with, "soft touch" for things they can touch but that they need to be gentle with (pets, faces, their baby brother or sister) and "no touch" for things that are out of bounds. These can be widened to include other important ideas, like "burny touch" or "ouchie touch."

You can help parents to learn to use these words by modelling them for the toddler's face. For instance, when stroking the toddler's face, saying "soft touch, soft touch" teaches them the meaning of the word.

2. Diversion: If a toddler is trying to do something they should not, telling them NO, or grabbing an object away from them generally just provokes a tantrum, resulting in stress for the parent and the child. Diversion is generally a better strategy. Make eye contact with the toddler, and divert attention to something they will also enjoy. For instance if they are grabbing at the dog's fur, and won't listen to the "soft touch" reminder, then offering a favourite toy as distraction might work to divert attention onto something more positive.

This won't work immediately, and likely won't work every time, but it can save parents from being caught in a constant cycle of boundary pushing and stress.

3. Remember to see things from their point of view: Toddlers, like babies are not 'naughty'. They do not have the mental skill needed to manipulate or wind parents up. When we feel that about our children, that is in *our* heads not theirs. Typically when a very young child is being disruptive, grumpy, whiney etc. It is because they are bored, tired, worried or in some other way distressed.

Responding to that distress with anger or frustration will only serve to increase the toddler's distress.

Parents need to remember the 'watch, wait, wonder' strategy, even when the child is a toddler, and can speak and run around.

Support parents to puzzle through what might be underlying the toddler's behaviour – what is the feeling that is causing them to behave as they are? Then respond to the feeling, rather than the behaviour.

For example, when a toddler is constantly coming into the lounge after bedtime when you're trying to rest after a long day at work, stop and think what that might be about. They are not being naughty, or trying to wind you up. What else might be going on? It can be worth stopping to ask them (but don't be surprised if they don't know themselves). But the feeling might be about missing you, feeling afraid, having bad dreams, being restless and having trouble calming down. Once you've got a working hypothesis test it out by finding a better way to



respond than anger. "I know that you want me to come and comfort you, and your feelings are important to me. So I'm going to lie with you for a little while and I will read this book to you. But then mummy needs some quiet time too." Don't expect miracles, this will not immediately 'fix' the problem. But being reassured of care will eventually accumulate to ensure that the child knows that their needs are taken seriously and being met.

4. Provide structure: Routines that are predictable but can flex around circumstances are helpful for everyone in the family. How can you build a bit of routine into your day to ensure everyone knows roughly what to expect? Don't try to be super-parent, and don't make routines too rigid. But basic things like dinner, playtime, bathtime, storytime, sleeptime can help everyone know it's time to wind down to sleep.

BUT do be gentle with yourself. Sometimes life is chaotic, and with the best will in the world, you can't possibly keep to a routine. That's OK. The routine isn't in charge. Recovering from domestic abuse can throw a lot of curveballs. But even if things are very chaotic there might be one or two things that you can hold steady for your baby. Think about what that might be, and try to keep that as predictable as you can.

5. These are guidelines. You don't have to feel guilty or angry with yourself if you can't always manage them. Parents make mistakes – *all* parents. We all have bad days, we all get stressed out. Don't berate yourself for little things, and if it is starting to feel too much for you to manage on your own, don't be embarrassed to ask for help – from family, friends, your support worker, social worker. Think about who you can call on on the days when parenting feels like it's too much. The best parent is the one who is able to admit when they're not coping.

6.4.4 Helping mothers and babies to play

One way to help mothers and babies to tune into each other, understand each other better, and build stronger relationships is through play. This kind of play is *baby-led*, meaning that the mother pays careful attention to her baby's cues and plays. In the very early stages of the baby's development, you can act as a play coach, sitting alongside the mother and baby, and spotting opportunities for interaction and to enhance attunement.

In the first few months, play is largely focused on face-to-face interaction, and on comfort and soothing. Initially, babies may not be sufficiently 'awake' to play, but as they settle into their own routine with the mother, and they start to recognise the mother's face, they may be ready to start some very simple, gentle play. Newborns might like simple toys, such as rattles, textured toys and teething rings. These help babies to explore their world through their senses.

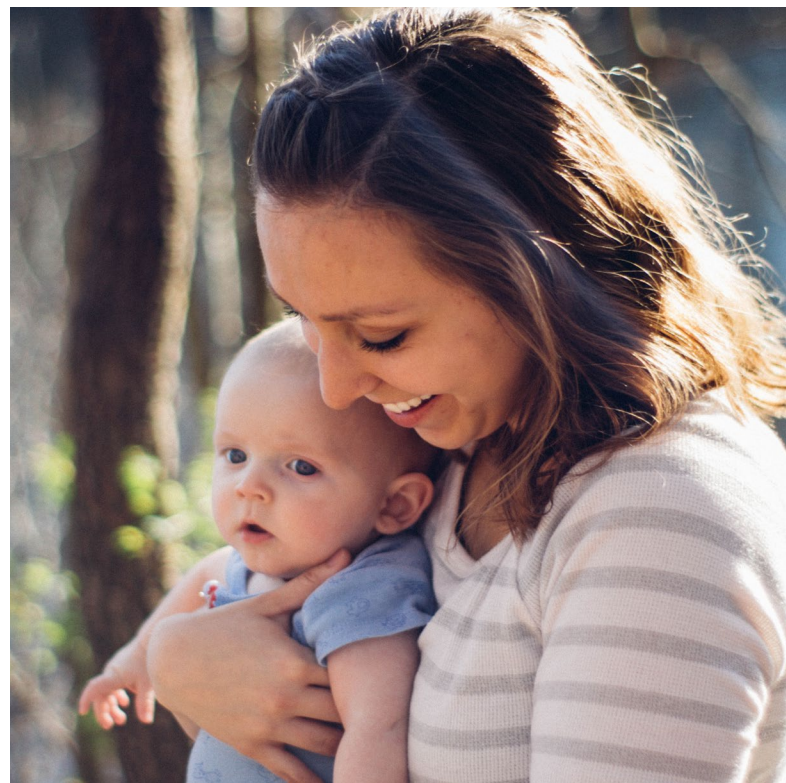
To actively play with the baby, wait until they are feeling both active and relaxed. Playing when the baby is distressed, hungry or tired will not work. Try holding the baby comfortably on the lap, so that s/he can easily see the mother's face, is held and well supported. At this age, basic movements and face to face interactions are the most stimulating for the baby. Simple games are great, like gently moving the hands in and out in a clapping motion, or doing the same with the legs, whilst maintaining eye contact and talking to the baby (rhymes like 'clap hands' can be good

for this). Singing to the baby in this position is also a lovely way to establish contact and play. Babies are also fascinated by faces. Notice what they are doing with theirs. The way they point their tongues out, the beginnings of smiles. Mirror these back to the baby, perhaps with a slight exaggeration. Over time, this will establish a fun 'conversation' between the mother and the baby, where they do something, the mother mirrors, they react, and so on.

Always watch carefully for the baby's response. They can become overstimulated, and this can produce discomfort. If they start to show signs that they are losing interest, or that it's all becoming a bit too much, gently draw the game to a close, with a cuddle and soothing words.

As babies develop, these games can continue, but may become a little bit more complex, with a broader range of facial expressions and vocalisations. As they grow older the mother can start to show them more and more things: baby mirrors, baby books, and textured toys. Remember to balance playing actively with the baby against allowing them space to explore for themselves.

As the baby becomes a toddler, the way we play needs to shift too. From the age of about one to



three, the style of play to encourage, enhance and build parent-infant bonding is called 'non-directive play'. This involves a style of play that is child-led, where they can choose what to play with and how, with only a small number of basic rules in place to secure safety.

To set up the play session, the parent can lay out a good selection of toys for the child. It's best to choose toys that are not electronic or aggressive, and that enable the child to express themselves. Sometimes it's helpful to choose a specific set of toys that are only used for these special play sessions.

With an older pre-schooler, the play session can start with the mother saying something like:

"We're going to play together here in the lounge for a little while. You get to choose what we play with and how we play. But you're not allowed to hurt me, or break anything." Once these rules are in place, the adult steps back and allows the child to choose in their own time the toys they want to play with and how they want to play. It's important to get down on the floor with the child, play at their level, and to ensure that there are no distractions during the play session.

A key aspect of non-directive play is that it is non-judgemental. This means we have to suspend our tendency to say things like, "No, don't do that, that's not nice", or, "Poor baby-doll, you shouldn't throw her on the floor like that," or, "That's naughty/wrong/embarrassing." Instead try simply noticing what they are doing and feeding that back to the child. For instance, the baby is banging a drum. You might say, "You're banging that drum. Bang bang bang." A toddler cuddles the doll and then throws it across the room. You might say, "You were cuddling that baby really close, and then you threw it far away from you." You may find that this leads to the child saying something about their play, for instance they may say, "Baby cries now," and you respond with a similar non-directive comment: "Yes, the baby really cries when they are thrown across the room like that." Our intention in these interactions is to simply notice what the child says, does and feels, reflecting that back to them without judgement or commentary. We are accepting the child as they are, and letting them know they are accepted through the things we say. You can join in the play, but remember to always be led by the child, and not to impose games on them. We



do not approve or disapprove of what they do (e.g. we don't say 'well done' or 'that's a beautiful picture you've drawn'). The parent engages with the baby/toddler just by learning to notice and describe what the child is doing when they play. This helps the child to feel accepted just as they are, and helps the parent to learn to listen to the child without imposing their own values and needs onto the interaction.

To support a parent in non-directive play, make sure you can do it yourself first. It can be surprising how often we pass judgement on our children at play. That voice of "do this, don't do that" often pervades our playtime with children. Learning NOT to jump in with judgement, to just notice what the child is doing – really notice it, and acknowledge it – can be really tricky! So practise first, and when you feel confident, you

can introduce the idea to the parent, and model the play style with them. This means explaining the basic principles of non-directive parenting to them, and then sitting with them and providing encouraging, supportive comment as needed.

KEY POINTS

Supporting women and babies after domestic abuse

- ▶ During pregnancy, support women in exploring their mental representations of the baby.
- ▶ When appropriate, when women express negative feelings about continuing with the pregnancy, do offer support to think through termination and/or adoption as feasible options.
- ▶ Help women and babies to slow down in their interactions. Encourage women to watch, wait and wonder. Slowing down and not rushing to respond produces greater reflection on the baby's wants and needs, and increases attunement.
- ▶ Support women in establishing healthy boundaries and appropriate and flexible routines with babies and toddlers.
- ▶ Gently challenge interpretations of babies and toddlers that rely on negative mental representations (like the baby is naughty, or acting like their dad, etc.).
- ▶ Encourage positive play between mothers and babies. Get down on the floor and model this, don't just instruct mothers.

7 Safety planning with mothers and babies

When working with young children and mothers, the most important element is to work safely. Safe working is characterised by several important principles.



In safety planning, the presence of a baby in a context where domestic abuse takes place immediately raises it to the highest risk level. This is because it is not possible to have a safety plan that is agreed with the baby, as it is with an older child. There is not really anything a baby or toddler can do to keep themselves safe.

If the woman is still in contact with or living with the perpetrator, ensure that good safety planning has been done, according to standard guidelines. Do raise your concerns about risk to the safety of the baby with all appropriate agencies.

Making a safety plan

- ▶ Plan in advance how you might respond in different situations, including crisis situations. Think about the different options that may be available to you.
- ▶ Keep with you any important and emergency telephone numbers (for example, your local Women's Aid refuge organisation or other domestic violence service; the police domestic violence unit; your GP; your social worker, if you have one; your children's school; or your solicitor).
- ▶ Teach your children to call 999 in an emergency, and what they would need to say (for example, their full name, address and telephone number).
- ▶ Are there neighbours you could trust, and where you could go in an emergency? If so, tell them what is going on, and ask them to call the police if they hear sounds of a violent attack.
- ▶ Rehearse an escape plan, so in an emergency you and the children can get away safely.
- ▶ Pack an emergency bag for yourself and your children, and hide it somewhere safe (for example, at a neighbour's or friend's house). Try to avoid mutual friends or family. See the suggestions on the website below on what to pack if you are planning to leave your partner.
- ▶ Try to keep a small amount of money on you at all times – including change for the phone and for bus fares.
- ▶ Know where the nearest phone is, and if you have a mobile phone, try to keep it with you.
- ▶ If you suspect that your partner is about to attack you, try to go to a lower risk area of the house – for example where there is a way out and access to a telephone. Avoid the kitchen or garage where there are likely to be knives or other weapons, and avoid rooms where you might be trapped, such as the bathroom, or where you might be shut into a cupboard or other small space.
- ▶ Be prepared to leave the house in an emergency.

From *The Survivor's Handbook*, Women's Aid:
womensaid.org.uk/the-survivors-handbook

It is particularly important when supporting mothers and babies that the violence of the perpetrator is visible to all those involved with the family. Ensure that *all professionals* involved with the family are aware of the potential risk to the woman and the baby. After separation, abuse typically does not stop and the presence of the baby may offer an extra route for the abuser to continue to abuse and harass the woman even after she has left. It therefore remains important that you be vigilant about the risks to the baby, and that you maintain good communication with all involved agencies and

professionals about the risk. Your primary duty of care is the protection and safeguarding of children.

It is important to ensure that all parties working with the family recognise that the risk that abusers pose to their infants is NOT the fault of the mother. We can support her to plan how to reduce the risk of his behaviours, but he is the person responsible for those behaviours. It is crucial to maintain an understanding of where that responsibility belongs. Guilt and mother blaming have *no place* in support for survivors of domestic abuse.

8 The challenges of contact

Contact is not advised with men who continue to pose a threat to the baby's mother. Although professionals might argue that the man's relationship with the mother is separate from and qualitatively different from the relationship with the baby, nonetheless, we would argue that a man who cannot refrain from abusing a child's mother poses a direct risk to the emotional wellbeing of the baby. It is important to the baby's health and wellbeing that their mother remains safe.

Court ordered contact can be particularly challenging when the child is very young. Remember that babies have the right to breastfeed, and to have a sense of emotional security and safety. Advocacy around keeping very young babies with their mothers till after weaning is an important support for mothers and babies.

Contact can offer opportunities for perpetrators to re-abuse their adult victims. When mothers are anxious about the wellbeing of very small and vulnerable babies and toddlers, this creates a significant power imbalance that is open to manipulation and coercive behaviours.

Activity

With a colleague discuss how you might provide appropriate support to a mother and baby who have mandated contact with an abuser.

Think about issues like:

- ▶ Safety planning
- ▶ Emotional support
- ▶ What happens after contact?

Summary: the key principles of woman and infant centred support

"We know abuse works through isolation. Recovery works through reconnection, solidarity with other women and knowing that you're not alone."

Janet McDermott, Women's Aid National Conference, 2018

The key elements of good support for women and babies are:

Building connection and networks:

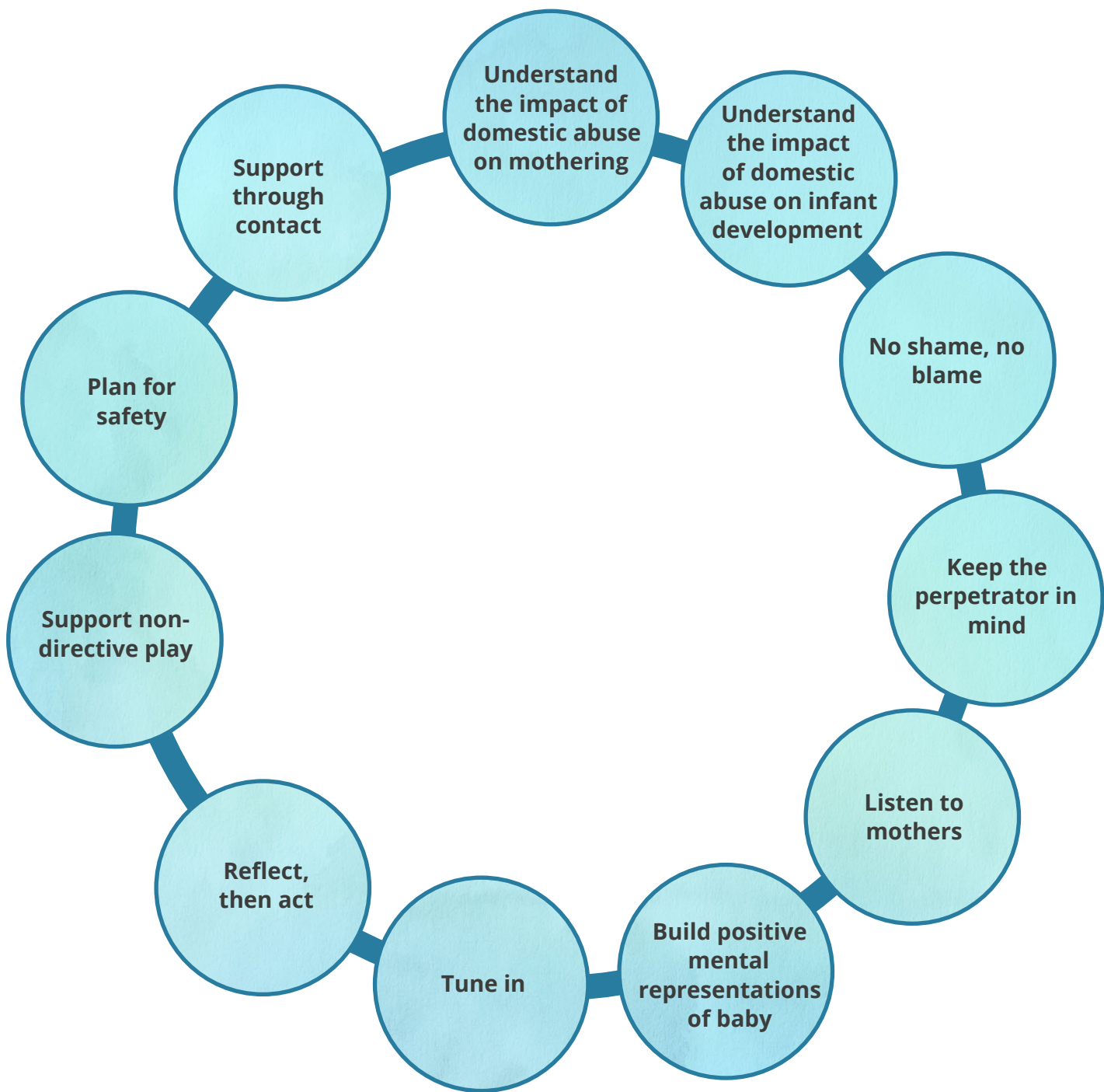
helping women to restore, rebuild or start up relationships with supportive, non-abusive friends and family.

Building solidarity: helping women to recognise they are not alone, that other women share their experiences, and that together they can create communities that can produce change and resist abuse.

Support: women with babies (and perhaps other children) who have experienced domestic abuse face a range of significant stressors. They need support and understanding, to empower them to enjoy their relationships with their babies, and recover from abuse.

Contextualisation and reduction of victim blaming: when things do go wrong in mother-baby relationships, it is important to understand this in the context of domestic abuse, as well as perhaps other socioeconomic stressors. It is not helpful to hold women responsible for the impact of abuse on them and on their babies. Our role is to unpick victim blaming, and ensure women are not re-abused and re-traumatised by services that are supposed to help women, but tend to see them as 'failing to protect' their children. We need to challenge the idea of 'failure to protect' consistently. The victims generally have not failed. Maintain the visibility of the perpetrator.





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Activities

This section pulls together all the activities found in *Supporting women and babies after domestic abuse: A toolkit for domestic abuse specialists*, for you to print out and use.

Activity: Keeping the perpetrator in mind - Page 7

Read the following referral note to a colleague in social services. See if you can identify the traces of woman blaming in the note. Rewrite the note to better reflect what has happened to this mother and baby, and what support that you think this family needs.

Fiona (20) moved in with her boyfriend Craig (32) when she was 15. She has experienced escalating violence over the course of their relationship. She is a functioning alcoholic and occasional drug user. She became pregnant when she was 18, and despite Craig's violence, including a blow to her belly that resulted in her hospitalisation, Fiona failed to leave Craig. Nicola was born when Fiona was 19 and Fiona has continued to live with Craig despite his violent outbursts, including on one occasion being pushed down the stairs whilst holding the baby. Fiona is clearly not able to provide a safe and stable environment for Nicola, and is prioritising her dysfunctional relationship with Craig over her baby's needs.

Activity: An infant observation - Page 16 and 17

With appropriate permission, observe a mother baby interaction in a context where, to your knowledge, domestic abuse has not occurred.

Spend some time just watching the mother and baby interact in an everyday environment, doing ordinary everyday things. About an hour should be enough. What would be a suitable time frame to observe? In nursery settings one hour is pretty normal to observe baby and carers, however this is a much more difficult situation to be doing these observations.

- ▶ What signs do you see of attunement, synchrony, responsiveness, structuring, non intrusiveness and non-hostility? What behaviours suggest these characteristics are present in the interactions?
- ▶ What signs do you see of disruption in each of these?

You can use the observation grid on the next page to help you record your observations, if you like.

If possible repeat this observation – again with appropriate consent – with a mother and baby where you know abuse has occurred.

After the observations

Compare your notes for each observation. What do you notice?

A word of caution: do not ASSUME that just because domestic abuse has occurred, attachment problems will be present.

Reflect

Read through your notes for both observations, and notice any mother-blaming language. It is easy to fall into this trap when working with attachment theory. How can you re-word your notes to ensure that they are woman and infant centred, and recognise that the source of difficulty is NOT in the mother-infant interaction itself, but in the fact that the abuse has disrupted that relationship.

Attunement	Synchrony	Responsiveness
Structuring	Non-intrusiveness	Non-hostility

Activity: Thinking about terminating a pregnancy - Page 26

Although abortion has been legal in the UK for many years, and although many workers in the domestic abuse sector are supportive of women's right to abortion on demand, nonetheless, talking to women about terminating a pregnancy can be a challenge.

Your role is to support women to make their own decision, not to impose your views. Therefore, as a first step, it is important to reflect honestly about your own feelings about abortion.

With a colleague, spend some time talking about abortion. Think about how you first became aware of it as a child, the messages you were given about it. How have your views shifted and changed over time, and why.

What are your current thoughts and values? Why do you think what you do?

You may want to reflect on your own experiences of abortion or of supporting someone close to you through abortion. (There is no pressure to discuss this with your colleague, although you can if you both wish to. Do look after yourself in this discussion though.)

Whatever your views, it is important to acknowledge them, and to be sure not to impose them on the women you are working with.

Now spend some time with your colleague talking about how it might feel to discuss the possibility of termination with a woman you are supporting? What do you think you should and should not say? If someone you are supporting wants to discuss options, what specialist services are available in your area to support her? Remember your role is to explore options, not offer advice.

Activity: Thinking about needs - Page 27

We've listed some questions to help the women you support think about how they feel about expressing needs, and how this might impact their interactions with their babies. Try this yourself, before you use the questions with anyone else.

1. When you were little, who helped you when you cried? How? How did you feel?
2. When you were little, what do you remember about feeling angry? What was said in your family about being angry?
3. What lessons did you learn as a child about crying, needing comfort, being angry, having needs?
4. What do you do when you need help, or love, or support from somebody? What does it feel like to have those needs?
5. We all have an inner coach – a voice in your head that kicks in when you are in difficult times. When you have strong feelings like anger, fear or sadness, what does that voice say to you? What sorts of things did your abusive partner say about your ability to be a mother, or about the baby?
6. How do you see it when your baby asks for help or expresses a need? Are there any links between how you respond to your baby, and how your carers or your abusive partner responded to yours?

Activity: Is she good? - Page 28

“The other day I was out walking with my baby and was approached by an older woman who cooed over her, and then asked ‘Is she good?’”

- ▶ What behaviours would you associate with a ‘good baby’?
- ▶ Can babies be ‘good’ or ‘bad’?
- ▶ What are some of the things that might make it hard for a woman to create a positive internal representation of her baby after she has experienced domestic abuse?

Activity - Page 38

With a colleague discuss how you might provide appropriate support to a mother and baby who have mandated contact with an abuser.

Think about issues like:

- ▶ Safety planning
- ▶ Emotional support
- ▶ What happens after contact?

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