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Young mothers' experiences of relationship abuse:
Personal stories and public narratives

Julia Langley

A thesis submitted to the University of Huddersfield in partial fulfilment of the
requirements for the degree of Doctor of Philosophy

The University of Huddersfield in collaboration with Refuge

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Abstract

Domestic abuse has historically been defined and constructed as an adult issue. However, in recent years there has been increasing awareness that young people also experience abuse within their relationships that can have serious and long-term effects on their health and wellbeing. Research has revealed higher rates of abuse reported by younger women than by adult women (Barter et al, 2009) and young mothers in particular appear to be at significant risk of experiencing relationship abuse (Wood et al, 2011). However, there is a lack of empirical research that has explored young mothers' experiences of abuse and, therefore, little is known about the ways in which they understand and make sense of relationship abuse and negotiate their mothering within an abusive relationship.

By focusing exclusively on mothers who became pregnant before they were 18, this research addresses this gap in knowledge and offers an original contribution to the evidence base. The primary aim of the research was to offer young mothers who experienced relationship abuse an opportunity to tell their stories. Underpinned by a feminist, social constructionist epistemology, the research adopted a narrative methodology and used semi-structured interviews to generate data. Participants were six young women who became pregnant before their eighteenth birthday and who had experienced relationship abuse in the last year; two were pregnant with their first child and four were already mothers. Narrative analysis of the data using The Listening Guide explored how participants constructed themselves and made sense of their relationships, paying particular attention to the ways in which personal stories reflected or contested available narratives about relationships, abuse, motherhood and teenage pregnancy.

The emerging stories offer an insight into how these young mothers negotiated limited and sometimes contradictory narratives in order to make sense of their experiences and tell their own story. Participants told stories about their relationships and stories about becoming and being a mother that were inextricably linked. Stories of relationships and abuse overwhelmingly reflected narratives of romantic love; narratives that place responsibility for relationships with women, perpetuate gender inequalities and normalise male control and abuse. Their stories of motherhood reflected currently available narratives of 'good' mothering and rejected dominant narratives about teenage motherhood that were inconsistent with being a good mother. The findings highlight the limited repertoire of narratives available to young mothers who have experienced relationship abuse and reveal the potentially constraining nature of dominant narratives. Recommendations are made for policy, practice and future research.

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Introduction

“He just started getting more, more and more and more violent like, just, it were like he’d found out I were pregnant and he wanted to hurt me” [Claire]

This research illuminates and explores the stories of young mothers who have experienced relationship abuse. In this introductory section I provide an overview of the context in which the research was carried out and explain the rationale for the study, including my own personal and professional motivations. I then present the aims and objectives of the study, followed by a discussion of the terminology used within the thesis in order to offer clarity to the reader. I conclude by providing an outline of the organisation of the thesis.

Background and rationale for the study

Since the opening of the first women’s refuge in the United Kingdom (UK) over 40 years ago (Refuge, 2014) there has been a wealth of research into women’s experiences of domestic abuse, resulting in greater knowledge and awareness about the prevalence of abuse in women’s lives and the impact it can have on them and their children. This has brought about numerous developments in policy and practice; most recently the publication, by the current coalition government, of a comprehensive, long-term strategy and action plan to end violence against women and girls (HM Government, 2011; 2010a). The publication of this strategic vision has led, amongst other things, to a change in the definition of domestic abuse (HM Government, 2012); the introduction of domestic violence protection orders and the domestic violence disclosure scheme (Home Office, 2013); improved criminal justice responses to domestic abuse (Her Majesty’s Inspectorate of Constabulary (HMIC), 2014); and the development of a national guideline for health and social care services (National Institute for Health and Care Excellence (NICE), 2014). Domestic abuse has moved from the margins to the mainstream (Peckover, 2014). No longer considered a private matter not to be spoken about, domestic abuse is now deemed to be *“everyone’s business”* (HMIC, 2014, p.14; NICE, 2014). The context for this research was, therefore, continually evolving. In this introductory section I outline some of the factors that contributed to the research from a personal, professional and political perspective; factors that are addressed in more detail throughout the thesis.

As I embarked on my midwifery training in 2001 there was an increasing emphasis on the role of health professionals in identifying and supporting those experiencing domestic abuse. The Department of Health (DoH) had recently released its resource manual for healthcare professionals in which it was recommended that midwives should ask all pregnant women whether they had experienced domestic violence (DoH, 2000). This approach was endorsed by the Royal College of Midwives (1997) and advocated within the Confidential Enquiry into Maternal Deaths (Lewis, 2001).

Whilst some midwives expressed reservations about questioning women about such a personal and sensitive matter (Baird, 2005; Price et al, 2005; Mezey et al, 2003; Wright, 2003; Scobie and McGuire, 1999), research has demonstrated that the majority of women find routine enquiry about domestic abuse by healthcare practitioners acceptable and beneficial (Boyle and Jones, 2006; Bacchus et al, 2002; Stenson et al, 2001). Perhaps because I began my training at the time when routine enquiry was initially being introduced, it has always been part of my midwifery practice and I am passionate about the potential that midwives have to identify and support women who are experiencing domestic abuse.

Prior to commencing my PhD I worked as a domestic abuse specialist midwife and it was during this time that I became more aware of some of the issues faced by younger pregnant women and mothers who were experiencing abuse in their relationships. I received a disproportionate number of referrals and police incident reports for women under twenty and, when providing support to those deemed to be at 'high-risk' from domestic abuse (see Coordinated Action Against Domestic Abuse, 2012), I found that many young women were often living in particularly difficult circumstances that restricted the support available to them. However, searching for further information to assist me in my role revealed a lack of published research exploring young mothers' experiences of abuse.

Until 2012 the Government definition of domestic abuse in England and Wales stated that it was something that occurred "*between adults*" (Home Office, 2012). This, along with a lack of understanding about the nature, significance and impact of young people's relationships, has contributed to the construction of domestic abuse as an adult issue, with young people's relationships often being considered trivial and inconsequential (Schutt, 2006). However, there is increasing evidence that young people are embarking upon relationships from an earlier age and that, for young women in particular, these relationships are central to their identity (Chung, 2007). In recent years there has also been a growing awareness that young people experience abuse in their relationships. In 2009 Barter et al published the largest UK study into partner exploitation and violence in teenage relationships and confirmed what practitioners working with young people had known for some time; that relationship abuse was commonplace and its effects significant. The study, with over 1300 13 to 17 year olds, revealed that almost three quarters of girls and half of boys reported having experienced some form of emotional abuse from a partner; one quarter of girls and 18 per cent of boys had experienced physical partner violence; and one third of girls and 16 per cent of boys had been subjected to sexual violence by a partner. Following the publication of these findings the Government launched an advertising campaign aimed at raising young people's

awareness of abusive behaviours (Directgov, 2012) and carried out a consultation into whether the definition of domestic abuse should be changed (Home Office, 2011). In 2012 the Government definition of domestic abuse was extended to apply to 16 and 17 year olds (HM Government, 2012; see p.27). Whilst the new definition is potentially problematic due to it crossing the socially constructed boundary between childhood and adulthood (see p.68-73), this change has, arguably, brought the issue of young people's experiences of relationships abuse to the fore.

The change to the definition of domestic abuse raises additional questions about how younger mothers might experience and understand abuse and the potential links between relationship abuse and motherhood. In 2012 there were over 27,000 conceptions to under 18 year olds in England and Wales (Office for National Statistics (ONS), 2014). Given what is known about the prevalence of abuse in young people's relationships, it is therefore plausible that many of these younger mothers will be experiencing relationship abuse. However, there is currently very little known about younger mothers' experiences and understandings of abuse. To date there have been only two studies carried out in the UK that have explored relationship abuse from the perspective of young mothers (Wood et al, 2011; Goddard et al 2005). Whilst studies carried out elsewhere can contribute to our understanding about young mothers' experiences of abuse, the differing social, cultural and political contexts in which the research is carried out may limit its applicability to the UK (Barter, 2009).

Chung (2005) has argued there is a particular lack of feminist research in this area; the majority of research that has been carried out is quantitative and where qualitative studies do exist they are dominated by psychological explanations for abuse, such as social learning and attachment theories. These explanations do not always take into account the wider structural factors that may constrain and influence young people's understandings and actions within relationships (Chung, 2005). This study therefore addresses a gap in current knowledge. It makes an original contribution to the existing evidence base by focusing solely on mothers who became pregnant before they were 18. In addition, taking a feminist approach and utilising a narrative methodology is novel within this particular field.

Utilising a narrative methodology enabled me to prioritise the voices of the young mothers who participated in the study. It provided an opportunity for them to actively shape their own stories; providing context, highlighting significant events, explaining their choices, actions and inactions, and accounting for disruption, discontinuity and absences within their accounts (Lempert, 1994; Riessman, 1990). I now outline the aims of the research, followed by an explanation of the terminology adopted and an overview of the thesis.

Research aim and objectives

The primary aim of this research was to give young mothers who had experienced relationship abuse an opportunity to tell their stories and to have them heard. Specifically, the research objectives were:

- To explore young mothers' stories of relationships, abuse, pregnancy and motherhood.
- To discover how young mothers who have experienced relationship abuse talk about, construct, understand and make sense of their lives and experiences.
- To understand better the ways in which marginalised mothers negotiate their mothering.
- To critically examine the ways in which the personal stories of young mothers who have experienced relationship abuse reflect or contest public narratives of relationships, abuse, motherhood and teenage pregnancy.

Terminology

The issues being explored within this research are definitionally complex and there are a number of terms that have been used to describe them. Variations in language can impact on the understanding of an issue and may reflect broader conceptual and ideological differences (Radford and Hester, 2006), therefore it is important to clarify the choices I have made with regard to the terminology used in this research.

Lombard and McMillan (2013) argue that terminology is historically, geographically and contextually located. In the UK 'domestic abuse' and 'domestic violence' are the most widely used terms to describe abusive behaviour within an intimate relationship, whereas in the USA terms such as 'interpersonal violence', 'intimate partner violence', 'family violence', 'wife abuse' and 'battering' are also commonly used. An increasing awareness of abuse in young people's relationships has led to the emergence of a multitude of other terms to label such abuse and differentiate it from adult domestic abuse. 'Dating violence', 'partner violence', 'relationship abuse', 'adolescent partner abuse', 'teenage relationship abuse' and 'adolescent partner violence' are some of the terms most commonly used within the existing literature. There is no standard definition of these terms and some, such as 'dating violence', are also used to refer to abuse between couples who are not married or cohabiting, regardless of their age. This presents a rather confusing picture when exploring the literature on abuse in young people's relationships.

None of the terms above are without limitations. It has been suggested that the use of the word 'violence' places an emphasis on physical assaults, which does not reflect the wide range of behaviours that may be used to control, coerce and abuse someone, not all of which are inherently violent (Hester et al, 2007). In addition, the word 'domestic' implies that such abuse only occurs in

the home between couples who live together when this is not necessarily the case; for many women the abuse continues even once they have left the relationship (Kelly et al, 2014; Hester et al, 2007; Radford and Hester, 2006). Positioning abuse in the context of a domestic situation may be additionally problematic for younger people who have never lived together. Indeed, research has suggested that, for young people, rather than being confined to the home many incidents of abuse actually occur in public places and are often witnessed by other young people (Molidor and Tolman, 1998).

Finally, there has been much debate about whether the language used to describe abuse is, or should be, gender specific. The majority of terms cited above are considered to be gender neutral, something that has been criticised for masking the fact that it is predominantly women who experience the most severe and repeated abuse, primarily perpetrated by men (Radford and Hester, 2006; Belknap and Melton, 2005; Dobash and Dobash, 1992; see also p.28-32). Alternative, gender specific terms such as 'woman abuse'¹, 'gender based violence', 'gender-related partner violence' and 'domestic violence against women' have therefore been suggested, however this language is still not widely used within the UK and it is for this reason that I have chosen not to adopt these terms. I have, however, maintained a continued emphasis on the gendered nature of abuse throughout this thesis.

In the absence of any agreed consensus with regard to the terms used to describe abuse in young people's relationships, I consulted a number of young women² about what terms they were familiar with and which they felt best described the issues being researched. I hoped that this would ensure the language used in the research materials would be understood by, and acceptable to, those participating in the research. It was also an attempt to prioritise young women's understandings over my own in accordance with the theoretical framework underpinning the research (McCarry, 2012; DeVault, 1990; see p.114-118).

As stated above, in the UK 'domestic violence' and 'domestic abuse' are the most widely used terms and have an official Government definition (HM Government, 2012). I therefore intended to use one or both of these terms to define the topic I would be exploring within the research. The young women I consulted were all familiar with the terms but generally agreed that the word 'abuse' was more inclusive than the word 'violence'. However, reflective of the Government definition at the

¹ It should be noted that Refuge views violence against women from a gendered perspective and prefers the term 'woman abuse' to gender neutral alternatives. Refuge believes gender neutral descriptions of violence against women have the potential to conceal the perpetrator and perpetuate harmful social messages by implying that each partner in the 'relationship' is equally likely to inflict violence or abuse.

² The process by which I did this is detailed in Chapter Six (p.158).

time, they generally associated these terms with adults rather than young people, with some suggesting that the terminology was more appropriate to describe abusive relationships in which couples were married or living together. In addition, a number of the young women I spoke to interpreted the term 'domestic abuse' more broadly, suggesting that it also encompassed other forms of abuse such as child abuse. Given the issues that were raised during the consultation about the terms 'domestic abuse' and 'domestic violence', I therefore explored the young women's views about what would be a more appropriate term to specifically describe abuse between young people.

I asked how they referred to their relationship and the person they were in a relationship with before then exploring some of the terms used in the literature to refer to domestic abuse in younger people's relationships. Most of the young women I consulted said they called the person they were in a relationship with their 'boyfriend' or 'girlfriend'; however, these terms are not commonly used in relation to abuse in young people's relationships and are potentially limiting due to their emphasis on a specific gender and sexuality. I therefore explored an alternative term, 'partner', which generated much discussion within the groups. Some young women stated that this term was more suited to adult relationships or when couples were living together, whilst a significant proportion of those consulted said they associated the term with homosexual relationships and, for this reason, they would not use it to describe their own heterosexual relationships. The word 'partner', therefore, also did not seem appropriate for this particular research.

Exploring the term 'dating' revealed that it was not widely used and when it was, it tended to describe more casual, one-off encounters. Abuse occurring in this context may therefore be quite different to abuse within the context of an established relationship. There was greatest consistency in young women's understandings of the term 'relationship' and the majority of young women said they felt comfortable using this term to describe their own situation. Further discussion generated agreement that the term 'relationship abuse' was an appropriate and understandable way of describing abuse occurring specifically within young people's relationships.

Within the research and this thesis I therefore use the term 'relationship abuse' to refer specifically to abuse occurring in young people's relationships, whilst the term 'domestic abuse' is used when discussing adult experiences of abuse. Although the extension to the Government definition of domestic abuse (HM Government, 2012) has made it more applicable to young people, this change occurred after the study had commenced therefore the terminology was not changed. Given that the current definition of domestic abuse still excludes those under 16, utilising a term that is more applicable to all young people was therefore felt to be more appropriate. In addition, I consider it helpful to use different terms to reflect the potential differences between abuse involving adults and

that which involves young people. In discussions of existing literature the terms used by the original authors have been maintained.

When consulting with young women about the terminology I would use in this research I also discussed how they would wish to be referred to in relation to their age. The construction of age and life stages is discussed in further detail in Chapter Three but there are a number of terms that are generally used to describe people in the life phase between childhood and adulthood; 'teenager', 'adolescent', 'youth' and 'young person' are the most common.

The young women I consulted felt that the term 'teenager' was often used to describe young people in a negative way, particularly in relation to pregnancy and motherhood at this age. It has been found that a large proportion of media reporting in relation to this age group focuses on young people as either in need of guidance and surveillance or as problematic and anti-social (Hope, 2007; Bolzan, 2005; Griffin, 2004). While the negativity reflected in media reporting is not limited to the specific terms used to refer to this age group, it may be that because of the widespread use of the term 'teenager' when describing particular social conditions or problems these young women did not like being referred to in this way. The term 'young people' was instead favoured by the majority of those I consulted. This term has been adopted by many specialist youth services as it is considered a broader and more inclusive term, something that may have impacted upon these young women's preference for it as they see it more often used to refer to them in a positive way. In addition, Lombard (2014) has argued that, in relation to research participants, the term 'young people' indicates a level of competence and responsibility. I therefore use the term 'young women' to refer to the participants in this research.

Some of the young women I consulted were already mothers and had particularly strong feelings about the term 'teenage mother'. They reported feeling labelled both by professionals and wider society and often struggled to break free from these labels even as they became older. Many of the young mothers I spoke with resented being labelled as teenagers because they felt that the responsibilities they now had as mothers were more in line with being an adult than a teenager and that the term 'teenage mother' suggested a level of immaturity incompatible with good parenting, something that has previously been reported by Phoenix (1991a). They felt there was a huge difference between becoming a mother at 13 years old compared with motherhood in later teenage years yet the term 'teenage mother' positions them as a homogenous group. As Beckinsale (2003, p.10) states;

“The label ‘teenage’ encompasses both adolescents and adults without respecting chronological age or considering biological, functional or subjective attributes”.

For younger mothers their age is continually privileged over their status as a mother; as one young mother said to me during the consultation *“I’m always called a teenage mum, but I’m just a mum like anyone else”*. The construction of teenage parenthood as a major social problem in the UK has led to the vilification of teenage mothers in the British media (Pett, 2010; Arai, 2009a; Hadfield et al, 2007; Duncan, 2007; see also Chapter Three), therefore, it was relatively unsurprising that they did not wish to be identified in this way. The mothers I spoke with said they would prefer just to be called mothers and that I did not make any reference to their age. However, I also wanted to distinguish this study from broader studies about domestic abuse and motherhood; as stated previously there has been very little research carried out exclusively with mothers under 18 and, therefore, it seemed counterproductive to conceal this aspect of the research. I explained this during the consultation and the young mothers subsequently agreed that they preferred the term ‘young mother’ to ‘teenage mother’ as they considered it less stigmatising and more relevant to older teenagers. I therefore adopted this term throughout the research and this thesis.

Whilst the consultation provided useful insights into young women’s perspectives and understandings about domestic and relationship abuse, their views are likely to reflect the dominant language currently in use. For example, the term ‘relationship’ may have been more popular due to the social networking site Facebook, on which users can identify themselves as ‘in a relationship’. In addition, at the time of this consultation there was a television advertisement campaign aimed at young people that used the term ‘relationship abuse’ (Directgov, 2012), therefore their preference for this term may have been due to a familiarity with it. The consultation process highlighted differences in individual understanding of all of the terms discussed, particularly when English was not a first language. A brief explanation of the term ‘relationship abuse’ was therefore included in the participant information leaflet about the research (Appendix One) in order to assist potential participants who might have been unsure of the exact meaning of the term.

Organisation of the thesis

The thesis is divided into three sections. Each section is introduced with a more detailed overview of the chapters within it; however, I offer a brief outline of the whole thesis here in order to provide clarity for the reader.

The first section provides the background and context to the research in the form of a literature review. Chapter One introduces the theoretical orientation to the subject matter underpinning the

thesis, abuse against women. Reflecting a feminist perspective, I explain why I consider domestic and relationship abuse to be gendered issues before highlighting evidence about the impact of domestic abuse on women and their children. Chapter Two focuses more specifically on young women and examines the existing research that has been carried out with young women and young mothers about their experiences of relationship abuse. Through reviewing and documenting what is already known about domestic and relationship abuse I highlight a gap in current knowledge that this research aims to address. Chapter Three then discusses how teenage pregnancy and young motherhood are constructed in the UK, in order to provide the context in which the young mothers in this study were telling their stories.

Section Two focuses on how the research was carried out. Beginning in Chapter Four I describe the theoretical and methodological orientation of the study by introducing the concept of reflexivity and explaining the feminist and social constructionist epistemologies that have shaped the research. I provide the rationale for adopting a narrative methodology and offer my interpretation of the terms used within the research; 'narrative' and 'story', before introducing the method used to analyse the data, the Listening Guide. Chapter Five guides the reader through the research process, detailing the methods used at each stage and highlighting some of the key decisions made. Chapter Six then focuses specifically on some of the challenges encountered during the research process, including difficulties recruiting participants through gatekeepers and issues of safety and confidentiality. Throughout the research I adopted a feminist approach to ethics in which ethical issues were considered to be situated, contextual and constant rather than being a discrete stage in the process. Mirroring this approach, discussions about ethical issues are interwoven throughout the three chapters rather than being presented as a separate section.

The final section of the thesis presents the findings of the research. Focusing on the two main themes within participants' accounts, Chapters Seven and Eight discuss the stories the mothers told about their relationships and motherhood. Chapter Seven begins with a discussion of the available narratives about relationships before examining the stories told by these young mothers. I consider the ways in which the available narratives appeared to influence how the participants understood and made sense of their experiences of relationship abuse. Chapter Eight begins with a discussion of available narratives concerning motherhood. Participants' accounts are then considered in relation to these narratives, highlighting the ways in which their personal stories reflected or contested available narratives. Chapter Nine discusses some of the tensions in the young mothers' accounts; the ambivalence, chaos and absences that emerged as they told their stories. I consider some of the

potential explanations for the differences between participants' accounts and question whether story telling is a universal skill.

Finally, in Chapter Ten I summarise the research and provide some concluding thoughts. I consider the contribution to knowledge and the practice implications of the findings as well as reflecting on the methodology and methods used and addressing the limitations of the study. I also offer suggestions for future research.

Section One: Establishing the Context

This section provides the background to the study in the form of a review of relevant research, policy and literature. Throughout the three chapters I will discuss what is currently known, and not known, about young mothers' experiences of relationships, abuse, pregnancy and motherhood.

I begin in Chapter One by focusing on women's experiences of domestic abuse. Adopting a feminist perspective, I argue that domestic abuse is a gendered issue in which women bear the greatest burden of abuse. I then provide an overview of recent research exploring the impact of domestic abuse on women and their children. The majority of research identified throughout this chapter has been carried out with women over the age of 18, thus revealing a dearth of knowledge about younger women's, and particularly younger mothers', experiences of abuse. This is the focus of the second chapter. Beginning with a discussion of the context of young women's relationships, I then present a review of research that has explored their experiences of relationship abuse. The second half of the chapter focuses on research carried out specifically with young mothers and considers the possible links between relationship abuse and young motherhood. Much of the literature cited in this chapter originates from the USA and Australia as to date there has been very little UK research in this field. Based on this I therefore argue that there is a need for research with young mothers under 18 whose voices have previously been unheard.

The final chapter in this section explores the ways in which teenage pregnancy and motherhood are constructed in the UK. I consider the ways in which research findings have been used in policy and mainstream media to construct teenage pregnancy as problematic, before presenting an alternative perspective that has emerged from research which seeks the views of young mothers themselves. In doing this I hope to provide an understanding of the marginalised position from which the young women in this research were telling their stories.

Chapter One: Abuse against Women

Introduction

This chapter provides a review of relevant literature regarding women's experiences of violence and abuse. I begin with a brief discussion of the global context of violence against women before focusing on domestic abuse, in particular within the UK. Drawing upon feminist knowledge, I argue that domestic abuse is a gender-based issue, primarily affecting women and perpetrated by men. Whilst there is an increasing body of evidence suggesting that domestic abuse is gender neutral, with similar proportions of women and men both receiving and perpetrating violence, I highlight the ways in which particular research methods are likely to contribute to these findings. I argue that when studies take into account the context, frequency, severity and impact of violence, then women emerge as significantly more at risk from domestic abuse than men. Evidence is presented to demonstrate the numerous effects of domestic abuse on women and their children, whilst recognising the strengths of those who live with abuse. From these discussions I conclude that abuse against women is a major public health issue and one worthy of further research. One area that I identify as being particularly under-researched in the UK is young women's experiences of abuse within their relationships.

Violence and abuse against women

Violence and abuse against women and girls, both in the UK and globally, is a problem of such severity and magnitude that it constitutes a major public health issue (European Union Agency for Fundamental Rights (FRA), 2014; World Health Organisation (WHO), 2014; Abramsky et al, 2011) and promoting gender equality and tackling violence against women and girls have been identified as key priorities globally (WHO, 2014; FRA, 2014; United Nations (UN), 2010) and nationally (End Violence Against Women Coalition, 2011). The UN Declaration on the Elimination of Violence against Women defines violence against women as:

“Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”.

(UN, 1993, Article 1)

Abuse against women takes many forms including domestic abuse; sexual violence; harassment and exploitation; trafficking; labour exploitation; female abortion and infanticide; female genital mutilation; dowry-related violence; and honour killings. Violence and abuse, however, are not the only disadvantages women and girls face as a result of their gender; it has been argued that females

are systematically disadvantaged socially, politically and economically throughout their lives (McNeish and Scott, 2014). For many women this disadvantage serves to render them silent, their abuse invisible and their ability to seek freedom from abuse reduced (Hester, 2010). Abuse against women is, therefore, a manifestation of gender inequality whilst also serving to maintain this inequality (Watts and Zimmermann, 2002; Morrow, 2000; UN, 1993).

Across the globe violence against women is extensive. Garcia-Monero et al (2005) estimate that one in three women are subject to some form of gender-based abuse throughout their lifetime, however, Watts and Zimmerman (2002) argue that the scale of the issue will never truly be known as abuse is almost universally under-reported. Research studies investigating abuse against women often focus on only one aspect of violence, such as sexual violence or domestic abuse; therefore, women's experiences of multiple abuses throughout the life course often go unheard. For practical reasons there are very few large scale global studies examining the prevalence of all forms of violence against women and definitional, methodological and sampling differences make amalgamating the findings of individual studies problematic. For example, a recent systematic review of 134 studies concerning domestic violence against women identified lifetime prevalence rates of between 1.9 and 70 percent (Alhabib et al, 2010). This large discrepancy in findings was attributed in part to the heterogeneity between study methodologies and methods but also highlighted differences in understandings of domestic abuse and the acceptability of disclosing abuse in the different social, cultural and political settings in which the studies were carried out.

There is a wealth of evidence demonstrating the negative impact of gender-based abuse on women, their children and society as a whole. Women and girls who experience violence and abuse are subject to significant and long-term harm including physical injuries; enduring health problems; reproductive complications; mental health disorders; emotional turmoil; financial hardship; and social isolation (WHO, 2014; Garcia-Moreno and Watts, 2011). Garcia-Moreno and Watts (2011) have argued that the adverse health effects of abuse against women are far greater than for many more commonly accepted public health problems. In addition to the personal costs of abuse against women, society also bears a huge financial burden, particularly as a result of women's reduced participation in employment and children's reduced attendance and achievement in education. It has been estimated that violence against women and girls costs the UK alone at least 36.7 million pounds per year (HM Government, 2010a).

It is not within the scope of this thesis to provide a comprehensive discussion of global violence against women but I acknowledge that the nature, extent and impact of violence against women differs across countries and is influenced by the social, political, legal and cultural context in which it

occurs as well as by the availability of services for those affected by abuse. In addition, individual factors such as disability, sexuality and age may place some women at greater risk of abuse and make seeking help more difficult (Breckenridge et al, 2014; Donovan et al, 2006; UN, 1993). As this thesis relates to research carried out in the UK, it is this context which will be focused upon throughout, drawing on literature and research from other countries as necessary to gain a better understanding of the issues. I now discuss domestic abuse as a specific form of abuse against women.

Domestic abuse

At the outset of this research the UK government for England and Wales³ defined domestic violence as:

“Any incident of threatening behaviour, violence or abuse [psychological, physical, sexual, financial or emotional] between adults who are or have been intimate partners or family members, regardless of gender or sexuality”. (Home Office, 2012, p.3)

As a result of increasing criticisms of this definition, in 2011 a consultation was launched to gather views on whether it should be changed. Following this, a new broader definition of domestic violence and abuse came into force in March 2013:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- *psychological*
- *physical*
- *sexual*
- *financial*
- *emotional*

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and

³The devolved Scottish Government has its own working definition of domestic abuse which is unique in that it positions domestic abuse as gender-based abuse (The Scottish Government, 2008).

capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

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

(HM Government, 2012)

The inclusion of controlling and coercive behaviour within this definition reduces the focus on physical violence and attempts to provide a better understanding of the enduring nature of abuse (Home Office, 2012). In addition, the definition has been widened to include 16 and 17 year olds who had previously been excluded by the inclusion of the words “*between adults*”. However, the inclusion of the words “*aged 16 and over*” means the definition is still problematic for those younger than 16 who experience abuse from a partner, an issue that is discussed further in the following chapter.

Whilst this new definition arguably provides a more comprehensive understanding of domestic abuse, it is still framed as a gender neutral issue, in which both men and women are equally likely to be victims. This contradicts feminist understandings that position domestic abuse within a gendered framework of violence against women (Enander, 2010). Lombard (2013) argues that a gendered model of understanding does not exclude male victims; rather it illustrates why women are predominantly victims and men predominantly perpetrators, as well as highlighting the differences in the ways in which women and men use and experience violence. The issue of gender is now considered in more detail.

The gender debate

Before examining whether domestic abuse is a gendered issue it is necessary to consider what is meant by the term ‘gender’. In the context of this thesis, gender is understood as a socially constructed position which ascribes certain behaviours, roles, responsibilities and expectations to men and women and informs ideas about normative and acceptable actions and behaviours (Lombard, 2013). Gender is, therefore, socially, culturally and historically located. It is not within the scope of this thesis to examine the nature of gender as a concept, nor to engage in debates regarding the impact of positioning men and women as distinct, binary categories. I do, however, acknowledge the potential limitations of gender as a category whilst utilising a social constructionist understanding of gender in order to highlight its role within the abuse of women.

Whether domestic abuse is a gendered problem has been the subject of increasing debate in recent years (Reed et al, 2010) and is a controversy that, Winstok (2011) argues, will never be resolved due

to the fundamental differences in understandings of domestic abuse on either side of the debate. These differences lead to definitional and methodological distinctions within research studies, thus producing conflicting evidence.

Studies that simply aim to ascertain the prevalence of domestic abuse experienced by women and men often report similar levels of abuse. For example, the most recent British Crime Survey (BCS) reported that six percent of women and four percent of men had experienced abuse from a partner in the last year (Britton, 2012). The majority of large scale prevalence studies such as this are framed within a gender neutral family violence model and utilise the Conflict Tactics Scale (CTS) or a modified version (Straus, 1996; 1979) to ascertain the number of people who have experienced a particular act of violence in a given timeframe (DeKeseredy and Schwarz, 1998). One limitation of these scales is that they only ask about specific acts of violence, therefore, if victims have not been subject to these particular behaviours or do not interpret their experiences within these terms, their experiences will go unrecorded (Waltermaurer, 2005; Wagner and Mongan, 1998; Kelly and Radford, 1990). Repeated subtle yet powerful behaviours that are deployed to control and subordinate a partner are not taken into account within the CTS and so this aspect of abuse, which is arguably the most damaging to victims, is neglected (Stark, 2013; 2007; Williamson, 2010).

The CTS has been widely criticised by feminist scholars for failing to acknowledge the context, frequency or impact of violent acts and for the often resulting conclusions that women and men are equally violent (Haaken, 2010; Foshee et al, 2007; Hester et al, 2007; Belknap and Melton, 2005; Walby and Allen, 2004; DeKeseredy and Schwarz, 1998). Studies that have supplemented the CTS with enquiry about the motives for violent behaviour have found that women often report that their use of violence was in self-defence (Foshee et al, 2007; Molidor and Tolman, 1998; DeKeseredy et al, 1997; Foshee, 1996). In addition, women are more likely to be injured or killed as a result of domestic abuse, to experience more severe and frequent abuse, to be subjected to sexual violence and to report that they are fearful of their partner, suggesting that even when abuse is 'mutual', its consequences are not (Hester, 2013; Britton, 2012; Johnson, 2008; Stark, 2007; Walby and Allen, 2004; Gadd et al, 2002). Within the BCS, significant gender differences become apparent when particular forms of abuse are investigated. For example, women are eight times more likely to experience sexual assault by a partner than men (Britton, 2012). In a previous survey that asked specifically about repeat victimisation, 89% of those who had experienced four or more incidents of domestic abuse in the last year were women (Walby and Allen, 2004).

Belknap and Melton (2005) and Jackson (1999) have suggested that gender differences in reporting may also account for some of the apparent gender symmetry, in that women are more likely to

under-report the abuse perpetrated against them and men are more likely to under-report perpetration. In addition, Shorey et al (2008) suggest that male perpetrators may actively choose not to participate in research about relationship abuse. Gadd et al (2002) carried out a study following up the responses of 46 men who had reported being victims of domestic abuse in the 2000 Scottish Crime Survey (Scottish Executive, 2002). The research found that one in four had misinterpreted the domestic abuse questions within the original survey and, therefore, had inaccurately reported being a victim of domestic abuse. Less than half of the men who took part in in-depth interviews considered themselves victims of domestic abuse and only a very small minority reported being fearful of their partner. In addition, some of those who had reported being victims of domestic abuse revealed in the follow-up interviews that they were also perpetrators of abuse towards their female partners, leading the authors to conclude that *“differentiating perpetrators from victims in these cases is an irreconcilably contentious task”* (Gadd et al, 2002, p.44).

Johnson (2011; 2008; 1995) has argued that the lack of consensus as to whether domestic abuse is gendered results from there being two distinct phenomena that are simultaneously defined as domestic abuse. He has developed a typology of domestic abuse in which the two major types are intimate terrorism and situational couple violence. The major difference between these forms of abuse is the use of coercive control (Johnson, 2008). Intimate terrorism is defined as a pattern of abusive and controlling behaviour over time, featuring both physical and/or sexual violence along with a range of non-violent tactics designed to exert power and control over a partner (Johnson, 2011). It is this type of abuse that, Johnson argues, has been the focus of feminist activism and research over the last 40 years and is almost entirely perpetrated by men towards women. Research studies that use sensitive, specific methodologies and sample participants from domestic abuse services, refuges and emergency health services are more likely to capture this form of domestic abuse.

Alternatively, situational couple violence which, Johnson (2008) argues, is probably the most common type of partner violence, does not involve coercive control as a motive for abuse but occurs when a particular conflict leads one or both partners to react with violence. Johnson points out that this type of violence should not be minimised as it can, at times, be life-threatening. However, living with such violence is very different to living with intimate terrorism. He suggests that situational couple violence is more gender mutual and is more likely to be the type that is reflected in large surveys that focus on whether respondents have experienced a particular act (Johnson, 2011). This may, therefore, help to explain some of the discrepancies between the results of larger, quantitative surveys and smaller, more specific studies with domestic abuse survivors.

Johnson's final two types of domestic abuse within the typology are violent resistance, when a victim of intimate terrorism reacts physically to her abuser and mutual violent control, in which both partners are mutually controlling and violent towards each other (Johnson, 2008). However, Johnson cautions that, in most cases, mutual violence is misclassified and will actually be intimate terrorism with violent resistance. Without enquiring about the context in which violence occurs, acts-based surveys are unable to distinguish violent resistance and may incorrectly identify women as perpetrators of domestic abuse when they are, in fact, reacting in self-defence.

Support for Johnson's typology as an explanation for the gender differences within research findings can be found in research from Canada (Ansara and Hindin, 2010) and the UK (Hester, 2013; Graham-Kevan and Archer, 2003). There are, however, limitations to typologies such as this. Whilst I have used this particular explanation to support my argument that domestic abuse is not gender neutral, it is important that typologies such as this are not used to categorise victims based on their experiences. Doing this constrains women's experiences into narrow categories and fails to acknowledge their individual stories. Anderson (2008) has noted that the inclusion of physical or sexual violence within the definition of intimate terrorism excludes those who experience severe control in the absence of physical violence. This typology may, therefore, be particularly limiting to women in these circumstances as their experiences do not 'fit' into a category. Whilst such typologies may be a useful contribution towards our understanding of domestic abuse and gender I would therefore argue against their use in practice, for example in determining the allocation of resources or access to services.

A broader understanding of domestic abuse therefore supports a gender-based framework in which women and men's experiences of abuse are considered different with each individual's experience being seen as unique. Within this thesis domestic abuse is considered to be gender specific. Whilst it is acknowledged that men can be victims and women can be abusers, I concur with feminist scholarship that understands domestic abuse as an issue primarily perpetrated by men towards their female partners (Stark, 2013; 2007; Haaken, 2010; Johnson, 2008; Hester et al, 2007; Radford et al, 1996; Dobash and Dobash, 1992). I draw on the work of Stark (2013; 2007) and Johnson (2008) who position abusive relationships within a framework of power and control in which abusers deploy tactics to isolate, intimidate, control and subordinate their female partners, often utilising dominant narratives of hegemonic masculinity in order to justify such behaviours. Men's violence against women is framed as structured oppression (Hearn, 1998) in that it upholds patriarchy (Enander, 2010). Whilst I believe that accountability for domestic abuse lies wholly with the perpetrators of abuse, I also recognise the role that wider social structures and dominant narratives play in

condoning domestic abuse and failing to appropriately support women in abusive relationships (discussed further on p.184-189).

Women's experiences of domestic abuse

As stated previously (p.25), the prevalence of domestic abuse is difficult to ascertain and published figures vary considerably; a systematic review of prevalence studies by Alhabib et al (2010) estimated that up to 70 percent of women will experience some form of domestic abuse at some point in their lifetime. The WHO multi-country study of women's experiences of domestic abuse reported lifetime prevalence rates of physical violence between 13 and 61 percent across ten countries (Ellsberg et al, 2008). Similar rates have been found in studies in the United States of America (Breiding et al, 2008; Thompson et al, 2006), Canada (Cox et al, 2004), New Zealand (Fanslow and Robinson, 2011) and Europe (Prosman et al, 2011; Bradley et al, 2002). Domestic abuse can, therefore, be considered a significant global problem.

Within the UK the largest source of prevalence data is the BCS, which annually surveys approximately 46,000 adults in the UK about their experiences of crime. Successive surveys have found that approximately 20-25 percent of all women report experiencing domestic abuse at some point in their lives, with around five percent reporting abuse within the last year (Britton, 2012; Hall, 2011a; Roe, 2010; Walby and Allen, 2004). However, it has been suggested that these estimates are likely to be an under-representation of the extent of the problem as abuse often goes unreported (Felson et al, 2002; Watts and Zimmerman, 2002). Mooney (2000a) carried out a survey of 1000 men and women in London and, using specific, sensitive, feminist methods, found significantly higher rates of abuse than reported in the BCS; 30 percent of women reported they had previously experienced physical violence, 27 percent had been injured by a partner, 27 percent had been threatened, 23 percent had been raped and 37 percent had suffered mental cruelty. 10 percent of women reported physical domestic abuse within the last year. Using these figures as a minimum estimate, domestic abuse can, therefore, be seen to affect millions of women in the UK each year.

The effects of domestic abuse on the health and wellbeing of women are extensive and constitute a major public health issue (Itzin et al, 2010; DoH, 2005a). Women are considerably more likely than men to receive significant injuries as a result of their abuse and over half of all women murdered in the UK are killed by their current or former partner - approximately two women every week (Osborne, 2012). In addition to the physical injuries sustained, domestic abuse has far-reaching and long-term health consequences, including an increase in drug and alcohol abuse; chronic illness; reproductive disorders; low self-esteem; mental health conditions; and suicide (Vives-Cases, 2011; Ellsberg et al, 2008; Radford and Hester, 2006; Plichta, 2004; Humphreys and Thiara, 2003a;

Campbell, 2002; Campbell et al, 2002). Women and children living with domestic abuse often experience isolation, financial hardship and homelessness, which can worsen when they leave the relationship (Kelly et al, 2014; Tutty et al, 2014; Sharp, 2008; Wilcox, 2000). In addition to the personal costs of domestic abuse, Walby (2009) has estimated that in 2008 domestic abuse cost the UK £16 billion in services and lost economic output.

For many women the process of escaping abuse is a long and complex one in which the abuse may not necessarily end when the relationship ends. A recent longitudinal study by Kelly et al (2014) found that 90 percent of women experienced post-separation abuse and, for some women and their children, this was still ongoing three years after leaving their abusive partner. Leaving or attempting to leave an abusive relationship often increases the severity of abuse (Brownridge, 2006; Humphreys and Thiara, 2003b) and it has been suggested that the initial post-separation period is the time at which women are most at risk of being killed by a partner (DoH, 2005a). For many women, leaving an abusive relationship is not a single event but a process occurring over a period of time which may involve numerous separations and reconciliations (Enander, 2011; Brosi and Rolling, 2010; Enander and Holmburg, 2008; Burke et al, 2001). Whilst there are many individual factors that affect a woman's decision and ability to leave an abusive relationship, the support and services she receives arguably contribute to her ability to successfully escape abuse (Kelly et al, 2014). Unfortunately, many women face systematic disadvantage when seeking help and inappropriate responses from practitioners and services contribute to maintaining women in abusive relationships (Kelly et al, 2014; Morse et al, 2012; Keeling and van Wormer, 2011; Stanley et al, 2010).

Domestic abuse, however, does not just affect women but has a huge impact upon their children, to the extent that witnessing domestic abuse is considered to cause them significant harm (Adoption and Children's Act, 2002). I now discuss some of the main research findings relating to domestic abuse and children, beginning with an exploration of the literature about domestic abuse and pregnancy.

Domestic abuse and pregnancy

There is some debate about whether pregnancy is a time of increased risk for domestic abuse and, once again, there are large variations in reported prevalence rates (Bailey, 2010; Taylor and Nabors, 2009). The WHO multi-country study on women's health and domestic violence reported rates of physical abuse during pregnancy of between one and 28 percent, using the same data collection tools in each country (Garcia-Monero et al, 2005). When comparing studies, issues of definition, method and sample population again further complicate the debate and lead to large variations in findings. An examination of published studies reveals rates of domestic abuse during pregnancy of

between 1.8 and 30.7 percent (Van Parys et al, 2014; James et al, 2013; Shneyderman and Kiely, 2013; Brownridge et al, 2011; Gartland et al, 2011; Silva et al, 2011; Keeling and Mason, 2011; Leone et al, 2010; Ludemir et al, 2010; Urquia et al, 2010; Certain et al, 2008; Datner et al, 2007; Bowen et al, 2005; Yost et al, 2005; Bacchus et al, 2004a; 2004b; Coker et al, 2004; Janssen et al, 2003; Johnson et al, 2003; Saltzman et al, 2003; Hedin and Janson 2000; Dietz et al, 1997; Gazmararian et al, 1995). In the UK, research suggests that between 1.8 and 5.1 percent of women experience some form of domestic abuse during pregnancy (Keeling and Mason, 2011; Bowen et al, 2005; Bacchus et al, 2004a; 2004b; Johnson et al, 2003). If these results are compared with findings from large population surveys such as the BCS (Britton, 2012), then it could be argued that women are less likely to be abused during pregnancy; however, due to the different methods used to elicit this information, such a direct comparison is likely to be inaccurate. In addition, Keeling and Mason (2011) have suggested that a reduction in reported rates of domestic abuse during pregnancy may be due to women being less likely to disclose abuse during this time rather than an actual reduction in the frequency of abuse.

Some studies have found increased rates of domestic abuse disclosure in the period following birth but, again, it is unclear as to whether this is due to increased abuse during this period or an increased tendency to disclose over time (Gartland et al, 2011; Huang et al, 2010; Bowen et al, 2005; Carlson Gielen et al, 1994). In contrast to these findings, in a study by Silva et al (2011) fewer women disclosed experiences of abuse during the postnatal period than during pregnancy. However, by using a longitudinal method to examine women's experiences of abuse throughout the childbearing period, the researchers were able to identify the continuous nature of women's experiences of abuse over time. They found that women who reported experiencing abuse prior to pregnancy were 11.6 times more likely to experience abuse during pregnancy. Additionally, women who experienced abuse during pregnancy were 8.2 times more likely to report abuse in the postnatal period, demonstrating the enduring nature of domestic abuse.

Burch and Gallup (2004) have approached the issue of whether domestic abuse increases during pregnancy from a different perspective, through research with perpetrators of abuse. Their research with 258 men on a domestic abuse perpetrator programme found that one in seven admitted to assaulting their current partners while they were pregnant and 4.2% reported abusing a previous partner during pregnancy. Pregnancy was found to double the frequency and severity of abuse perpetrated by these men towards their partners and levels of sexual jealousy were significantly higher in men whose partners were pregnant. Although this was a relatively small study, limited by the nature of the sample, it provides additional evidence of a link between pregnancy and domestic

abuse. The authors suggest that the results are likely to be an underestimate due to the underreporting of abusive behaviours and the significant proportion of men who refused to answer particular questions.

One explanation that has been suggested for the potential increased prevalence of domestic abuse of pregnant women is that women who are already in abusive relationships are more likely to become pregnant, either as a result of sexual abuse or due to difficulties in negotiating contraceptive use with an abusive partner (Clarke et al, 2014; Jordan et al, 2010; Miller et al, 2010a; Moore et al, 2010; Thiel de Bocanegra et al, 2010; Aston and Bewley, 2009; Gee et al, 2009; Williams et al, 2008). Research has identified a consistent link between domestic abuse and unintended pregnancy and studies carried out with women attending pregnancy counselling and termination clinics repeatedly reveal higher levels of domestic abuse than have been reported in other samples (Decker et al, 2014; Wokoma, 2014; Pallito et al, 2013; Miller et al, 2010a; Wu et al, 2005; Leung et al, 2002; Goodwin et al, 2000). This finding has been replicated in studies of younger pregnant women and is of particular relevance when considering teenage pregnancy prevention (Coy et al, 2010; Center for Impact Research, 2000; see also p.58-59).

Whilst it is not entirely clear whether or not pregnancy actually increases a woman's risk of abuse, it does appear that pregnancy is not a period when a woman will automatically be safe from abuse, particularly if her partner has a history of abuse towards her. Using even the most conservative estimates, domestic abuse affects thousands of pregnant women in the UK each year.

Pregnant women experiencing domestic abuse have been found to be at increased risk of a number of adverse health outcomes for both themselves and their babies. Miscarriage, preterm birth, low birth weight, haemorrhage and perinatal deaths have all been found to be associated with abuse during pregnancy (Shneyderman and Kiely, 2013; Meuleners et al, 2011; Leone et al, 2010; Rosen et al, 2007; Silverman et al, 2006; Coker et al, 2004; Janssen et al, 2003; Lipsky et al, 2003). In the most recent Confidential Enquiry into Maternal Deaths, four percent of the women who died were known to have experienced domestic abuse during or prior to pregnancy, although this information was only actually available for 40% of those who died (Knight et al, 2014). Research has identified reduced antenatal care attendance in women experiencing domestic abuse and this may contribute to their increased risk of maternal and fetal complications (Bailey and Daugherty, 2007; Dietz et al, 1997).

A number of studies have also found associations between experiencing domestic abuse during pregnancy and the use of tobacco, alcohol and other substances, thus potentially exacerbating the

risk of negative health outcomes (Bailey and Daugherty, 2007; Schoeman et al, 2005; Martin et al, 2003; Salomon et al, 2002). Domestic abuse has been found to influence women's infant feeding choices, with research suggesting that abused women may be less likely to breastfeed due to concerns about body image and exposure (Misch and Yount, 2014; Keeling, 2012). Finally, there is a significantly increased incidence of both antenatal and postnatal depression in mothers who have disclosed domestic abuse, particularly psychological abuse (Cerulli et al, 2011; Flach et al, 2011; Beydoun et al, 2010; Ludemir et al, 2010; Tiwari et al, 2008; Martin et al, 2006). The impact of domestic abuse in pregnancy should not, therefore, be underestimated.

The impact of domestic abuse on children

The potential consequences for children of living with domestic abuse are well documented. Children living in abusive homes are at significantly increased risk of being abused themselves and it has been found that children who witness parental abuse frequently exhibit similar behavioural and psychological difficulties as those who are directly abused (Flach et al, 2011; Radford et al, 2011; Wood and Sommers, 2011; Russell et al, 2010; Holt et al, 2008; Humphreys and Houghton, 2008; UNICEF, 2006; Kitzmann et al, 2003; Edleson, 1999; O'Keefe, 1996). In a meta-analysis of 118 published studies, Kitzmann et al (2003) identified significantly poorer outcomes in 21 developmental and behavioural dimensions for children who had witnessed domestic abuse when compared to those who had not. The effects of parental domestic abuse have been shown to begin even before birth as fetal emotional responses are triggered by maternal chemicals released during times of stress and anxiety (Van den Bergh et al, 2005; Perry, 1997). These heightened responses can have long term implications for children's emotional responses and neurological development.

As a result of an increasing recognition of the potential harm caused to children from witnessing parental domestic abuse, it is now constructed as a significant child welfare issue (Peckover, 2014; Hester, 2011). This is reflected in the Adoption and Children's Act which, in 2002, extended the definition of significant harm to include "*impairment suffered from seeing or hearing the ill-treatment of another*" (c.120).

Estimates of the number of children in the UK who are affected by parental domestic abuse vary but an often quoted figure, based on BCS data, is that at least 750,000 children witness domestic abuse every year (DoH, 2002). Cuthbert et al (2011) have estimated that around 39,000 babies under one live in households where there has been domestic abuse within the last year. In a study of over 6000 children and young people, almost a quarter of the 18-24 year olds surveyed reported that they had been exposed to domestic abuse between adults in their homes during their childhood; for six percent this violence had been severe, involving a parent being kicked, choked or beaten up.

2.5% of the 11-17 year olds and 3.2% of the under 11s surveyed had witnessed abuse in the last year, with one in three of those also reporting that they themselves had been abused or neglected (Radford et al, 2011). Parental domestic abuse has been identified in a significant proportion of serious case reviews of children have been killed or seriously harmed as a result of abuse (NSPCC, 2013; Brandon et al, 2011; 2008; 2009; Sidebotham et al, 2010; Ofsted 2009; 2008; Rose & Barnes, 2008; Sinclair & Bullock, 2002).

In addition to the risk of harm from witnessing abuse, children living in abusive households may also suffer harm as a result of their parents' reduced capacity to parent (Swanston et al, 2014). Studies have identified disruptions in maternal attachment when mothers experience domestic abuse during pregnancy and maternal anxiety and depression as a result of abuse may affect women's ability to care for their children (Swanston et al, 2014; Holmes, 2013; Flach et al, 2011; Holt et al, 2008; Quinlivan and Evans, 2005; Mullender et al, 2002). In addition, abusive partners often restrict and undermine mothering, using children to further control and abuse their mother (Kan et al, 2012; Lapierre, 2010; 2008). Children often experience poverty as a result of domestic abuse and may be forced to move away from friends and family in order to escape (Kelly et al, 2014; Sharp, 2008). They report feeling confused and frustrated about their feelings toward their parents and their lack of control over their situation, which can further impact on their emotional wellbeing (Swanston et al, 2014; Houghton, 2008; Baron, 2007). Radford (2013) argues that the physical and emotional risks to children often persist long after the relationship has ended, through inappropriate and unsafe management of contact arrangements with violent fathers.

The extent to which living with parental domestic abuse impacts upon on children and young people varies depending upon the age and developmental stage of the child as well as upon the frequency, extent and duration of the abuse. Humphreys and Houghton (2008) have cautioned against assuming that all children will be irrevocably damaged by their experiences of parental domestic abuse and emphasise that, although studies show increased risks of harm associated with living in an abusive household, in many studies around one third to one half of those abused do not show any more ill-effects than the control group. Although this may be influenced partly by the methods used, it suggests that the issue is one of correlation rather than causation. Humphreys and Houghton (2008) argue that, while evidence such as this should not be used to minimise the response to children and young people living with parental domestic abuse, it does demonstrate the role of children's resilience in mediating the effects of living with abuse. Children's resilience has been shown to be influenced by their relationship with their non-abusive parent (Katz, 2014; Holt et al, 2008; Hester et al, 2007; Edelson, 1999). Good maternal mental health and an ability to maintain

a strong parenting function have been shown to moderate the impact of abuse on children (Holmes, 2013; Cox et al, 2003; Hughes et al, 2001). In addition, high levels of family and community support, along with an absence of post-separation violence, have been shown to aid children's recovery from their experiences (Stanley, 2011; Humphreys and Houghton, 2008; Mullender et al, 2002).

Despite the challenges they face, many mothers in abusive relationships go to great lengths to protect their children (Rose et al, 2010). Children are often central to the decisions that women make about their relationships, including being a catalyst to leave (Meyer, 2011, 2010; Peled and Gill, 2011; Lapierre, 2010; Kelly, 2009). It has been suggested, therefore, that the most effective way to safeguard children from domestic abuse is to support their mother to establish a safe environment for herself and her children and to hold perpetrators accountable for abuse (Hester, 2011; Radford et al, 2011).

Summary

I have argued in this chapter that domestic abuse is a significant problem for women, their children and society. Locating domestic abuse within a gendered framework has highlighted the multiplicity of effects that domestic abuse has on women and children, whilst recognising the additional difficulties they may face, due to their gender, when trying to escape from abuse.

The discussions within this chapter have focused on domestic abuse primarily as an adult issue and the majority of the research cited has been carried out with women over the age of 18. Increasing evidence from both researchers and practitioners has demonstrated, however, that domestic abuse is not an issue confined only to those over 18 and that young people also experience abuse in their relationships, which can have a significant impact on their health and wellbeing. The following chapter therefore explores some of the existing research about younger women's experiences of abuse in their relationships. I highlight the need for further research specifically with younger women, a group whose voices, until recently, have been relatively unheard within domestic abuse policy and literature.

Chapter Two: Relationship Abuse in the Lives of Young Women and Mothers

Introduction

This chapter builds upon the previous chapter in order to provide a comprehensive review of the available literature relating to young women's and, more specifically, young mothers' experiences of relationship abuse. I will begin by highlighting the recent policy developments in this area before discussing some of the literature that has explored the ways in which young women understand and experience their relationships. Maintaining a gendered perspective on abuse I then present some of the findings of studies which have investigated young women's experiences of relationship abuse before concluding the chapter with a detailed discussion of research that has focused specifically on young mothers. Through reviewing the current evidence it becomes apparent that there has been limited research exploring young mothers' experiences of relationship abuse, particularly from a qualitative perspective. The chapter therefore concludes by presenting the rationale for the current research study.

Background and policy context

During the course of this research there have been significant policy developments in relation to domestic and relationship abuse. Action against domestic abuse forms a major part of the current Government's strategic vision to end violence against women and girls; a long-term, co-ordinated and integrated approach which aims to address all forms of violence against women (HM Government, 2010a). A range of policy changes have already resulted from the strategy, however the change that has arguably had the greatest impact on young women is the extension of the definition of domestic abuse to apply to 16 and 17 year olds (p.27).

Despite this development, relationship abuse is still an emerging area of research, practice and policy. The following review of existing literature demonstrates the limited UK research into the abuse experiences of young people in general but young mothers in particular. Domestic abuse has traditionally been defined and conceptualised as an adult issue whereas young people's relationships are generally considered trivial and inconsequential. As a result, the impact of abuse on young people is not always appreciated. Schutt (2006) has also suggested that reluctance to acknowledge the nature of young people's relationships, particularly when they are sexual, contributes to the lack of awareness about the effects of abuse. Before examining research regarding young women's experiences of abuse, I therefore begin with a consideration of the context of young people's relationships in order to provide a broader understanding of some of the

factors which may contribute to experiences of abuse and maintain young women in abusive relationships.

Young women's relationships

A number of authors have explored young people's experiences of relationships and highlighted how complex and contradictory discourses of heterosexuality serve to produce and maintain gender inequalities, create relationships that privilege male needs and minimise relationship abuse (Lombard, 2014; Chung, 2005; Van Roosmalen, 2000). Lombard (2014) has argued that young people are actively engaged in heterosexual identity creation. Young women, in particular, attach significant importance to being in a heterosexual relationship and will often invest considerable time and effort in maintaining their relationships, suppressing their own needs in order to meet those of their male partners (Chung, 2007; 2005; Sieg, 2007; Banister et al, 2003; Jackson, 2001; Van Roosmalen, 2000). Both Chung (2005) and Jackson (2001) have identified how the notion of romantic love has a powerful influence on young women's understandings of relationships and restricts the options available to them (discussed further on p.184-190). Chung (2005, p.448) states:

“Young women learn the primary importance of a heterosexual relationship with a male over same sex friendships and they begin to place the needs of the male boyfriend above both their own and their friends”.

As a result of the privileged position that young men enjoy within their opposite-sex relationships, abusive behaviours are explained and justified within a framework of romantic love. Possessiveness, jealousy and control are interpreted as love and protection, thus supporting ideas of gender inequality and female vulnerability (Lombard, 2014; Maxwell and Aggleton, 2009; Chung, 2007, 2005; Jackson, 2001).

Sieg (2007) found in her research that, despite the efforts made by young women to maintain satisfactory relationships, these relationships rarely lived up to their desires. She uses the phrase “*the want-get gap*” to describe the contradictions between young women's desires and aspirations for their relationships and the reality of their experiences (Sieg, 2007, p.179). In order to manage these contradictions, the young women in her study described how they reduced their expectations and made do with the relationship as they experienced it. Similarly, Chung (2007; 2005) identified in her research that the value young women place on being in a relationship often outweighs any dissatisfaction with it and leads young women to accept violence and abuse as preferable to being without a partner.

Having a successful relationship with a male is a crucial aspect of identity which also impacts upon young women's ability to acknowledge and disclose abuse (Chung, 2005). Chung (2005) found that many young women in her study were only able to define a relationship as abusive after it had ended and, therefore, was no longer part of their identity. This has implications for both researchers and practitioners in that any work with young women whilst they are still in an abusive relationship may be hampered by their own understandings of whether they are actually experiencing abuse.

A further challenge to young women created by heterosexual relationships is how they negotiate competing discourses of (hetero)sexuality. On one hand, young women are expected to meet their partner's sexual needs and desires or risk losing him; on the other, they must conform with societal expectations of femininity, presenting themselves as a sexual gatekeeper and avoiding being seen as promiscuous or expressing sexual desire (Tomson, 2014; Teitelman et al, 2013; Maxwell and Aggleton, 2009; Banister et al, 2003; Van Roosmalen, 2000; Hillier et al, 1998; Tolman, 1994). Chung (2005) has argued that this sexual double standard is a powerful tool with which young men can control and coerce young women and serves to maintain gendered power imbalances.

The studies cited above all explored young women's experiences of relationships rather than specifically sampling young women who had experienced relationship abuse. However, in every study there were young women who spoke of harassment, control, verbal abuse, physical assault, sexual coercion and force within their romantic relationships, although they did not always name their experiences in these terms. In making meaning of these experiences, young women drew upon dominant narratives of heterosexuality and personal accountability, often justifying male abuse and explaining abusive relationships in terms of personal inadequacy; that they had made a bad choice of partner (Chung, 2007; 2005). By taking responsibility for the relationship, young women also accept responsibility for violence and abuse experienced within it (Chung, 2007; 2005; Banister et al, 2003).

It is important to highlight, however, that within these studies many of the young women also told of attitudes and actions that challenged heteronormative ideals about relationships, resisted gender inequality and survived abuse (Maxwell and Aggleton, 2009; Chung, 2005). However, Chung (2005) argues that it is incredibly difficult for young women to achieve equality in their relationships as there is not an easily accessible narrative about what this entails; the dominant narratives of romantic love and patriarchy overshadow those of equality (see p.184-190).

I now consider the literature which has explored more specifically young women's experiences of abuse in relationships.

Young women and relationship abuse

It was in 1981 that Makepeace first suggested that abuse may not be confined to marital and familial relationships and highlighted a need to investigate violent behaviour occurring within the context of less formal dating relationships. In a seminal piece of research carried out with 202 college students he found that 21 percent had experienced physical violence from a dating partner. As a result of his research Makepeace (1981) identified that dating violence was a major, hidden social problem and recommended further research be carried out to understand and tackle the issue. Since Makepeace's (1981) early work there has been a wealth of research into what is commonly termed dating violence, with much of this focusing on college and university students. However, reflecting the changing nature of adolescence and young people's relationships, research in the field of dating violence is now increasingly focusing on younger people.

The majority of existing research into young people's experiences of relationship abuse originates from outside of the UK. Whilst this research goes some way towards developing an understanding of the prevalence and nature of relationship abuse experienced by young women, the differing social, political and cultural contexts in which the studies have been carried out limits the applicability of the findings to UK young people (Barter, 2009). Within this chapter I have therefore focussed primarily on UK research, however I begin with a brief overview of the findings of some larger prevalence studies carried out in the USA.

Numerous studies have attempted to quantify the prevalence of relationship abuse experienced by young people in order to understand the extent of the problem. Examining this research once again highlights considerable variation in reported prevalence rates, from as low as 1.6 percent to as high as 65 percent, dependent upon the definition of abuse used, the research setting, data collection methods and sample population (Haynie et al, 2013; Bonomi et al, 2012; Carroll et al, 2011; Erickson et al, 2010; Fletcher, 2010; Miller et al, 2010b; Banyard and Cross, 2008; Swahn et al, 2008; Wolitzky-Taylor et al, 2008; Eaton et al, 2007; Jonson-Reid, 2007; Roberts et al, 2006; Silverman et al, 2004, 2001; Howard et al, 2003; Spencer and Bryant, 2000; Jezl et al, 1996). As with adult domestic abuse, estimates of prevalence should therefore be interpreted cautiously, with additional consideration given to the fact that some women will choose not to disclose abuse.

The UK context

In recent years a small number of studies have been carried out in the UK that have revealed similar findings to numerous US studies and confirmed the opinions of many professionals working with young people; that within their relationships abuse is commonplace, often considered acceptable

and has significant consequences for health and wellbeing (Barter et al, 2009; Schutt, 2006; Burman and Cartmel, 2005; Hird, 2000).

Archer and Ray (1989) first researched the concept of dating violence in the UK, however, this study, like many early American studies, used a sample of college students who were actually aged between 17 and 38 therefore the relevance of these findings to young people today is questionable. One of the first studies carried out specifically with young people in the UK was with secondary school students aged 13 to 19 and explored their experiences of psychological, physical and sexual aggression within their relationships (Hird, 2000). This study used both quantitative and qualitative methods in order both to ascertain the prevalence of abuse and to gain an understanding of the context in which incidents occurred as well as attitudes towards relationship violence and aggression. A questionnaire based upon the CTS revealed that, in the previous twelve months, 54 percent of the young women had experienced psychological aggression from a partner, 14 percent had experienced physical aggression and 17.9 percent had experienced sexual coercion or forced sex.

Online surveys have also been used to ascertain the prevalence of relationship abuse experienced by young women and their attitudes towards such abuse. In 2005 the NSPCC, along with the teen magazine *Sugar*, carried out an online survey of 2000 young women aged between 13 and 19 and found that 16 percent of those surveyed reported that they had been hit by a boyfriend at least once; four percent were subject to regular attacks from a partner and six percent had been forced to have sex when they did not want to (Carvel and Morris, 2005). A similar survey run in 2008 by Women's Aid and *Bliss* magazine found that approximately half of all respondents had experienced controlling behaviour from someone they were in a relationship with, one in five had been physically hurt and nearly a quarter of fourteen year olds had been forced to do something sexual that they did not want to by a boyfriend (Women's Aid, 2008).

Similarly high levels of abuse and a general acceptance of such behaviour have been found in research with young people from schools and youth groups in Staffordshire (Fox et al, 2014), South East London (Schutt, 2006) and Scotland (Burman and Cartmel, 2005). In each of these studies over 40 percent of the young people surveyed reported that they had been a victim of some form of abuse from a partner, with over 20 percent reporting that this included physical violence.

In 2009 the NSPCC and the University of Bristol published findings from the first national research on teenage relationship abuse (Barter et al, 2009). The study used both questionnaires and in-depth interviews to explore the nature of young people's relationships and the impact of abuse within

these relationships. It revealed that three quarters of young women and half of young men aged 13 to 17 had experienced some form of emotional abuse, a quarter of all young women and 18 percent of young men had experienced physical violence and one third of young women and 13 percent of young men had experienced some form of sexual violence. Whilst some degree of gender differences is evident from these figures, further questioning, through both the questionnaires and interviews, revealed significant differences in the impact of these experiences on males and females. Those who had experienced any abuse were asked to select from a list of responses to describe how it made them feel, including no effect, feeling loved, frightened, angry, upset or humiliated. Of the young women who reported experiencing abuse, three quarters selected responses suggesting a negative impact on their wellbeing, such as feeling frightened or upset, compared to only 14 percent of young men. In addition, where physical violence was present young women were more likely to report that the violence had occurred more than once and 11 percent of young women, compared to 4 percent of young men, reported that the violence was severe; females were three times as likely as males to experience repeated severe violence.

The NSPCC research was supplemented by a smaller study with 'disadvantaged' young people in order to target those who were no longer in mainstream education and were therefore omitted from the school-based study (Wood et al, 2011). The researchers interviewed 82 young people aged between 13 and 18 who were considered disadvantaged, by the definition of having had a complex or disrupted childhood. The sample was drawn from a young mothers project; young offenders institute; residential care homes; specialist community support projects, including one for young people at risk of sexual exploitation; and specialist education providers, including an education project for young people who had been permanently excluded from school. Almost twice as many young women in this sample reported being victims of physical violence compared to those in the school-based survey and they were around one and a half times more likely to have experienced sexual violence. A noteworthy finding was that more of the young women in this study viewed relationship abuse and control as a normal, if unwanted, aspect of being in a relationship. This normalisation meant that they often found it difficult to recognise the seriousness of the abuse (Wood et al, 2011). The study identified the highest levels of relationship abuse in young women who were pregnant or mothers, something that is explored in more detail shortly (p.53-65).

In both of these studies a consistent factor that increased the risk of a young woman experiencing relationship abuse was partnering with an older male, especially if the age difference was greater than two years (Wood et al, 2011; Barter et al, 2009). As a result the authors suggest that, when assessing risk to young people, older partners should routinely be considered a significant risk factor.

A number of the studies cited above also explored young people's experiences of seeking support and found that very few young people disclosed the abuse to an adult, with almost half of all young people never telling anyone at all (Fox et al, 2014; Wood et al, 2011; Barter et al, 2009; Schutt, 2006). The young people in Schutt's (2006) study expressed concern that the sex and relationship education they had received at school was insufficient and too focused on the physical aspects of sexual health and pregnancy prevention. As a result they had very little knowledge about healthy relationships, how to identify abusive behaviours and what help there was available should they experience abuse. Research by both the National Children's Bureau (NCB, 2009) and Refuge (2009) has echoed these findings.

Finally, the justification of abusive behaviour in certain circumstances, such as in response to perceived or actual infidelity, is a consistent finding in research exploring young people's attitudes towards relationship abuse (Lombard, 2014; McCarry, 2010; 2009; Barter et al, 2009; Wiltshire Assembly Community Safety Partnership, 2009; ICM, 2006; Burman and Cartmel, 2005; Carvel and Morris, 2005). Within these studies more males than females expressed such attitudes. The dominance of attitudes that condone abuse may make it more difficult for young women to identify and respond to abusive behaviour towards them. In response, the recent Government teenage relationship abuse campaign (Directgov, 2012) is an attempt to increase young people's awareness and understanding of abusive behaviour.

Gender issues

In relation to whether relationship abuse is a gendered issue, the existing data present a contradictory picture. Some studies have reported that females are more likely to be victims within abusive relationships, others have found the reverse and many have suggested that young women and men experience and perpetrate similar levels of abuse (Fox, 2014; Giordano et al, 2010; Banyard and Cross, 2008; Roberts et al, 2006; Schutt, 2006; Archer, 2000; Spencer and Bryant, 2000; Makepeace, 1986). The gender debate appears to be even more complex in relation to young people's experiences of abuse as many more studies report mutual abuse than does research with adults.

Feminist authors have maintained that domestic abuse is highly gendered, occurs as a result of gender inequalities and is an expression of male power and control over women (Johnson, 2008; Hester et al, 2007; Mooney, 2000b; Dobash and Dobash, 1992). Many authors have therefore argued that, as with research involving adults, the equal proportions of male and female victims found within much of the relationship abuse research occur as a result of the methodologies used, differences in reporting as a result of social desirability and a lack of consideration given to the

context and consequences of violent and abusive behaviours (Barter, 2009; Foshee et al, 2007; O’Keefe and Aldridge, 2005; see also p.28-32). Mulford and Giordano (2008) note that the gender symmetrical picture of relationship abuse presented by research studies is in sharp contrast to what many practitioners working with young people have reported. Explanations for this inconsistency must therefore be explored in order to establish whether gender differences do exist.

In research exploring typologies of adolescent dating violence Foshee et al (2007) carried out in-depth interviews with young people who had reported perpetrating relationship abuse and found that females most often accounted for this as a form of self-defence, either in response to a direct physical assault or as a result of experiencing sustained abuse and wanting to let their partners know they weren’t *“going to take it anymore”* (p506). This echoes the finding of Molidor and Tolman (1998) that 36 percent of the young women in their study who had experienced abuse reported that they had defended themselves when subjected to violence by their partner. O’Keefe (1997) also explored young people’s motives for relationship abuse and found that the most common reason given by both males and females for their violence was anger. However, the second most frequently cited reasons differed; for females it was self-defence and for males, a desire to control their partner. These research findings suggest that self-defence may therefore account for the high levels of mutual violence identified in some studies and demonstrate the limitations of methods that simply enquire about the presence of abusive behaviours without consideration of the context in which they occur.

Research designs that explore the consequences of abusive encounters between young people have consistently found that young women are predominantly the victims of the most severe forms of physical abuse and receive the most injuries as a result (Molidor and Tolman, 1998; Foshee, 1996; Makepeace, 1986). Molidor and Tolman (1998) carried out a survey in which the CTS was supplemented with additional questions, including enquiring about the consequences of abusive incidents. Whilst the rate of violent incidents did not differ significantly between males and females, the impact of this behaviour was markedly different. Similar to the findings of Barter et al’s (2009) study, over 90% of males reported that the violence had no or little effect on them whereas over 80% of females reported that they had been physically hurt or injured; only 8.7% of females reported being unaffected by the incident. At its most severe, relationship abuse can result in death; in 2012 four young women under eighteen were killed by their current or former partner (Ingala Smith, 2014).

Studies that explore sexual coercion and violence within relationships consistently report that this form of abuse is extremely gender specific with females predominantly the victims (Makepeace,

1986; Foshee, 1996; Banyard and Cross, 2008; Wolitzky-Taylor, 2008). Molidor and Tolman (1998) found that 37 percent of young women who reported abuse in their study stated that the reason they were subjected to physical violence was because they had rejected unwanted sexual advances from a male.

As well as the injuries sustained, relationship abuse can also have a profound effect upon young people's emotional and psychological health. Experiencing relationship abuse has been found to be associated with higher levels of depression, post-traumatic stress symptoms and suicidal thoughts (Nahapetyan et al, 2014; Exner-Cortens et al, 2013; Belshaw et al, 2012; Banyard and Cross, 2008; Callahan et al, 2003; Coker et al, 2000). In studies that directly compare male and female victims of relationship abuse, females are more likely to suffer negative emotional and psychological consequences such as fear, low self-esteem, depression, eating disorders and suicidal thoughts or attempts than males (Bonomi et al, 2013; Ackard et al, 2007; Foshee, 1996). Many of these effects have been found to persist even once the abuse has ceased or the relationship ended, demonstrating the long-term impact on young women of experiencing relationship abuse (Bonomi et al, 2013; Ackard et al, 2007).

Finally, young women who experience relationship abuse have also been found to have poorer educational outcomes and are more likely to engage in early sexual intercourse, not use contraception and use alcohol, tobacco and illegal substances (Exner-Cortens et al, 2013; Hanson, 2010; Banyard and Cross, 2008; Eaton et al, 2007; Silverman et al, 2001). Whilst these findings have originated from cross-sectional studies, therefore it is not possible to determine cause and effect, they nonetheless demonstrate that, for many young women, relationship abuse occurs within the context of a range of other health-compromising behaviours. Qualitative explorations of experiences of relationship abuse have also identified significant and long-standing effects on young women's health and wellbeing. (Reynolds and Sheperd, 2011; Wiklund et al, 2010; Ismail et al, 2007). In all of these studies young women described reduced social support as a result of the isolation imposed upon them by their abusive partners during the relationship, which then impacted on their ability to leave and on their subsequent recovery processes. It would appear, therefore, that despite similarities in crude prevalence rates between young women and young men, females disproportionately bear the burden of abuse within their relationships. Differences in the nature and effects of abuse upon males and females have led to suggestions that interventions and preventative measures should therefore be gender specific (Foshee et al, 2001).

I now examine the research on relationship abuse that has focused more specifically on young mothers' experiences.

Young mothers and relationship abuse

Prevalence

There is currently limited knowledge about the occurrence of abuse in young mothers' lives. The majority of the research studies cited in the previous chapter relating to abuse during pregnancy or early motherhood placed limitations on the age of participants so that women under 18, or in some cases 16, were unable to participate. However, in England and Wales there were over 27,000 conceptions to under eighteen year olds in 2012 (ONS, 2014); even based upon the most conservative estimates of prevalence from the literature cited above, the frequency of abuse within young people's relationships is such that a significant proportion of those who become pregnant are therefore likely also to be experiencing relationship abuse. An extensive literature search has, however, identified only one published UK study specifically addressing young mothers' experiences of relationship abuse (Wood et al, 2011) and one unpublished local report (Goddard et al, 2005), neither of which aimed to ascertain the prevalence of abuse.

In their small study of disadvantaged young people's experiences of relationships, Wood et al (2011) found that more pregnant teenagers and young mothers reported experiencing abuse than any other participants, in both this study and the larger school-based study (Barter et al, 2009). Around three quarters of the young pregnant women and mothers interviewed reported that they had experienced physical abuse from a partner, with one in three stating that this had occurred during pregnancy or after the birth of their child. Three quarters of participants reported having experienced sexual pressure or force at some time in their lives and almost all had experienced controlling behaviours from a partner since becoming pregnant. The authors suggest that these figures may even be an underrepresentation as many of the young women were reluctant to talk about their experiences with their current partner. From this research it would seem that abuse is commonplace within young mothers' relationships although, due to the small sample size (16 participants), these results cannot be generalised.

A larger sample can be found in the Sure Start Plus National Evaluation (Wiggins et al, 2005) in which 14 percent of the 1081 pregnant and parenting young women surveyed said they had experienced some form of violence at home or from someone they were close to since becoming pregnant. However, this data was generated from only one question within a larger survey rather than from a specific study related to young mothers' experiences of abuse.

Larger studies aiming to determine the prevalence of relationship abuse amongst young mothers have been carried out in the USA and Australia, however many of these studies were carried out

over ten years ago. In addition, differences in definition, methods and sampling have again resulted in considerable variation in estimated prevalence rates. Only a small number of studies directly compare the prevalence of abuse in younger mothers with older mothers but those that do have consistently found that pregnant women aged 19 and under report higher rates of abuse than do those over 20; between 16.1 and 20.6 percent, compared with nine to 14.2 percent (Covington et al, 2001; Curry et al, 1998a; Parker et al, 1994; 1993). Additionally, studies carried out exclusively with young pregnant women and mothers have revealed that between 10 and 38 percent of young mothers report some form of abuse whilst pregnant (Curry et al, 1998b; Gessner and Perham-Hester, 1998). When the period of enquiry is extended to include abuse experiences prior to pregnancy, these figures increase to between 26 and 61 percent (Covington et al, 2001; Quinlivan and Evans, 2001; Wiemann et al, 2000; Martin et al, 1999; Curry et al, 1998a; 1998b; Gessner and Perham-Hester, 1998; Parker et al, 1993).

Research also suggests that relationship abuse is not confined to pregnancy and continues to be a feature of young mothers' lives. Harrykisson et al (2002) carried out a longitudinal study with mothers aged 18 or under in which 41 percent reported experiencing some form of physical or sexual violence from a partner in the first two years of their baby's life. Leadbeater et al (2012) found the same percentage of the mothers in their six year study of teenage motherhood had experienced relationship abuse at some point during their lives.

The results of these studies would therefore suggest that abuse towards young mothers is a substantial issue. There are, however, a number of factors which need to be considered when making comparisons or drawing conclusions regarding the prevalence of relationship abuse. Firstly, the studies cited use different definitions of abuse, with many only enquiring about experiences of physical or sexual violence (Covington et al, 2001; Martin et al, 1999; Curry et al, 1998a; 1998b; Gessner and Perham-Hester, 1998). A focus on physical abuse contributes to the conceptualisation of abuse as purely physical violence and fails to acknowledge the experiences of women who are emotionally rather than physically abused. This is likely to result in a limited understanding of the nature of young mothers' abusive relationships and, potentially, an underestimation of the prevalence of abuse. All of the studies cited above utilised either the CTS (Strauss, 1996; 1979) or the Abuse Assessment Screen (Mcfarlane et al, 1992) to enquire about experiences of abuse. The limitations of these tools have been discussed previously (p.29-30). In addition, Barter (2009) has warned against using instruments that have been created for use with adults in research with young people, arguing that in doing this researchers fail to acknowledge potential differences in

interpretation between adults and young people and may not capture the complexities of abuse in young people's relationships.

Another potential limitation of these prevalence studies is that many do not specifically enquire about the perpetrator of the abuse (Gessner and Perham-Hester, 2008; Quinlivan and Evans, 2001; Martin et al, 1999; Curry et al, 1998a; 1998b). Whilst the studies are useful in understanding the broader experiences of violence within the lives of pregnant young women, they do not necessarily provide an accurate representation of the prevalence of relationship abuse. In studies that have recorded information regarding the perpetrator of abuse (Mylant and Mann, 2008; Covington et al, 2001; Parker et al, 1994; 1993), between 61.3 and 75 percent of participants stated that this was a partner or ex-partner, therefore a considerable amount of abuse reported in prevalence studies may not actually be relationship abuse. Whilst it is important to understand and tackle all forms of violence and abuse against women, abuse perpetrated by a partner or ex-partner differs from that perpetrated by family members in a number of ways and each requires different approaches to appropriately protect and support the victim (National Policing Improvement Agency, 2008). Therefore, within research studies it is useful to know the relationship of the perpetrator in order to better understand the nature of abuse experienced by young mothers.

The final feature to consider when evaluating the evidence from prevalence studies is the impact of the timing and method of enquiry about abuse. Research has suggested that women are more likely to disclose domestic abuse if they are asked more than once (Keeling and Mason, 2011; Bacchus et al, 2004a), therefore more accurate data may be gained from conducting longitudinal research about abuse throughout pregnancy and the postnatal period. Covington et al (1997) found that pregnant young women were 2.9 times more likely to disclose abuse when they were asked on multiple occasions during pregnancy rather than when they were only asked once. Consistent with this finding, the studies that screened for abuse on more than one occasion elicited the highest prevalence figures (Covington et al, 2001; Parker et al, 1994; 1993).

All of the evidence cited within this section has supported the assertion that relationship abuse is a significant issue for young mothers. However, the reasons behind the higher prevalence rates in this population remain unclear. In the following section I consider some of the potential explanations that have emerged from research findings before discussing the impact of relationship abuse on young mothers and their children.

Links between young motherhood and relationship abuse

Both adolescence and pregnancy have been individually identified as periods within a woman's life when she may be more likely to experience relationship abuse (Barter, 2009; Hester et al, 2007; Burch and Gallup, 2004), therefore simply the combination of the two may account for the increased rates of abuse found within young pregnant women. Studies have also identified a number of factors that are associated with both young motherhood and experiencing relationship abuse. The link between the two may therefore be explained in the context of exposure to social factors that increase the risk of young motherhood and also increase the likelihood of being in an abusive relationship, for example experiencing child sexual abuse (Miller et al, 2011; Noll et al, 2009; Francisco et al, 2008; Leiderman and Almo, 2006; Harner, 2005; Roosa et al, 1997) or growing up in local authority care (Jonson-Reid et al, 2007; Knight et al, 2006). However, establishing causal links between any of these factors is highly problematic as young women often have more than one 'risk factor' (Barter, 2009). In addition, it is often not possible to identify which factor came first; for example, the use of alcohol and drugs is often presented as a form of 'risky' behaviour that increases a young woman's susceptibility to relationship abuse and young motherhood when it may actually occur as a result of abuse, with victims utilising it as a coping mechanism (Radford and Hester, 2006). Barter (2009) notes that whilst these studies provide an insight into the multiple issues that young people may face in their relationships and why some may be more vulnerable than others, they often fail to recognise young people's ability to influence their own lives or the wider structural inequalities that contribute to their experiences of abuse.

Another possible explanation for the high rates of relationship abuse amongst pregnant young women is that coercive sexual experiences and contraceptive control connect the two (Coy et al, 2010). That is, young women who are already in abusive relationships are more likely to have non-consensual sexual experiences and be restricted in their use of contraception, thus resulting in higher rates of unplanned pregnancy. Silverman et al (2001) found that young women who had experienced dating violence were approximately four to six times more likely to have ever been pregnant than their non-abused peers. Numerous studies have demonstrated a link between relationship abuse and male reproductive control, often resulting in unintended pregnancy and abortion (Silverman et al, 2011; Jordan et al, 2010; Miller et al, 2010b; Moore et al, 2010; Aston and Bewley, 2009; Gee et al, 2009; Williams et al, 2008; Ismail et al, 2007; Taft and Watson, 2007; Pallito et al, 2005; Goodwin et al, 2000). An American study found that 66 percent of young women reporting relationship abuse also reported that their partner pressured them not to use contraception or actively prevented them from doing so (Center for Impact Research, 2000). Additionally, it was found that as the severity of abuse increased, so too did the level of control over

their fertility, with a number of young women reporting that their partner actively sabotaged their contraceptive, rendering it ineffective. Qualitative studies have also identified links between experiencing relationship abuse and male partner pregnancy-promoting behaviours such as sabotaging contraception, refusing to use condoms and forcing sex (Thiel de Bocanegra et al, 2010; Miller et al, 2007; Rosen, 2004). Some women in these studies attempted to prevent pregnancy by concealing their contraceptive use; however, others felt that becoming pregnant might improve their relationship and so actively tried to become pregnant.

Coy et al (2010) state that, for young women, negotiating sexual experiences is fraught with difficulties; over three quarters of young women in their study felt it was common for young men to pressurise women into sex, a third reported they had had sex when they did not want to and a third knew of someone who had become pregnant as a result of non-consensual sex. These findings echo those reported by Maxwell and Aggleton (2009) and Hird and Jackson (2001) who found that young women were subjected to a range of coercive sexual tactics within their relationships and often had to negotiate complex and contradictory discourses and expectations when making decisions about sex, love and relationships. Young women were often torn between submitting to coercion and engaging in unwanted sexual experiences or facing the possibility of losing their boyfriend, who was an important indicator of their social status. Coy et al (2010) have criticised the UK Teenage Pregnancy Strategy (Social Exclusion Unit (SEU), 1999) for failing to acknowledge the contribution of non-consensual sexual experiences to teenage pregnancy rates and have suggested a need for further research and increased awareness amongst professionals about the links between relationship abuse and teenage pregnancy within the UK.

Effects of relationship abuse on young mothers and their children

A number of studies have attempted to identify the effects of abuse during pregnancy on a range of physical, psychological and social outcomes for young mothers and their babies. Young mothers who experience abuse during pregnancy are at a higher risk of experiencing vaginal infection, bleeding, anaemia and postnatal complications such as sepsis and depression than their counterparts who do not (Quinlivan and Evans, 2001; Curry et al, 1998a; Parker et al, 1994). In addition, their babies are more likely to be preterm or of low birth weight and to experience significantly more neonatal complications such as poor weight gain, feeding difficulties, jaundice and sepsis (Covington et al, 2001; Quinlivan and Evans, 2001; Curry et al, 1998a; 1998b, Parker et al, 1994). Experiencing abuse during pregnancy has been found to be associated with delayed access to antenatal care and higher rates of smoking, alcohol use and substance use among young women, which all potentially further contribute to poorer outcomes for mothers and their babies (Quinivan

and Evans, 2005; 2001; Wiemann et al, 2000; Martin et al, 1999; Curry et al, 1998a; Parker et al, 1994).

Relationship abuse has been found to be associated with reduced pregnancy intervals in young mothers. Raneri and Weimann (2007) and Jacoby et al (1999) identified that experiencing relationship abuse during pregnancy or the postnatal period was associated with an increased risk of having another pregnancy in the two years following the first birth. Within Jacoby et al's (1999) study, of those mothers who did experience a repeat pregnancy, relationship abuse was strongly associated with spontaneous miscarriage, with 42.3 percent of these pregnancies ending in miscarriage compared to a rate of 16.2 percent amongst non-abused women. These findings are significant as having a second pregnancy as a teenager has also been found to be associated with significantly increased risks of stillbirth and preterm birth (Khashan et al, 2010; Reime et al, 2008; Smith and Pell, 2001) and it has been suggested that the poor socioeconomic outcomes associated with young motherhood are exacerbated when a mother has more than one child as a teenager (Rowlands, 2010).

Studies have also assessed the impact of abuse on a range of psychosocial outcomes for young mothers and their babies. Quinlivan and Evans (2001) identified that 89.7 percent of the pregnant young women in their study who had experienced abuse in the previous six months had some form of psychosocial problem, as diagnosed by the criteria of Diagnostic and Statistical Manual of Mental Disorders IV (American Psychiatric Association 1994). This was compared with 37.2 percent of the teenage control group who had no recent experience of abuse. These rates are similar to those identified in research with abused adult women which have led Humphreys and Thiara (2003a, p.223) to argue that there is a causal link between experiencing domestic abuse and severe emotional distress:

“Such that women’s experiences of depression, post-traumatic stress and self-harm can be understood as ‘symptoms’ or the effects of living with violence and abuse”.

These effects do not necessarily end when the relationship ends (Humphreys and Thiara, 2003a) and the psychosocial effects of abuse on young mothers have been found to persist for several years following their experiences (Lindhorst and Beadnell, 2011; Lindhorst and Oxford, 2008). Lindhorst and Oxford (2008) found that young mothers’ experiences of relationship abuse increased their likelihood of experiencing depressive symptoms into adulthood, even after controlling for factors such as vulnerability to depressive symptoms and economic stability. Those women who experienced the highest levels of relationship abuse in adolescence had the highest level of

depressive symptoms and this was maintained over a ten year period. Relationship abuse in adolescence was also related to an increased risk of abuse in adulthood, suggesting that abuse has an on-going impact upon the social and emotional wellbeing of young mothers and their children.

In order to determine the impact of maternal psychosocial issues on the children of young mothers Quinlivan and Evans (2005) have studied the impact of domestic abuse on maternal attachment and infant temperament. This research was carried out within a specialist teenage pregnancy clinic that carried out routine screening for domestic abuse and offered additional support. They found that despite the provision of targeted specialist support, the young women who experienced domestic abuse had reduced overall attachment scores to their infants, independent of other potential confounding factors, and were twice as likely to class their baby as difficult (Quinlivan and Evans, 2005). These findings are concerning given the potential for long term negative consequences for children as a result of poor attachment (Benoit, 2004).

These studies conclude that relationship abuse is detrimental to the health and wellbeing of young mothers and their children. In particular, the impact on mental health appears to persist even once the relationship ends and the threat of abuse ceases (Lindhorst and Oxford, 2008; Sussex and Corcoran, 2005; Humphreys and Thiara, 2003a). There are strong links between poor maternal mental health and a range of adverse outcomes for babies and children, therefore the long term impact of relationship abuse on young families cannot be underestimated (Murray et al, 2003; Coyl et al, 2002).

In order to fully understand the complexities of relationship abuse within young mothers' lives it is also useful to explore the findings from qualitative studies that have focused less on measurable outcomes and more upon the voices of mothers living with abuse. I will now summarise the available evidence gained from qualitative research that has explored young mothers' experiences of living with relationship abuse.

Experiences of young mothers living with relationship abuse

A factor that appears to be consistent in a number of studies is the presence of multiple forms of abuse and violence experienced in young mothers' lives (Kulkarni, 2009; 2006; Kaye et al, 2007; Kennedy, 2005). In these studies many young women experiencing relationship abuse also described growing up in chaotic families, living with parental domestic abuse and being abused and exploited by adults throughout their lives. This echoes the findings of numerous quantitative studies that have identified a link between witnessing parental domestic abuse as a child and experiencing similar abuse in relationships during both adolescence and adulthood (Vung and Krantz, 2009;

Bensley et al, 2003; Heyman and Smith Slep, 2002). Such research contributes to the theory of an intergenerational transmission of violence, although this theory has been criticised for oversimplifying the impact of abuse on children and disempowering those who experience parental domestic abuse by failing to recognise the impact of individual resilience or social structures (Radford and Hester, 2006).

Children and young people who grow up experiencing abuse and witnessing parental violence have been identified as at risk of a number of emotional and behavioural consequences (as discussed on p.38-41); emotional abuse, in particular, has been found to impact upon young people's development, emotional adjustment and attachment forming behaviours (Berzenski and Yates, 2010; Dodge-Reyome, 2010; Wekerle et al, 2009). Therefore, not only does exposure to abuse and violence during childhood potentially increase the risk of young women being abused in their own relationships, it may leave them with reduced resilience and fewer resources to enable them to cope with the effects of relationship abuse and to prioritise the safety of themselves and their children. In the studies by Kulkarni (2009; 2006) and Rosen (2004), parents and other supportive adults were identified as being critical to young women's ability to leave abusive relationships, however, due to the nature of parental relationships, for many young women this support was simply not available. This suggests a need for alternative support options for young mothers experiencing abuse who may not have appropriate adults from whom to seek help.

Another consistent feature within qualitative studies is the impact of relationship abuse on young mothers' emotional wellbeing, corroborating the findings of the quantitative studies discussed above. Leadbeater et al (2012) describe the young mothers in their study as being "*immobilised in abusive relationships as a loss of self*" (p.125). Frequently young mothers blamed themselves for their abuse and experienced depression, distress and low self-esteem. This was compounded by the loneliness and isolation they experienced as a result of being in controlling relationships and led to increased dependency upon their abusive male partner (Leadbeater et al, 2012). These findings are echoed by Kulkarni (2009) who found that abused young mothers were extremely vulnerable to depression as a result of their life experiences and lack of social support. In addition, they expressed a strong desire for love and attention and were fearful of being alone, which affected the decisions they made about their relationships.

It has also been suggested that the stigma of teenage pregnancy may increase pressure on young mothers to remain in a relationship, even if it is abusive (Leadbeater et al, 2012; Wood et al, 2011; Kulkarni, 2007; 2006). In a small study by Goddard et al (2005), young women reported encountering stigmatising and negative attitudes about being a young mother and had a profound

fear of disclosing abuse in case they were further judged, disbelieved or threatened with having their children removed. In addition, many of those who had experienced abuse reported that often they did not realise they were being abused, were never asked about their relationship and did not know that services were available to help them (Goddard et al, 2005). Wood et al (2011) found that emotional and financial dependence and a lack of alternative support structures made leaving an abusive partner very difficult for the young mothers in their study. Similar to findings from research with adult women (Donovan and Hester, 2010), decisions were further complicated by love and the mixed messages and contradictory behaviours partners exhibited (Wood et al, 2011; Kulkarni, 2007).

Rosen (2004) states that for the young women in his study, pregnancy represented a crossroads at which they decided whether or not to continue the relationship in view of the fact they were to become mothers. Many young mothers in his study viewed pregnancy as an opportunity to change a negative or abusive relationship; unfortunately any change in behaviour exhibited by partners on finding out they were to become fathers tended to be short-lived and the women had to reconcile differences between their hopes for and their experiences within their relationship. The importance of making the relationship work also emerged as a key theme within Kulkarni's (2006) study. However, Kulkarni (2006) found that the young mothers in her study appeared unaware of the challenges and stress that a child would place upon their relationship and lacked the knowledge and resources to manage the additional pressure. This tended to result in increased conflict within an already tumultuous relationship. Kulkarni (2006) describes young mothers trying to understand and navigate complex relationships whilst also attempting to discover their own needs and desires and taking responsibility for the safety and wellbeing of their children. She highlights the need for practitioners to be aware of the specific challenges faced by young mothers experiencing relationship abuse and proposes that domestic abuse services may need to be adapted to meet young women's developmental needs.

Despite the numerous negative health effects that have been associated with relationship abuse and the complex social context in which many of these relationships occur, many young mothers are able to navigate their relationship decisions, protect themselves and their children and, eventually, leave an abusive partner (Leadbeater et al, 2012; Kennedy, 2005; Rosen, 2004). Personal resilience has been identified as a key factor in enabling this. Resilience has been defined as "*a dynamic process encompassing positive adaptation within the context of adversity*" (Luthar et al, 2000, p543). Kennedy (2005) explored the concept of resilience in interviews with young mothers who had experienced partner, family or community violence, the majority of whom had experienced multiple forms of abuse. The availability of social support for these women was limited therefore the focus

was on individual resilience factors. The protective factors Kennedy (2005) identified were an ability to connect with others for support; a problem-solving approach; motivation to succeed; insightfulness; and an independent, action-orientated stance. These capacities did not occur in isolation but were dynamic processes that developed and evolved as the young women grew and their situations changed.

The concept of resilience is important within the context of young motherhood and relationship abuse as it enables a focus on factors that can assist young women and their children to have the best possible outcomes, rather than simply focusing on the deleterious effects of living with abuse. There has been little investigation into resilience-building by young mothers yet the implications for practice are significant (Kennedy, 2005). Due to the complexity of relationship abuse within the lives of young mothers and the individual nature of resilience factors, prescriptive interventions and services are unlikely to be successful in tackling abuse and its effects. It has therefore been suggested that practitioners need to identify and build upon individuals' existing sources of support and personal resilience in order to provide effective support and interventions to abused young mothers (Kulkarni, 2009).

Summary

This chapter has presented a comprehensive overview of the literature relating to young women's and young mothers' experiences of relationship abuse and has concluded that it is a significant issue. Although recent policy changes have placed young people's experiences of relationship abuse firmly on the political agenda (HM Government, 2012), there is still only limited research in this field and this has contributed to a lack of understanding and knowledge in both young people and those working with them. In particular, there is a dearth of research that specifically addresses relationship abuse from the perspective of young mothers to explore the ways in which they experience and understand abuse and how motherhood may serve to maintain them in abusive relationships. Chapter Three presents the final part of the background to this research, a discussion of the social construction of age and young motherhood.

Chapter Three: Constructions of Teenage Pregnancy and Young Motherhood

Introduction

This chapter will offer additional context for the study by exploring the ways in which teenage pregnancy and young motherhood are defined and constructed in the UK within policy, academic literature and the media. Although I provide some background information about teenage pregnancy statistics, the focus of the chapter is on teenage pregnancy as a socially constructed phenomenon, rather than an account of rates, outcomes and prevention strategies. By focusing on how young motherhood is constructed I aim to provide a better understanding of the context in which the participants in the study were telling their stories.

The chapter begins with a discussion about the social construction of age, highlighting how the construction of childhood, youth and adulthood as a series of distinct life phases impacts upon the way society views young people, teenage sexuality and pregnancy. I then provide a brief overview of current teenage pregnancy rates in the UK before focusing on the construction of teenage pregnancy and young motherhood. I consider how these constructions have come into being and the ways in which research evidence is used to support the dominant narrative that young motherhood is problematic. The chapter concludes with a discussion of research that has provided an alternative perspective on young motherhood, one which challenges the dominant narrative. By listening to the voices of young mothers an alternative narrative emerges in which motherhood is experienced as positive and transformative. I argue that this evidence highlights the importance of carrying out research with young mothers in which they are given the opportunity to challenge the narratives that exist about them and to tell a different story.

The social construction of age

In order to understand the ways in which young motherhood is constructed within British society it is necessary to consider the concept of age itself as a social construction⁴. At its simplest, age is a numerical representation of the number of years a person has been alive. However, age is also socially constructed in that society ascribes certain rights and behaviours to people at different ages (Pecchioni, 2012; Crawley, 2011; Roberts, 2007; James and James, 2004). These constructions are historically, geographically and culturally specific, as can be seen in recent changes to the UK Government definition of domestic abuse (HM Government, 2012). Previously constructed as an

⁴ A detailed discussion of social constructionism and the ways in which it has influenced my understandings of the research topics can be found in Chapter Four (p.107-109)

exclusively adult issue, it is now recognised that younger people may also experience abuse in their relationships, however there remains an age limit excluding those under 16 from the definition. As Lawson (1993, p.117) states: *“Chronological age is thus a fundamental social category used in important ways to grant or withhold privileges”*. Within the UK, as in much of the Western world, childhood and adulthood are constructed as separate and distinct phases endowed with particular qualities and experiences (Crawley, 2011).

In the UK a person is legally defined as a child up until their 18th birthday, in accordance with the definition contained within the UN Convention on the Rights of the Child (UN, 1989). However, in the years preceding and immediately following this, a number of rights and responsibilities are progressively acquired, marking a more gradual transition from childhood to adulthood (Pressler, 2010). For example, a child can work part time from age thirteen, full time from age sixteen but cannot vote in elections or open a bank account without a parental signature until they are 18 and full rates of housing benefit are not received until age 26. In addition, children as young as ten can be held criminally responsible yet they are not deemed able to consent to sexual activity until they are sixteen and cannot marry without parental consent until they are 18. Crawley (2011, p.1174) has stated that there is almost constant disagreement about the age at which childhood ends and adulthood begins, highlighting the socially constructed nature of these categories:

“Recognising that the boundaries of ‘childhood’ are socially and culturally constructed has important implications, not just at the theoretical level, but also in terms of understanding the concrete, material existences of children and their everyday lives. If ‘childhood’ is neither constant nor fixed, then the situation and experiences of children – as individuals and groups – will inevitably reflect the social, economic, cultural and historical contexts within which they are embedded.”

The lack of an identifiable age at which childhood ends and adulthood begins has given rise to the transitional period between the two, commonly referred to as adolescence or youth (Hunt, 2005; Mizen, 2004). Historical analysis has suggested that the emergence of youth as a separate, distinguishable category occurred around the beginning of the 20th century (Macleod, 2011). However, as with constructions of childhood, there is no agreed consensus as to the age at which youth begins or ends, with definitions ranging from age 10 to 25 (DoH, 2009; Mizen, 2004; Jones, 2003; Levinson, 1986). In the absence of a defined age range to which the period of youth refers, attempts have been made to characterise this period in relation to transitions from education to employment and dependence to independence (Coleman et al, 2004; Jones, 2003). Wyn and White (1997), however, argue that these transitions are much more ambiguous, hesitant and unpredictable

than this perspective implies. Due to the lack of an agreed consensus on what constitutes the period of youth, I have chosen not to specify a particular definition within this thesis but use the broadest definition of youth as between ages 10 and 25, thus the participants in this research were all within the socially constructed period of youth.

Considering the life stages of childhood, youth and adulthood as constructed concepts provides an opportunity to question the impact of these constructions. By compartmentalizing life into a series of distinct categories, behaviours and actions are identified as appropriate or inappropriate according to age and those who transgress outside of the perceived norms are branded as abnormal or deviant.

Constructions of young people often reflect their ambiguous positioning between childhood and adulthood. Youth is constructed as a complex transition, a period of biological and psychological development in which young people require support and guidance in order to emerge as well adjusted adults (Macleod, 2011; Royal College of Nursing (RCN), 2008; Hope, 2007; Hunt, 2005; Coleman et al, 2004; Griffin, 2004). Bolzan (2005) explored media representations of young people in Australia and found that they were primarily constructed as either problematic or as victims in need of help. These constructions broadly mirror traditional discourses of childhood; the puritan discourse, in which children are constructed as in need of control and regulation and the romantic discourse, in which they are considered innocent, vulnerable and in need of protection (Pressler, 2010; Hope, 2007). Maxwell and Aggleton (2009, p.3) argue that these constructions are particularly powerful when it comes to young women and sex:

On the one hand, young women are portrayed as ‘victims’ – who are coerced into sex, unable to insist on the use of condoms or contraception with male partners, and for whom sex is not enjoyable. At the same time, however, young women are also often being criticised and blamed –seen as being too ‘sexual’ if they carry condoms, have more than one sexual partner and say they want sex.

The construction of young people as being in transition positions them as different to adults and, therefore, they are not expected to behave in adult ways. This is particularly so in the cases of sexual behaviour and parenthood which are constructed as exclusively adult activities (Woodiwiss, 2014; Clarke, 2010; Phoenix, 1993). Macleod (2011, p.32) refers to the “*imaginary wall*” between young people and adults, stating:

“Teen-aged people are simultaneously children and adults, but also neither, tensions arise in the very conceptualisation of this developmental stage... Teenagers, in the ‘adolescence as

transition' discourse, may practice at being adults, but may not actually perform adult activities such as having sex, reproducing or deciding on matters as personal and important as abortion. They must prepare for adulthood, but not actually be adults. There is a perpetual state of disequilibrium in which activities that foretell of adulthood (such as sex education) must be balanced by a state of innocence that forecloses adulthood. The imaginary wall between 'adolescence' and adulthood must be maintained."

She argues that teenage pregnancy is the physical manifestation of the paradox of adolescence as it breaches the socially constructed chronology of age, the transitional nature of adolescence. The construction of young people as being in transition suggests that they are, at least partially, still children. They become labelled as 'children having children', a phrase that emphasises their immaturity and presents a contradiction regarding their mothering ability (Koffman, 2012; Macleod, 2011; Pearce, 1993; Phoenix, 1993). The potential implications of these constructions are discussed in more detail later in this chapter.

Having explored the ways in which age is socially constructed and the implications of such constructions, I revisited the terminology I adopted at the beginning of the research. As explained earlier (p.17-21), the young women I spoke to during the consultation favoured the terms 'young women' and 'young mothers' rather than 'teenagers' and 'teenage mothers'. At the time I believed this was most likely due to the stigma and stereotypes associated with the terms 'teenager' and 'teenage mother', as revealed by Yardley (2008) and Bolzan (2005). Having considered constructions of age in more detail I now also consider that their choice of terminology may have been an attempt to align themselves with a more adult identity. The young mothers I spoke to during the consultation emphasised their adult role as a mother and said they no longer considered themselves to be a child or a teenager. However, I became aware that by constructing young mothers in this particular way, there was a risk that I could lose sight of the fact that some of the research participants were still legally children, highlighting the influence that constructions can have on research, policy and practice as well as on young people's everyday lives. I therefore strived to remain mindful of the complex positioning of the participants throughout the research, something that was aided by reflexivity⁵.

Before considering constructions of young motherhood in more detail I will briefly examine current teenage pregnancy rates in the UK to provide the context for the discussions in the remainder of this chapter.

⁵ The concept of reflexivity is discussed in detail on pages 97-100.

Young motherhood in context: Teenage pregnancy in the UK

Defining teenage pregnancy

There is currently no agreed consensus as to how teenage pregnancy is defined, classified and understood in the UK. Within policy and literature the term is used to refer to women becoming pregnant before they reach a particular age, however this age varies from 16 to 20 years. Further differences in definition arise depending on whether the term is used in relation to teenage conceptions or births and whether the classification is based upon a woman's age at conception or when she gives birth. On occasion the definition has been further complicated by including whether pregnancy was intended (NHS Health Scotland, 2010; Arai, 2009a). The way in which teenage pregnancy is defined impacts on both the recorded rates of teenage pregnancy and on data relating to the outcomes and consequences of these pregnancies. Significantly larger numbers of older teenagers (18 and 19 year olds) become pregnant than do younger teenagers and pregnancy in very young teenagers (under 15) is comparatively rare (Duncan et al, 2010; Beckinsale, 2003). In addition, there is evidence that pregnancy in younger teenagers is more associated with adverse outcomes such as preterm birth than in older teenagers (Cunnington, 2001).

At the outset of this research Government policy on teenage pregnancy was guided by New Labour's Teenage Pregnancy Strategy⁶ (TPS) (SEU, 1999; introduced in more detail on p.79-83). Arguably the most comprehensive approach to teenage pregnancy in history (Arai, 2009a), the original strategy document does not actually offer a definition of what constitutes a teenage pregnancy but presents a range of data relating to pregnancies in under 20s, under 18s and under 16s (SEU, 1999). The goals of the TPS, however, were targeted specifically towards under 18s and it is conception and birth rates for women aged 13 to 18 that have been used to monitor and evaluate its success (Department for Children, Schools and Families (DCSF) and DoH, 2010; SEU, 1999). In order to situate this research in relation to the TPS I have defined young mothers as those who conceived before the age of 18. As this is the age at which people legally become adults in the UK, applying this definition also enabled me to focus the research on young women who were still legally identified as children when they became pregnant.

Although I have defined teenage pregnancy / young motherhood in this way, the literature discussed within this chapter uses a range of classifications. When citing studies that have used a different definition of teenage pregnancy I have therefore specified this.

⁶ Since the election of the Conservative Government in 2010 there have not been any new strategies or policies that focus specifically on teenage pregnancy, therefore, when discussing the political context of teenage pregnancy, I have focused on the TPS.

Measuring teenage pregnancy

The teenage pregnancy rate refers to the number of women under a particular age becoming pregnant in a given year. In the UK this data is presented as the number of conceptions to under 18s and under 16s and also as the rate of conceptions per 1000 females under 18 (calculated using data from 15 to 17 year olds) and under 16 (calculated using data from 13 to 15 year olds) (Sheers, 2005). These statistics are published annually and, in recent years, have formed the basis for claiming the success or failure of the TPS.

There are, however, a number of caveats that must be taken into account when examining data about teenage pregnancy rates. Firstly, there are no UK-wide statistics available; the ONS collates data about births occurring in England and Wales, with data from Scotland and Northern Ireland being collected differently and recorded separately. In addition, the figures are compiled from birth registrations and abortion notifications, therefore conceptions resulting in spontaneous miscarriage or illegal abortion are not included within the statistics (Sheers, 2005). Actual conception rates are therefore likely to be higher than ONS data suggests. A further complication arises in the calculation of age at conception, as this is done by assuming a standard gestation at birth of 38 weeks (Sheers, 2005). Therefore, a small number of births occurring at earlier or later gestations will be misclassified (Shaw and Lawlor, 2007). Finally, Shaw and Lawlor (2007) have warned against using teenage pregnancy rates as the definitive source of data about teenage mothers and their children. They argue that the emphasis on birth and abortion data fails to take into account the number of teenage mothers currently living in the UK and prioritises pregnancy reduction over providing support to young parents.

In the absence of well-publicised, accurate information about the number of teenage mothers in the UK, public perception of teenage motherhood is that it is a problem of epidemic proportions. A recent survey of over 1000 British adults found that, on average, they believed the teenage pregnancy rate in under 16s to be 25 times higher than it actually is (Ipsos MORI, 2013). The ways in which policy documents and media reports contribute to this opinion through the selective use of data is discussed at length in the following sections (p.74-90).

Despite the limitations of the ONS data on teenage conceptions it continues to provide the most comprehensive quantitative data on UK teenage pregnancy rates over time. Using this data we can examine how rates of teenage pregnancy have changed over time and begin to consider why it is only recently that teenage pregnancy has been considered a problem.

UK teenage pregnancy rates

In 2012 there were 27834 conceptions to under 18 year olds in England and Wales; a rate of 27.9 per 1000 women and the lowest level since comparable statistics were first collated in 1969 (ONS, 2014). The recent reduction in teenage conceptions has been attributed to the success of the Labour Government's TPS (Frances, 2011; Teenage Pregnancy Independent Advisory Group (TPIAG), 2010), introduced in 1999 when teenage pregnancy rates were 44.8 per 1000 women (ONS, 2009).

It could be assumed that the political concern about teenage pregnancy was in direct response to rising teenage pregnancy levels. Indeed, at the time the TPS was published many media reports suggested that teenage pregnancy in the UK had reached epidemic proportions, that rates were rising relentlessly and that the problem needed an urgent solution (Arai, 2009a). Whilst it is true that Britain did, and still does, have rates of teenage pregnancy higher than other Western European countries, what was not mentioned was that, when the TPS was implemented, conception rates for under 20s, under 18s and under 16s were all lower than they had been the previous year (Arai, 2009a).

In England and Wales the highest recorded rates of both conceptions and births to women aged 15-19 actually occurred in 1971 when the conception rate was 63.1 per 1000 women and the birth rate 50.6 per 1000 women; more than double the current rates (Wellings and Kane, 1999). Between 1970 and 1995 the teenage pregnancy rate actually fell by 43%; a fall significantly greater than achieved during the implementation of the TPS and in the years since (ONS, 2014; TPIAG, 2010; Lawlor and Shaw, 2004). Interestingly, the SEU report on Teenage Pregnancy (1999) only presents teenage pregnancy data from 1974 onwards when there had already been a significant drop in conceptions since 1970. This has the effect of representing teenage pregnancy rates as relatively consistent in the twenty years prior to the report and is employed as evidence of a lack of progress in reducing teenage pregnancy rates.

Since the implementation of the TPS there has been even greater focus on the short-term, minor fluctuations in teenage pregnancy rates, with the media immediately hailing interventions a success or failure based upon year on year changes in conception rates. Arai (2009a) has warned against this approach when evaluating the effectiveness of interventions as small, short term changes may be incorrectly interpreted as success when they are simply the result of random statistical variation. Similarly, an increase in the crude numbers of teenage conceptions may not be reflected in the actual rate of teenage conceptions per 1000 but, presented as raw data, may be used as further 'evidence' of a rising teenage pregnancy rate. The way in which data is presented by policy makers

and, perhaps more importantly, by the media can have a considerable impact on the way that teenage pregnancy is viewed by the general public.

One comparison that is not included in the TPS report (SEU, 1999) is a comparison of under 18 fertility rates and the fertility rates of older women. Lawlor and Shaw (2007) and Moran (2000) have made this comparison and identified that the fluctuations in teenage pregnancy rates generally reflect fluctuations in overall birth rates for women of all ages and that, contrary to popular belief, there has not been an explosion in births to teenage mothers in recent years. They conclude that alarmist claims about rising teenage pregnancy rates are therefore based on selective comparisons. When teenage conceptions are presented in relation to the overall conception rate they represent under three percent of all conceptions (ONS, 2012)

I shall now examine the ways in which such data are used to construct teenage pregnancy as a political, health and social issue and consider the potential effects that such constructions may have upon young mothers' own narratives.

The construction of teenage pregnancy and motherhood

Burr (2003) defines constructions as common ways of understanding a particular issue; they are socially, historically and culturally situated. Teenage pregnancy is overwhelmingly constructed as problematic. Heiner (2002) suggests that when an issue is defined as a social problem, research evidence is used to 'prove' why this is the case and, thus, the socially constructed understanding becomes accepted as fact and is rarely questioned. However, he notes that social problems are often defined as such by those with most power in society, with evidence used selectively in order to support the construction. This is something that I will explore throughout this section, highlighting the ways in which teenage pregnancy and motherhood are constructed in the UK and how research evidence is used to support these dominant constructions.

The idea that teenage pregnancy is a socially constructed problem is not a new one; it was first introduced by Murcott (1980) and has been a constant feature of academic debate about teenage pregnancy since (Arai, 2009a). Considering teenage pregnancy as a socially constructed problem does not mean to say that it does not exist or may not be problematic; rather, that the representation of the problem may be out of proportion and the term itself has come to embody a complex set of meanings other than referring simply to the age of a pregnant woman. Arai (2009a) states that in the absence of alternative narratives the phrase 'teenage pregnancy' has become shorthand for social pathology. She suggests that teenage pregnancy is constructed as particularly problematic because of the nature of the issues it encompasses, including beliefs about teenage

sexuality; the notion of childhood innocence; concerns about welfare dependence; problem neighbourhoods; parenting abilities; and the intergenerational transmission of disadvantage. She states, therefore, that: *“there can be few other issues able to lay claim to touching so many raw nerves”* (Arai, 2009a, p.110). The British media, in particular, draw upon these related anxieties and, through the use of powerful emotive language and exceptional cases, present a partial picture of teenage sexuality and pregnancy (Hadfield et al, 2007). The majority of reporting about teenage pregnancy in the UK dramatically overstates the extent and nature of teenage pregnancy, focuses on sensationalist cases and portrays teenage parents as feckless, amoral and ignorant (Macvarish and Billings, 2010; Pett, 2010; Arai, 2009a, Duncan, 2007; Beckinsale, 2003; Selman, 2003). The construction of teenage pregnancy and parenthood in this way is, however, not limited to the media; teenage motherhood has also been constructed as problematic within medical and social science research (Breheny and Stephens, 2010; 2007) and UK Government policy (Rudoe, 2014; Duncan, 2007). Bute and Russell (2012) argue that constructions of young parents are gendered, with young mothers generally being held responsible for the perceived social transgression of teenage pregnancy and young fathers remaining invisible.

The construction of teenage pregnancy as a political, health and social issue shapes the narratives⁷ used to make sense of this perceived social transgression. Teenage pregnancy is discussed in the context of epidemics and risks (Wong, 1997). By constructing teenage pregnancy as problematic, teenage mothers become problematic. Luttrell (2011) argues that narratives of teenage motherhood position it as something that happens to a particular ‘type’ of girl, often reflecting class and racial stereotypes. Young mothers are held responsible for their pregnancies and constructed as deviant; ‘bad’ girls in relation to respectability and social worth (Bute and Russell, 2012; Luttrell, 2011). Within the good/bad mother dichotomy⁸ young mothers are constructed as unsuitable mothers, having defied normative expectations about sexuality, reproduction and motherhood (Wilson and Huntington, 2005). These narratives influence how young women make meaning of their pregnancies and construct their own stories which, according to Luttrell (2011, p.302). *“are far more complicated and nuanced than those that circulate in public discourse”*. There are limited narratives available that enable young mothers to challenge the dominant constructions of themselves; their own stories often seek to justify their decisions about motherhood and provide evidence that they are not a ‘typical’ teenage mother but a good mother whilst simultaneously acknowledging the disadvantages of young motherhood (Kirkman et al, 2001).

⁷ See p.121-123 for a discussion of the terms ‘narrative’, ‘available narratives’ and ‘dominant narratives’

⁸ This concept is discussed in more detail on p.208-212.

The dominant narratives of teenage pregnancy may be particularly difficult to negotiate when a young mother is experiencing relationship abuse and they may even contribute towards maintaining her in an abusive relationship. Two UK studies have explored young mothers' experiences of relationship abuse and the participants in these studies revealed that fear of stigmatising or judgemental attitudes had a direct impact on their decision to seek help and whether to remain in or end the relationship (Wood et al, 2011; Goddard et al, 2005). Whilst there are a number of factors women consider when deciding to leave an abusive relationship, for the young mothers in Wood et al (2011) study, one of the main barriers to leaving a violent partner was their concerns about how they would be viewed by wider society. Proving to others that they were not social 'failures' and were in successful and stable relationships was extremely important as it enabled them to distance themselves from the dominant construction of a teenage single mother. The way in which teenage pregnancy and motherhood are constructed can therefore have a significant impact upon young mothers' lives. I will now examine the specific ways in which teenage pregnancy is constructed as a political, health and social issue.

As a political issue

In recent years there has been increasing government attention directed towards reducing the numbers of teenagers becoming parents (DCSF and DoH, 2010; SEU, 1999; HM Government, 1992). Government intervention is justified on the basis of halting the cycle of social decline repeatedly cited as being triggered by teenage parenthood (Duncan et al, 2010; Arai, 2009a; Yardley, 2008; Breheny and Stephens, 2007; Duncan, 2007; Hadfield et al, 2007). However, both Macleod (2011) and Arai (2009a) assert that only in the last two decades of the 20th century has teenage childbearing been considered an issue of political concern. Historically, the marital status of a mother was considered significantly more important than her age and, even then, illegitimate pregnancy was considered to be a private matter to be dealt with by families; its implications personal rather than political (Koffman, 2012; Macleod, 2011; Arai, 2009a; Duncan, 2007; Wong, 1997).

It was the Conservative Governments of the 1980s and 1990s that first placed teenage pregnancy on the UK political agenda, with concerns expressed about the erosion of traditional family values and the economic burdens that single mothers placed on society (Isaac, 1994). The Health of the Nation policy (HM Government, 1992) included an aim to halve the number of conceptions to under 16 year olds by the year 2000; however, in the absence of any significant initiatives to support this aim, it became one of many targets that the policy failed to achieve (DoH et al, 1998). Arguably, it was the

election of the New Labour Government in 1997 that cemented teenage pregnancy's location firmly on the political agenda (Arai, 2009a).

New Labour attempted to approach teenage pregnancy in a less condemnatory way than had the previous Conservative government; linking it not with personal immorality and recklessness but with social inequalities, suggesting a collective responsibility towards tackling the issue (Arai, 2009a; Daguerre, 2006). As part of its commitment to reducing social exclusion the government created the Social Exclusion Unit, one of its tasks being to produce and implement a national teenage pregnancy strategy (TPS). In 1999 the SEU published its pivotal document "Teenage Pregnancy". Against a backdrop of statistics emphasising the high number of young women becoming pregnant and the deleterious effects of teenage parenthood, the report suggested three factors contributing to teenage pregnancies: low expectations, ignorance and mixed messages. Underpinning all of these factors was the notion that *"teenage pregnancy is often a cause and a consequence of social exclusion"* (SEU, 1999, p.17). The authors presented a comprehensive action plan to tackle the causes and consequences of teenage pregnancy, focusing on two main goals; to halve the rate of conceptions among under 18s by 2010 and to increase the number of teenage parents in education, training or employment as a way of reducing their risk of long term social exclusion (SEU, 1999). Throughout its ten year implementation the TPS achieved a 13.3% reduction in the under 18 conception rate, significantly less than the 50% reduction it had hoped for (TPIAG, 2010).

An examination of the TPS reveals the way in which teenage pregnancy was constructed by the Labour Government. The broad principle underpinning the strategy was that teenage pregnancy was a problem that required tackling. The magnitude of the problem was emphasised through the provision of statistics about the number of teenagers who become pregnant every year. However, the first figure to appear in the report is potentially misleading as it actually refers to the pregnancy rate for women under 20 (90,000), despite the strategy being targeted at reducing the pregnancy rate to those under 18. In doing this, rates are portrayed as significantly higher; Duncan et al (2010) estimate that around 80% of births to under 20s are to mothers aged 18 or 19. Presenting the data in this way may contribute to the public perception that teenage pregnancy rates are significantly higher than they actually are (Ipsos MORI, 2013).

A number of authors have questioned the evidence on which the TPS was based (see p.83-90) and suggested that the strategy itself has contributed to the construction of young parents as ignorant, ill-prepared for parenting and inherently disadvantaged (Rudoe, 2014; Macvarish and Billings, 2010; Arai, 2009a; Van Loon, 2008; Duncan, 2007). The language and tone of the report casts teenage parenthood in predominantly negative terms; Tony Blair's foreword refers to Britain's *"shameful*

record” of teenage pregnancy, suggesting that it leads to “*shattered lives and blighted futures*” and “*a cycle of despair*” in which teenage parents “*simply fail to understand the price they, their children and society, will pay*” (SEU, 1999, p.4). Throughout the report there is no discussion of any research findings that present positive experiences of young parenthood (see p.91-94). Despite attempting to frame teenage pregnancy within the context of social exclusion rather than personal morals and deviance, the solutions offered by the TPS focused on individual change; increasing knowledge of and access to contraception and providing support to teenage parents rather than on broader, structural solutions (Allred and David, 2010). Although the TPS acknowledged the role that social disadvantage plays within teenage pregnancy, it also constructed young people as irresponsible if they did not take the opportunities offered to them or make the ‘right’ decisions (Carabine, 2007).

The Labour Government’s strategy for tackling teenage pregnancy appears to equate to reducing the number of young people becoming parents. The initial TPS document (SEU, 1999) and subsequent evaluations (TPIAG, 2010; 2009; Teenage Pregnancy Strategy Evaluation, 2005) focus almost entirely on reducing teenage pregnancy rates, with very little attention being paid to the second target, that of reducing the social exclusion of teenage parents through increasing support and access to education, training or employment (Duncan et al 2010; Arai, 2009a; Van Loon, 2008; Duncan, 2007; Shaw and Lawler, 2007; Graham and McDermott, 2005). The final evaluation of the TPS makes no mention of this target (TPIAG, 2010) and, in a report about how to build on the TPS in the future, only one out of seven chapters focuses on support for teenage parents and their children (DCSF and DoH, 2010).

It may be that the political emphasis on pregnancy prevention rather than support for young parents represents an attempt to focus on the area of greatest public concern. Public money spent reducing the teenage pregnancy rate is arguably more palatable to voters than money spent on initiatives to improve outcomes for young parents and their children, which are often misrepresented by the press (Ferguson and Frame, 2007; Hampson, 2006). However, Van Loon (2008) has questioned the cost effectiveness of focusing on pregnancy prevention rather than support, claiming that in the initial five years of the TPS every pregnancy that was prevented cost the UK Government £4623, more than two and a half times the estimated cost of a single teenage conception (£1814).

A number of authors (Allred, 2011; Arai, 2009a; Duncan, 2007) have argued that the TPS focus on reducing conceptions is based on an assumption that teenage pregnancy is a result of young people’s lack of knowledge about, and access to, contraception; referred to as “*ignorance and mixed messages*” (SEU, 1999, p.7). Solutions therefore focus on increasing contraceptive use, a comparatively cheaper, easier and more visible remedy than tackling the widespread social

disadvantage associated with alternative explanations (Arai, 2009a; Duncan, 2007). However, a meta-analysis of pregnancy prevention strategies has found very little support for this approach; none of the interventions tested in 26 randomised controlled trials delayed initiation of sexual intercourse, improved use of contraception or reduced pregnancy rates (DiCenso et al, 2002). In contrast, Harden et al's (2009) systematic review of interventions that aimed to address social disadvantages in order to reduce teenage pregnancy rates found that teenage conception rates were 39% lower in individuals who had received some form of social intervention.

By focusing on ignorance as an explanation for teenage pregnancy, young women who become pregnant despite improvements in contraceptive education and access to services are constructed as uninformed and irresponsible and, therefore, potentially ill-equipped for parenthood. Arai (2009a; 2003) and Daguerre (2006) argue that the TPS has produced a limited, one-dimensional view of teenage pregnancy which serves to stifle other potential understandings of the issue and may actually have limited its success. Relying on increased knowledge of and access to contraception as the solutions to reducing teenage pregnancy assumes that all teenage pregnancies are unwanted or unplanned, which is rarely the case (MacIntyre and Cunningham-Burley, 1993). In addition, this approach fails to take into account other factors that may influence young women's use of contraception, such as control, coercion and contraceptive sabotage by an abusive partner (Wood et al, 2011; Coy et al, 2010).

I will now examine the ways in which teenage pregnancy is constructed both as a health and a social issue. These understandings were central to the TPS and contribute to public perceptions of teenage pregnancy and motherhood as problematic. However, I also present an alternative argument; that the adverse outcomes often associated with teenage pregnancy and parenthood are not necessarily a direct result of young maternal age but are more likely to be a consequence of pre-existing social exclusion.

As a health issue

"Well-publicized conventional wisdom continues to hold teen childbearing to be, in all cases and in every aspect, an antisocial act, and an important public health problem"

(Geronimus, 2004, p.157)

Presenting its argument for the need to tackle teenage pregnancy, the TPS (SEU, 1999) cites the detrimental consequences of teenage childbearing on the health both of young mothers and of their children. The report states that younger pregnant women are at increased risk of obstetric complications and postnatal depression, in part due to increased rates of smoking, late presentation

and reduced attendance for antenatal care. The SEU (1999) highlights research that has found that babies born to teenage mothers are more likely to be a low birth weight, less likely to be breastfed, more likely to suffer accidents and burns and twice as likely to be admitted to hospital with gastroenteritis than babies born to older mothers. In addition, it is suggested that the mortality rate for the babies of teenage mothers is 60% higher than that for babies of older mothers. The report presents a convincing argument that teenage pregnancy is a significant health issue. However, there is an increasing body of evidence that suggests that the health consequences that are associated with teenage childbearing are less to do with maternal age and more likely to be a result of pre-existing social disadvantage.

A number of studies have found that teenage pregnancy is associated with adverse health outcomes for young mothers and their babies, including antenatal anaemia, infection, preterm birth, low birth weight and low Apgar scores in newborn babies (Ganchimeg et al, 2014; Omar et al, 2010; Khashan et al, 2010; Gupta et al, 2008; Chen et al, 2007; Jolly et al, 2000; Fraser et al, 1995). These risks have been found to increase with decreasing maternal age and to be greater in mothers having their second child than their first (Khashan et al, 2010; Reime, 2008; Phipps and Sowers, 2002; Smith and Pell, 2001; Fraser et al, 1995; Blankson et al, 1993). Conversely, some studies have actually identified better outcomes for younger mothers, particularly in relation to reduced rates of obstetric interventions such as induction of labour, use of epidural anaesthesia, instrumental delivery and caesarean section than older mothers (Gupta et al, 2008; Smith and Pell, 2001; Jolly et al, 2000). However, this potential advantage of early childbearing rarely appears in literature and policy and is notably absent from the TPS (SEU, 1999).

As with all research, it is important to take into account the context in which a study was carried out when interpreting and using the findings. For example, the large multi-country study by Ganchimeg et al (2014) was carried out in less economically developed countries; therefore the results may not be transferrable to the UK. In addition, studies that explore outcomes associated with teenage pregnancy are not always statistically significant once confounding variables are controlled for (Khashan et al, 2010; Gupta et al, 2008). In the studies cited above the confounding variables taken into account include smoking, alcohol use, the amount of antenatal care received, educational level, marital status, body mass index (BMI) and ethnicity (Khashan et al, 2010; Chen et al, 2007; Jolly et al, 2000; Fraser et al, 2000). However, only Khashan et al's (2010) research specifically controlled for social deprivation. The ways in which socioeconomic factors are defined and controlled is likely to have an impact on findings and, therefore, on conclusions as to whether negative outcomes are as a result of maternal age or of other factors.

Cunnington (2001) has highlighted the limitations in the methods used within most studies of teenage pregnancy, including a failure to discriminate between teenagers of different ages. He carried out a systematic review of teenage pregnancy studies and concluded that the increased risks associated with young maternal age were “*predominantly caused by the social, economic and behavioural factors that predispose some young women to pregnancy*” (p.36). However, he notes that for teenagers under 16 there does appear to be a “*very real*” (p.40) increased risk of preterm birth and an associated increase in neonatal mortality and low birth weight babies. This, he suggests, in conjunction with socioeconomic factors, results in the most socially disadvantaged young women who become pregnant the youngest being disproportionately more likely to have a very preterm birth. When teenagers are classed as a homogenous group and compared with older mothers the outcomes of a small number of very young mothers may skew results considerably.

As well as considering obstetric outcomes in relation to age at childbearing, a number of studies have also examined the longer term health effects of teenage pregnancy and parenthood. As stated earlier, the TPS report cited worse outcomes for the children of teenage mothers in relation to accidental injuries and mortality rates in the first three years of life (SEU, 1999). This finding was upheld in a later briefing report by the Teenage Pregnancy Unit detailing the long term consequences of teenage childbearing (Berrington et al, 2007). Using longitudinal data this research identified that mothers who had given birth in their teenage years⁹ were more likely to be experiencing physical or psychological ill health at age 30 and their children were at higher risk of experiencing behavioural problems. The authors acknowledged the associations between these findings, suggesting that the higher rates of accidents and of behavioural problems were related to an increase in the number of mothers suffering with anxiety and depression rather than to maternal age alone. Indeed, they note that in relation to health outcomes there was little difference between teenage mothers and those who delayed childbearing until their early twenties. Whilst the report therefore recognised the potential effects of socioeconomic factors on outcomes, it still concluded that young parenthood was an independent pathway towards these negative outcomes (Berrington et al, 2007).

Berrington et al’s (2007) report is based on two datasets; the 1970 British Birth Cohort Study, which is following up approximately 15,000 individuals born in April 1970 and the Avon Longitudinal Study of Parents and Children (ALSPAC), which is a study of around 10,000 children born in 1991 and 1992. A potential criticism of this report, therefore, is that it was based on data collected from children born at least 15 years prior to the report’s publication. Whilst this is always a factor in longitudinal

⁹ In this report teenage parenthood was defined as mothers aged 19 or younger and fathers aged 22 or younger

research, it is questionable how applicable these findings are to the present day when social, cultural and economic conditions are arguably very different from those in the 1970s.

Moffitt and the E-Risk Study Team (2002) have reported similar findings to Berrington et al (2007) based on data from women who became mothers to twins in 1994-5. This study benefited from using a range of measures to assess the behavioural and emotional wellbeing of children rather than just parental report, which may be subject to reporting bias. They found that children of mothers who had been 20 or younger at the time of their first birth (which was not necessarily the children being studied) had higher rates of emotional and behavioural problems, illnesses, accidents and injuries. However, the authors acknowledged the complex interplay between the many socioeconomic and health disadvantages that the young mothers and their children faced rather than making assertions about cause and consequence.

From these studies it would therefore seem feasible to conclude that the children of teenage mothers fare worse in relation to behaviour, emotional wellbeing and educational attainment when compared to children of older mothers. However, when other factors such as socioeconomic status, family background, maternal depression, marital status and race are controlled for, these effects largely disappear (Shaw et al, 2006; López Turley, 2003; Gueorguieva et al, 2001). The authors of all three of these studies conclude that although maternal age would initially appear to have a negative impact on behavioural, emotional and educational outcomes for children, this is largely or wholly attributable to socioeconomic factors rather than to age. Shaw et al (2006) found no association between maternal age and physical health outcomes when children were 14. However, children from poorer backgrounds were more likely to report poor health, have asthma and have been admitted to hospital more than twice, suggesting that socioeconomic factors have a greater impact on children's health and wellbeing than does maternal age.

The construction of teenage motherhood as a health issue is, therefore, not as straightforward as it would initially appear. The dominant narrative that young motherhood invariably leads to a range of health problems for both mother and child(ren) is contradicted by evidence that suggests socioeconomic factors play a significantly more important role in determining long-term outcomes than does maternal age. It could, therefore, be argued that any efforts to reduce teenage conceptions in an attempt to improve outcomes for children may be futile unless the socioeconomic inequalities associated with teenage pregnancy are tackled; delaying childbearing may still result in similar consequences for disadvantaged mothers and their children (Duncan, 2007).

Finally, one potential confounding factor that is persistently absent from all of the studies cited is relationship abuse. Relationship abuse is known to have a significant impact upon the health and wellbeing both of both women and of children (Hester et al, 2007). As discussed in the previous chapter, there is evidence to suggest that younger mothers experience high levels of abuse (Wood et al, 2011) therefore it may be beneficial for future studies to explore whether this plays a role in the association of young motherhood with negative health outcomes.

As a social issue

New Labour's TPS was underpinned by the argument that teenage pregnancy is both a cause and a consequence of social exclusion; the socioeconomic impact of young parenthood is cited as evidence of why teenage pregnancy matters (SEU, 1999). The TPS report (SEU, 1999) states that large numbers of young parents live in poverty, receive benefits, live in poor housing and experience relationship breakdown. There have been numerous research studies linking teenage motherhood with future economic and social disadvantage to varying degrees (Boden et al, 2008; Chevallier and Viitanen, 2003; Klepinger et al, 1999), however, as I will now discuss, the causal mechanisms behind any associations are unclear.

Moffitt and the E-Risk Study Team (2002) found that 5 years following the birth of their twins, mothers who had been 20 or under at the time of their first child's birth were more likely to be living in poverty, more likely to be a single mother, had experienced more relationship abuse and had fewer educational qualifications than women who had begun childbearing in their twenties. However, the authors of this paper suggest that there are two possible explanations for these findings:

"Firstly, it is possible that the individual characteristics of a young woman that contribute to her early pregnancy (e.g., an impetuous lack of plan-fulness) continue to influence the quality of her family life thereafter. Secondly, it is likely that apart from any individual characteristics of a mother, becoming a parent at an early age sets in motion a cascade of subsequent adverse events (e.g., truncated schooling) which prevents her from bettering her family's situation."

(Moffat and the E-risk study team, 2002, p.737)

Teenage motherhood is therefore understood as both a consequence and a cause of social exclusion.

Hawkes (2010) has used the Millennium Cohort Study (MCS) to follow up almost 19,000 families of children born in 2000 and 2001. Presenting the findings of the first seven years of follow up, Hawkes (2010) argues that teenage motherhood is a result of prior social disadvantage and any subsequent

difficulties that the children of teenage mothers experience emerge as a result of their mother's prior circumstances as opposed to her age. She proposes a need for a shift in policy towards tackling the social and economic causes of teenage motherhood rather than focusing simply on preventing pregnancy. She argues that strategies aimed at delaying childbearing in socially excluded young women would not necessarily improve outcomes for their children; the disadvantages they experience would remain, they would just be attributable to something other than maternal age (Hawkes, 2010; Goodman et al, 2004).

Both of these studies have been cross-sectional or longitudinal comparisons of older and younger mothers, with some controls for potential confounding variables. A limitation of these types of studies, however, is that no matter how many controls are applied, there are likely to be differences between the comparison samples that are not identified and accounted for. A number of studies have therefore attempted to use a natural experiment method in order to ascertain whether it is a mother's age that leads to poorer outcomes or the pre-existing social disadvantage that she experiences. Such methods include comparing women who had their first baby as a teenager with their sisters who had their first baby at a later age (Holmlund, 2005) and comparing mothers who had a miscarriage as a teenager with those who went on to have a baby (Hotz et al, 2005; Goodman et al, 2004). It is suggested that these methods can minimise the impact of potentially confounding variables better than simply adding in statistical controls (Wilson and Huntington, 2005). In studies that have employed these techniques the impact of maternal age on outcomes appears to be substantially reduced (Holmlund, 2005; Hotz et al, 2005; 1996; Goodman et al, 2004) and, in a review of a number of studies using these comparative methods, Hoffman (1998) concluded that the effects of having a baby as a teenager are much smaller than previously thought. More recently, Duncan (2007, p.315) evaluated a number of studies from the UK which have used these methods and reached a similar conclusion; that "*in itself, age of birth has little effect*".

In addition to the individual social consequences of teenage pregnancy, young mothers are often constructed as being an economic burden on society (Bute and Russell, 2012). However, this has also been challenged by researchers using natural experiment methods. Ermisch and Pevalin (2003) used the British Cohort Study to compare teenagers who had become mothers with those who had miscarried and found that teenage motherhood had little impact on the qualifications, employment or earnings of women at 30 years of age. Furthermore, a US study by Hotz et al (1996) concluded that the lifetime earnings of young mothers would actually decrease if they had delayed childbearing.

Holmlund (2005) and Hoffman (1998) have highlighted a number of limitations with even these methodologies, such as small sample sizes and the underlying assumption that comparison groups will share the same characteristics; they therefore urge caution when interpreting the findings. Hoffman (1998) states that one problem plagues all longitudinal studies into outcomes of teenage pregnancy; the demographic characteristics of the sample and the socioeconomic conditions in which studies are carried out are changing so quickly that findings may be of limited relevance once studies are completed and findings presented. For example, much of the data cited in the original SEU (1999) report originate from a cohort study of women born in 1958, therefore are of questionable relevance today.

Whilst there is widespread agreement that teenage pregnancy and poverty are closely associated (Imamura et al, 2007), it would appear that isolating the impact of maternal age is intrinsically challenging. Wilson and Huntington (2005) have suggested that there may never be an accurate measurement of the consequences of teenage childbearing and have questioned the over-reliance on quantitative data evident within policy. They suggest that, in the quest to produce rigorous evidence by controlling for any potential confounding variable, quantitative research compounds the pathologisation of young parents and produces a one-dimensional view of teenage childbearing. This can be seen within UK teenage pregnancy policy (SEU, 1999) and has contributed to the dominant construction of teenage pregnancy and motherhood in recent years (Wilson and Huntington, 2005).

An alternative perspective, however, emerges from qualitative research with young parents that attempts to provide an understanding of teenage childbearing from those who have experienced it. This chapter will now conclude with an examination of this body of work in which, rather than being problematic, young motherhood is constructed as positive and transformative.

Reconstructing teenage pregnancy: Listening to the voices of young mothers

This chapter has discussed how teenage pregnancy and motherhood are constructed through policy, research and the media. Teenage pregnancy is overwhelmingly portrayed as a health and social problem which has detrimental effects on parents, their children and society as a whole. I have highlighted the limitations of many of the quantitative studies on which these constructions are based; they often draw conclusions about the impact of maternal age without controlling for other potential confounding factors or accounting for pre-existing social disadvantage. However, even when strict controls are applied, quantitative research offers only a limited perspective on teenage pregnancy. The outcomes investigated within these studies are determined by researchers, often reflecting policy targets and dominant constructions. These outcomes, which are defined as being in

some way negative, may not necessarily be considered this way by young parents themselves. For example, studies that measure the impact of teenage pregnancy in relation to educational achievement or employment rarely take into account young parents' perspectives or ask about their aspirations prior to pregnancy (Alldred and David, 2010). It is not known, therefore, whether teenage motherhood itself places limitations on the opportunities available to young women in relation to education and employment or whether many would have chosen the same path in the absence of pregnancy.

Graham and McDermott (2005) suggest that the TPS was based upon a one-dimensional view of transition to adulthood, characterised by the linear progression through education to employment; a pathway that is constructed upon middle class values. Wilson and Huntington (2005, p.59) argue that this perspective contributes to the dominant constructions of young mothers:

“Teenage mothers are vilified, not because the evidence of poor outcomes for teen mothers and their children is particularly compelling, but because these young women resist the typical life trajectory of their middle-class peers which conforms to the current governmental objectives of economic growth through higher education and increased female workforce participation.”

One of the original TPS targets was for 60 percent of teenage mothers to return to education, employment or training (EET); however, Alldred and David (2010) have suggested that this figure is unrealistically high given that only around 40 percent of all first time mothers are in employment when their children are five years old. Therefore, the youngest and arguably most disadvantaged parents have higher expectations placed upon them in relation to EET than any other group. Qualitative evidence suggests that many young mothers prioritise caring for their children over employment and education. Alexander et al (2010) found that the young parents in their study were highly motivated towards education and employment as a means of providing for their children but this conflicted at times with their beliefs about caring for young children. For most of the parents in their study parenting was their priority whilst their child was young but they had aspirations and plans to return to EET when they felt it was appropriate for themselves and their child(ren). Focusing on an immediate return to EET for young mothers may, therefore, be an unrealistic target.

Evidence from qualitative studies therefore reveals an alternative perspective on young motherhood and has found that, for many young women, motherhood is seen as a route to social inclusion rather than a cause of social exclusion (Graham and McDermott, 2005; Beckinsale, 2003). Far from being trapped in a “*cycle of despair*”, as suggested by the SEU (1999, p.4), many young mothers report

positive experiences of motherhood and a determination to be 'good' mothers (Anwar and Stanistreet, 2014; Rudoe, 2014; Middleton, 2011; Alexander et al, 2010; Arai, 2009b; Graham and McDermott, 2005; McDermott and Graham, 2005; Seamark and Lings, 2004; Kirkman et al, 2001; see also p.214-218). The quotes from pregnant teenagers and young mothers in the SEU (1999) report are exclusively negative and contribute to the report's emphasis on teenage pregnancy as an issue that urgently needed to be tackled. However, these quotes contradict the findings of more recent qualitative studies in which the majority of young mothers report positive experiences of motherhood despite the challenges faced (Anwar and Stanistreet, 2014; Middleton, 2011; Macarvish and Billings, 2010; Arai, 2009b). Whilst it is acknowledged that this may not be the case for all young mothers, neither is it the case that teenage motherhood is inherently catastrophic.

A common finding within qualitative studies is that for many young women who are already facing significant difficulties in their lives, motherhood provides an impetus for change and fosters aspirations for the future (Anwar and Stanistreet, 2014; Middleton, 2011; Alexander et al, 2010; Arai, 2009b; Coleman and Cater, 2006; Knight et al, 2006; Graham and McDermott, 2005; Seamark and Lings, 2004; Kirkman et al, 2001; Hanna, 2001; SmithBattle, 2000; 1995). Similar to the findings of quantitative studies, qualitative research has revealed the pre-existing disadvantage experienced by many young mothers but provides an alternative explanation for motherhood in the context of such disadvantage; that for some young women motherhood is seen as an active and purposeful way to strive against the difficulties they face and to secure a valued adult identity (Anwar and Stanistreet, 2014; Graham and McDermott, 2005; SmithBattle, 2000). Duncan (2007) states that for some young people, teenage parenthood simply makes sense within their life worlds and argues that by pathologising this particular life course there remain few alternative options for disadvantaged young people.

It has been suggested that Government policy on teenage pregnancy should take into account qualitative research that provides an understanding of teenage parenthood from the perspective of teenage parents themselves (Anwar and Stanistreet, 2014; Duncan, 2007; Graham and McDermott, 2005). This could go some way towards challenging negative constructions of teenage pregnancy; however, given the dominance of these constructions, it seems unlikely that a political party will put forward a policy that takes a more favourable view of young motherhood. Research that listens to the voices of young mothers and challenges dominant constructions is therefore crucial in order to foster a more balanced portrayal of young motherhood.

Arai (2009a) and Beckinsale (2003) have argued that it is almost impossible for young mothers to challenge negative constructions of themselves as they are powerless politically, economically and

socially. Research is potentially one way to provide young mothers with an opportunity to do this. It is for this reason that I have adopted a methodology that specifically focuses on hearing women's voices and exploring the intersections between personal and public narratives. Such is the prominence of the construction of teenage pregnancy as problematic that young mothers have limited alternative narratives on which to draw upon when telling their own stories. One of the aims of this research is, therefore, to explore how young mothers' stories reflect or contest public narratives about teenage motherhood.

Summary

This chapter has explored the ways in which teenage pregnancy and motherhood have come to be constructed as a political, health and social issue within the UK. These dominant constructions position young parents as irresponsible and ill-prepared for parenthood; the future outlook for themselves and their children is portrayed as overwhelmingly negative. Such constructions are supported by evidence from quantitative research, however, there are a number of limitations to these studies and it is argued that, when used alone, this evidence presents only a partial picture of teenage motherhood. An alternative perspective comes from qualitative research that listens to young mothers' own stories and has found that, rather than being a negative experience, for many young women motherhood is considered to be a positive change that provided the motivation to improve their lives. Such research is valuable as it challenges the dominant narrative of teenage parenthood; however, it rarely appears in policy documents or media reports on the issue.

This study aims to add to the growing body of evidence that examines teenage motherhood from the perspective of those who have experienced it. By asking young mothers who have experienced relationship abuse to tell their stories I hope to gain a unique perspective on teenage motherhood. The following section details the theoretical underpinnings, methodological perspective and methods used throughout this study, ending with a discussion of some of the specific challenges encountered during the research.

Section Two: The Research Practices

This section presents the theory and practices of the research. Chapter Four introduces the theoretical and methodological framework, beginning with an overview of the concept of reflexivity, a central feature of my research practice. As part of my commitment to reflexivity I then present some of my own stories that have influenced and been influenced by my research journey. I continue by discussing the social constructionist and feminist epistemologies that have shaped the way I approached and designed the study, before concluding with a discussion of the narrative methodology espoused within the research.

Chapter Five details the ways in which the research was carried out; from the identification and recruitment of participants through to the interpretation of data aided by the Listening Guide. Whilst this chapter is presented in a relatively linear way as a series of distinct phases, I acknowledge that the actual research process was rather more messy and complex. In Chapter Six I therefore address some of the challenges I encountered during the research, including difficulties recruiting participants and the complexities that arose when working with gatekeepers. I consider the term 'sensitive' research and reflect on the implications of defining research topics as sensitive. The chapter concludes by presenting an ethical dilemma I faced during the course of the research and I argue that experiences such as this highlight the need for an individualised approach to research ethics that values the agency of participants and recognises their ability to maintain their own safety and wellbeing to some degree.

Chapter Four: Theoretical and Methodological Foundations

Introduction

This chapter outlines the main theoretical concepts that underpin the research and explains how they shaped the methodological decisions made. I begin by locating myself within the research, highlighting the centrality of reflexivity, before presenting a reflexive account of my own story/stories. In doing this I aim not only to offer a level of transparency about some of the ways in which my own history, identity and experiences influenced the ways in which I approached and conducted the research but also to reflect on how the research impacted on me. By demonstrating the interconnectedness of the researcher with the research I emphasise the situated, contextual and constructed nature of knowledge production.

Building upon this, the chapter continues with an overview of the epistemological perspectives that are central to the research - social constructionism and feminism. Once again, these discussions aim to provide clarity about the ways in which my theoretical orientation has shaped both my understandings of the subjects under investigation and how I have approached researching them.

The final section of the chapter details the methodological journey I have taken, discussing why a narrative methodology was considered to be the most appropriate before explaining some of the specific ways I have understood, interpreted and used the term 'narrative' within this study. I provide some background to the specific method of data analysis I used, the Listening Guide, and orientate this theoretically to the subject matter and methodology of this particular study. The subsequent chapter then builds upon these discussions to provide a more detailed explanation of the ways in which data were generated and analysed.

Reflexivity

The emphasis on reflexivity in research has increased over the last forty years and it is now considered a distinctive feature of qualitative research (Tindall, 1994). Finlay (1998) argues that it should be an essential component of all research whether qualitative or quantitative. Reflexivity is defined by Finlay and Gough (2003, p.ix) as:

“Thoughtful, self-aware, analysis of the intersubjective dynamics between researcher and the researched. Reflexivity requires critical self-reflection of the ways in which researchers’ social background, assumptions, positioning and behaviour impact on the research process. It demands acknowledgment of how researchers (co-)construct their research findings.”

The concept of reflexivity is embedded within a constructionist epistemology that recognises that all knowledge claims are socially, culturally and historically located and knowledge production will always be partial, provisional and perspectival (Mauthner and Doucet, 2003). Positioned in opposition to the positivist emphasis on objectivity, reflexivity is a way of acknowledging the inevitable impact the researcher has on the research process (Finlay, 2002a). The researcher is considered central to the research process, having a significant influence over the selection of the research topic, construction of the study aims, choice of methodology and generation, interpretation and presentation of data (Finlay, 2002b; Sword, 1999). Finlay (2003, p.5) states:

“Research is co-constituted – a joint product of the participants, researcher and their relationship. We realise that meanings are negotiated within particular social contexts so that another researcher will unfold a different story. We no longer seek to abolish the researcher’s presence – instead subjectivity in research is transformed from a problem into an opportunity.”

Reflexivity has therefore emerged as a way to situate knowledge claims and increase the integrity and trustworthiness of research. However, Finlay (2003) and Gough (2003) caution against using reflexivity to provide a confessional account of research in an attempt to provide a ‘truer’ version and thereby increase validity, as this may unwittingly reproduce positivist discourses of objectivity and truth seeking. Instead, reflexivity should be a continuous endeavour, enabling the researcher to gain insight into their role within knowledge production and shape and transform the research as it is being undertaken (Underwood et al, 2010; Gough, 2003; Finlay, 2002a). This approach to reflexivity ensures that research benefits from the researcher’s critical analysis as it progresses, rather than it just being used as a way to highlight the potential influences on the research after the event. Mosselson (2010) suggests that this approach to reflexivity highlights ethically important moments in the research that ultimately enhance the quality of the process and the data.

Whilst the broad definition of reflexivity is relatively consistent and its benefits widely acknowledged, the ways in which reflexivity is interpreted and carried out are myriad, leading Gough (2003) to suggest that a more appropriate term would be ‘reflexivities’. A number of typologies of reflexivity have been published that highlight the different variants of reflexivity and their relationship to different research traditions (Finlay, 2002b; Freshwater and Rolfe, 2001). My own approach to reflexivity has been shaped by the work of Wilkinson (1988) and that of Mauthner and Doucet (2003) who offer a broader understanding of reflexivity comprising of elements related to the researcher’s personal biography, their relationship to the research and their epistemological and ontological positioning.

In her early paper on reflexivity in feminist research Wilkinson (1988) outlines three elements of reflexivity; personal, functional and disciplinary. She suggests that personal and functional reflexivity are inextricably linked. Personal reflexivity refers to the researcher's own identity and how this is expressed within the research. Functional reflexivity raises epistemological questions from "*the other side of the coin*" (p.495) by considering how research is shaped by our values, ideologies, life experiences and circumstances and how methods and decisions influence knowledge production. Wilkinson (1988) argues that, for feminist researchers in particular, attention to functional reflexivity should involve continuous assessment of how effectively their research fulfils feminist objectives (see p.112-118). The final form of reflexivity that she discusses is disciplinary reflexivity, defined as the influence that particular disciplinary traditions may have upon research practices. These three forms of reflexivity are not intended to be considered in isolation but together enable researchers to consider a range of factors that may influence their research.

Similarly, Mauthner and Doucet (2003) have also suggested a multifaceted approach to reflexivity, encouraging researchers to consider their social location and emotional responses to participants; their academic and personal biography; the institutional and interpersonal contexts in which the research is carried out; and the ontological and epistemological assumptions of both themselves and the methodologies employed. This thorough and comprehensive framework ensures that reflexivity goes beyond a simple consideration of how decisions made by the researcher impact upon the research to consider the epistemological and ontological concepts that inform these decisions (Doucet and Mauthner, 2005).

In this study reflexivity was practised throughout, from scrutinising the decisions made when planning and designing the research through to critically analysing how I presented the data and represented the participants. Reflexivity was an iterative process and the ways in which I used it changed and developed over time. I initially found reflexivity to be particularly valuable when considering my encounters with research participants and questioning how my assumptions, values, feelings and opinions may have impacted upon data generation and analysis. However, as the research progressed so too did my approach to reflexivity as I examined the ontological and epistemological assumptions inherent within the research methods and approach to data analysis and considered to what extent I was able to represent participants' voices (discussed further throughout this chapter).

Whilst reflexivity was an integral part of the research process and I adopted a comprehensive and thorough approach to 'doing reflexivity', it is important to acknowledge that reflections are only ever partial and temporal. Bishop and Shepherd (2011) and Mauthner and Doucet (2003) argue that no

matter how reflexive we attempt to be as researchers, there will always be insights and influences that we are unaware of. For example, whilst we can consider ways in which we think that we may have impacted upon our participants, we will never really know how we are perceived by them and how and to what degree this affects their contributions to the research. In addition, it may be difficult to fully recognise the forces that influence the choices made by researchers regarding the research subject, theoretical orientation and study design. Bishop and Shepherd (2011) therefore argue that, whilst reflexivity helps us to better understand the co-created, situated nature of research, researchers have an ethical obligation to acknowledge that any reflexions are also reconstructed versions and, as such, are partial; we can never fully capture our role in data production.

My journey, my stories

Although I have continually engaged in reflexivity during the research process, something that is reflected throughout this thesis, I now present a reflexive account of some of my own stories as an example of personal and functional reflexivity (Wilkinson, 1988). I have attempted to do this in a way that is not self-indulgent and does not detract in any way from the women's stories that are the focus of this thesis but that highlights some of the ways in which I, as the researcher, influenced the research.

Writing an account of myself in this way has raised a number of issues worthy of consideration. The provision of biographic details such as gender, age, nationality, race, class and sexual identity is a relatively common way for researchers to position themselves in relation to their research and to the participants they are researching (Griffith, 1998). However, the use of such labels could be viewed as essentialist, with the suggestion that these categories are in some way fixed, stable, homogenous and universally understood. This perspective conflicts with the social constructionist epistemology espoused within this research and I have therefore chosen not to define myself in this way here. In addition, I chose not to collect any demographic details about participants except for their ages. I acknowledge that there were likely to have been many differences between myself and the participants in relation to our biographies and social locations. However, I concur with Griffith (1998) and Lewin (1995) who argue that researchers should not make claims about the authenticity of their research based simply on their biography and a presumption of a shared identity. Rather, they argue for an understanding of knowledge production as situated and relational. Knowledge is constructed in relation to, and with, others; any shared identity depends upon the individual meanings ascribed to particular forms of identity. Griffith (1998, p.374-375) argues that social

context and relations of power and privilege must also be taken into account when locating oneself within the research:

“The researcher is always located somewhere. Her knowledge is situated in particular sets of social relations. But that is the beginning of the research story and not the end... A theory of knowledge grounded inside social boundaries is simply not sufficient. It is embedded in a static conception of social difference, assuming that gender, race, history and sexual preference are socially immutable.”

I have therefore aimed to provide a broader discussion of some of the factors that I consider to have influenced the ways in which I carried out the study in order to acknowledge my own presence within the research and situate the knowledge claims made within this thesis. I am aware that these reflexions are only one interpretation of myself, at a particular time and presented for a particular purpose. I acknowledge the concerns of Downs (2009, p.22) who states that:

“By inscribing my researcher identity as words on the page the impression is given that it is fixed, stable, knowable and express-able.”

My own stories are therefore presented with the caveat that they too are partial, situated, temporal, and multifaceted.

I begin with a consideration of the ways in which my professional background and experiences brought me to this research and shaped the initial aims and methodological decisions. I initially considered this to have had the greatest influence on the research and earlier versions of ‘my story’ were therefore limited to a discussion of my professional identity and how this had impacted upon my motivation for, and approach to, the research. However, reflecting on Downs’ (2009) and Skeggs’ (2002) criticism of researchers who provide a singular version of their identity, I was able to identify a much more complex relationship between myself and the research, revealing multiple other ways in which I influenced the study. The research process was a constantly evolving one in which both the study and I myself were further shaped by experiences as they emerged. I now offer my stories.

I have been a qualified midwife since 2004. During this time I have worked in three NHS Trusts in a variety of roles, providing care to women throughout the childbearing continuum. Throughout my career one thing has remained constant; I have encountered women experiencing domestic abuse. I have been lucky enough to work with informed, experienced, passionate, feminist practitioners who enabled me to combine my enthusiasm with knowledge and understanding and to develop into a competent, confident practitioner. Whilst the professionals I have worked with have undoubtedly

contributed towards my knowledge, understanding and perspective regarding domestic abuse issues, it is the abused women I have met during my career to whom I am truly indebted. Each and every woman with whom I have come into contact has taught me something new; far beyond what I would have learnt from books and teaching alone. They have told stories and shared experiences that have opened my eyes, heart and mind to the realities of living with abuse, something that I have no first-hand experience of. It is my experiences in practice that initially forged my interest in doing research in this area and they have continued to shape the research since.

Wilkinson (1988) and Maso (2003) suggest that the personal interests and values of researchers often determine the subject matter they choose to study; this has been the case for me. My professional background has meant that I am particularly interested in how the research findings could be used to increase knowledge and awareness for a range of practitioners, not just midwives; improving the support provided for mothers experiencing relationship abuse will always remain a priority for me. I have experienced first-hand the negative attitudes that are sometimes directed at young mothers who are in abusive relationships and the tendency for professional assumptions to be prioritised over the voices of young women themselves. My practice experience had revealed that, as with the findings of previous research (Bacchus et al, 2003; Abbott and Williamson, 1999; Peckover, 1998), health and social care professionals often lacked insight into the complexity of women's situations; I was regularly asked "why doesn't she just leave?". Questions such as this cannot easily be answered by quantitative data and are best addressed by research that takes a qualitative approach in which participants can provide their own detailed descriptions of events, perspectives, beliefs and understandings (Taylor, 2005; Mason, 2002; Smith, 1995). Spradley (1979, p.34) has highlighted the value of what can be learnt about people from listening to their subjective experiences and constructed meanings:

"I want to understand the world from your point of view. I want to know what you know in the way you know it. I want to understand the meaning of your experience, to walk in your shoes, to feel things as you feel them, to explain things as you explain them. Will you become my teacher and help me to understand?"

I therefore hoped that by privileging and prioritising participants' stories I could provide a greater insight into their experiences, understandings and needs when living with relationship abuse.

These reflections not only revealed how my disciplinary background shaped the way in which I approached the research but also highlighted previously unidentified motivations for the research. The importance of prioritising women's voices, along with my commitment to challenging dominant

narratives about young mothers and women experiencing abuse, was consistent with a feminist approach to research (discussed further on p.112-114). Prior to commencing my PhD I would not necessarily have identified myself as a feminist. On reflection, my perspectives and beliefs have not actually changed significantly during this time, rather I now understand these perspectives as being consistent with feminism and therefore have come to define myself as such.

I do not subscribe to a particular 'version' of feminism but understand it as a way of questioning taken-for-granted assumptions, highlighting and challenging social inequalities and prioritising women's experiences and knowledge, whilst recognising that 'women' are not a homogenous category (Robinson, 1997; Stacey, 1997). During data gathering, as a result of talking to young mothers about their lives and experiences, I began to feel that I had, in some small way, got to know them and therefore I became even more committed to a feminist approach and strived to ensure the participants were represented respectfully within my thesis (see p.114-116 and p.144-147). My experiences of carrying out the research therefore continually shaped the decisions I made throughout it.

Feminist theory has provided a vehicle for me to engage in wider debates surrounding gender and equality and opened up new ways of understanding that continued to influence the research as it progressed. I have been guided and supported along my feminist journey by academics and colleagues within the University and, along with two other PhD students, have established a data analysis study group that regularly discusses, debates and challenges issues of ontology and epistemology in relation to feminism (see p.153-154). In addition, we have set up a feminist network and through this I have become more involved in feminist thought and activism. In this way not only have I shaped the research but my experiences of doing PhD research have shaped me.

The final story I wish to share as part of this broad introduction to myself is my own experiences of pregnancy and motherhood. When I began the research and throughout the data generation period I did not have any personal experience of pregnancy, childbirth or mothering. If participants asked me whether I had children I answered honestly and they were therefore aware that this was not an experience we shared. Although I will never know how this impacted on the stories they chose to tell me I did often wonder whether they would have considered me more of an 'insider' if I had been a mother at the time and whether the stories they shared would have been different (Sword, 1999; Griffith, 1998).

Griffith (1998) has suggested that personal experience of motherhood, or an absence of such, also impacts upon data analysis. Again, during the main data analysis phase I was not pregnant, nor had I

been a mother. However, towards the end of my PhD I became pregnant and was writing up my thesis when I gave birth to my first child. The practical implications of this were that I took a break from my research, one that lasted considerably longer than I had initially planned. On my return I was only able to study part-time and was faced with the guilt of not always being able to achieve what I wanted to in relation both to my PhD and to spending time with my family. However, as well as presenting challenges, taking a break for maternity leave also offered opportunities. Returning to the data after some time away required me to review my insights, interpretations and analysis. Although these did not fundamentally change, revisiting the data provided me with a renewed perspective and resulted in some positive amendments to the presentation of the thesis.

The greatest influence that motherhood has had on my research though is by exposing me personally to the powerful and pervasive narrative of the 'good' mother (see p.214-218). Whilst I was aware of this narrative from a theoretical perspective and had identified it within many of the participants' stories, it was not until I became a mother that I understood the influence that this narrative can have upon women's experiences and stories of motherhood. From birthing choices and methods of infant feeding to decisions on whether to return to work, my conversations with other mothers seemed to be shaped entirely around what was 'best' for our children; in doing our best we were therefore good mothers. I became profoundly aware that I was constructing my own stories around this narrative, leading me at times to question whether the stories I was telling always reflected what I was thinking, feeling and experiencing. This was particularly so in relation to my own experiences of a traumatic birth. Having planned a homebirth, after a long labour my daughter was eventually born by emergency caesarean section followed by some complications in my own recovery. In the days and weeks after her birth I was repeatedly told "at least you've got a healthy baby". Whilst of course I was enormously grateful for this, I also felt that this simple statement prevented me from expressing any feelings of disappointment, trauma, regret and guilt that I had about her birth. A healthy baby and a positive birth experience appeared to be constructed as mutually exclusive and, therefore, by suggesting that I would have liked my birth to have been different, it was often implied that I would have chosen this at the expense of my daughter's health. Whilst this was not the case, the narrative of good motherhood places the wellbeing of the baby above anything else (Miller, 2005; Hays, 1996); there is no room for any other story to exist alongside.

As my baby grew and I was talking less about birth and more about motherhood, the stories changed but the narrative remained the same; as good mothers we enjoy our role and prioritise our children at whatever cost to ourselves (Miller, 2005; Hays, 1996). At groups for new mothers we

would defend our choices as being the best for our babies; constructing ourselves as good mothers whilst at times positioning those who chose to do things differently as 'bad mothers'. Meanwhile I was extremely sleep deprived as a result of a baby with an undiagnosed dairy intolerance that caused her to wake between 10 and 15 times a night. However, once again I felt obliged to counter any negativity I might express about this with the assertion that "it's OK though, she's worth it", at the same time wondering how many of the other mothers I met were suppressing their own stories in order to tell one that was consistent with the good mother narrative.

Had I not been in the midst of this research when I became a mother I do not think I would have necessarily considered the stories told by myself and other mothers in this way; therefore, just as becoming a mother impacted upon my research, my research also influenced my experiences of early motherhood. Identifying the existence of the good mothering narrative within my own stories and experiences also had a positive impact on me. I realised that much of the guilt I felt about resuming my studies and spending time writing my thesis rather than with my daughter was as a result of dominant ideas about intensive mothering (Hays, 1996) rather than because I felt that my doing so was negatively impacting on her in any way. Identifying this gave me the freedom to address my family's needs and find a workable solution to our situation without being restricted by a single narrative determining what I 'should' be doing.

My reflections on my early experiences of being a mother emphasised to me the influence that narratives of motherhood may have had on the young women in this research. From the data analysis I had done prior to having my own child I had already identified that being a good mother was a key element of their stories and, due to their age, these mothers arguably had to work harder than most to construct a story that was congruent with this narrative. However, I now felt I could better understand why this was the case and could empathise with the difficulties they may have had telling a different story.

My experiences as a midwife, a feminist and a mother have therefore all impacted on the research in some way. There are other stories that I have chosen not to include here, for example reflections on my own teenage years and early relationships that impacted upon my reactions to the participants' stories. Whilst it is impossible to identify and document every factor that influenced the study, through sharing some of my stories I have attempted to offer a degree of transparency about the research processes. In addition, through reflexivity I have identified ways in which the research has also influenced my own stories and experiences. However, these processes are unlikely to end here; I will continue to influence the research as I move towards dissemination and I anticipate that this

piece of research will continue to shape my own experiences and stories, particularly with regard to my academic career. Our stories are never complete.

I will now highlight the key epistemological and methodological concepts that underpin this research, providing reflexive insights into some of the factors that affected research decisions and the potential ways in which these theoretical understandings impacted upon the research as a whole. I begin with an exploration of social constructionism, considering its relationship with feminism before discussing the feminist approach to the research in more depth.

Social constructionism

Social constructionism is a theoretical orientation that challenges the notion of objective knowledge and a singular, universal truth and encourages a critical stance towards taken-for-granted understandings and assumptions (Burr, 2003). It is critical of claims of objectivity within research and proposes instead that the ways in which we carry out research will impact upon the knowledge generated (Gergen, 2009; Burr, 2003). Social constructionism acknowledges and respects multiple ways of knowing, rather than prioritising one research tradition over another. Knowledge and understanding are regarded as historically and culturally specific and sustained by social processes and action (Gergen, 2009; Burr, 2003). Gergen (2009, p.6) states that it is through social interaction that we construct and make sense of the world in which we live:

“Nothing exists for us as an intelligible world of objects and persons until there are relationships.”

This perspective does not mean that objects and persons do not exist independently but that our understanding of them arises from a particular standpoint. Common ways of understanding are constructed between people and maintained through social interactions. Therefore, what we may consider as ‘truth’ varies historically and cross-culturally and may instead be regarded as “*current accepted ways of understanding the world*” (Burr, 2003, p.5). These accepted ways of understanding are a product of the social processes and interactions in which people are engaged, rather than a result of objective observation.

Perrin and Miller-Perrin (2011) state that social problems arise from a process of social definition and social reaction. They are only considered problems because they have been defined in this way; in another time and place they might not be viewed as such. Once a phenomenon is identified as problematic, evidence is provided as to why this is so. When society comes to accept this assertion, it comes to be accepted as a social problem (Perrin and Miller-Perrin, 2011; Heiner, 2002). From this perspective, social problems vary as societal reactions and responses to particular

conditions change. Heiner (2002) has argued that social problems are often conceived, constructed and presented in ways that reflect the interests of the most powerful in society, often at the expense of those with the least power. He therefore argues that all social 'problems' are worthy of a constructionist analysis.

At the centre of this research are two issues that are commonly considered social problems; teenage pregnancy and relationship abuse. Considering these issues from a social constructionist perspective does not mean to say that they do not exist or that they may not be problematic, rather that the terms themselves have come to embody a complex set of meanings that are often applied universally. For example, Arai (2009a) states that, in the absence of alternative discourse, the phrase 'teenage pregnancy' has developed increasingly negative connotations and become shorthand for social pathology. Young mothers are constructed as immoral, poorly educated and irresponsible; their status as mothers is rarely valued. Throughout this thesis I have attempted to deconstruct this notion and, through the findings of the research, present an alternative narrative.

Social constructionism is one of the epistemological foundations of this research and its influence is visible throughout all aspects of the study. As Perrin and Miller-Perrin (2011) state, the social constructionist perspective acknowledges and examines the social processes relevant in the creation of all knowledge. As well as influencing the way in which I understand the research topic, approached the research, analysed the data and presented the findings, social constructions may also have impacted upon the participants in the study. Research suggests that young mothers are often profoundly aware of the stigma that they face and the dominant constructions that exist about them (Holgate, 2012; Yardley, 2008; Hanna, 2001; Kirkman et al, 2001). The young mothers in this study were therefore narrating their experiences in relation to these socially constructed understandings, as well as many others, such as ideas about gender, age, abuse and motherhood. The approach to data analysis utilised within the study therefore facilitated an exploration of the relationships between participants' personal stories and socially constructed public narratives (see p.124-126 and p.147-155).

Viewing the world through a social constructionist lens requires constant consideration of the impact of constructions on our understandings of the world and the production of knowledge. A different perspective would have resulted in a very different thesis, thus confirming the situated, co-constructed nature of knowledge production and corroborating the need for transparency about the perspectives underpinning the research.

The relationship between social constructionism and feminism

One of the challenges of social constructionism is that it raises questions about whether all forms of knowledge are equal. This is particularly pertinent in relation to theories about domestic and relationship abuse. I have always prioritised feminist knowledge and understandings of these issues in which abuse of women is considered to be the result of a misuse of power and control, occurring within a wider context of gender inequality and hegemonic masculinity (as discussed on p.28-32). However, there are a number of other theories and perspectives in existence in relation to both domestic and relationship abuse, many of which oppose feminist understandings and claim that abuse is not a gendered issue (Winstok, 2011; Shorey et al, 2008). I was uncomfortable with the idea that social constructionism would potentially require me to consider all theories of abuse equally. Gergen (2009), however, argues that a social constructionist perspective does not mean that all knowledge, theory and values must be regarded as equal, rather that it recognises that there are multiple perspectives and seeks to critically analyse how those perspectives have come into being. Social constructionism recognises that research methods and findings are heavily influenced by researchers' values, social location and historical circumstances (Allen, 2011; Cancian, 1992). Therefore, it is possible within a social constructionist epistemology to prioritise feminist understandings of a particular issue.

Cancian (1992) suggests that social constructionist perspectives can be seen to complement feminism, the second epistemological foundation of the study. Both approaches emphasise the importance of questioning the methods and politics of knowledge production and challenging 'taken for granted' understandings. Stanley and Wise (1993, p.211) have also made the link between feminism and constructionism in relation to criticism that feminism may perpetuate essentialism by categorising 'women' and failing to recognise differences in women's experiences. They state:

"Constructionism, there should be no doubt about it, is fundamentally inscribed within feminism; and a defining element in all feminist theorising is its treatment of gender as socially constructed and of feminism as the remaking of a changeable and non-essentialist gender order. All feminists are by definition constructionist, but necessarily retain essentialist elements in the ways the categories 'Women'/'Men' are inscribed within them by virtue of positioning these categories, particularly that of 'Women', as fundamental to both their style and their focus of analysis."

Feminism therefore offers a way of critically analysing the social constructions that serve to oppress women and presents alternative understandings that prioritise women's experiences. I will now discuss in more detail the ways in which feminism underpins this research study.

The centrality of feminism

Feminism and violence against women

Feminism has historically been associated with tackling violence against women and feminist campaigning is credited with initially bringing the issue of domestic abuse into the public domain (Maynard and Winn, 1997; Dobash and Dobash, 1992). Feminist knowledge has continued to influence understandings of gender violence and feminist organisations have campaigned to ensure that policy and practice adequately reflect women's needs and experiences (Skinner et al, 2005). A feminist understanding of abuse positions domestic/relationship abuse within the broader context of gender inequality and violence against women. Abuse is viewed both as a reflection of unequal power relationships in society and a way in which such inequalities are maintained (Maynard and Winn, 1997). Abuse is considered a misuse of power and control, legitimised and sustained by societal structures and dominant narratives that condone and justify violence and fail to adequately support those being abused. Whilst acknowledging that there are male victims of domestic abuse and that it can occur within homosexual relationships, a feminist perspective asserts that abuse is most often perpetrated by men towards women and that women are considerably more likely to experience repeated and severe violence (Lombard, 2013; Hester, 2011; see also pages 28-32).

In relation to this study, feminist perspectives of abuse shaped how I defined and contextualised the issues being researched and also the methodological decisions made, particularly in relation to the importance of hearing and valuing women's stories. Victims of abuse are often subject to suspicion and interrogation about the 'truth' of their accounts when seeking help and justice (McLeod et al, 2010; Taket et al, 2010; Radford and Hester, 2006; Dienemann et al, 2005) and I was keen to ensure that I did not reproduce these interactions during my research. I therefore sought an approach in which participants were able to choose what they spoke about and my questioning of them was kept to a minimum. This is discussed in more detail later in this chapter.

Feminist research

Having identified the centrality of feminism to the research topic it could therefore be seen as a logical progression to adopt a feminist approach to the research itself. Indeed, much research about women's experiences of violence and abuse has taken a feminist approach; Skinner et al (2005) have suggested that feminist research is an ideal approach for researching violence against women. The feminist adage "*the personal is the political*" argues that social structures, whether concerned with the economy, the family or the oppression of women more generally, are best understood through an exploration of relationships and experiences within everyday life (Stanley and Wise, 1993, p.53). The issues explored within this research - pregnancy, motherhood, relationships and abuse - lie at

the intersections between public and private life and, therefore, an approach to research was required that considered the interplay and tensions between public knowledge, private lives and personal experiences (Edwards and Ribbens, 1998). Locating the research within feminism therefore seemed appropriate.

It is generally agreed that just as there is no single form of feminism, there is no one specific feminist method or particular methodological approach that is synonymous with feminism (Allen, 2011). Ramazanoglu and Holland (2002) suggest that feminist approaches to research can be identified largely by their underpinning theories of gender and power and the notions of transformation and accountability contained within them, although these are not uniform. In debating what makes research feminist scholars have focused on issues of ontology and epistemology; methodology and method; the principles that underpin the research; the subject matter investigated; and the characteristics of participants (Ackerly and True, 2010; Ramazanoglu and Holland, 2002; Danoski, 2000; Eichler, 1997; DeVault, 1996; Reinhartz, 1993; Stanley and Wise, 1993). These examples are not exhaustive, which has led Eichler (1997, p.10) to conclude that *“there are as many definitions of feminist scholarship as there are feminist scholars”*. However, rather than focus on these debates here, I have taken direction from Ramazanoglu and Holland (2002) who suggest that researchers should not attempt to ‘fit’ their research into a particular category of feminist research but, instead, focus on making their aims, assumptions, politics and ethics clear and justifiable.

I therefore locate my own feminist approach to research within the aims of feminist research suggested by Skinner et al (2005) and Cancian (1992). They suggest that feminist research should focus on gender and inequality; be grounded in experience, prioritising the voices of women and marginalised groups; recognise and minimise power differences between researchers and participants; use research as a vehicle for social change; and pay attention to reflexivity throughout the research process. I have also drawn upon Ackerly and True’s (2010) notion of a feminist research ethic in order to facilitate constant questioning of the ways in which knowledge is generated, for example the influence of epistemology, theory, methodology, power and the socio-political location of the researcher. In particular, this can be identified in the ways in which I have challenged and deconstructed dominant ideas about young mothers and highlighted the role that gender inequalities play in domestic and relationship abuse.

A feminist approach to the research concentrated my attention on the participants, not just as individuals but as a whole in relation to their place within society as women, young people and mothers. I adopted a ‘feminist ethic of care’ (Edwards and Mauthner, 2012, p.15) throughout the research that meant prioritising participants at every stage of the research process. This required

more than just adherence to standard ethical codes but a consideration of the situated, contextual and relational nature of ethics (see p.128). Whilst arguably this is just good research practice as opposed to a specifically feminist method, Paradis (2000) claims that a feminist approach to research ethics goes further by identifying the social injustices that are at the root of the issue under investigation and ensuring that the research does not reproduce these injustices in its processes or products. She advocates a critical stance towards research planning, implementation, presentation and dissemination. As I will demonstrate throughout this and the following chapter, my methodological decisions were influenced by a desire not to reproduce hierarchies of power and knowledge and I strived to continue this throughout data analysis and when presenting the findings. One of the ways in which I have attempted to do this is by giving consideration to how the participants are represented within this thesis, which I discuss in more detail now.

'Giving voice' and the representation of participants

The primary aim of this study was to enable young mothers who had experienced relationship abuse to tell their stories. The notion of 'giving voice' to marginalised groups is one of the objectives of feminist research (Skinner et al, 2005; Renzetti, 1997). However, reflexivity has led me to question to what extent research can actually 'give voice' to participants. Alldred and Gillies (2002, p.149) have argued that the interview interaction itself is located within a particular framework that constrains participants and influences what they speak about and the way in which they tell their stories:

"The very idea of interviewing someone is rooted in particular understandings about what a person is, about communication between two people and how knowledge can be generated by the posing of questions by one and recording of responses by another. The account an individual provides in an interview is seen as a snapshot of their perspective. The expectation is that they are responsively reflexive and can 'represent' themselves to us".

They suggest that the notion of 'giving voice' implies that it is possible to have unmediated, direct access to experience, something that conflicts with social constructionist understandings; however, the accounts provided during interviews can only be understood in relation to the specifics of the interaction between interviewer and interviewee (Potter and Mulkay, 1985).

DeVault (1990) has also highlighted the role of language within social research, suggesting that the terms used to describe the topic will be subject to interpretation by participants and influence the account they subsequently provide. She suggests that women are constrained by the availability of language; if words do not exist to adequately describe their experiences then they must translate

those experiences into dominant language and meanings. Therefore, the concept of 'giving voice' in this study should be understood from the perspective that participants were narrating their stories from a particular social location, in a very specific context and in relation to a limited range of available narratives (discussed further on p.122-124).

Despite these criticisms I still felt that an attempt to give a voice to participants should be a central principle within the study, whilst recognising the limitations associated with this notion. My commitment to this involved an attempt to provide a space in which marginalised voices could be articulated, heard and valued (Skinner et al, 2005). Utilising a narrative methodology encouraged participants to choose what stories they wished to tell and to prioritise the things that were important to them rather than being constrained by a pre-defined framework of questions determined by me as researcher. In addition, I have paid particular attention to my own use of language and the terminology I have used to describe the issues being researched. This began during the planning phase of the research when I consulted with young people about the terminology to adopt and prioritised their understandings over my own (as previously discussed on p.17-21). I have respected participants' use of language and terminology and, within the research findings, have preserved their words as much as possible, adopting the terms they chose to use (see p.145-147).

The notion of giving voice has also been problematised in relation to interpretation within research and the role of the researcher within this. The processes of data gathering, transcription, analysis and presentation apply layers of interpretation to participants' stories and a different story is likely to emerge (Riessman, 2008). Aside from simply reproducing entire transcripts there is no way of avoiding interpretation within research, however, maintaining a focus on participants' voices provided me with opportunities to constantly question my own role within the process and enabled me to identify where my interpretations were in danger of silencing participants (Brayton, 1997; see p.148). As discussed earlier (p.97-100), reflexivity was central to achieving this.

Kitzinger and Wilkinson (1997) have highlighted a particular challenge posed to the feminist theory of validating women's experiences, when their explanations and interpretations conflict with feminist theoretical frameworks. Within this research this dilemma became particularly apparent when participants' stories about abuse conflicted with my own feminist understandings. Kitzinger and Wilkinson (1997, p.573) suggest that in such situations:

"There is a conflict for feminist researchers between, on the one hand, simply reflecting and validating whatever women tell us about their experience, and, on the other, providing a

feminist critique and challenge to the way in which women's experience is constructed under (hetero)patriarchy."

They present a number of approaches that have been taken to such data when it arises, including omitting it; presenting it as evidence of oppression, false consciousness and masculine hegemony; reinterpreting it within a feminist framework; or searching for evidence of contradiction elsewhere in the data. However, these positions all raised issues of power that I was not comfortable with. Within the research findings I have therefore tried to respect participants' interpretations and understandings and to present them as offering a particular perspective that may have been individual to them or may represent broader understandings of young women within this sociocultural context. In doing this I attempt to highlight the impact of dominant narratives and constructions upon young mothers' personal stories. I purposely chose not to directly challenge participants' views or understandings during the interviews as I was mindful that this could be damaging to the research relationship and potentially harmful to the participants.

Returning to the role of interpretation within participants' stories, I acknowledge that, as the researcher, I am ultimately in a position of power in relation to representing the voices of the young mothers in this study (Swartz, 2011; Riessman, 2008; Standing, 1998; DeVault, 1990). Throughout the research I was acutely aware that the ways in which I represented the participants could risk reproducing dominant constructions about them, something I wanted to avoid. Lee (1993) has suggested that when research topics are potentially sensitive or the participants less privileged, the implications of representation are even greater. Research that reproduces negative stereotypes or that can be used to further oppress and control certain groups of people is arguably not feminist research. Bhavnani (1993) states that feminist research should not re-inscribe those being researched into prevailing representations, nor should it romanticise them, nor downplay structural subordination. It should instead address issues of difference throughout the research process and make the micro-political processes that suffuse the conduct of research explicit.

The issue of representation became particularly apparent as I transcribed participants' interviews and produced written versions that revealed their accents, dialects and slang. These written versions of speech did not reflect conventional English; we do not speak as we would write, in grammatically correct sentences (Standing, 1998). However, I shared the concerns of Standing (1998) that in presenting my participants' accounts in the language that they used I might reinforce the stereotype and cultural construction of young mothers as poorly educated, particularly when presented in contrast to my own academic language within this thesis. I therefore made the

decision to partially edit the transcribed versions of my interviews, a process that is described in more detail in Chapter Five.

A commitment to the respectful representation of participants has heavily influenced the ways in which young mothers, and particularly the individual participants within this study, are constructed throughout the thesis. I have valued their stories whilst attempting to pay attention to their social location, the injustices they may face and the public narratives and constructions that may restrict the stories that they are able to tell. By offering a level of transparency about my own position in relation to the issues I am researching I have aimed to enable readers to better understand the ways I have chosen to represent both the participants and the subject matter.

The remainder of this chapter now addresses the methodological approach to the research; narrative. I begin by providing an overview of narrative methodology, explaining why it was considered to be the most appropriate for this particular study and highlighting the work that has shaped my own understandings of narrative. I then discuss how I have used the terms 'narratives' and 'stories' within the thesis before concluding with an introduction to the specific form of narrative analysis used for the research, the Listening Guide.

Narrative methodology

In recent years social science research has paid increasing attention to the value of narratives in understanding human identity, experience and action (Riessman, 2008; 2002; Elliot, 2005; Lieblich et al, 1998). It has been argued that humans are natural storytellers (Plummer, 2013; Hall, 2011b; Sparkes, 2005; Jackson, 1998) and that given the opportunity in research interviews, people will tell stories (Mishler, 1991). However, adopting a narrative methodology is not just a way of eliciting data during research interviews but an approach to research that interprets and understands participants' accounts in a particular way. Riessman (2008) has suggested that the term 'narrative' has multiple meanings and is used in a variety of different ways, whilst Squire et al (2008) state there is no single, agreed way of carrying out narrative research. Therefore, I now present an exploration of the ways in which I have approached and understood narratives within this research. My interpretation of narrative research has been influenced by the work of Woodiwiss (2014; 2009), Miller (2005; 2000), Plummer (2013; 1995) and Somers (1994).

Adopting a narrative methodology for the study appealed because of its pluralism, relativism and subjectivity, making it ideal for capturing the uniqueness and complexities of human life (Hall, 2011b). I was not aiming to establish any kind of 'truth' about young mothers' experiences of relationship abuse or to determine particular factors associated with such experiences; young

mothers are not a homogenous group. In addition, I was interested in more than just 'experiences'; I wanted to explore young mothers' understandings and feelings about their relationships and motherhood. O'Connor (2000) suggests that speakers use language not only to report and describe events but also to explain and understand their actions within those events. Thus, by exploring the words and structures used within a story, more than just the event is revealed. I was interested in how individuals spoke about their lives and relationships and the ways in which they understood and tried to make sense of their subjective experiences. As Plummer (1995, p.168) states:

"Whatever else a story is, it is not simply the lived life. It speaks all around the life: it provides a route into a life, lays down maps for lives to follow, suggests links between a life and a culture. It may indeed be one of the most important tools we have for understanding lives and the wider cultures they are part of. But it is not the life, which is in principle unknown and unknowable."

Although there is a connection between participants' subjective experiences and the stories they tell, their accounts are not absolutely representative of their experiences or the only version that could have been told (Plummer, 2013; Ludhra and Chappell, 2011; Finlay, 2004; Jackson, 1998). Stories are, therefore, meaningful accounts of experiences rather than being 'truth' or 'fiction'. A narrative methodology is therefore consistent with the social constructionist epistemology underpinning this research and I regard the stories told to me during the research as partial and temporal. This is true of any research encounter but, given that I was researching abusive relationships, I was aware that participants' stories and understandings were likely to be in constant flux as they tried to make sense of what was happening to them. The story told to me may have been very different if the interview had taken place at a different time, for example following an assault or reconciliation of the relationship. In relation to narratives of abuse Lempert (1994, p.411) states that:

"As modes of reasoning and modes of representation (Richardson, 1980), narratives are used by abused women as linguistic tools that serve to order experiences, construct reality and creatively make sense of their violent intimate relationships. Through narrative constructions, abused women reflect retrospective assessments of their intimate situations and their partners' violent actions, their own rationales for action and/or inaction, as well as the continuous erosions in notions of self resulting from ongoing physical and/or psychological violence."

Narratives can therefore facilitate an exploration of personal experience and meaning as well as examining how participants represent themselves in multiple guises and different contexts (Riessman, 2002). Miller (2000) suggests that, through narrative construction and reconstruction, individuals are able to impose some order and intelligibility on experiences that are lived as messy, disconnected events. Through narrative construction individuals actively shape their own stories and are able to account for disruption, discontinuity and absences within them (Riessman, 1990). Treating narratives as constructions does not deny the material realities of women's experiences but draws attention to the ways in which their experiences are interpreted and understood through socially situated narratives (Jackson, 1998).

However, an understanding of narrative that only relates to the construction of retrospective accounts may run the risk of reinforcing criticisms that narrative is simply a method of representation. I had reservations about utilising a definition of narrative based solely upon reconstruction or representation as I was concerned that this may have implications for how the research was understood and valued. Young mothers and women who report abuse are often subjected to criticism and distrust of their stories (McLeod et al, 2010; Radford and Hester, 2006), therefore I strived to ensure that their narratives would not simply be interpreted as stories they had 'made up' for the purposes of the research. I therefore draw on the work of Somers (1994) who approaches narrative from a broader perspective, defining narrative in terms of social ontology and epistemology. She suggests that it is through narrativity that we come to know, understand and make sense of our social world and establish our social identities. Somers (1994, p.613-614) argues that narratives are not simply modes of representation but that social life itself is 'storied' and that narrative is an "*ontological condition of social life*":

"Research is showing us that stories guide action; that people construct identities (however multiple and changing) by locating themselves or being located within a repertoire of emplotted stories; that "experience" is constituted through narratives; that people make sense of what has happened and is happening to them by attempting to assemble or in some way to integrate these happenings within one or more narratives; and that people are guided to act in certain ways and not others, on the basis of the projections, expectations, and memories derived from a multiplicity but ultimately limited repertoire of available social, public, and cultural narratives."

This highlights the centrality of narratives within human life; our lives are lived through narratives and narratives offer a way to make sense of our lives (Ochberg, 1994). Somers (1994) uses the term 'ontological narratives' to refer to the personal stories that we use to make sense of and live our

lives. Ontological narratives are used to define who we are; agents adjust stories to fit their own identities and tailor 'reality' to fit their stories.

Central to Somers' (1994) understanding of narrative is that narratives are not constructed in isolation but that people make sense of what is happening or has happened to them in relation to other events, actors and relationships; they are interpersonally constructed and temporally located (Miller, 2000; Hyden, 1997). Connectivity and context are required for understanding. Individual accounts therefore reflect the context in which they are told and may be constrained by the limited number of currently circulating stories in a particular culture (Woodiwiss, 2009; Ochberg, 1994). The narratives that are drawn upon to construct personal stories are themselves culturally and historically specific (Plummer, 1995).

Stories or narratives?

So far throughout this chapter I have referred to both stories and narratives. Whilst some authors have used these terms interchangeably (Riessman, 2008; Polkinghorne, 1988), others, such as Plummer (2013) and Frank (2010), argue that they are two different things. Within this thesis I use the term stories to refer to the accounts given by the participants; their descriptions of events, experiences, actions and feelings that are connected together in a consequential sequence in order to convey meaning. Stories are therefore both small episodes of talk, such as about a particular event, and the overall account that young women gave of their lives. I use the term narrative to refer to the meaning, construction and representation contained within participants' accounts. Frank (2010) makes a similar distinction between stories and narratives, arguing that narratives are the templates that we use to construct and understand stories. He has, however, highlighted the inseparable relationship between the two stating:

"Stories depend on their respective narratives; a story outside a narrative is a fish out of water; it can't breathe and will usually have a quick end..., the occasional fish out of water becomes a new species on land. This occasional story persists and becomes the basis of a new narrative."
(Frank, 2010, p.122)

Woodiwiss (2014; 2009) and Plummer (2013; 1995) argue that, when telling stories, individuals do not simply slot themselves into a readymade narrative, nor are they free to tell just any story. Rather, we draw upon the narratives currently available within our particular cultural and social location in order to create our own story. A number of terms have been used to describe these available narratives including public narratives (Somers, 1994), cultural scripts (Miller, 2005),

narrative frameworks (Woodiwiss, 2009) and currently circulating narratives (Woodiwiss, 2009). They have been defined by Somers (1994, p.169) as:

“Those narratives attached to cultural and institutional formations larger than the single individual, to intersubjective networks or institutions, however local or grand, micro or macro stories... Public narratives range from the narratives of one’s family, to those of the workplace (organisational myths), church, government and nation.”

Although there may be a number of public narratives available about a particular subject, they may be contradictory and are not always equally accessible to all (Plummer, 2013; Woodiwiss, 2009). On occasion, however, one particular narrative appears to dominate the other narratives in existence about an issue. These dominant narratives have been explained by Rappaport (1994, cited in Salzer, 1998, p.570) as:

“Those stories about persons, places, or things that have consistent storylines and thematic content across individuals and settings, and are transmitted through stories and pictures in the media and in conversation. Dominant cultural narratives are thought to reflect societal views about particular people, places, or things.”

For example, a dominant narrative can be identified in the widespread conceptualisation of teenage pregnancy as problematic (as discussed in Chapter Three). This is evident through policy, mainstream media and academic writings on the subject (Breheny and Stephens, 2010; 2007; Arai, 2009a; Duncan, 2007; McDermott and Graham, 2005; SEU, 1999). Often these dominant narratives are highly visible, as is the case with teenage pregnancy, but they may also take more subtle forms such as the romance and good mother narratives (Gross and Pattison, 2007; Hadfield et al, 2007; Kulkarni, 2007; McDermott and Graham, 2005; Miller, 2005; Jackson, 2001; Wood, 2001; Phoenix and Woollett, 1991; introduced in more detail in Chapters Seven and Eight). Such dominant narratives are often not discussed explicitly but shape understandings of a particular issue and may act as *“guides for living”* (Woodiwiss, 2009, p.218).

Woodiwiss (2014) has warned that when a single narrative comes to dominate a particular issue, it risks silencing those who do not recognise their own experiences and stories within the narrative. Without a framework on which to build their story it becomes much more difficult to tell. Miller (2000) and Somers (1994), however, have suggested that when the available narratives do not resonate with personal experiences or identity, alternative or counter narratives may be produced. Counter-narratives enable people to resist dominant, single understandings and construct themselves as other (Sands and Krumer-Nevo, 2006). However, one’s ability to construct a counter-

narrative is dependent upon many factors, including what is at stake when the available public or dominant narratives are challenged. As a result, personal narratives may emerge as complex, multi-layered and contradictory accounts, composed of ontological, public and counter narrative threads (Miller, 2000).

Teenage motherhood and relationship abuse are issues that are both publically defined and privately lived, therefore a narrative analysis that takes into account the role of public and dominant narratives in shaping personal stories is useful in understanding the contexts and constraints in which participants were telling their stories and living their lives. Adopting a narrative methodology for this study has enabled me to explore the ways in which participants' stories reflected available narratives when trying to understand and make sense of their own private experiences. I utilised a form of narrative analysis that encouraged the exploration of both personal and public narratives to consider if and how the participants' stories reflected or contested the available narratives and the ways in which alternative counter-narratives were produced or remained silent. I now introduce this form of analysis and further explain the rationale for its use within this study.

Narrative analysis using the Listening Guide

Just as it has been suggested that there are multiple forms of narrative research (Riessman, 2008; Squire, 2008) there is also no single, distinct method of narrative analysis; rather the term refers to an analytical approach that focuses on the interpretation of data that appear in the form of stories (Riessman, 2008; Mishler, 1995). Riessman (2008; 1990) argues that the main difference between narrative analysis and other forms of qualitative analysis is that it:

“Does not fragment the text into discrete content categories for coding purposes but, instead, identifies longer stretches of talk that take the form of narrative – a discourse organised around time and consequential events in a ‘world’ created by the narrator” (Reissman, 1990, p.1195).

Riessman (2008) suggests that by using this approach researchers are able to attend to individual agency and intention and produce research that represents multiple voices and subjectivities. Narrative analysis, however, focuses not just on what is being told but on how, why and to whom. It pays attention to the co-constructed nature of research data and attempts to scrutinise the role of the researcher within data generation (Finlay, 2004).

Different methods of narrative analysis focus on particular aspects to a greater or lesser degree, for example representation, emplotment, linguistic style, form and performance (Elliot, 2005; Mishler, 1995). The choice as to which method of analysis to use is dependent on the aims of the particular

research and the ways in which narratives are understood and interpreted. In this study I utilised the Listening Guide, a method that is situated within a tradition of feminist research practice (Doucet and Mauthner, 2008; Mauthner and Doucet, 1998; Brown, 1998; Brown and Gilligan, 1993). This method was preferred because of its specific focus on voice and listening; attention to the role of the researcher in data production and analysis; and the recognition that narratives are often multi-layered, fluid and contradictory.

Originally conceived as a 'Voice-Centred Relational Method' (VCRM) by Gilligan and colleagues (Gilligan et al, 2003; Brown and Gilligan, 1993; 1992; 1991) the method aims to "*systematically attend to the many voices embedded in a person's expressed experience*" (Gilligan et al, 2003, p.157). The method was developed during research into adolescent women's psychological development in which Brown and Gilligan (1993) identified the difficulties young women had articulating their own experiences, feelings and thoughts whilst also attending to the needs and feelings of others that they were in relationships with. Brown and Gilligan (1993) assert that through listening to young women's voices and focusing on four particular aspects of their talk, they were able to identify the multiplicity of perspectives within participants' narratives and recognise aspects of their stories that were particularly difficult for them to negotiate and narrate.

The original method involves four separate 'listenings'; firstly, for the story being told and the listener's response to it; secondly, how the narrator speaks of themselves; and then two or more further listenings to identify other simultaneous voices occurring within the narrative (Gilligan et al, 2003). The final two listenings are not predetermined; Gilligan et al (2003) suggest that they should develop iteratively and in relation to the research question.

Building on the work of Brown and Gilligan (1993; 1991), Mauthner and Doucet (1998) have offered a more sociological interpretation of the method, which they refer to as the Listening Guide. Central to their method is the notion of a "*relational ontology*" in which human beings are viewed as embedded within complex webs of social relationships and interactions (Mauthner and Doucet, 1998, p.125). Their Listening Guide therefore pays attention to the duality of social structures and human agency by exploring individuals' narratives in terms of their relationships with others around them and also in relation to the broader social, cultural and structural contexts in which they live (Doucet and Mauthner, 2008; Mauthner and Doucet, 1998). This version of the method also entails four stages of analysis and, whilst Mauthner and Doucet (1998) refer to these stages as readings rather than listenings, the emphasis on listening to and hearing the voice(s) of the person speaking remains. The first two readings mirror the initial two listenings of the VCRM; a reading for plot and the reader's response to it, followed by a reading for the voice of 'I'. The third and fourth readings

are for relationships and for the cultural contexts and social structures in which participants' stories are told (Mauthner and Doucet, 1998). These readings were particularly relevant for this research to help illuminate the public narratives that were reflected in participants' stories.

Moving between analytical angles encourages an alternative perspective towards the narrative, enabling new meaning to be revealed (Edwards and Weller, 2012). This approach therefore facilitates a thorough exploration of the data; it is not recommended to select only one or two readings to carry out as this would potentially only provide a partial understanding (Mauthner, N. and Deery, R., Listening Guide Masterclass, 3 February 2011). In the following chapter I address the practical ways in which I carried out data analysis using the Listening Guide and how I ensured that 'listening' remained at the centre of my data analysis.

Summary

This chapter has provided an overview of the key epistemological and methodological concepts that underpin this research. By locating myself within the research using reflexivity I have attempted to offer a level of transparency about my own role within the study and demonstrate the contextual and constructed nature of knowledge production. This concept has been discussed further in relation to the epistemological perspectives that shaped the research - social constructionism and feminism. These perspectives form the theoretical framework on which the research is based, influencing how the research topics are conceptualised and understood as well as the methodological and analytical decisions made throughout. Finally, I have outlined the rationale for adopting a narrative methodology, explained the ways in which narratives are understood within the study and provided an overview of the data analysis method used, the Listening Guide. The following chapter discuss the methods used to generate and analyse data for this research.

Chapter Five: The Research Methods

Introduction

This chapter describes and explains the methods used to generate and analyse the data within this study. I attempt to present this as a storied account with a loosely chronological order, reflecting the various 'stages' of the research. Beginning with an overview of the methods and approach to ethics used, I then address specific issues relating to recruitment of participants, data generation, transcription and data analysis. However, in practice the research was not a series of discrete stages but a continuum in which the decisions made in relation to one aspect of the study directly impacted upon the whole of the research process. By presenting the chapter in a linear way I acknowledge that I offer a particular perspective, termed by King and Horrocks (2010, p.214) as "*life as told*" rather than "*life as experienced*". I write with the benefit of reflexive hindsight and acknowledge that, as a result, my words at times may not adequately reflect the messy realities of the research with its uncertainties, inconsistencies and revisions. Therefore, in an attempt to address this, I follow this chapter with a more detailed discussion of some of the particular challenges encountered during the research.

Overview

The research design was informed by the epistemological and methodological concepts outlined in the previous chapter. An evolving, flexible approach was taken, with minor adaptations being made in response to challenges as they arose (see Chapter Six). This ensured the study continued to meet the research aims and objectives.

Data was generated through semi-structured, narrative interviews with six young women, four of whom were mothers and two of whom were pregnant with their first child. Where women were already mothers, single interviews were carried out. For those women who were pregnant it was planned to carry out one interview during pregnancy and one following the birth of their child. However, this was only possible with one participant as one young woman chose not to be interviewed again following the birth of her baby. The interviews lasted between 30 and 90 minutes. All interviews were digitally recorded and transcribed before being analysed using the Listening Guide (Mauthner and Doucet, 1998).

Ethical considerations

The World Health Organisation guidelines for researching violence against women provided the framework for ensuring safe and ethical practice throughout the course of the study (Ellsberg and

Heise, 2005). Ethical approval for the research was sought and granted by both the University of Huddersfield School Research Ethics Panel and the NHS Research Ethics Service (Ref 11/YH/0189). Whilst the formal ethical approval process required the identification of strategies to address specific issues such as safety, consent and confidentiality, in practice attention to research ethics required much more than just consideration of these issues. It has been suggested that the traditional model of research ethics, based upon principles of beneficence and non-maleficence, lacks the capacity to address the complexities of researching vulnerable or less privileged populations (Pittaway et al, 2010). Therefore, this study was grounded in a feminist “*ethic of care*” (Edwards and Mauthner, 2002, p.15) in which ethical decisions were viewed as situated, contextual and relational rather than being governed by abstract principles. This model places the emphasis on the feminist-informed values of care and responsibility with consideration being given to personal experience, context and relationships (Ellis, 2007; Edwards and Mauthner, 2002; Porter, 1999). Ethical considerations and dilemmas are therefore interwoven with discussions of the research practices throughout this and the following chapters, rather than being presented as a separate aspect of the research.

Participants

Inclusion criteria

There were three inclusion criteria for participants taking part in this research. The initial criteria were widened during the course of the research in response to recruitment difficulties, something that is discussed in further detail in the following chapter (p.163-166). The final sample comprised of young women who:

- Had become pregnant between the ages of 13 and 18;
- Were currently pregnant or had a child under two; and
- Had disclosed that they had experienced some form of relationship abuse from a partner, ex-partner or their baby’s father in the last year.

The age criterion was in part determined by the Government definitions of teenage pregnancy and domestic abuse in existence at the outset of the research (as discussed in Chapters One to Three). The inclusion criteria therefore targeted young women who, by virtue of their age, were classed as teenage mothers but excluded from the definition of domestic abuse at that time. In addition, mothers under 18 are particularly under-researched in relation to abuse and are often excluded from domestic abuse research involving adult women (see Chapter Two). The lower age limit of 13 was included because in UK law one is not considered able to consent to sexual activity below this age (Sexual Offences Act, 2003). There is an automatic presumption that any sexual activity below

this age is rape, therefore any resulting pregnancy potentially raises different issues. From a research perspective, including girls who were 13 or under may have presented additional concerns in relation to their ability to consent to the research.

The other two inclusion criteria were adopted in order that participants would have relatively recent experiences of abuse and of becoming a mother, therefore facilitating the telling of stories that reflected this, rather than looking back at experiences many years after they had happened. This was not intended in any way to offer a 'better' or 'truer' reflection of events but simply to offer a particular temporal perspective. The nature of narrative means that, over time, the stories we tell about our lives will change as we gain new experiences, insights and perspectives.

Recruitment

There were a number of factors that influenced recruitment for this research. Firstly, the specific inclusion criteria meant there would be a limited number of participants actually able to take part in the research. In addition, the nature of relationship abuse is such that women may not disclose their experiences, meaning that I was sampling a 'hidden' population (Dawood, 2008; Lee, 1993). Expecting women to self-refer to the study based on the inclusion criteria was therefore unlikely to be successful. Tisdall et al (2009) have suggested that young people are unlikely to respond to an advert or letter requesting participation in research, particularly when they do not know who the researcher is. I therefore required a targeted recruitment strategy that enabled me to identify and make contact with a potentially limited number of possible participants. Essentially, the approach also had to recognise the potential vulnerability of participants due to their age and their experiences of abuse.

Having considered these factors I made the decision that the best way to access participants would be through practitioners who had contact with young mothers and/or women experiencing domestic abuse. This included specialist teenage pregnancy midwives, family nurses, targeted youth workers, domestic abuse support workers and refuge staff. The use of intermediaries has been recognised as an appropriate and useful way of sampling hidden populations with whom more traditional sampling methods may not be successful (Dawood, 2008). As well as enabling more targeted recruitment, approaching participants through practitioners aimed to provide them with a more detailed explanation of the research than they would have got from a leaflet or letter and gave them an opportunity to ask questions in order to gain a better understanding of what participation would involve. I considered this an ethical approach to recruitment as it would hopefully facilitate the young women to make a more informed choice about whether they would consider taking part

in the research and, crucially, enable practitioners to identify with the woman any safety issues that needed consideration.

Although there are a number of advantages to recruiting participants through intermediaries, this approach also presents additional challenges (Dawood, 2008; Miller and Bell, 2002; Lee, 1993). Practitioners ultimately had the power to control my access to participants by choosing whether and how they informed women about the research. The following chapter addresses some of these challenges by reflexively considering the role of practitioners as gatekeepers, drawing on examples to demonstrate the influence they had on recruitment to the study and the ways in which I overcame some of the ethical dilemmas that were encountered as a result of recruiting in this way.

The role of practitioners was not to recruit or gain consent from women to take part in the research but simply to inform those who met the inclusion criteria about the study and to find out if they were interested in taking part. Practitioners were provided with participant information leaflets to give to young women (Appendix One) and also a more detailed information sheet for themselves to support them in their role (Appendix Two). If the women agreed their details were then passed to me and I would arrange to meet with them to discuss the research further. I met with potential participants at a time and place of their choosing in order to maximise their safety and minimise inconvenience. In addition, I offered the choice of meeting them alone or with the practitioner who had introduced them to the study. This was intended to reduce any anxieties young women may have had about meeting a stranger alone and the majority chose this option.

At this initial meeting I explained the research in detail. Discussions included comprehensive information about what the interview would involve, consent, confidentiality, anonymity and the dissemination of research findings. This introductory meeting also gave potential participants an opportunity to meet me prior to their interview, which may have influenced their decision whether or not to take part (Baird and Mitchell, 2013).

Following our discussions, if the young woman agreed to take part in the research we made arrangements to carry out the interview, again prioritising her safety and convenience. The interviews were arranged at least a week in advance in order to give participants time to consider their decision further without me or the practitioner present. This aimed to minimise the risk of participants taking part because they had felt unable to decline. In particular, I was aware that young women's relationships with the practitioners who referred them to the research had the potential to directly or indirectly influence their decision about participation in a way that was unethical (Miller and Bell, 2002). I therefore hoped that having time and space to consider their

decision would provide them with an opportunity to cancel the interview and withdraw if they had felt any pressure to participate. They were given various ways of contacting me directly or indirectly to do this.

Two of the young women I met decided they did not want to participate in the research. One expressed this to me when I initially met with her, saying that she did not feel her relationship was abusive and therefore there would be no point in her taking part. Another young woman withdrew between our initial meeting and the scheduled interview, citing ongoing issues in her relationship meaning that she was worried about taking part. That these young women felt able to decline to participate gave me confidence that my approach to recruitment was ethical and participant focused (Downes et al, 2014).

Sample characteristics

The final sample for this research comprised of six young women aged between 15 and 20. A brief introduction to each of the participants can be found on pages 180-182. All of the women had first become pregnant between the ages of 14 and 17. At the time of the interview, two of them were pregnant, three already had a child and one had two children. In all cases their abusive relationship was with the father of their most recent child. All except one were separated from their partner at the time of the interview; two of the women were living in refuge accommodation due to concerns about their safety. Three of the women had since embarked upon new relationships; however these were not the focus of their interviews. The children of three of the women were subject to Child Protection Plans as a result of their parents' abusive relationship. Despite certain shared characteristics there was considerable heterogeneity within the sample and no attempt is made to draw conclusions based on presumed similarities. For this reason I collected very little in the way of demographic details about the participants, preferring to focus on the stories they chose to tell me.

Although the final sample size for the study was relatively small, this had a number of benefits. It enabled me to maintain a focus on the individuality of the young mothers' stories, something that was central to the methodological foundations and values of the study (as discussed in Chapter Four). I was able to dedicate time and energy to each and every interview account, meaning that I respected the uniqueness of women's stories. Participants' accounts were detailed and complex, therefore a small sample size facilitated a deeper exploration and analysis of the layers of narrative contained within them (Miller, 2000).

Data generation through interviewing

When designing the research consideration was given to a range of data generation methods before deciding to carry out interviews. In accordance with the epistemological and methodological principles underpinning this research (see Chapter Four) a data generation tool was required that prioritised the voices of participants whilst paying attention to the co-constructed, situated nature of data generation. Burman (1994) has suggested that qualitative interviewing forces researchers to confront their own participation within the research in a way that other research methods may not. By its very nature interviewing is an interaction between two people and, therefore, the roles of both researcher and participant in co-constructing data must be considered.

Interviews are commonly used within narrative research as they enable participants to provide their own detailed descriptions of events, perspectives, beliefs and understandings (Riessman, 2008; Taylor, 2005; Mason, 2002; Smith, 1995). Participants are able to prioritise the issues that are important to them and researchers are able to clarify interpretations and understandings and probe further about topics raised by the participants (May, 2001; Burman, 1994). Qualitative interviewing therefore aims to gain a more genuine understanding of people and how they experience and understand their social worlds (Mishler, 1991).

It has been suggested that using qualitative interviews for data generation when researching sensitive subject matters has a number of ethical benefits (Dickson Swift et al, 2008; Liamputtong, 2007). The flexibility of the interview allows the participant to control what they wish to discuss, therefore they may be able to emotionally protect themselves by not disclosing certain aspects of their lives (discussed further on p.158-163). In addition, the physical presence of the researcher provides repeated opportunities to negotiate on-going consent, enables participants to seek clarification and ask questions and better facilitates the provision of support to participants should they become distressed during the research.

In total, seven interviews were carried out. Participants had the choice of where and when the interview was held and the majority took place in their own homes. On one occasion the interview was conducted in a private room within a local Children's Centre. Interviews lasted between 30 and 90 minutes and were audio recorded with consent. I chose not to make notes during the interviews as I felt this could impede my interactions with participants. However, immediately following each interview I made comprehensive notes in my reflexive journal detailing my initial feelings and reactions to the interview and any contextual information that I thought might prove important.

Deciding on the number of interviews

There is some disagreement within the literature about whether single or multiple interviews are most appropriate when researching sensitive subjects. Young people in particular often do not feel immediately comfortable with adults whom they have just met (Pearce, 2009) and it has been argued that the potential for rapport and trust to be built between the researcher and participant is greater when interviews are conducted on multiple occasions (Swartz, 2011; Laslett and Rapoport, 1975). This may result in participants discussing information in subsequent interviews that they did not feel able to disclose during the first interview (Dickson-Swift et al, 2008; Laslett and Rapoport, 1975). However, whilst this may have methodological benefits, there is a risk that vulnerable participants could actually disclose more than they want to as a result of having developed a relationship with the researcher, something that has ethical implications (Dickson-Swift et al, 2008). Conversely, Brannen (1988) has suggested that sensitive interviews are best conducted as a one-off event as participants can disclose information knowing they will not have to see the interviewer again.

When deciding on the number of interviews to carry out, in the absence of any consensus regarding the most ethical approach to take I therefore also considered practical issues such as the time implications for participants and the need to maintain contact if more than one interview was to be carried out. I decided that a single interview would be preferable or, for participants who were pregnant at the time of the first interview, two interviews; one during pregnancy and one following the birth of their baby. This was not intended to offer a longitudinal perspective but to enable an exploration of their narrative in relation to this significant event during the relationship. Exact timings of the interviews remained flexible in order to fit in with the potentially busy lives of the participants and to enable them to have control over when they preferred to be interviewed.

Narrative interviews?

In keeping with the narrative tradition, I intended to keep the interviews as unstructured as possible (Riessman, 2008; Mishler, 1991). I planned to simply ask participants to “tell their story” hoping that given the time and space to speak freely, narratives would emerge (Mishler, 1991). The women were aware of the broad theme and purpose of the research, which provided some direction but I hoped that, by starting the interview in this way, the participants would speak about the things that were important to them. This would hopefully provide greater insight than if they were constrained by a pre-defined interview schedule based on what I thought I wanted to know (Ludhra and Chappell, 2011; Riessman, 2002).

Carson and Fairbairn (2002) have suggested that a narrative approach to interviewing is an ethical approach in that participants are viewed holistically and listened to and their individual stories are valued and respected. Narrators are able to express their agency through the stories they choose to tell, something that may be particularly important for those who are often constructed as lacking agency, such as young people or women in abusive relationships (Ludhra and Chappell, 2011; O'Connor, 2000). The narrative approach was therefore consistent with the ethical values and theoretical underpinnings of my study.

I was aware of a number of successful studies that had utilised narrative interviews with young people (Ludhra and Chappell, 2011; Wiklund et al, 2010; Milnes, 2003; Jackson, 2001; Kirkman et al, 2001); however, I was also mindful of the difficulties reported by both Harlow (2009) and Luttrell (2003) when using this method with young mothers. Luttrell (2003) suggests that the ability to construct self-narratives emerges with developmental maturity and, therefore, it may be particularly difficult for younger women to do. Furthermore, Harlow (2009) has questioned the concept of inviting participants to tell their story, suggesting that it lacks clarity. In her research, what had been anticipated as an opportunity for participants to be in control of the stories they told became a barrier as they did not respond as she expected. A research interview is an unfamiliar experience for most people and young women might never have interacted with an adult in this way before. I had concerns that, when given the opportunity to speak freely and openly about themselves, participants might not understand what they were being asked to do and potentially lack the confidence to do it. I therefore also created semi-structured interview guides to use if participants did not respond to the request to tell their story. These guides consisted of broad themes with two or three prompts related to each (Appendices Three to Five). I began all the interviews with an open invitation to participants to tell their story and their reaction to this request determined whether I then asked further questions from the interview schedule.

By combining a narrative approach to interviewing with a semi-structured interview schedule guide I was able to tailor the interviews to the responses of individual participants and react responsively to the particular situation. I would argue that this resulted in the generation of more data than if I had insisted on taking a narrative approach and continued to press participants to tell their stories. My experience of interviewing has led me to question whether a research interview can ever be wholly unstructured as all research is in some way guided by the researcher (Mason, 2002; Collins, 1998; Burman, 1994). In identifying the focus of the research I guided the topic of conversation and, in all the interviews, there was input from me in terms of following up certain aspects of the women's stories and asking additional questions. Burman (1994, p.50) has argued that the term 'unstructured

interview` is *“at best a disingenuous and sometimes a dangerous misnomer for refusing to acknowledge prior expectations or agendas”*. The term ‘semi-structured narrative interviews’ is therefore considered more appropriate to describe the interviews carried out in this study. By using this term I hope to maintain transparency about my own level of involvement within the data generation; all of the interviews were co-constructed, situated and unique events.

Negotiating consent

Prior to carrying out the interviews I obtained written consent from all participants (see Appendix Six). However, my overall approach to consent was one of process consent (Hardy et al, 2009; Renold et al, 2008). Consent was regarded as an on-going, contextually situated process and at no time assumed or taken for granted. In practice this meant ensuring that participants were aware of the multi-dimensional nature of consent and that they could choose not to consent to certain aspects of the study. For example, they could choose not to answer any of my questions or to opt out of recording the interview. Following each interview I revisited the issue of consent to confirm that, in the light of their experience, participants understood what they had agreed to and to address any specific concerns they might have had regarding the information they shared with me. They were reminded that they could withdraw their consent at any time following the interview.

For participants who were pregnant at the time of their interview specific consent was obtained regarding contacting them for a second interview following birth and the use of their data should the researcher be unable to contact them to arrange this. They were asked whether the data from the first interview could still be used or whether they would want to withdraw from the study if they could not be contacted to arrange a follow-up interview. This additional safeguard was put into place in view of the fact that participants could have moved and changed their contact details as a result of fleeing an abusive relationship. Prior to the second interview consent was again explained and confirmed verbally.

Although some of the participants were under 18, due to the nature of the research and the fact that they themselves were, or were soon to be, mothers, parental consent was not considered necessary or appropriate for this study. This approach is in accordance with guidelines issued by the National Research Ethics Service (2009), Medical Research Council (2004), NCB (2003) and Barnardos (2002).

The interview encounter - attending to issues of power

When planning and carrying out the interviews I was guided by my feminist commitment to recognising and minimising power differences between the researcher and the researched (Skinner

et al, 2005; Cancian, 1992). The power dynamics within the research relationship are complex and multifaceted. Research participants are often constructed as totally powerless; however I considered that they did hold power and the data generation methods I utilised were designed to maximise their ability to exert it. Participants had the power to choose whether to participate, to construct their own stories and to withdraw should they wish to and I repeatedly emphasised this to them. Despite this, as the researcher I still potentially had more power over the interaction than the participants did (Kvale, 1996; Bhavnani, 1993). In addition, as a white, academic and professional woman, a number of years older than the participants I was interviewing, I could be considered more privileged and, therefore, more powerful (Swartz, 2011; Sword, 1999). I was concerned that the differences between us might mean that participants would not feel comfortable speaking to me, especially since I was asking them about intimate aspects of their lives (Ludhra and Chappell, 2011; Underwood et al, 2010; Abell et al, 2006). Whilst it is not possible to eliminate such power differences, I therefore tried to adopt strategies to minimise them. However, I acknowledge that I do not know how I was viewed by the participants and cannot be sure to what degree these strategies were successful, nor whether the interview encounters would have been different had I not done these things.

Participants were offered the choice of where the interview was carried out. It was hoped that this would enable them to feel more comfortable; as a guest in their homes I often felt that my own power had been somewhat reduced. When meeting participants I paid attention to seemingly small details, such as what I wore and how I spoke. I tended to 'dress down' for interviews, often wearing jeans or leggings so as not to appear too formal. As Baird and Mitchell (2013) have reported, I felt that having met a woman prior to the interview was beneficial and enabled conversation to flow more easily when we met a second time. I took time prior to starting the interview to ask about how they were and was usually able to make reference to things they had told me the first time we met, often related to pregnancy or their children. I believe that my previous experience as a midwife assisted with relationship building as I am used to talking to young women, often about very sensitive issues. I avoided using complex, academic language during our conversations and was guided by the participant's own choice of words when referring to their relationships (DeVault, 1990).

During the interviews participants were encouraged to be in control of what they told me and what was recorded. They were shown how to turn the recorder off, although in the event no-one did this. I also emphasised that they did not have to answer any questions I asked them or could choose not to speak about certain issues. Two of the participants stated during their interview that they did not

want to speak about a particular aspect of their lives. In addition, at least two others appeared to deflect a question I asked and instead changed the subject to talk about something else. I took this as a positive sign that these participants had felt able to choose what they revealed and that they had not felt unduly pressured by the interview situation or the power dynamics between us.

Researcher reciprocity or self-disclosure has been suggested as a way of managing unequal power relations in research interviews. Harrison et al (2001, p.323) have suggested that through "*judicious use of self disclosure, interviews become conversations, and richer data are possible*". This practice, which involves interviewers sharing with participants some of their own experiences or feelings in relation to the research topic, has particularly been associated with feminist research and women interviewing women (Reinharz and Chase, 2003; Oakley, 1981). Oakley (1981) suggests that, as human beings, an objective, detached approach to interviewing is not necessarily advantageous or even achievable. If interviews follow conversational conventions then it is likely that participants will ask questions, seek clarification and expect some level of involvement from the researcher. Indeed, this was my experience during the interviews I carried out and I tried to keep the interviews as informal and conversational as possible. However, I shared the concerns of Duncombe and Jessop (2002) who argue that when reciprocity is offered solely with the intention of generating richer data, this is potentially unethical. I therefore tried to negotiate a 'middle ground' of self-disclosure, avoiding what Duncombe and Jessop (2002, p.107) refer to as "*faking friendship*".

I was open about my background as a midwife and previous experience of working with women experiencing abuse. If participants asked me questions about my own experiences, for example whether I had children, I always answered honestly. I was never asked about my own experiences of relationships or abuse and I did not feel it was necessary to volunteer this information. Participants often used phrases such as "*you know?*" or "*do you know what I mean?*" when talking to me and I took this as them seeking clarification or affirmation that we had a shared understanding of what they were saying (Boonzaier, 2008). I therefore felt it was important to respond in a way that confirmed my understanding without necessarily suggesting that I had had similar experiences or shared the same viewpoint. For example;

Destiny: "You know the naughty twos and it's like oh god stressful"

Julia: Yeah, it sounds it"

When participants' views and understandings seemed to differ from my own I respected them and did not challenge or enter into a discussion about our different perspectives as I felt that this would

potentially damage the rapport between us. I was also uncomfortable with the suggestion that my opinion was in some way superior to theirs due to my academic knowledge.

I have outlined a number of ways in which I attempted to address the issue of power within the interviews. As stated previously, I cannot say how these strategies were received by participants or whether they were effective, however this discussion highlights my own role within data generation and reaffirms the co-constructed nature of the interviews. Providing this level of detail is an attempt to remain transparent about the research processes utilised and enhance the trustworthiness and ethical integrity of the data (see p.155-156).

Maintaining participant and researcher safety during data generation

One of the main concerns related to this research was the safety of participants and, potentially, myself should a perpetrator of abuse become aware of the woman's participation in the research (Btoush and Campbell, 2009; Ellsberg and Heise, 2005; Sullivan and Cain, 2004; Langford, 2000). A great deal of consideration was therefore given to maintaining safety and a protocol was drawn up using guidance from the WHO multi-country study on women's health and domestic violence against women (Ellsberg and Heise, 2005; 2002) as well as advice from experienced researchers (Btoush and Campbell, 2009; Sullivan and Cain, 2004; Langford, 2000; Paterson et al, 1999). In order to minimise any risk to participants, individual safety issues were discussed with each participant at our initial meeting and a plan developed to include safe means of contact and a safe location and time for the interview. Contact with participants was kept to a minimum and contingency plans were made should the perpetrator be present when I contacted a participant or arrived to carry out an interview, although this situation never arose.

Attending to the safety of the participants indirectly also protected me as researcher, however I also had a personal safety plan including notifying a research supervisor when and where I was conducting interviews and the action that should be taken if I did not make contact following the interview.

In addition to concerns regarding physical safety it has been suggested that participants may experience emotional distress as a result of research that requires them to talk about personal experiences of abuse (Ellsberg and Heise, 2005). It was therefore crucial, within an ethics of care framework, to minimise any potential risks to participants and prioritise their emotional safety and wellbeing. As part of the consent process I ensured that, prior to beginning the interview, participants were fully aware of the topics that were likely to be discussed. In addition, the narrative approach encouraged them to be in control of the interview by choosing what to talk about and

when to end. They were also shown how to turn off the recorder if they decided they wanted to stop recording the interview. Following each interview I took time to ask participants how they had found it and whether they had any concerns about any aspect of what we had talked about. Information about relevant services was routinely provided to every participant, should they require any support in the future.

I was prepared to respond sensitively to any signs of distress in the participants and to refer them to other agencies for ongoing support should they require it; however, none of the young women appeared upset at any time during or after the interviews. In contrast, when asked, the majority of participants said they had enjoyed the opportunity to talk openly about themselves without fear of judgment or repercussions; some said it had helped them to see 'how bad' their relationship had been. All of the interviews ended with discussions about the future and I provided positive affirmations of their achievements and strength in overcoming the difficulties they had faced. Participants were encouraged to contact me if they had any issues regarding the research at a later date and, to date, no concerns have been raised. In view of my experiences, in the following chapter I consider the concept of 'sensitive' research in more detail and question the suggestion that research such as this is likely to result in emotional harm to participants (p.158-163).

Issues of confidentiality and anonymity

The principles of anonymity and confidentiality are central to any consideration of research ethics but, in this research, were particularly important in order for participants to feel safe disclosing information about themselves and their experiences. Although participants were introduced to the study through practitioners, these practitioners were never informed whether the young woman had eventually taken part or given any information about what was discussed. In order to maintain participants' anonymity, pseudonyms were adopted and used from the point of transcription onwards. In addition, all other names, locations and any potentially identifying features mentioned during interviews were also changed. The interview recordings were stored securely on a University computer and paper copies of consent forms and transcripts kept in a locked drawer within a locked office at the University. No personal information about participants was kept unnecessarily or for longer than the duration of the study.

Maintaining participants' confidentiality was considered an important aspect of ethical research practice. However, as there were children involved in this research, both directly as participants under 18 and as the children and unborn babies of the mothers taking part, absolute confidentiality could not be promised (NCB, 2003). Williamson et al (2005) have suggested that confidentiality is an ambiguous concept in relation to research with children as there is no legal requirement for

researchers to report suspicions of child abuse. However, I would have had a professional and ethical obligation to act should I have had concerns about the safety of a child (HM Government, 2010b; Nursing and Midwifery Council (NMC), 2008). The limitations of confidentiality were therefore made clear to participants prior to taking part in the research and this information was included on the consent form (Appendix Six). Throughout the study, no such concerns were raised.

Reflexivity throughout data generation

As part of my commitment to reflexivity and openness about my own role within the research (see p.97-107) I kept a reflexive journal throughout the research period. This enabled me to record my reactions, thoughts and feelings about an interview or contact with a participant immediately after the event. These reflections often contributed towards my reflexive reading of the data during analysis (see p.148); helping to remind me of my initial reactions to the interview and any specific details I might otherwise have forgotten. The reflexive diary helped me to identify my own subjective location in relation to the participant and factors that might have influenced the interview. Clarke (2009) and Koch (1994) have suggested that, used in this way, a reflexive diary can enhance rigour within the research process by forming an audit trail of decisions and encouraging thorough critical reflection on the researcher's role within data generation.

The reflexive diary was particularly helpful in identifying where my role and identity as a midwife might have impacted upon my interactions with participants and on my interpretations of their accounts. One particular example was when a participant told me a detailed story about a medical incident involving her and her daughter. Given my midwifery knowledge her story did not seem to make sense and I found myself questioning the 'truth' of the account as it was being told. Writing this down in my reflexive diary immediately after the interview enabled me to realise that, because of the nature of the story and my background, I had mistakenly been looking for an element of 'truth' in the mother's account rather than considering why this story was told and its potential meaning for her (Watson, 2006; Flicker, 2004). Acknowledging this helped me to ensure that my initial 'suspicions' did not impact upon the subsequent data analysis and enabled me to focus on interpreting her account in relation to the potential functions this story served rather than on searching for meaning behind what I had identified as potential inconsistencies (Watson, 2006; Flicker, 2004).

The transcription process

Following data collection it was necessary to create a written version of the interviews to work with during data analysis. This process is known as transcription and, according to Alldred and Gillies (2002, p.159) is "*one of the least problematized parts of the research process, not generally*

recognised as an act of representation or embodying interpretation". My own experiences of transcription revealed that, far from being a simple, standalone process necessary to bridge the gap between data generation and analysis, transcription is a powerful act of representation, an integral part of a continuum of interpretation. The process of transcribing the research interviews was significantly more challenging than I initially anticipated and required me to reflexively consider issues of accuracy, interpretation and representation.

There are many differences between the spoken and the written word, particularly when speech is presented alongside academic writing. Speech often contains slang words, utterances, idioms, incomplete words and non-standard dialect that would not be used in a written piece. Transforming an audio recording of an interview into a written version therefore requires the researcher to consider how to deal with these features of speech.

One approach to transcription is denaturalism, in which speech is 'tidied up' by removing idiosyncratic elements such as stutters, pauses and involuntary vocalisations (Oliver et al, 2005). However, I had concerns that in doing this I would be actively altering women's words and, depending on how much I changed, there was potential for misinterpretation of what they had been trying to say (DeVault, 1990). Alternatively, I considered transcribing the conversations exactly as I had heard them, trying to represent as much as possible the intricacies of individual speech. However, when I did this with the first interview the finished transcript became very difficult to read due to the woman dropping letters from the beginning and end of some of the words as she spoke them, for example:

"Erm, I just couldn't walk to the shop or nowt, like, I don't know, like if I walked t' top o' lane 'why you walkin' what about if someone woulda got ya?' I just couldn't do nowt".

[Sharmaine]

I was aware that written in this way the transcript could potentially serve to construct a particular image of this young woman. In particular, I did not want to reproduce dominant stereotypes that construct young mothers as lower class and poorly educated (Duncan, 2007; Hadfield et al, 2007).

When considering these tensions it became apparent that speech and language have a class basis (Standing, 1998). I felt torn. Using a denaturalised style of transcription I was concerned that I was inadvertently rendering women powerless to represent themselves and privileging the language of the white middle class but, in trying to accurately represent the subtle nuances of speech and dialect in written form, I was concerned I may be reproducing dominant constructions of young mothers (Duncan, 2007; Hadfield et al, 2007). Standing (1998) has highlighted a similar dilemma in her

research with lone mothers. She found that when presented next to the academic writing style contained within her PhD thesis, the women's voices looked 'wrong' and she felt that, presented in this way, her work reinforced hierarchies of knowledge and power. She states:

"Very few of us write in the way that we speak, yet, when we, as academics, write articles and research reports using empirical research we do transcribe our participants' words as they were spoken – their spoken language enters the text to make our work 'authentic' and real – our spoken language does not" (p.192)

She therefore decided to edit out some of the *"ums, ahs, errs, you knows, the swearing ... and make 'gonna' and 'innit' into 'going to' and 'isn't it'"* (p.190). In doing this she acknowledges that she is making a compromise; she is prioritising the academic discourse and potentially losing some of the authenticity of the women's voices, which has implications for the research. However, she believes that this is necessary to prevent reproducing dominant cultural constructions of poor and working class women.

The position offered by Standing (1998) resonated with me and therefore I made a decision that I would also selectively edit the transcripts whilst aiming to produce a version that was a *"full and faithful"* (Cameron, 2001, p.33) representation of the interview. I only amended words where one or two letters had been dropped during speech, where the change only affected one word and where I was sure there was only one possible meaning of the word. I did include non-verbal noises, slang words, repetitions and words that appeared to have been used in a non-standard context. Appendix Seven provides further details of the method of transcription and the notations used.

Reflexively attending to the transcription process highlighted the fact that the transcript is merely a representation of the event that was the interview and it can never fully capture or represent the interaction (Kvale, 1996; DeVault, 1990). Whilst considering the dilemmas and decisions about transcription I became more aware of the value of listening to the original recording of the interview during data analysis rather than just working from a written transcript. This was particularly useful to facilitate reflexivity and became an integral part of the data analysis process, enabling me to record my immediate feelings, instincts and responses to what was being said as I heard it and 'relive' the interview. Brown and Gilligan (1991) and Mauthner and Doucet (1998) have suggested that this is an important aspect of the Listening Guide as it gives the researcher access to the physicality and relationality of voice. Thus transcription became a necessary aspect of the research in order to have a written form of the interview to work with but I was careful to ensure that the transcripts did not 'become' the data.

Interpreting and analysing the data

As previously discussed in Chapter Four, the Listening Guide (Mauthner and Doucet, 1998) provided the template for data analysis in this study. One advantage of this method for the novice researcher is that it provides a defined framework for analysis, each reading focusing on a different aspect of the data. I made notes on the transcripts using different coloured pens for each reading which provided a visual representation of how my interpretations of the individual readings related to each other. Appendix Eight provides an overview of the framework I used to guide my data interpretation, based upon the published work that describes how to use the Listening Guide and Appendix Nine is an example of a section of annotated transcript.

Listening One – Reflexively considering the interview

In Mauthner and Doucet's (2003; 1998) descriptions of the Listening Guide they place reflexivity and plot together as the initial reading, however, I found it helpful to consider these aspects separately and therefore have presented them as such. Although framed as the first stage of the data analysis process, reflexivity was actually on-going and began from the moment I was introduced to the participant. It formed an intrinsic part of the interview and transcription process before being formally documented as this initial part of the data analysis.

The specific, focused attention to 'doing reflexivity' in this reading is a unique aspect of this method of data analysis and enables researchers to identify their own role within data production and analysis in order to retain some boundary between participants' voices and their interpretations (Mauthner and Doucet, 2003; 1998). I have chosen to use the word 'listening' rather than 'reading' to describe this first stage of analysis as it more accurately represents the process I went through. I carried out this listening immediately after transcription and listened to the audio files whilst reading the transcripts in order to immerse myself in the data and relive the interview (Brown and Gilligan, 1991). I found that an initial focus on reflexivity enabled me to identify any personal reactions to what the participants were saying that might influence the rest of my analysis. Locating myself socially, historically, emotionally and theoretically in relation to the participants enabled me to see where, in the subsequent readings, I risked over-interpreting the participant's words (Mauthner and Doucet, 2003; 1998). I documented my reflexive considerations on a copy of the transcript separate from the other readings and then returned to it at the end of the process to compare the two and try to identify any areas where I might have over-influenced the interpretation, thus improving the integrity of my analysis and the trustworthiness of the findings (Finlay, 2006).

Reading One – Reading for plot

Arguably, the 'plot' of a story is a key feature of a person's narrative; it is the basis of the story they are telling and attention to plot is therefore central to many forms of narrative analysis (King and Horrocks, 2010; Squire et al, 2008; Riessman, 1993). However, there are numerous ways in which plot is defined and understood within narrative research. Plot may simply be considered as the main events and actions within the account or it may be viewed in relation to the connectivity of these episodes in which significance, meaning and evaluation are given to events (Somers, 1994). Some narrative analysts have suggested that all narratives are structured in relation to a limited number of basic plots or storylines (Booker, 2004; Frye, 1957). Gergen (1994, p.194), however, has challenged the notion of a finite number of narrative plots stating *"there is simply no compelling evidence to explain why there should be a limited number of narratives"*. He argues instead that it is the evaluative shift within storylines that is limited, resulting in narratives that are either stable (the trajectory remains unchanged), progressive (in which movement along the evaluative dimension is incremental) or regressive (movement is decremental). Whilst the notion of 'types' of plot may be useful in some circumstances, I felt that the findings of this research did not fit this approach. Although many of the participants' accounts had features that corresponded with the plotlines and evaluative shifts described above, generally their stories lacked the consistency and directionality that a single plot suggests (discussed further in Chapter Nine). In addition, I was not comfortable with the idea of 'categorising' the narratives in this way. I felt that doing this risked losing the individuality of the young women's stories and might prevent me from gaining a full understanding of their narratives. I therefore took a much broader view of plot, guided by the work of Somers (1994) and Doucet and Mauthner (2008, p.405) who state their interpretation of reading for plot as:

"To combine the basic grounded theory question, which is 'what is happening here?' (Charmaz, 2006), with elements from narrative analysis such as an interest in recurring words, themes, events, chronology of events, protagonists, plot, subplots, and key characters (Mishler, 1986; Elliott, 2005)"

I focused on the question 'what is happening here?' but also asked 'why am I being told this?' in order to consider the potential function of the stories participants chose to tell and the relationship between different aspects of their accounts.

Reading Two – Reading for the voice of 'I'

The second of the Listening Guide readings was particularly appealing to me in relation to this research as it prioritises the voice of the participant. This is a distinctive feature of the Guide and differed from other methods of narrative analysis I had encountered. Brown and Gilligan (1992,

p.33-34) highlight the importance of listening to how the participant “*speaks of herself before we speak of her*” and this reading provided a valuable opportunity to focus entirely on the participants’ multi-layered voices and prioritise their understandings and explanations over my own theoretical insights. This approach was therefore consistent with the theoretical and methodological notion of ‘giving voice’ to young mothers’ stories (as discussed on p.114-118).

This reading involved using a coloured pen to mark the transcript and physically trace participant’s use of personal pronouns such as ‘I’, ‘we’, ‘me’ and ‘you’. This process highlighted where and how the young women spoke about themselves and also made visible where they appeared to be absent within their accounts. As part of this reading I then constructed ‘I poems’ (Gilligan et al, 2003). This involves extracting from the transcript the personal pronouns along with the key words that accompany them and placing them as lines of a poem, maintaining the sequence in which they originally occurred. The resulting poems may illuminate aspects of the narrative that are not immediately obvious when contained by the structure of full sentences and make visible variations in the first person voice that can reflect changes in perspective (Edwards and Weller, 2012; Gilligan et al, 2003). The poems were powerful tools for seeing how the young women spoke about themselves, their relationship to key events, shifts in perspective and where they seemed to be struggling to articulate or make sense of their experiences. The short example of an I poem below demonstrates how presenting women’s words in this way can reveal some of the tensions in their stories:

I was crying

I didn’t

I didn’t know what to do

I should

I should’ve

I still wanted to be with him

I stayed *[Claire]*

The other interpretive function that these poems served was to highlight where young women moved from using the first person pronoun ‘I’ to the second person pronoun ‘you’. Both Gilligan et al (2003) and Mauthner and Doucet (1998) suggest that such shifts can signify changes in how the

narrator perceives herself. These transitions also indicate that the speaker may be struggling to articulate aspects of their experiences (Lieblich et al, 1998; Mauthner and Doucet, 1998).

The 'I poems' therefore offered another way of viewing the data and helped to illuminate aspects of the narratives that otherwise might have not been visible. However, it is important to acknowledge that although they are constructed with the aim of highlighting participants' voices and prioritising how they speak of themselves, there is still a degree of researcher interpretation within them as I chose which words to include in the poems.

Reading Three – Reading for relationships

The Listening Guide's reading for relationships is based upon the notion that narrated subjects are intrinsically relational (Doucet and Mauthner, 2008; Somers, 1994). As the focus of this research, the young women's relationships were clearly very relevant. However, I was not just interested in their relationships with their partners but I considered how they spoke about other people in their lives; their families, friends, children and broader social networks. I was particularly interested in whether relationships were supportive or constraining and how this might change throughout the account. Within the reading for relationships I also tried to identify where discussions reflected public narratives about relationships.

Reading Four – Identifying social, political, cultural and structural contexts

The fourth reading of the data focused on structured power relations and dominant ideologies that framed the narratives (Doucet and Mauthner, 2008). I paid attention to how the participants spoke about their lives, upbringings and social situations in order to try and gain a deeper understanding of the factors that may have influenced their narratives. The participants rarely articulated their own understandings of structural influences on their experiences so this was arguably the most interpretative of the readings as I drew on theoretical understandings and previous research in order to identify the public narratives that were reflected within young women's own narratives.

Initially I understood this reading as an attempt to ascertain the public narratives that had influenced and shaped young women's narratives, however, on reflection, the participants did not themselves acknowledge the influence of such structures and therefore I risked imposing my own interpretations too heavily on their stories. This realisation necessitated a rethinking of the fourth reading and I revisited the transcripts, focusing more on the ways in which participants' stories *reflected* public narratives rather than were shaped by them.

Reflections on using the Listening Guide

The Listening Guide provided a valuable framework for analysis in this research as the different readings were all relevant to the research aims and helped to reveal aspects of the data that might not have become apparent had I used an alternative method of analysis (Edwards and Weller, 2012). In addition, the structured approach was particularly useful for me as a novice researcher as it enabled me to focus on specific aspects of the data and not become overwhelmed.

Although I began my data analysis by carrying out the readings separately, as I became more confident with analysis and familiar with some of the concepts that were being generated I seemed less able to separate the readings from each other. I was initially concerned by this, however I realised that it was the process of actively focusing on the readings individually that was aiding me with interpretation and that it was not actually necessary to 'categorise' aspects of the data in relation to the readings. With the fourth reading in particular it seemed that many of the structural influences had already been identified within the other readings, demonstrating that they were all inextricably linked and that the readings considered independently might have only presented a partial understanding of the data.

The Listening Guide Study Group

Mauthner and Doucet (1998) have highlighted the role of group work in facilitating data analysis within their own PhD research. They were part of a research group that originated as a way to learn and develop this particular method of data analysis and also to explore the theoretical and methodological ideas underpinning it. Mauthner and Doucet (1998) suggest that this approach supports the Guide's principle of a 'relational ontology' in which individuals are explored and understood within their social contexts rather than being positioned within a framework of individualism and autonomy. Their group was, therefore, one way in which they attempted "*to translate this relational ontology into methodology and into concrete methods of data analysis*" (p.126). They highlight the benefits of sharing interpretations, offering alternative perspectives and discussing differences in the way in which they understood and utilised the Listening Guide.

I and three colleagues, who were all using the Listening Guide, became interested in this aspect of the method and formed our own study group at the University of Huddersfield. Since early 2011 we have met monthly for discussion, debate and data analysis and the group has grown to include a number of PhD researchers from around the country. As well as providing invaluable peer support during the research process, the study group has engaged me in wider debates regarding ontology, epistemology and methodology. It has provided a critical perspective on my own taken for granted assumptions and fostered a more continuous approach to reflexivity. Whilst, as the researcher, I

remain the key figure within data interpretation, I have benefitted from alternative viewpoints at times when I have struggled to analyse particular aspects of the data, perhaps because of my intensely close relationship to it. In addition, reflexive insights from other members of the group were useful in identifying where my own personal experiences, or lack of, were contributing to how I viewed the data (Mauthner and Doucet, 2003). Although I only ever shared very small segments of the data with the group for analysis, this often led me to reconsider other aspects of the data in the light of our discussions, arguably improving the overall quality and trustworthiness of the findings (see p.155-156).

However, possibly the most important benefit I have gained from being part of the study group is the knowledge that, as Mauthner and Doucet (1998) state, we were not developing *the* method but rather our own individual interpretations, understandings and versions of it. Being part of a study group in which we were all researching different subjects, from different perspectives and within different contexts yet still using the same method, albeit in slightly different ways, enabled me to view the guide as it is intended, as a *guide* rather than a fixed recipe for data analysis (Mauthner and Doucet, 1998).

After the readings

The main concern I had with using the Listening Guide was what to do once I had carried out the readings on each of the transcripts. I had lengthy interpretations from each of my interviews but I needed a way to draw them together without losing the 'wholeness' of the stories. This was an issue that we discussed at length within the Listening Guide Study Group and Mauthner and Doucet (1998) have described similar dilemmas. They carried out a form of thematic analysis to draw the findings together and have suggested that doing this in conjunction with the Listening Guide enabled them to '*tap into different dimensions of the data sets*' (p.135).

I was keen to keep the women's stories as whole as possible and, as I was working with a small number of transcripts and very detailed analysis, I felt that I needed a way of presenting the data that enabled me to do this. Throughout the analysis it had become clear that although each participant's situation and story were very different, there were many commonalities in terms of the types of stories they told and the ways in which they told them; their stories might have been different but their narratives were more similar. As a result of identifying the broad similarities within the participants' accounts I was then able to recognise differences and absences where they occurred. I have therefore presented the findings in relation to the two broad topics that participants spoke about and that were of relevance to the research aims; relationship abuse and motherhood. I have tried to identify how the different participants' stories related to these broad

narrative themes. Many of the participants told stories about other experiences, such as their childhood and new relationships. Although sometimes these provided useful contextual information, they were not focussed upon as they were not as relevant to the research objectives.

Qualitative approaches to ensuring trustworthiness

Finlay (2006) suggests that one of the biggest challenges for qualitative researchers is to demonstrate the quality and trustworthiness of their research. It is generally agreed that the criteria of reliability, validity and generalisability, traditionally used to assess quantitative studies, are inappropriate and largely irrelevant for evaluating qualitative research (Finlay, 2006; Tindall, 1994). These criteria are generally incompatible with the aims of qualitative research that highlights the situated, contextual nature of data generation rather than aiming to produce findings that can be replicated, generalised and transferred (Finlay, 2006). In addition, they imply that there is a singular, universal truth that it is possible to capture through research, rather than valuing the multiplicity of stories. For this reason a number of alternative criteria have been suggested for ensuring and demonstrating trustworthiness in qualitative research (Ballinger, 2006; Finlay, 2006; Lieblich et al, 1998; Henwood and Pidgeon, 1992; Lincoln and Guba, 1985; Polkinghorne, 1983). Individual authors have emphasised the importance of different aspects of trustworthiness; within this study I have been guided by the work of Finlay (2006) who suggests that the use of any such 'criteria' will depend largely on the aims, epistemology and methodology behind the study. She argues for a broader approach to demonstrating trustworthiness in qualitative research and suggests that a commitment to transparency should remain a central aim.

Throughout this thesis I have therefore attempted to demonstrate a commitment to ensuring the rigour and relevance of the research (Finlay, 2006). Through "*thick description*" I have located myself within the research and revealed the epistemological, theoretical, methodological and ethical justifications for decisions made in order to provide a clear "*audit trail*" from which readers can assess and evaluate the way I have carried out the study (Holloway, 2005, p.277). Offering a level of transparency about the researcher's relationship to the research and to the researched is considered beneficial in terms of demonstrating methodological trustworthiness (Ritchie et al, 2009). In particular, the main challenges I faced during the research have been considered at length and are discussed in the following chapter.

The research findings were shared and discussed with my research supervisors and, on occasion, with colleagues within the Listening Guide Study Group (see p.153-154), which provided opportunities for questioning and critique of my own interpretations. As suggested by Finlay (2006),

I have presented these findings in relation to previous scholarship in this area in order to demonstrate credibility and the contribution of this research to existing knowledge and debates.

Summary

This chapter has described the research methods and design of the study, detailing how participants were recruited, the interviews carried out and the data analysed. Throughout the discussions I have presented some of the ethical considerations that were taken into account when making choices about how to conduct the study and, through reflexivity, have explored some of the potential implications of the decisions made. In doing this I have attempted to highlight the complexities of carrying out social research and demonstrate that it was not always a straightforward, linear process. There were indeed a number of specific challenges that I encountered during the course of the study and it is to these that I now turn my attention to in the following chapter. The discussions I present aim to complement the information provided thus far and offer a further rationale for the decisions made about the ways in which the study was conducted.

Chapter Six: The Challenges of Doing 'Sensitive' Research

Introduction

Having discussed the methods used during this study I now provide a reflexive consideration of some of the specific challenges that arose during the course of the research. I begin by considering the term 'sensitive' research and the implications of constructing certain studies in this way. I then provide specific examples of some of the difficulties I experienced when recruiting young mothers to this research, in relation both to potential participants and to the practitioners who acted as gatekeepers. I suggest a number of possible reasons to account for the low rate of participation in the study, drawing on relevant literature as well as on discussions I had with young women and practitioners. I then consider how my positioning as both a practitioner and a researcher may have impacted upon the research, presenting some of the ethical dilemmas that were raised as a result of this dual role.

The discussions in this chapter aim to substantiate the claim that an on-going consideration of ethics was necessary throughout the research process and to highlight the role of reflexivity in assisting me to address some of the challenges faced. As a further example of this I conclude the chapter with a consideration of responsibility in relation to participant safety and confidentiality when participants' decisions conflict with researchers' understandings and assessments of risk. Drawing upon notions of agency and responsibility I return to the issue of constructing research as sensitive and question whether it is always appropriate, or indeed possible, for researchers to determine what constitutes the 'best interests' of participants.

'Sensitive' research?

There is much debate about what constitutes a sensitive research topic and Lee (1993) has argued that the term is often used without explanation or definition. Certain subjects, such as death, illness, trauma, abuse and (in)fertility, are regularly ascribed the label 'sensitive' as if this were a common sense judgement. However, such judgements are based upon socially constructed notions that these issues are universally distressing, which may not always be the case. Lee and Renzetti (1993) define sensitive research studies as those that are deemed potentially threatening to those participating; for example through the disclosure of information that could be considered personal, private, stigmatising, controversial or politically threatening. These judgements are also temporally, socially and culturally located. Lee and Renzetti (1993) also argue that the sensitive nature of a topic may not always be immediately obvious and may emerge as the study progresses; therefore it is not necessarily the subject matter itself that is sensitive but the relationship between the topic and the

context in which the research is conducted. Sieber and Stanley (1988, p.49) offer perhaps the broadest definition of “*socially sensitive research*”:

“Studies in which there are potential social consequences or implications, either directly for the participants in the research or for the class of individuals represented by the research”.

This much-cited definition requires researchers to consider the wider implications of their research even when their subject matter may not be overtly sensitive. Using this definition, almost all social research can be considered sensitive. This perspective may benefit participants as it encourages all researchers to confront the potential ethical and social implications of their research. However, it also raises the question of whether the term ‘sensitive research’ is actually useful.

Using any of the definitions above, this particular study could be classed as sensitive. Talking to other researchers, practitioners and lay persons confirmed that the subject matter is generally considered sensitive. I was initially warned of the difficulties I would face gaining ethical approval for the study and recruiting participants and concerns were expressed about the emotional impact of the research both on the participants and on me. However, ethical approval was granted without difficulty and throughout the study I was never aware of any of the participants finding the research distressing. In addition, I never found the research overly demanding emotionally. Although this may have been because I took steps to minimise the potential risks of the research, it seems there may be a discrepancy between the perception of research as sensitive and the realities of conducting such research.

A number of researchers have attempted to find ways of assessing whether research that is considered sensitive or potentially emotionally harmful is actually received in this way by participants. Kavanaugh and Ayres (1998), for example, conducted qualitative research with bereaved parents about their experiences of perinatal loss. They followed up their interviews with a question to participants about how they had felt about taking part in the study. Most parents reported that they had found participation helpful. Even when they had become upset during their interview they wanted to continue; they emphasised that their distress was related to their loss, rather than the act of talking about it. Similarly, the women in Baird and Mitchell’s (2013) study of domestic abuse in pregnancy reported that being interviewed had been helpful, cathartic and, in some cases, empowering. Corbin and Morse (2003) argue that participating in a qualitative interview is unlikely to be any more distressing to participants than talking about sensitive issues to family or friends. They report that the majority of people react positively to being interviewed; indeed many participants are grateful for the opportunity to talk. They suggest that qualitative

interviews are the most appropriate method for conducting sensitive research as they enable participants to retain control over what they talk about.

In research about women's experiences of interpersonal violence Hlavka et al (2007) found that participants employed several strategies to avoid talking about particular experiences, again suggesting that research participants are generally able to manage their own emotional wellbeing. Those taking part in sensitive research are often positioned as 'vulnerable' in some way, either by virtue of their personal circumstances or as a result of particular experiences. However, to assume that all interviews are emotionally distressing fails to acknowledge participant agency (Corbin and Morse, 2003; Kavanaugh and Ayres, 1998). Corbin and Morse (2003, p.388) suggest that most people will consider whether talking about a particular subject has the potential to upset them before making a decision about whether to participate in research:

“Emotionally fragile persons and those who don't feel they can talk about a problem usually don't volunteer to be interviewed. If asked to participate, provided the request is made in such a manner that participants are allowed to say no, those uncomfortable or distrustful of the interview process usually refuse to participate”.

Although I do not know the number of women who were approached to take part in the study but declined, nor their individual circumstances, it may be that those who chose not to participate did so in order to protect themselves emotionally. Those who did take part appeared to have considered whether they were emotionally ready to talk about their experiences and decided that they were. This may, in part, have been related to their relationship status at the time; the majority made reference to having 'moved on' and stated they would not have taken part had they still been in the relationship. Similar to the studies cited above, when asked how they had found taking part in the interview the majority said they had found it to be a positive experience and had enjoyed the opportunity to reflect on their experiences in this way. None of the participants expressed any distress or regret about being interviewed.

In contrast to the studies above in which participants knew the subject of the research and were able to decide whether or not to take part based on this, Hebenstreit and DePrince (2012) have studied women's experiences of participation in longitudinal research about intimate partner abuse when they did not initially know that this was the focus of the research. The women in their study were therefore not self-selected, although they were known to have experienced IPA as they had been identified and contacted through police records. During the consent process women were informed about the nature of the study and given the opportunity to decline to participate; only one

woman did this. A quantitative analysis of reactions to the interview study indicated that participants reported more benefits of taking part than negative consequences. There was a high retention rate over the three interviews and 92% of participants reported they would participate in the study again. These findings suggests that, even when participants do not self-select to take part in sensitive research, the likelihood of emotional harm remains minimal and the authors argue that abused women should not therefore be denied a voice in research on this basis.

From the studies cited above it would appear, therefore, that there is not necessarily an association between research being classed as sensitive, and therefore potentially emotionally harmful, and participants' experiences of taking part in such studies. Whilst this should not be used as a justification for researchers to ignore the potential emotional consequences of taking part in sensitive research, I would argue that labelling research as sensitive is not necessarily useful or appropriate. To do so potentially fails to recognise the agency of participants and their ability to make decisions about participation in order to emotionally protect themselves. Alongside this is an implicit suggestion that researchers are in some way responsible for, and therefore able to manage, participants' emotions, which is likely to be unrealistic.

Downes et al (2014) have argued that labelling certain subject matters as sensitive, or considering particular groups of research participants as vulnerable, reduces the likelihood of these studies gaining the necessary ethical approval to be carried out. They suggest this may lead to a "*dangerous lack of evidence*" (p.1) about women and children's experiences of abuse which further silences and marginalises them. Furthermore, constructing some research as sensitive positions other studies as 'not sensitive' and researchers investigating subjects considered to be innocuous may therefore not recognise or address the potential, albeit small, for emotional harm that is inherent within every research study (Downes et al, 2014; King and Horrocks, 2010). Downes et al (2014) and Cromer and Newman (2011) have argued that research studies on violence and abuse should not be expected to meet different ethical standards to other research. Given that one in four women experience domestic abuse at some point in their lives, they present a case for the application of "*universal precautions*" during research in which it is recognised that, "*all social research carries a potential risk of identification, repercussions and harm to victim-survivors and perpetrators*" (Downes et al, 2014, p.3).

In the discussions that follow I have therefore considered how the construction of the research topic as sensitive may have had an impact, rather than suggesting that the issues explored in this research were inherently sensitive.

Responding to the challenges of recruitment

As stated previously, (p.129-131) I had anticipated experiencing difficulties recruiting women to this study due to the specific inclusion criteria and the hidden nature of relationship abuse. Although I implemented a strategy that aimed to overcome some of these issues and maximise recruitment, identifying women who were willing to take part in the study proved particularly challenging. I adopted an evolving and responsive approach to recruitment and was constantly seeking additional services and practitioners to assist with identifying potential participants. The role of practitioners as gatekeepers will be considered shortly; I first discuss the difficulties I experienced when attempting to engage young women with the initial consultation for the research and then when recruiting participants to the study and demonstrate how these challenges were overcome.

From the outset I had hoped that young women could be involved in some way in planning and designing the research. This decision was motivated by feminist aims of giving voice and of reducing the power of the researcher, as well as the wealth of literature demonstrating the benefits of involving young people in research, both for themselves and the researcher (Royal College of Paediatrics and Child Health, Office for Public Management and The NHS Confederation, 2012; Horwarth et al, 2011; McDonagh and Bateman, 2011; Davis, 2009; DCSF, 2008; Tyler et al, 2006; Kirby, 2004; YWCA, 2003). However, I was guided by McCarry (2012) and Davis (2009) who argue that it is important to involve young people in a way that is appropriate for the particular study rather than just to fulfil a goal. I therefore intended to consult young women when planning the research but felt it would be inappropriate and unrealistic within the time limitations of a PhD study to try to involve them in data generation or analysis, particularly due to the potentially sensitive nature of the subject matter.

In order to carry out some consultation I arranged with a specialist youth worker at a local women's centre to attend a young women's group that had recently been set up. I hoped that being part of the project and attending the group on a regular basis would enable me to build up relationships with young women over a number of months and engage them in both formal and informal discussions about my research. In addition, there was an opportunity for me to give something back to them through delivering some of the training they would be undertaking. I considered this an ethical approach to consultation, ensuring that I was not just using them to demonstrate in some way that my research was 'better' as a result of their participation (McCarry, 2012). I attended the group every week for five months but, unfortunately, during that time attendance was very poor and the group never become established before it lost funding and had to discontinue. As a result I had to find other ways of seeking the views of young women. I made links with other services in the

area and attended a number of groups to discuss my research. However, by that stage time constraints meant I was often only able to attend these groups on a one-off basis, something that may have impacted upon the feedback young women gave me as we had not had time to build open, trusting relationships.

Although the consultation was beneficial in helping me to identify terminology and to design research materials that young women found appropriate and acceptable, it is important to acknowledge the limitations to participation (McCarry, 2012; Birch and Miller, 2005). Involving young people in research presents a number of challenges, particularly when the young people concerned are marginalised or 'hard to reach' (Horwarth et al, 2011; Harlow, 2009; Sime, 2008; Petrie et al, 2006; Curtis et al, 2004). Whilst I would have liked young women to have been more involved in the planning and design of the research, there were a number of practical constraints that prevented this. However, through the process of seeking young women's views I became more aware of the potential difficulties I might encounter when recruiting participants to the study and was therefore more prepared for the challenges I subsequently faced.

When I initially began recruiting participants for the study in June 2011 the inclusion criteria differed slightly from the final criteria (p.129). I sought to recruit only young women who were pregnant rather than those who were already mothers and planned to interview them once during their pregnancy and once following the birth of their baby. The other two inclusion criteria were as previously stated (p.129). However, the requirement for participants to be pregnant limited the number of potential participants meeting the inclusion criteria and placed time constraints on when young women could take part. In the first six months of the study I was only able to recruit one participant who, by the time the interview was arranged, had actually given birth. It was therefore necessary to reconsider the inclusion criteria for the study.

As part of my recruitment strategy I regularly met with practitioners to remind them about the research and discuss any concerns they had. During one discussion with a team of family nurses they suggested that targeting young women whilst they were pregnant might be contributing to the low rates of participation. From their experience they noted that often pregnancy is a time when young women strive to make their relationships work and are therefore more reluctant to disclose or talk about abuse. Similar to the findings of research with adult pregnant women (Bowen et al, 2005), these family nurses reported that more young women disclosed abuse following the birth of their child than during pregnancy. They also reported that their clients were generally more likely to talk about abuse as their child became older rather than in the immediate postnatal period. Keeling and Mason (2011) have suggested that there may be times in a woman's life when she feels more or

less able to disclose abuse; pregnancy and the arrival of a new baby may represent times when the focus is on making the relationship work and, therefore, disclosure of abuse becomes less likely. In addition, the presence of a new or unborn baby within the relationship may increase women's fears around disclosure due to potential child protection repercussions.

Reflecting on my conversation with the family nurse team and considering relevant literature therefore led me to expand the inclusion criteria for the research. Including women who had a child up to two years old not only would increase the number of potential participants, it would remove the time limitations on recruitment and, potentially, result in more young women taking part if their relationship had reached a different stage. I decided that for women who already had a child I would undertake one interview which could potentially explore accounts of both pregnancy and mothering within the context of relationship abuse.

Following this amendment, which was approved by the relevant ethics committees, I was able to recruit another five participants, three of whom did not meet the original inclusion criteria. The mothers I interviewed had all been in a relationship with their partners during their pregnancies and said that it was therefore highly unlikely that they would have participated in the research during that time. The two other participants who were pregnant when I first interviewed them had also separated from their partners and expressed similar sentiments regarding participation had they still been in their relationship. The factor determining whether young women were willing to take part in the study may, therefore, not have been pregnancy itself but whether they were still in a relationship with their partner; something that was more likely to be the case whilst they were pregnant. Many practitioners reported this was the primary reason that potential participants gave for not wanting to participate in the study and one young woman I initially met with who later decided not to be involved, cited on-going issues with her relationship as the reason for this decision. These examples support an understanding that young women's engagement with research about relationship abuse will be influenced by the nature of their relationships, something that has been identified in previous studies (Wood et al, 2011; Chung, 2007). This presents a challenge to researchers in that the voices of young women who remain in abusive relationships may go unheard.

Gaining access and negotiating gatekeepers

As previously discussed, practitioners played an important role in the recruitment process, identifying women who met the inclusion criteria for the research. This conveyed a number of potential benefits as discussed on p.130. However, the use of such intermediaries was not without difficulty and required negotiation with practitioners at a number of levels.

Baird and Mitchell (2013) state that one of the most difficult challenges when conducting research about domestic abuse is gaining access to participants, something that I also found to be the case. Over the course of the research I contacted over 30 different agencies to ask whether they would be willing to assist with my research; these included both statutory and third sector organisations such as health services, domestic abuse charities, family support services and housing associations. In order to gain access to practitioners and, through them, participants, I had first to gain agreement from senior managers. Whilst my request was well received by the majority of managers, there were a number of occasions when, despite expressions of initial interest in the research, I was unable to secure a meeting to discuss it further and my follow up calls and emails went unanswered. In addition, I also encountered a number of negative responses to the research. For example, one Head of Midwifery expressed concerns that staff might not feel comfortable identifying abused women and that discussing the research might impact upon their relationships with women. Although I explained that I was not asking staff to do any more than they were already required to do in the form of routine enquiry about domestic abuse (Lewis, 2011; National Collaborating Centre for Women's and Children's Health, 2010; RCM, 2006; DoH, 2005a; 2004), this response highlighted the concerns that still exist for many practitioners around talking to women about abuse (Mezey et al, 2003).

A number of other managers would not grant me access on the grounds that they felt that their service users were vulnerable or already over-researched. These decisions were positioned as being protective and in the best interests of young women but highlight additional issues of power that arise when accessing participants through practitioners. A number of authors have suggested that experiences such as mine are not unusual and that adult gatekeepers often control researchers' access to children and young people, resulting in inequalities in opportunities to take part in research (Sime, 2008; Curtis et al, 2004; Mahon et al, 1996). Often exclusion from research is justified on the basis of 'protecting' vulnerable children and young people, a view that denies children and young people agency and underestimates their ability to understand information and make decisions (Sime, 2008).

Despite the difficulties I encountered I was granted access by approximately half of the service managers I initially contacted. I then arranged to meet with the frontline practitioners who would be involved in informing potential participants about the research. I explained the research and their role, emphasising that they were not being asked to provide detailed information about the study but just to inform potential participants about the research and find out if they were willing to meet me to find out more. This approach was implemented in order to minimise the burden on

practitioners and also to reduce the risk of inaccurate information being given to participants. I received mixed responses to my request for assistance; many practitioners were enthusiastic and immediately identified women they were working with who would be potential participants, whilst others said they rarely worked with women who met the inclusion criteria and they did not think they would want to take part anyway. This highlighted the enormous influence that practitioners had on my recruitment strategy and led me to question whether all potential participants would be informed of the research. By the end of the research I had met with over forty practitioners from ten different teams but the young women I eventually recruited were referred by just four practitioners from three agencies. I found that if practitioners were working with a young mother who met the criteria when I initially spoke to them about the research, this was more likely to result in successful recruitment as the information about the study was fresh in their minds. Despite my efforts to maintain contact with practitioners and remind them about the research I was often left feeling that, for some, in the face of workload pressures, service constraints and budget cuts as a result of the financial climate at the time, informing participants about the research was a low priority and, as such, might have been forgotten or avoided.

Practitioners ultimately had control over whether or not they told potential participants about the research. Moreover, they also had control over what they told young women and the ways in which they did this. Whilst I had concerns that practitioners might choose not to tell some young women about the research, based on their own judgments about risk and safety (Sime, 2008), I was also aware that because of their relationships with young women they could potentially encourage them to take part in a way that risked being coercive (Miller and Bell, 2002). Curtis et al (2004) have identified that practitioners who share a keen desire to encourage the participation of marginalised young people risk encouraging them to take part in a way that makes dissent difficult. Occasionally practitioners suggested that they thought a particular woman would be 'good' for the research and might benefit from taking part. This idea was often linked to a belief that some women's experiences would be more valuable to the research than others, based upon a hierarchy of perceived seriousness of the abuse and vulnerability of the young woman. I was concerned by some practitioners' apparent emphasis on selecting young women who had had particularly difficult or traumatic life circumstances and took care to explain to them that I was not looking for participants with extraordinary experiences but that anyone who had experienced any form of abuse could take part. In addition, I emphasised the importance of respecting young women's decisions regarding participation. I was particularly keen to stress that the research was not aiming to have therapeutic benefits and that my role was not that of a counsellor. However, I was still left wondering about the

impact of practitioners' understandings on recruitment to the research, something that I will never fully know.

Reflecting on the ways in which participants were recruited to this study has revealed a multi-layered process with gatekeepers on a number of levels. The formal procedures of ethical approval and research and development agreement within NHS sites were followed by complex access negotiations with service managers. The negotiations with managers who acted as gatekeepers at an organisational level tended to be more visible, structured and formal. However, a further level of gatekeeping existed in the form of the practitioners who were required to identify potential participants and inform them about the research. Such informal gatekeepers potentially have a much greater impact on the success or failure of research and present a much more challenging set of ethical dilemmas to the researcher. My contact with practitioners as informal gatekeepers has increased my awareness of the ethical issues that arise when recruiting participants in this way and has highlighted the need for a continual awareness of the power dynamics within the research relationship along with a reflexive consideration of how these may influence participation in research. One aspect of this has been how my identity as a midwife and previous experience of working with some of the practitioners might have influenced the process, something which I now consider in relation to my positioning as an insider or an outsider.

Midwife-researcher: Managing a dual role

A number of authors have identified that for health professionals working as researchers there are often unclear role boundaries and this research was no different (Ryan et al, 2010; Bell and Nutt, 2005; Wilkes, 2005). Managing my role as a midwife at times presented ethical dilemmas and confirmed the need to consider research ethics as an ongoing process rather than just a formal approval procedure to go through prior to commencing the research (Swartz, 2011; Guillemin and Heggen, 2009; Ellis, 2007).

I always ensured that participants were aware that I was a midwife as well as a PhD student. I considered this important for two reasons. Firstly, it enabled them to make a more informed choice about whether to take part as this might influence their decision in some way; and secondly, I was still working as a midwife within one of the Trusts from which I was recruiting participants. There was a small chance that through my job as a midwife I could come into contact with participants in a professional situation. Although this situation never arose I needed to ensure participants knew how it would be handled if it did.

As a result of my openness about my role as a midwife there were occasions when participants asked me questions about their pregnancy or baby. I had stated in my original ethics protocol that if this occurred I would signpost women to the appropriate professional and, if necessary, provide assistance to contact them. However, the reality often was not as straightforward. Participants tended not to ask direct questions but would seek reassurance about their pregnancy or baby, saying for example, *“that’s OK though isn’t it?”* I felt that if I did not respond to these subtle enquiries for information the women might not seek the information elsewhere and their concern would remain unanswered. In addition, if I just suggested they ask someone else I risked appearing obstructive or giving the impression that their question was not important; this could damage the rapport we had built up and potentially discourage them from asking the advice of another professional. I therefore had an ethical obligation to engage with the young women’s questions and respond to them, rather than trying to be wholly detached (Sword, 1999; Oakley, 1981).

I decided that in situations where a participant asked for clarification of something, I would provide this but always followed up with a reminder that I was working as a researcher and a suggestion that they also ask their midwife or health visitor. If I was asked a more direct question I again recommended that the woman contact the relevant health professional and always checked they were able to do this. However, if a woman has an immediate clinical need or concern I have a professional duty (NMC 2008) to ensure she receives the necessary care. Whilst this situation never arose, it does raise issues of role conflict when practitioners carry out research.

In addition to the issues that were raised as a result of being a midwife carrying out research with pregnant women and mothers, I also had to negotiate complexities in my relationships with the practitioners assisting with recruitment. As a result of a shared professional identity and, in some cases, previous experience of working together, additional issues around roles and boundaries arose.

In terms of gaining access to participants my status as a midwife appeared to be beneficial. A number of authors have highlighted the benefits of an insider position when gaining access (Burns, 2012; Perryman, 2011), however De Cruz and Jones (2004) warn that insider status is sometimes used to avoid negotiating access, something that has ethical implications. In order to avoid this I followed the necessary procedures for gaining access to each research site and did not use prior contacts as a fast-track route. In addition, I highlighted my role as researcher rather than midwife at every contact with the professionals. Despite this I felt that, even with practitioners who I had not previously met, my background as a midwife provided me with a degree of credibility. When I spoke of my previous experiences as a domestic abuse midwife practitioners seemed reassured of my

motives and ability to carry out the research sensitively. For this reason I felt that drawing on my prior experience in this way was appropriate. However, my relationships with the practitioners involved in recruiting women for the research were not always straightforward and I was often required to reaffirm my role as a researcher and highlight the boundaries of this role.

As discussed in the previous section, I had concerns that some practitioners might coerce young women to participate in the research, particularly those with whom I had previously worked; I knew they were keen to ensure my research was a success. I therefore took great care to emphasise to practitioners the potential for coercion and the importance of avoiding this. I also built in additional safeguards to the recruitment process by meeting with all potential participants to provide information about the study and then giving them time to consider their decision before the interview took place. In doing this I took responsibility for ensuring participants' consent was fully informed and freely given (RCN, 2011; Curtis et al, 2004).

Another issue that arose when working with practitioners was confidentiality. Often, when referring participants to the study, they would try to tell me information about them, something I had specifically asked them not to do. I wanted to hear young women's stories first-hand, not a version told by a practitioner. On two occasions midwives with whom I had previously worked told me information about participants after I had interviewed them, which I considered breached the young women's confidentiality. Had I not had previous working relationships with these midwives where we had freely shared relevant information, they might have been more aware of the inappropriateness of their information sharing. In addition, due to my part time work in the same Trust they had opportunities to talk to me that they would not have had if I had been an outside researcher. Often these conversations took place whilst I was working a shift as a midwife, therefore they may have felt they were sharing it with me as a fellow professional rather than as a researcher. These breaches of confidentiality, however, had a number of implications. Firstly, I had to remind them of their own professional responsibilities regarding confidentiality (NMC, 2008; DoH, 2003) and of my role as a researcher, reminding them that I would not be sharing any information I had gained during the interview. In addition, when midwives shared information with me, either before or after an interview, I had to consider the implications of this on my data generation and analysis. I found reflexivity was particularly valuable in these situations.

A second situation where I found my insider position challenging was when I witnessed practitioners giving what I considered to be substandard care. On one occasion I witnessed a midwife providing what I considered to be inappropriate advice to a woman and dismissing her concerns about her baby; something I found very uncomfortable. I wanted to be able to respond to the woman's need,

however, in my role as a researcher that would not have been appropriate and I consequently felt powerless to do anything. Following this incident I decided that if I witnessed care that I felt could compromise the safety of a woman or baby then it was my professional responsibility to prevent this (NMC, 2008). However, if there was not a risk to the woman or her baby, rather the care was simply different to that which I would provide as a midwife, I needed to prioritise my role as a researcher. Luckily there were no incidents that I felt presented a risk to a mother or baby.

Reflexively considering my relationships with both participants and practitioners during the research process has emphasised the situated and dynamic nature of research relationships. I have attempted to identify some of the ways in which, as a midwife as well as a researcher, I impacted upon the research process and the ethical dilemmas that I encountered as a result. I now end this chapter with a discussion of a particular ethical dilemma that I encountered during the course of data generation in order to further demonstrate the need for an ongoing and flexible consideration of research ethics.

Participant safety and confidentiality: Who decides?

As previously discussed, maintaining participant safety and confidentiality were of paramount importance during this research (see p.141-144). These issues were particularly significant when arranging interviews with women as I did not want to put them at risk should an abusive partner find out about their participation (Ellsberg and Heise, 2005). At the time of their interviews none of the participants were living with their partners; the majority had separated and the one participant who was still in the relationship was living with her mother who did not allow her partner at the house. Given these circumstances, both I and the young women considered that it would be safe to carry out the interviews in their own homes and five participants chose to do this. I arranged with participants a time to interview them when there would be no-one else in the house and explained that this would help to maintain their privacy and confidentiality.

However, on two occasions I arrived to interview participants to find there were other people in the house. The first time this was the woman's mother, and the second, the woman's new partner. I was therefore required to make an immediate decision about whether to proceed with the interview given the circumstances. In both instances the other person left the room and closed the door shortly after I arrived and I was able to ask the young woman whether she wished to be interviewed or would prefer me to return at a later date. I explained my concerns regarding confidentiality; however both women said they were happy to be interviewed and they felt they would not be overheard if the door were closed. I opted to respect their wishes and did carry out the interviews; however I was left feeling uneasy about the circumstances in which the interviews had taken place. I

questioned whether responsibility for decisions related to safety and confidentiality lies with the researcher or individual participants.

Formal guidance on research ethics tends to place responsibility for participant safety and confidentiality entirely with the researcher, something that is reflected in the ethical approval application process (Economic and Social Research Council (ESRC), 2012; DoH, 2005b; British Sociological Association, 2004). However, this view potentially denies participants' agency and places the researcher in a position of power to decide what is best for them. Throughout the research I had emphasised the importance of giving voice to young women and prioritising their views and understandings; it therefore seemed contradictory to fail to do this during the actual process of data generation. Having given participants the option of rearranging the interview and explaining to them why I felt it might be beneficial that they were alone for it I felt that if they wished to continue then I should respect their decision. As women who had experienced abuse I regarded them as experts in managing their own safety (Downes et al, 2014; Radford and Hester, 2006), therefore, if they were not concerned about the presence of others in the house then I should accept this. Whilst I believe that it was valid to put measures in place to safeguard participants from an abusive partner becoming aware of their participation in research, I am happy with my decision that these safeguards did not actually need to be extended to other people being present in the house at the time of the interview if the women themselves were comfortable with that. Indeed, the young women might have actually made the decision to have other people present in the house at the time of the interview precisely because they felt safer and more comfortable with this, as opposed to being in the house alone with a stranger. If this were the case then refusing to interview them at that point may have led to them feeling unable to participate at all.

Through reflexivity I once again considered how the construction of this research as sensitive might have influenced how I felt about interviewing the women in these situations. I had to let go of some of my preconceptions of the participants as potentially vulnerable and allow them to make their own decisions about participation at that particular time and given the circumstances. Sharing the responsibility for participants' safety and confidentiality with them enabled me to acknowledge their individual agency whilst also recognising my own accountability as a researcher. This particular dilemma highlights the contextual, situated nature of research ethics and the need for constant consideration and flexibility when dealing with ethical challenges. As Edwards and Mauther (2002, p.28) state:

"The importance and centrality of attention to specificity and context means that ethics cannot be expected to be a series of absolute norms."

Prioritising participants' own judgements in relation to their safety and privacy was consistent with the feminist ethic of care I adopted and I believe was the appropriate decision in these circumstances (Edwards and Mauthner, 2002).

Finally, in addition to the ethical implications in these situations it is also necessary to acknowledge that having other people present in the house at the time of the interview may have influenced how and what the young women spoke about. Whilst it is not possible to 'know' in any way the impact of this, reflexivity was a crucial tool to consider the context of the interview and recognise this potential.

Summary

This chapter has considered a number of specific challenges encountered during this research, particularly in relation to the recruitment of participants through gatekeepers. I have argued that the construction of the research topic as particularly sensitive did, in part, contribute to the issues I faced and have therefore questioned whether this terminology is necessarily helpful. I have also considered the wider implications of constructing certain subject matters as inherently sensitive or the research participants vulnerable, in that this may result in even fewer opportunities for marginalised people to have their voices heard. I acknowledge that research about abuse may present specific risks in relation to participant safety and emotional wellbeing and, throughout the discussions in this and the previous chapter, I have detailed the measures I employed to prioritise the welfare of participants. However, I have also argued that participants' agency should not be overlooked during considerations of research ethics and that they themselves may be best placed to assess whether participation is likely to have a detrimental impact on them.

The discussions in this chapter demonstrate that, far from being a simple, linear process, social research is often complex and challenging. I have highlighted the importance, therefore, of adopting a flexible, evolving approach to the research and a constant consideration of ethics that recognises the situated, contextual and individual nature of ethical decision making.

Section Three: The Research Findings

The following chapters present the findings of the research. During the analysis and interpretation of the data I was confronted with a number of dilemmas about how to present the data, which I have discussed previously in Chapter Five (p.154-155). Whilst each young woman's story was unique and in many ways they were all very different, there were also numerous similarities in their accounts, particularly the ways in which they spoke about their relationships and motherhood. Maintaining a focus on the research aims, Chapters Seven and Eight therefore address these two key areas; stories of relationships and stories of motherhood. Although presented as separate chapters, these stories were inextricably linked, something that I recognise throughout my discussions.

Chapter Seven focuses on the mothers' stories of their relationships. Beginning with an overview of the available narratives about relationships I consider the limitations of these narratives before exploring the ways in which participants' personal stories reflected or contested them. Chapter Eight presents the participants' stories of becoming and being mothers. Again starting with a discussion of the limited available narratives about motherhood, I then consider these narratives in relation to the mothers' own stories. I consider the multiple and varied ways in which participants constructed themselves as 'good' mothers and contested the notion that having a child as a teenager had been problematic for them.

Chapter Nine examines more broadly the ambivalence, chaos, inconsistencies and absences in some of the mothers' stories. In doing this I highlight the complexity of their stories, a complexity that may not be immediately apparent in the previous two chapters. The data in this chapter is primarily presented in the form of 'I poems' (see p.150-151) in order to illuminate the ways in which the mothers spoke about themselves. I end the chapter with a consideration of some of the factors that may have contributed to the apparent differences in participants' storytelling abilities.

Finally, Chapter Ten presents some concluding thoughts on the research, summarising the key findings and highlighting the contribution to knowledge that the study offers. The limitations of the research are discussed along with suggestions for future research and potential implications for policy and practice.

It should be noted that the stories presented in this section were not the only ones told to me during the interviews. There were other stories told that, to me, did not appear relevant to the research; however, they were clearly important to those telling them. I valued these stories and spent time analysing and interpreting them, as I did all the accounts given during the interviews. Where possible I have included contextual information that emerged from these stories within my

discussions; however, the constraints of the thesis preclude me from presenting all of the data generated especially that which is not directly related to the research aims.

When discussing participants' stories of relationships I have focussed on the stories they told about their abusive relationship; without exception this was with the father of their youngest child. Although some of the mothers had embarked on new relationships they did not define these as abusive and, therefore, they were not the focus of the research. This decision ensured that I respected the participants' understandings and did not impose a framework of abuse on those relationships that they did not consider abusive.

Finally, the majority of participants had left their abusive relationship, however for clarity I use the term 'partner' to refer to the stories they told about him that had happened whilst they were in the relationship and the term 'ex-partner' to refer to denote accounts of events that had occurred following the end of the relationship.

Introducing the mothers

What follows is a brief introduction to the six young mothers who were interviewed for this research. These descriptions are not intended to encapsulate who they are or to imply any degree of heterogeneity between the participants but to offer some context in which to view and understand their diverse stories. In addition, I hope that naming and introducing the young women individually will assist the reader to follow their stories, told throughout the following three chapters.

The descriptions below are compiled entirely from what participants told me during their interviews; I did not specifically collect demographic details about them and I have not included any information that was provided by the practitioners who referred them to the study.

A note on pseudonyms

As part of my commitment to respecting young women and enabling them to be as much part of the research process as they could be, I asked them to choose their own pseudonyms. I felt they might wish to do this in order to identify themselves in any dissemination of findings and to choose a name they liked to represent them. However, in practice only two participants opted to do this and the majority seemed to find the suggestion quite strange. This raises the question of whether enabling participants to choose pseudonyms is actually valued by participants or if it is simply a tokenistic attempt by researchers to empower them. Whilst I am glad I provided this option to those who wanted it, I do not believe it had any major impact on reducing the power differences between me and the participants. All other names used throughout the findings are also pseudonyms. I offered

participants the option to choose a pseudonym for their child but, with the exception of Destiny, they opted not to and so all other pseudonyms were chosen by me.

Sharmaine

Sharmaine was 15 at the time of her interview. She was living with her mother and was in a relationship with her partner Cameron, who was 18. She had been with Cameron for approximately one year and had become pregnant three months into their relationship, aged 15. Her son, Riley, was just over a month old when I interviewed her. Sharmaine was the only participant to specifically refer to her ethnic origin and she described herself as mixed race.

Claire

Claire was 16 when I interviewed her. She was 27 weeks pregnant with her daughter, having conceived shortly after her sixteenth birthday. She described the pregnancy as planned. It was her second pregnancy, having had a termination of pregnancy aged 14. At the time of her interview she had recently ended her two and a half year relationship with her partner Jonny and was living with her mother. She had also begun a new relationship. Claire chose not to have a second interview following her baby's birth.

Darcey

Darcey became pregnant with her first child when she was 16 years old. I first interviewed her when she was 26 weeks pregnant and her partner Adam had ended their two and a half year relationship three weeks previously. At the time she was living with her mother. At her second interview, which I carried out when her son Tyler was four and a half months old, Darcey was living on her own with her son and had maintained her separation from Adam.

Emma

Emma was 19 when I interviewed her. She first became pregnant after a brief relationship at 16 and gave birth to her first daughter, Eva, when she was 17. When Eva was 9 months old Emma met her partner Brett and, shortly afterwards, they moved in together. Eva was removed from Emma's care by Children's Social Care when she was 14 months old and has lived with Emma's mother ever since.

Emma had 2 further pregnancies with Brett, the first resulting in a miscarriage and the second, the birth of her son, Jackson, when she was 19. Emma separated from Brett when she was 8 months pregnant with Jackson and had not seen him since. Following Jackson's birth Emma and Jackson were placed in a mother and baby foster placement for four and a half months before moving into refuge accommodation, where she was living when I interviewed her. At the time of the interview Jackson was seven months old and they had been living in the refuge for just over two months.

Destiny

Destiny was also 19 and had a 19 month old son, McKenzie. She had become pregnant with McKenzie aged 17, three months into her relationship with John, and gave birth to him when she was 18. She had previously had a miscarriage when she was 16 years old and had had a further miscarriage following McKenzie's birth. Destiny married McKenzie's father John shortly after her son's first birthday but separated from him 5 weeks later and had been living in refuge accommodation since. At the time of the interview she had been in refuge for 4 months. Since separating from John she had begun a new relationship. During the interview Destiny disclosed that she had also been abused in a previous relationship but the focus of her account was her abusive relationship with John.

Lucy

Lucy was 20 when I interviewed her and living with her 21 month old daughter Megan. She had become pregnant aged 17, three months into her relationship with Megan's father, Jason. She separated from him when Megan was a few months old, however, following their separation he had continued to harass and threaten her. She had recently embarked upon a new relationship.

Chapter Seven: Making Sense of Relationships and Abuse

Introduction

This chapter presents the findings of the research in relation to the mothers' stories of relationships and abuse. I begin by outlining the currently available narratives of relationships, drawing upon previous research to consider how such narratives may shape women's understandings of relationships and how they may be used to explain, make sense of and justify abuse. I argue that there are currently a limited number of narratives available to young women to make sense of their own relationships and that the currently circulating narratives overwhelmingly place responsibility for relationships with women, perpetuate gender inequalities, normalise male control and female subordination and legitimise the abuse of women by men (Baly, 2010; Boonzaier, 2008; Kulkarni, 2007; Chung, 2005; Jackson, 2001; Wood, 2001; Towns and Adams, 2000). I question the impact of these limited narratives on young women, particularly when their experiences do not match the narratives available to them.

I then present the findings of this particular research, highlighting the ways in which participants' stories reflected or contested the available narratives of relationships. I consider how narratives are used by young women as tools to make sense of their relationships and, therefore, how a limited number of available narratives may constrain the stories they are able to tell. Reflecting the temporal ordering of participants' accounts I begin with the stories they told about the start of their relationships, followed by the onset of abuse. I discuss the language the young women used when talking about abuse and consider how their choices of words appeared to reflect the ways in which they were making sense of their experiences. I then explore the stories they told about trying to minimise their partner's control and violence and make the relationship work, as well as their decision making during the relationship, particularly decisions to remain in or end it. Finally, I present the ways in which these young mothers spoke about the future and used this opportunity to reject any notion that they were passive victims and to construct an identity in which, if anything, they were stronger as a result of their experiences.

Narratives of relationships

In recent years a number of authors have utilised a narrative approach to identify the narratives which shape understandings of relationships and abuse. These studies have highlighted the limited number of available narratives that exist about relationships and revealed how romance narratives dominate Western understandings of relationships. Chung (2005, p.449) states:

“Romantic love as an institution of heterosexuality has a powerful influence on how young women attribute meaning to their experiences in dating relationships. The dominance of romantic love in Western society makes it inescapable for young women.”

Wood (2001) argues that romance narratives are underpinned by a broader gender narrative in which it is considered normal and appropriate for men to be controlling and dominating and for women to subordinate, care for their partners and take responsibility for maintaining the relationship. Women’s self-worth is inextricably linked to perceived femininity, attractiveness and the maintenance of a romantic relationship; women require men to be happy and fulfilled (Wood, 2001). This narrative is problematic as it may encourage women to sustain a relationship even when it becomes abusive (Jackson, 2001; Wood, 2001). Kulkarni (2007) and Chung (2005) have argued that young women are particularly vulnerable to the powerful influence of these gendered narratives and stereotypes as they are still experimenting with their identity and relationships. The romance narrative may be the only narrative of relationships and love that they have been exposed to whilst growing up, therefore they have limited other storylines on which to draw when making sense of their own relationships (Jackson, 2001). Wood (2001, p.242) states:

“Children’s fairy tales provide early tutelage in the central romance narrative in which Prince Charming rescues a damsel in distress (poisoned princess, unloved stepdaughter) and the two live happily ever after. The romance narrative is further bolstered through the media including popular literature in which beautiful, but poor, women capture wealthy, worldly men and initially assertive heroines swoon demurely into the strong arms of handsome he-men... As the media and other cultural institutions reproduce the gender and romance narratives, women and men learn the roles culture prescribes, or allows, for them. Women are taught to be accommodating and to seek and please men; men are taught to be dominating and to regard women as inferior.”

Wood (2001) proposes two versions of the romance narrative; the fairy tale and the dark romance. The fairy tale narrative is overwhelmingly positive; in the beginning everything is perfect (Jackson, 2001). Often men are seen as ‘rescuing’ women from a troubled life and overwhelming them with love and romance (Kulkarni, 2007; Jackson, 2001; Wood, 2001). Through the lens of the romance narrative jealousy and control are interpreted as a sign of the intensity of a partner’s love and commitment (Olson, 2013; Chung, 2005; Kulkarni, 2001; Towns and Adams, 2000). For young women in particular it has been found that notions of romantic love are often linked to sex, increasing their vulnerability to sexual coercion (Chung, 2005; Jackson, 2001). Jackson (2001) argues that, in addition to sexual vulnerability, the fairy tale romance may also create vulnerability to other

forms of abuse by constructing controlling behaviours as normal male characteristics. The fairy tale narrative does not necessarily preclude problems but implies that love can conquer all (Jackson, 2001; Wood, 2001; Towns and Adams, 2000). However, it is women who are primarily held responsible for 'fixing' any problems that arise (Kulkarni, 2007; Chung, 2005).

When a partner becomes abusive and his behaviour no longer conforms to the ideals of the fairy tale romance the narrative must be adapted in order to make sense of this transgression. Wood (2001; 2000) suggests that this is often achieved by disassociating abusive behaviour from the men who perpetrate it. She, along with other researchers (Boonzaier, 2008; Chung, 2005; Jackson, 2001; Towns and Adams, 2000), have found that women often describe their partner's abusive behaviour as not the 'real' him. Violent behaviour is constructed as a temporary affliction over which the man has no control; abusive partners are often described as having a dual personality (Enander, 2011; Towns and Adams, 2000). Disassociation enables them to continue to love the 'real' man with whom they fell in love; however it also absolves him of any responsibility for the abuse, which is attributed to factors beyond his control (Enander, 2011; Wood, 2001; 2000). This aspect of the fairy tale narrative is consistent with theories of the cyclical nature of domestic abuse in which, following an episode of violence, the abuser typically expresses remorse and engages in behaviour reminiscent of the early courtship period in order to regain the commitment of his partner (Walker, 1984).

However, for some women the violence and abuse in their relationships makes the fairy tale narrative impossible to sustain and, therefore, an alternative is required to make sense of their experiences. Wood (2001) terms this the dark romance narrative. Within this narrative violence is seen as a normal aspect of loving relationships and not a reason to end a relationship; it provides a coherent framework for women to understand violence and abuse. She states (p.244):

"Women who seek to sustain a relationship that is fraught with chaos have available to them culturally legitimated narratives that reconcile what is irreconcilable, make sense of what is not sensible. These narratives, in allowing women to make sense of what is happening, simultaneously licence women's oppression."

Within this narrative male violence is constructed as an expression of the intensity of their love and desire (Jackson, 2001). This normalisation of male violence encourages women to maintain abusive relationships because any relationship is considered better than none (Jackson, 2001; Wood, 2001). As in the fairy tale version of the romance narrative, women are held responsible for preventing male violence by complying with their partner's demands (Wood, 2001; Towns and Adams, 2000).

These two versions of the romance narrative have come to dominate Western understandings of relationships. Wood (2001, p.257-8) argues that the beliefs contained within them “*function interactively and coherently to define abuse within romantic relationships as normal, tolerable, or at least preferable to no relationship*”. Romance narratives are inherently gendered; male and female are constructed as distinct categories and people are expected to behave in particular ways dependent upon their gender. Violence is constructed as a biological attribute of men and therefore to be expected (Lombard, 2012). However, these narratives constrain both women and men. Chung (2007) argues that, with limited alternative narratives available, young women are forced to accept gender inequality within their relationships and to collude with hegemonic masculinity. In doing this dominant narratives are sustained and reproduced.

Woodiwiss (2014) has highlighted the problems that arise when a single narrative dominates understandings of a particular issue. She argues that when one narrative becomes dominant it risks creating a critical misunderstanding, as well as silencing those who do not recognise their own lives within it; they are left without a framework with which to make sense of their own experiences. There is currently a lack of alternative narratives available to understand and make sense of relationships, including those that are abusive. Whilst individuals arguably have the ability to create new narratives, these are likely to remain unheard unless society participates in the promotion of more healthy relationship narratives in which violence is unacceptable and women do not require a male partner to be fulfilled (Wood, 2001).

One narrative that may be available to women to challenge the dominant romance narrative is the narrative of gender equality. Within this narrative females and males are constructed as having equal rights; violence and abuse are a violation of human rights. Both Sieg (2007) and Chung (2005) have found that young women draw upon narratives of equality when talking about what they believe relationships should be like. The young women in Chung’s (2005) research constructed themselves as having power within their relationships and stated that they would not tolerate inequality. However, the strategies they used to achieve equality in their relationships required them to do the ‘relationship work’. Chung (2005, p.450) therefore argues that, although these strategies may be presented as ways of achieving equality, they do little to disrupt hegemonic masculinity; consequently, the young women’s narratives of equality did not differ significantly from the dominant romance narrative. She states:

“One of the difficulties posed for post second wave young women is that they presume equality as individuals however there is no cultural script as to what it constitutes in a relationship. There is far more knowledge available to young women about traditional

heterosexual gender relations (romantic love) than there ever is about whether and how equal relationships can be negotiated.”

Chung (2007; 2005) suggests that the narrative of equality may encourage young women not to identify their relationships as violent, abusive or coercive. Many of the young women in her study only spoke out about their abuse after the relationship had ended as they did not want to be viewed as a victim. There are competing pressures for young women to be in a relationship, but not an abusive relationship. In a narrative where relationship abuse is constructed as wrong and women are encouraged not to tolerate it, they are therefore expected to take action when a relationship becomes unequal or abusive (Enander, 2010; Chung, 2007; 2005). The equality narrative does not recognise the gendered power relations that pervade abusive relationships and the social structures that make it difficult for women to leave. Chung (2007) found that the young women in her research tended to provide individualistic explanations of male violence against women which concealed male power and focused on women’s responsibility to end the violence. Female victims were constructed as being responsible for their abuse as they had first ‘chosen’ the wrong boyfriend and then ‘chosen’ to stay with him when he became violent.

Similarly, Nettleton (2011) has argued that the ways in which domestic abuse is represented in women’s popular magazines indirectly places responsibility for abuse with women. By instructing them on the ‘warning signs’ of abuse and encouraging them to end their relationship immediately should they occur, those who do not are positioned as responsible for their abuse whilst abusive men are not held to account. As Loseke (2001) states, women are expected to be strong and independent yet they are constructed as weak and dependant. Nettleton (2011) highlights the limitations of the currently available narratives of relationship abuse, in particular the lack of narratives that address patriarchy’s role in domestic abuse; explore the social conditions which legitimise it; hold men responsible for their behaviour; and encourage men to take an active role in reducing domestic violence¹⁰.

I now explore the stories that the young mothers in this research told about their relationships, considering the ways in which these reflected or contested the available narratives I have outlined here. In doing this I aim to reveal the ways in which the participants appeared to be using available narratives to make sense of their experiences, justify their decisions, actions and inactions and create their own story. The women’s stories were at times inconsistent and contradictory as they

¹⁰ I acknowledge that many specialist domestic violence organisations such as Refuge are actively engaged in challenging the dominant narratives of relationships and raising awareness of the influence of patriarchy on women’s lives and relationships, however, for the purposes of this research I have focused on the mainstream narratives of relationships, which are much more limited.

negotiated the limited narratives available to them; narratives that simultaneously tolerate and condone domestic abuse.

“He seemed alright, everything was fine”

I start by exploring the stories that participants told about the early part of their relationship. These often ‘set the scene’ for the rest of their story and provided the young women with an opportunity to account for their choice of partner and demonstrate that their relationship had not always been abusive. Within their accounts participants often repeated words such as ‘good’, ‘fine’ and ‘alright’ when talking about the early part of the relationship, as if to emphasise that the relationship had not always been bad. To varying degrees these young women’s stories of their early relationships reflected the dominant romance narrative in which relationships start out as perfect. By constructing the beginning of their relationship in this way they appeared to be justifying why they had embarked upon a relationship which later became abusive. Lempert (1994) has suggested that, through narratives, women are able to explain their choices to themselves and others and the young women in this study often appeared to be doing this through the stories they chose to tell. As discussed above (p.184-189), women are often indirectly held responsible for the abuse they experience in their relationships as a result of ‘choosing’ the wrong man (Nettleton, 2011; Chung, 2007), therefore the stories they told about meeting their partners appeared to be an attempt to refute that suggestion. Often their partner’s behaviour initially was positioned in direct opposition to the abusive behaviour that emerged:

“Erm, it were, like good he used to like say oh he used to be totally different to what he is now he used to be like ‘oh what make up’s that?’ ‘oh right’ he, he used to be like wanting to know stuff... but now he’s like he doesn’t ask that he tells me not to do that” [Sharmaine]

This not only enabled them to justify why they had embarked on the relationship but also reflected the dominant romance narrative in which abusive men are often constructed as having two sides to their personality (Enander, 2011; 2010; Towns and Adams, 2000; explored further on p.197-200).

Three of the young women had been in relationships before and they all constructed their partner as being an improvement on their previous experiences in which they had been let down and hurt by men:

“I found out I were pregnant when I were sixteen, er miscarried Christmas Day cos he beated out of me he booted me so hard... I left him for his {baby} dad, got with his dad, I don’t know why, but he he seemed alright because we were best mates before” [Destiny]

In Destiny's story meeting her partner provided an opportunity to escape a highly abusive relationship. In keeping with the romance narrative, her partner is constructed as having initially 'saved' her from an abusive relationship. She further justifies her decision to embark upon a relationship with him by explaining that she thought he would be "*alright*" as they were already friends. Similarly, Emma constructed her abusive partner as being better than her previous partner because he was willing to take on her first child, whereas her daughter's actual father had very little contact with her. These stories of prior relationships provided important contextual information to enable young women to justify their choice of partner.

Four of the participants had lived with their abusive partners at some point; three of them had moved in together relatively early in their relationship. These women all gave an account of the reasons they began living with their partner. For example, Emma described how she found moving into her own house "*quite scary*" so asked her partner to stay for a few weeks but he never moved out. Lucy told of being made homeless and her partner's mum offering to let her move in with them. By constructing their cohabitation as something that happened as a result of personal circumstances rather than a considered decision, Emma and Lucy appeared to be justifying why they moved in with their partner when they did. In addition, through these stories they minimised their own accountability for the decision to live together and, therefore, for any consequences of that decision. Lucy specifically said, "*I know it was a bit early*", appearing to acknowledge that moving in together after only knowing her partner for a few weeks contradicted socially constructed norms about the stage in a relationship at which cohabitation would usually occur.

Claire had been with her partner for significantly longer when they began living together but also used her personal circumstances to account for this decision. She explained that she and her partner had run away together in order to avoid being pressured into having an abortion by her parents. She therefore constructed her decision as necessary at the time; she and her partner were united in wanting to protect their unborn baby, something Rosen (1996, p.171) has labelled the "*Romeo and Juliet*" effect in which couples adopt a "*you and me against the world*" stance. This justification appeared particularly important within Claire's story as she had already disclosed that her partner had been abusive prior to them living together; she may therefore have felt additional pressure to defend this decision.

Having initially constructed their relationships as happy and loving all of the participants' stories went on to describe how their partner's behaviour began to change and often an explanation was given as to why they thought this had happened. These explanations and justifications tended to shape the 'sense-making' about the relationship throughout the rest of the story. For example,

Sharmaine and Darcey drew on notions of love, jealousy and protection to explain the change in their partner's behaviour, something that is explored further shortly (p.199-202). Similar to the findings of previous studies (Towns and Scott, 2013; Reynolds and Shepherd, 2011; Jackson, 2001), they spoke about the way in which their partner's controlling behaviour began subtly and insidiously following the relationship becoming 'official':

"Everything was fine, like, there were never really arguments or anything [J: Yeah] It were fine and then, once like I started to like get to know him like as going out as a boyfriend instead of a friend, don't know he just got right protective and wanted to, make sure I spoke to no boys and, always checking my phone and stuff" [Darcey]

For Sharmaine this happened specifically when the relationship became public through the use of social media:

"Erm, it were like, one of, cos Facebook, I were on Facebook and like, it's it started changing when I came like relationship with him on Facebook cos that didn't happen till like two month into it cos like anything could've happened." [Sharmaine]

Studies of adult domestic abuse have found that abuse often begins gradually and worsens with increasing commitment (Reynolds and Shepherd, 2011; Hester et al, 2007); for these young people increasing commitment was often marked through social media. New technologies are changing the way young people's relationships are defined, constructed and negotiated and a number of participants told stories about the ways in which social media influenced their relationships. As has been reported in previous studies, social media was used to make public statements about their relationship and also by abusive men as a way to monitor and control their partners' behaviour (Laxton, 2014; Towns and Scott, 2013; Westmarland et al, 2013; Zweig et al, 2013).

The explanations the young women gave for the change in their partner's behaviour provided an opportunity to reconcile the contradictory stories about their early relationship and the abuse that ensued. Often they positioned the change in their partner's behaviour as being due to factors beyond his control, minimising his accountability for the abuse. For example, Darcey suggested her partner's abusive behaviour was a result of spending time in prison for an unrelated offence:

"And then when he got out, he were fine but then, I don't know he just, changed from then really [J: Yeah] from once he got out of prison he just, he thought he was summat he wasn't." [Darcey]

Interestingly, Darcey had already revealed that her partner had physically assaulted her prior to going to prison; however, she stated on a number of occasions that his prison sentence had been the catalyst for him becoming abusive. She explained this further by suggesting that his behaviour stemmed from jealousy as he hadn't known what she was doing whilst he was imprisoned. The use of jealousy to account for and justify male abuse is discussed further on pages 199-202 but her story reflected the romance narrative in which abuse is constructed as a result of intense love and jealousy (Jackson, 2001; Wood, 2001).

Four of the young women in this study stated that their partner's behaviour changed when they became pregnant or following giving birth. Claire constructed her first abortion as being the initial catalyst for the deterioration in her relationship but then went on to explain how her second pregnancy led to a further increase in her partner's abusive behaviour:

"I did go through with an abortion... So, and then, me and Jonny started going downhill from there really... We found out we were having a baby and then, he just started getting more, more and more and more violent like, just, it were like he'd found out I were pregnant and he wanted to hurt me."

[Claire]

There may be a number of reasons why pregnancy and childbirth were cited by so many of the participants as being the catalyst for the onset or worsening of abuse. As discussed in Chapter One (p.35-38), previous research has identified pregnancy and the postnatal period as times when a woman is more at risk of being abused by her partner (Gartland et al, 2011; Silva et al, 2011; Bowen et al, 2005; Burch and Gallup, 2004). It may be, therefore, that the experiences of the women in this research were simply consistent with the findings of previous studies. In addition, the majority of the participants had become pregnant relatively early in their relationship so it may have been that their partner's abusive behaviour had not become apparent in the time they were together prior to becoming pregnant.

However, constructing pregnancy as the catalyst for the change in their partner's behaviour may also have served a purpose in the sense making and justification within these young women's stories. By situating the abuse as only starting after they had become pregnant they were able to construct and justify their pregnancy as having occurred in the context of a happy and healthy relationship rather than one that was already abusive. Mothers are often criticised and judged for remaining in abusive relationships (Katz, 2013; Semaan et al, 2013; Radford and Hester, 2006) and younger mothers are doubly judged for they have also transgressed the socially constructed norms of 'good' motherhood and the 'appropriate' time to have a baby (Kulkarni, 2007; discussed further in

the following chapter). Telling a story in which their partner was already violent towards them when they became pregnant may have therefore been a much more difficult story to tell.

Having constructed a story in which their relationship was initially good but then began to change, all of the participants went on to tell stories of how their partner had controlled and abused them during their relationship. I now examine in more detail the language used within these stories in order to offer an insight into how these young women understood and made sense of the abuse that had happened to them.

The language of abuse

None of the mothers in this research used the word `abuse` to describe their experiences at any point. This is not unusual; a number of authors have demonstrated the difficulties that women and girls have in naming abusive experiences as such (Lombard, 2012; Merritt-Gray and Wuest, 1995; Kelly and Radford, 1990; Kelly 1988). In addition, identifying a partner as abusive impacts on a woman's identity as it constructs the relationship as unequal and positions her as a victim (Chung, 2005, Jackson, 2001; Towns and Adams, 2000), an identity that the young women in this study tended to reject throughout their stories (discussed further on p.209-212).

A number of the participants instead used the word 'arguing' to describe conflict in their relationship. In doing this they appeared to construct conflict as mutual rather than as the result of abusive behaviour by their partner. Use of the personal pronoun 'we' often served to further reduce their partner's accountability and construct abusive behaviour as reciprocal conflict. For example:

"Yeah we was we were arguing that day as well, I forgot what it were about." [Sharmaine]

Similar to previous work that has explored women's experiences and narratives of abuse, the focus of their stories was not specific incidents or assaults but an overall story of chaotic living situations, relationship instability, conflict, psychological abuse, threats, control, manipulation and surveillance (Wiklund et al, 2010; Williamson, 2010; Lempert, 1994). Five out of six of the participants disclosed that they had experienced physical abuse at the hands of their partner but discussion of these incidents was usually very brief and non-specific:

"He just he just carried on erm ragging me about and that, and then, fell pregnant"

[Emma]

"No, erm he's told me to meet him on {street name}, just at top of {street name} and I met him and he just started ragging me about and kicking me and stuff... He just kept dragging me and, pulling me and chucking me to t' floor and all t' rest"

[Darcey]

Darcey's use of the phrases "and stuff" and "all t' rest" suggests that there may have been other things that happened during the assault that she has chosen not to talk about. Similarly, participants often provided little detail about the timescale or the number of assaults they had experienced and, even when stories included severe physical violence, it was often only mentioned briefly before moving on to another aspect of the story. Destiny, for example, spoke very little about of her experiences of physical violence, however when she did she gave the impression she was subject to frequent violence, at one point saying *'he'd slap me all t' time'*. She also revealed her partner had tried to stab her but again provided little detail and quickly moved on to another aspect of her story:

"And five week after, he tried to stab me [J: Mm] daft thing is I've got his name on me arm."
[Destiny]

The above quote from Destiny is characteristic of her story; she tended to move quickly between events and there was often a lack of chronological order to her story, something that is discussed further in Chapter Nine. She spoke much more about the control, manipulation and psychological abuse her partner subjected her to than about any physical violence she had endured.

There may be a number of possible explanations for the lack of talk about physical assaults in the mothers' stories. It may simply be that having experienced repeated assaults throughout their relationships, participants found it hard to recall exact incidents and timescales (Thoresen and Øverlien, 2009; Herhily and Turner, 2006; Enosh and Buchbinder, 2005). Alternatively, it may be that choosing not to tell stories of physical violence in their relationships enabled them to resist identifying as a victim (Chung, 2005; Jackson, 2001). Despite recent changes to the definition of domestic abuse in the UK (Home Office, 2012), it is still constructed primarily as an issue of physical violence. Therefore, by minimising their own experiences of physical violence the participants were attempting to construct themselves as not a typical 'victim' of abuse (Jackson, 2001). A third explanation is that they focused their accounts on the aspects of the relationship that they found most difficult and upsetting. It has been suggested that psychological and emotional forms of abuse can be more hurtful and harmful to women than physical assaults, often resulting in lasting effects on women's self-esteem and psychological wellbeing (Williamson, 2010; Stark, 2007).

In contrast to their often limited discussions of physical abuse, all of the young women told relatively lengthy stories about the surveillance and control their partners had imposed upon them, particularly in relation to their appearance:

"He'd always get me dressed, erm, I couldn't wear, like if it were hot weather I couldn't wear leggings or I couldn't wear a dress or anything like that I had to be properly covered up I had

to wear jackets and everything [J: Mmm] and erm, me me mum wanted erm to take me clothes shopping, and because she bought me a top what you can see your belly [J: Yeah] (inaudible) the top but he burnt it he says 'you're not having it'." [Destiny]

It's gotta be like, not, it's gotta be like leggings and like, the leggings have gotta be covered cos he doesn't like me showing off the top part of me leggings and erm, it's gotta be like tops up to here, or they don't like fall down [J: Mmm] and like, not short sleeves, like one up to here or one up to there." [Sharmaine]

Stories of abusive control were not limited to the young women's appearance but infiltrated every aspect of their lives, resulting in them having very little autonomy over their own decisions and choices. This often extended to the decisions they made about their children, something that is considered in more detail in the following chapter. The participants described how they were prevented from having contact with their friends and family, thus reducing their support networks. Those who had lived with their partner all told stories in which they had been physically confined, making it difficult for them to access help in crisis situations:

"I were like we need to get out of here seriously we just tried leaving again and he'd bolted t' doors from inside and outside [J: Right] and he bolted all t' windows and I thought, I'm never gonna get out o' here." [Destiny]

"He'd he'd lock me in t' house but he'd lock me in t' house and he'd take all all t' keys outta windows so I couldn't get so I couldn't get out [J: Hmm] and when we'd argue and I just want to go over to me go over to me mate's and just stay there for a bit he wouldn't let me so I'd be going to one door and he wouldn't let me out so I'd go t' other one and he wouldn't let me out so I'd have to beat him t' other door again." [Emma]

These stories of control and imprisonment contributed to a story in which the young mothers' choices and ability to make decisions were severely limited. This provided important contextual information for some of the other stories they told, for example when talking about their decisions to remain in or end the relationship. Women are often criticised for the choices they make when in an abusive relationship, particularly if that is to remain in it. However, abused women often have very little in the way of choice and may resort to making what they believe to be the safest decision for them at the time, even if to others this appears to increase their risk of abuse. Telling stories of how they were controlled by their partner may therefore have been another way to justify their decisions, actions and inactions. I now consider in more detail the ways in which the mothers made sense of their experiences of abuse.

Making sense of relationship abuse

Kristiansen and Guiletti (1990) have suggested that finding ways to explain male partners' abusive behaviours may enable women to gain some degree of control. Constructing a story gives them power over how the relationship is presented and the roles that they themselves and their partner play in decision making. In addition, through telling their story women engage in a retrospective analysis of events in order to construct an explanation that makes sense to them (Lempert, 1994).

On numerous occasions throughout their interviews the young mothers appeared to be trying to make sense of and explain the abuse they had been subjected to. Most frequently abuse was understood as arising from their partner's love, jealousy and desire to protect them. In addition, partners were often constructed as having two sides to their personality, with controlling and abusive behaviours described as not the 'real' him. These understandings are broadly reflective of the dominant romance narrative, something that I now explore in more detail.

Not really him

Throughout their stories all of the participants constructed their relationship as having not always been bad. Similar to the findings of numerous studies of adult domestic abuse, they spoke of times when their partner was not abusive and appeared to be the loving and caring man they had initially met (Stark, 2007; Walker, 1984). This enabled them to construct the relationship as primarily 'good' with episodes of violence and abuse being explained as temporary difficulties. Constructing a story in which the relationship was not always bad enabled them to justify why they remained in it:

"Like after he'd done that {first physical assault}, like, we didn't we didn't argue for ages [J: Mmm] cos I don't know he felt like he had to make it up to me [J: Yeah] and then I thought that he'd changed and realised that he shouldn't do that" [Darcey]

"Yeah, erm, he's nice when he wants to be, but it's just, when he's in a bad mood [J: Yeah] he just, completely different person" [Darcey]

"I think he's tryina put a front on [J: Mmm] but inside he's a totally different person, he tries to act stubborn but he's not" [Sharmaine]

A number of authors have described the ways in which abused women construct their violent partners as having two personalities or being two different people (Enander, 2011; 2010; Baly, 2010; Haaken, 2010; Wood, 2001; 2000; Towns and Adams, 2000). By constructing their partner as having two sides to his personality women are able to make sense of contradictory behaviours and justify their decisions to engage in and remain in the relationship (Enander, 2011). It enables them to

disassociate violence and abuse from their partner and construct it as a temporary affliction; it is not the 'real' him (Wood, 2001; 2000; Towns and Adams, 2000). Enander (2011, p.35) found in her study that women often used the metaphor of Jekyll and Hyde to *"describe a duality of, or a transformation from, good to bad"*. She argues that the Jekyll and Hyde metaphor draws on a discourse of pathology and deviance that attributes the abusive side of the abuser's personality to factors beyond his control, such as mental illness or trauma. Drugs, alcohol, mental illness and having an abusive or absent father were all cited by the young mothers in this study as explanations for their partner's abusive behaviour. These explanations reflect some of the currently circulating narratives about the reasons for male violence towards women (Gilchrist, 2013; Enander, 2010). In using these explanations the participants' stories reflected the broader romance narrative in which their partners were not accountable for their behaviour (Wood, 2000).

Constructing their relationship as not always bad supported the young women's stories that they had not 'chosen' an abusive partner, whilst also enabling them to justify their decisions to remain in the relationship. As stated above, participants attributed their partner's abusive behaviour to a variety of factors but a common feature of all of their stories was the way in which love and jealousy were used as explanations for male control and abuse.

Love, jealousy and protection

The young women all constructed an overall story in which their partner loved and cared for them but at times could not control his own emotions and behaviour; their explanations of abuse were therefore consistent with this story. Similar to the findings of previous research (Towns and Scott, 2013; Kulkarni, 2007; Chung, 2005; Johnson et al, 2005; Jackson, 2001, Towns and Adams, 2000), controlling behaviours were often initially interpreted as a sign of love and commitment:

*"I used, I used to just think eh? I used to think oh wow he's er he proper likes me [J: Mmm]
He's getting jealous"* *[Sharmaine]*

The use of love as an explanation for controlling and abusive behaviours was often linked to the notion of protection and both Sharmaine and Darcey described their partners as *"overprotective"*. As Chung (2007, p.1279) reported in her previous research, young women often interpret controlling behaviour as being *"for their own good"* and a sign of their partner's love. Within Sharmaine's story her partner appeared to be utilising notions of female vulnerability and male protection in order to justify his actions as being her best interests:

"I just couldn't walk t' shop or nowt, like, I don't know, like if I walked to top o' lane 'why you walking what about if someone would o' got you?' I just couldn't do nowt." *[Sharmaine]*

Similar to the findings of previous research (Lombard, 2014; Barter et al, 2009; Chung, 2007; 2005), control was often justified in relation to the perceived threat posed by other males and participants told stories in which their partners drew on notions of ownership of the female body to suggest that only they should see their partner's body:

"I got up one morning and I had an exam and I just put my hair up as it is now did my make-up just plain as I normally do put my school uniform on and he started going mad saying I was trying to like impress other lads and like I didn't want to be with him and stuff and I was like 'Jonny I'm pregnant with your child I want to be with you nobody else'" [Claire]

The ways in which partners justified having control over the young women's appearance often made it difficult for them to resist. As in Claire's quote above, appearance was associated with sexuality; therefore, by opposing their partner's wishes, they often risked further accusations of infidelity and promiscuity. Sharmaine described how her partner would compliment her, making it more difficult for her to see the control he was exerting:

"And then he says, 'oh, you can't, don't come round in a vest unless you're with me cos people'll be looking at you' (pause) I don't understand [J: Mmm] but he'll make me feel nice like 'cos you look nice in a vest, you just like don't need people to see that do you?' and I'll be like alright, but he'll make me feel nice about myself but then get me into that way where oh yeah I don't need to wear a vest cos Cameron said I look nice and don't want people looking at me he'll get into me head."

Towns and Scott (2013) have reported similar findings in their research on 'ownership' practices in young people's relationships. The young women in their study revealed how their boyfriends questioned and criticised their appearance in order to control their sexuality. Similar to the experience described by Sharmaine, young women's partners would reason that they did not need to dress in a way that might attract male attention as they already had a boyfriend. By creating uncertainty about what was appropriate the participants described gradually losing the ability to make independent judgements about their appearance and therefore making decisions based upon their partner's wishes rather than their own. This often continued to extend into other aspects of their relationship resulting in the young women becoming increasingly isolated.

All of the mothers in this study constructed a story in which their partner's jealousy was a valid explanation for controlling and abusive behaviour. A number of previous studies have found that many young people justify violence and abuse in response to jealousy or perceived infidelity and consider jealousy to be a normal part of a relationship (Lombard, 2014; Barter et al, 2009; Wiltshire

Assembly Community Safety Partnership, 2009; Schutt, 2006; Burman and Cartmel, 2005). Similar to the findings of previous research (Barter et al, 2009; Chung, 2005; Towns and Adams, 2000), jealousy was constructed as an innate characteristic of males and often perceived as an indicator of their partner's strength of feeling for them. To some degree they all seemed to accept this explanation as reasonable, taking responsibility for their partner's jealousy and modifying their behaviour in order to try and 'prove' to their partner that he had no reason to be jealous. However, at times their stories were of extreme jealousy, extended to any male they had contact with. For example, Destiny said her partner regularly accused her of cheating with her own brother and Sharmaine told of her partner being jealous of any man she looked at on the television, accusing her of preferring them to him. Destiny revealed the intense surveillance her partner subjected her to:

"He used to like he used to smell all me clothes including me underwear and think that if I were cheating or owt like that, but I weren't I've never cheated in me life" [Destiny]

The repercussions for any perceived infidelity were significant and contrasted sharply with the young women's responses to their partner's unfaithfulness. This can be seen in Lucy's story in which she forgave her partner's infidelity and constructed it as understandable given that she was unable to have a sexual relationship with him after the birth of her daughter:

"But I thought it'd pass it was just summat cos he wasn't getting nothing from me [J: Yeah] cos I were in a lot of pain from having she were only a few months old [J: Yeah] and I was still, getting over the stitches and stuff so obviously I couldn't do nothing, so, I think that's what all it were about [J: Yeah] cos I wouldn't sleep with him" [Lucy]

In contrast, her partner's reaction to finding a text message on her phone marked the beginning of an episode in which he made significant violent threats towards her and her daughter:

"And then he got hold o' my phone and I said 'here look, I'll show you the text messages, there's nothing, on there... So he started kicking off saying 'oh you're cheating on me you're a little slag' and all this lot 'Megan's not mine' and, stuff I were like 'oh shut up Jason' so I went into t' bedroom, next minute I know I heard I hear the cutlery drawer going and I know there's some sharp knives in there" [Lucy]

Lucy appeared to accept and even take some responsibility for her partner's infidelity whilst simultaneously having to prove her own fidelity. This is reflective of the sexual double standards that prevail in society today (Maxwell and Aggleton, 2009). Young women are expected to appear sexually unavailable whilst simultaneously meeting their partner's needs and desires whereas young men are positioned as primarily sexually driven, with infidelity an inevitable consequence of their

developing biological urges (Towns and Scott, 2013; Sieg, 2007; Barter, 2006; Chung, 2007; 2005; van Roosmalen, 2000; Tolman, 1994). These gendered double standards were evident across many of the mothers' accounts and once again reflect the dominant romance narrative in which women are held responsible for maintaining successful relationships and infidelity is overlooked as any relationship is considered better than no relationship (Jackson, 2001; Wood, 2001).

However, at some point in their stories) many of the women also questioned jealousy as an explanation for their partner's behaviour as they began to realise that, despite complying with his requests, they were unable to avoid his jealousy and the resulting arguments, control and abuse. They spoke frequently of the difficulties they had in understanding and meeting their partner's demands, which were often contradictory and unattainable:

"I said about school, he said 'are you going back to school?' I said 'yeah' he went 'you're not gonna sit in classes are you?' Well where else am I gonna sit? [J: Yeah] Then he were like 'well what if you sit if they put you next to a boy?' What about if I'm in a job and I'm older and I get and I'm a police officer and I've gotta drive a car with a boy? [J: Mmm] Doesn't make sense everything's, you gotta be with a boy one day, no matter if it's in a job or school." [Sharmaine]

Most of the participants therefore told somewhat contradictory stories throughout their accounts. There were times when they had accepted their partner's jealousy and tried to modify their behaviour in order to minimise it but also occasions when they had questioned the control he exerted over them and refused to capitulate to his demands. These positions broadly reflect the romance and equality narratives. Their accounts therefore demonstrate the challenges that arise for young women when trying to negotiate these contradictory narratives in order to make sense of their own experiences. These tensions in their stories continued as they spoke about the ways in which they negotiated their relationships, taking responsibility for managing their partner's behaviour whilst simultaneously engaging in small acts of resistance against his controlling and abusive actions.

Making it work: Negotiating abusive relationships

As I have previously discussed, the overall stories offered by the young women in this study conveyed a sense of responsibility for their relationships. This extended to trying to rectify and repair their relationship after their partner had been abusive. Doing this involved modifying their behaviour to meet his demands or trying to 'help' him address the issues that they believed to be responsible for the abuse, such as alcohol use. Similar findings have been reported in numerous

studies previously (Chung, 2007; Kulkarni, 2007; Wood, 2001; Towns and Adams, 2000; Campbell et al, 1998).

The most common response to abusive and controlling behaviour was that the young women would do as their partner asked and stop seeing certain people, wearing particular clothes or going places he did not want her to go. They told of constant negotiation on their part, met by increasingly unreasonable demands by their partner. This led to a sense of frustration for Sharmaine, the only participant who was still in the relationship at the time of the interview:

“I just can’t win I don’t know what to do... It makes me feel like, I don’t know, like, he says ‘stay in control’ but he makes me feel like a kid, like I’m getting ruled.” [Sharmaine]

By telling stories in which they capitulated to their partner’s demands and tried to avoid doing things they thought would provoke violence or aggression, these young women constructed themselves as active agents in their relationship. Their stories were reflective of the romance narrative in which women are responsible for making the relationship work; by demonstrating that they were willing to make sacrifices for their relationship they constructed themselves as a ‘good’ partner (Chung, 2005). Often they justified these compromises in relation to their children; similar to the findings of previous studies (Rudoe, 2014; Wood et al, 2011; Kulkarni, 2007), they were aware of the social pressures to maintain a relationship with their baby’s father, something that is explored further in the following chapter (p.231-238).

However, they also told of occasions when they had not conformed to their partner’s demands and had tried instead to resist control and abuse. Often these stories came after they had made numerous attempts to improve their situation by modifying their behaviour, conforming to their partner’s wishes and attempting to reason with him, none of which had resulted in a lasting change in his behaviour. Although stories of resistant actions did not form a large part of their accounts, these stories were significant in that they enabled the participants to demonstrate that they were not a passive victim (Buchbinder and Birnbaum, 2010; Hester et al, 2007; Merritt-Gray and Wuest, 1995; Hoff, 1990). These stories were broadly reflective of the equality narrative in which women are expected not to tolerate abuse (Nettleton, 2012; Chung, 2007). Stories of resistance were often inconsistent with their overall story in which they tried to make sense of their partner’s abuse and took responsibility for making the relationship work. These inconsistencies highlight the contradictions in the narratives available to the young mothers as they told their stories.

Resistance is a complex, multifaceted process that cannot be fully addressed within the constraints of this thesis, however, it is understood as *“any action taken or tactic employed by women to*

prevent, avoid, reduce or stop violence and/or abuse in intimate relationships" (Warner et al, 2005, p.23). Wade (1997) argues that whenever people are mistreated, they resist. Whilst some acts of resistance are immediately obvious, like calling the police, others are less so; seemingly passive acts such as remaining silent to avoid an argument or assault may also be considered resistant (Warner et al, 2005; Kelly, 1988). However, interpreting compromise and silence as acts of resistance can be potentially problematic. Lombard (2014) suggests these strategies are more akin to conformity and argues that the modification of behaviour in response to a partner's demand indicates a greater acceptance of the coercive action.

Katz (2004) has proposed a model of resistance in which the social actions that are considered resistant are loosely separated into three "types" of practices; resistance, reworking and resilience. She defines resistant actions as those that actively challenge the structures of exploitation and oppression; reworking practices are those that aim to rework unequal and problematic circumstances in order to enable more workable lives; and resilience refers to the seemingly insignificant acts that enable material and spiritual survival and the recouping of dignity. She argues that resistant acts are comparatively rare in relation to reworking and resilience because that they are explicitly oppositional; indeed this was the case in the mother's stories. Most frequently they told of relatively small acts in which they constructed themselves as fighting back or defying their partner's demands in a particular situation:

"I just I just thought right I'm not doing this no more if you don't like it you don't like it and I just started getting all my real clothes back and I started just going out" [Sharmaine]

"I says to John I says 'well you're going to have to have t' baby while I just get some sleep I've been up all night, all day and all night with him', 'yeah, I will', played on Xbox 360, so you know your fuse big fuse box where you've got all them fuses well I flicked them all up and went 'sorry electric's run out I've got no money to put on'" [Destiny]

Warner et al (2005) argue that resistance is inextricably linked to resilience; stories of resistance enable women to gain increasing control and autonomy. As has been found in numerous other studies (Katz, 2013; Allen, 2011; Warner et al, 2005; Campbell et al, 1998; Merritt-Gray and Wuest, 1995) the stories of reworking and resilience told by these young mothers served to construct them as resourceful, active agents rather than as passive victims. Viewed from a narrative perspective, the participants and their actions were not inherently resistant or resilient, rather the stories they told enabled them to present in this way. In telling these stories, they were therefore able to reject the victim identity, something that is discussed further on p.208-212.

Both Warner et al (2005) and Hyden (1999) have stated that leaving an abusive relationship is the ultimate act of resistance. However, leaving an abusive relationship is rarely a single event but a complex process that may include numerous and varied ways of leaving and breaking free from abuse (Enander, 2011; Warner et al, 2005; Hyden, 1999; Campbell et al, 1998; Merritt-Gray and Wuest, 1995). All except one of the participants in this research had separated from their partner, therefore I now explore the stories they told about their decisions to leave or remain in the relationship.

“I took him back, I don’t know why”: Decision making in the context of abuse

Lempert (1994) has noted that, through telling stories of abuse, women are provided with an opportunity to explain and justify the decisions they made during the course of their relationship; for example, choosing to remain in the relationship, end it or return to it following a period of separation. These are often the choices that abused women face most criticism for, with the oft asked question ‘why doesn’t she just leave?’ (Meyer, 2012; Murray, 2008; Anderson et al, 2003; Hyden, 1999; Hoff, 1990). The decision to leave or remain in a relationship is often constructed as something that is a woman’s free choice, with little consideration given to the gendered power relations and social contexts that constrict women’s options (Nettleton, 2011; Chung, 2005). Although during the course of the interviews I never enquired specifically about their decisions to remain in or end the relationship, the fact that all the participants spoke about this indicates it was an important aspect of their stories. As discussed earlier (p.184-189), women are often held responsible for any abuse within their relationships and expected to leave immediately at the first sign of ill-treatment (Policastro and Payne, 2013; Nettleton, 2011); because these young women had not conformed to this expectation they may have felt the need to justify their decisions.

The reasons young women gave for remaining in their relationships were varied but tended to reflect the dominant romance narrative. For example, Claire used love to explain why she had remained with her partner despite his abusive behaviour:

“We ended up splitting up then but we got back together straight away, erm I wasn’t allowed to do my hair I wasn’t allowed to do my make-up wasn’t allowed to wear leggings wasn’t allowed to wear vest tops basically he wanted me to get the money do the shopping pay for his drugs and stay in the house [J: Yeah] erm and I did it because I loved him”

[Claire]

Remaining in the relationship despite being abused by a partner was often a difficult story for young women to tell. Sharmaine was the only participant who, at the time of the interview, was still in a

relationship with her partner and her ambivalence about the relationship was evident throughout her interview (discussed further in Chapter Nine). Throughout her story she appeared to struggle with her feelings about whether to remain in the relationship:

“I feel like well why am I still with him then if he’s talking to my mum and grandma like that but, I don’t know I can’t just stop that, like oh, I know it’s bad but I can’t just stop everything cos of that” *[Sharmaine]*

Chung (2005) has suggested that young women who experience relationship abuse are faced with competing pressures; to be in a relationship but also to acknowledge the unacceptability of violence and therefore not to remain in an abusive relationship. In the face of these contradictory narratives ambivalence, therefore, often ensues.

Decisions to end the relationship often came after a physical assault, reflecting the narrative that it is not acceptable for women to remain in a relationship after they have been abused (Nettleton, 2011). However, as has been identified in previous studies (Tutty et al, 2014; Loke et al, 2012; Wiklund et al, 2010; Kearney, 2001), these young women often found it difficult to maintain the separation when their partner put pressure on them to reconcile the relationship. The decision to return to an abusive relationship was often difficult for the participants to explain or justify:

“So I took him back though I don’t know why” *[Destiny]*

In the absence of an explanation for why they returned to a relationship that had been abusive, participants often constructed themselves retrospectively as having been ‘stupid’ to do this:

“Yeah, we split up and then, I don’t know he said sorry and I was stupid enough to get back with him” *[Darcey]*

Both Enander (2010) and Hyden (2005) have found that women who have been in abusive relationships frequently construct themselves as ‘stupid’ for embarking upon and remaining in the relationship. In doing this they construct themselves as to blame for their own abuse, reflecting the dominant romance narrative in which women are held responsible for maintaining a successful relationship (Enander, 2010; Wood, 2001). Enander (2010) argues that the stupidity described by abused women is a form of gendered shame as it is inextricably linked to women’s position as subordinate to men. She suggests that the narrative of equality, in which women are encouraged to leave a relationship at the first sign of abuse, contributes to this gendered shame; if women do not leave this is interpreted as accepting the abuse.

Within all of the mothers' stories, there was an overall sense of relationship instability and ambivalence; those who were no longer with their partner had all separated and reconciled numerous times before their final separation. When they finally ended the relationship this was generally a decision not to get back together rather than an explicit decision to separate. Similar to Hyden's (1999) research, the young women therefore tended not to give clear accounts of their decisions to leave the relationship but provided detailed explanations of why they would no longer consider getting back together with their partner. As in previous research (Meyer, 2012; Baly, 2010; Rhodes et al, 2010; Radford and Hester, 2006), the majority of participants cited their children as being the significant factor influencing this decision, particularly when they believed that returning to their partner would risk their children being removed by Children's Social Care. By positioning their decision in relation to their children participants were able to construct a valid reason for ending the relationship at that particular time and also to construct themselves as a good mother, a central feature of their stories which is addressed in more detail in the following chapter. The final aspect of the stories I now consider is the way in which the mothers spoke about the future and, in particular, how they used these stories to reject the notion that they were a victim.

Looking to the future: Constructing a life free from abuse

As in previous research (Reynolds and Sheperd, 2011; Chung, 2005; Jackson, 2001), the participants in this study who had separated from their partner all constructed a story in which they had begun to move on and had not been indelibly scarred by their experiences. These stories were broadly reflective of what Frank (1995, p.75) has referred to as a "*restitution narrative*". Writing about narratives of illness, Frank (1995) describes restitution stories as those in which people tell of their illness but with a focus on their return to health. Frank (1995) has argued that some form of the restitution narrative features in the majority of stories people tell as it reflects a natural desire to be well. This was the case in the stories told by these young mothers, although the focus was not on illness and health but on returning to a life free from abuse, described by some as getting back to their previous self.

The mothers often described themselves as having become stronger and having learned from their experiences, ensuring they would not repeat their 'mistakes' again. In doing this they appeared indirectly to be taking some responsibility for their abuse by suggesting that they would now be able to identify early signs of abuse and prevent it, whereas they previously had not been able to (Chung, 2007). This often contradicted their earlier stories about the beginning of their relationship in which their partners were constructed as showing no signs of the abusive men they were to become. Destiny, for example, spoke about having learned to tell whether men were 'bad' or 'good':

J: Yeah, have you got owt else you want to say or anything do you wanna tell me?

D: No apart from, just stay away from men

J: Just stay away from men?

D: Especially (inaudible) bad ones, but now you get I don't I don't know if it's just me or if it's you, but you can see if they're good or bad if you know what I mean, if they show a bad sign or owt like that if you know what I mean...When I first met back up with my {current} boyfriend, I knew for a second that he weren't gonna be bad" [Destiny]

She went on to describe traits in her new partner and his family that enabled her to feel confident he would not abuse her. She seemed to suggest that abuse is preventable by 'choosing' the 'right' man, a notion that places responsibility for abuse with women for 'choosing' the 'wrong' men.

Many of the participants also used the notion of learning from their mistakes to explain why they would never get back with their ex-partner. Claire repeatedly used the metaphor of having taken the "wrong path" when reflecting on her relationship:

"I just let myself go down the wro- wrong road totally so and, my daughter has give me the strength to get out of it...I still managed to go down t' wrong path but I've managed to pull myself back onto it and I need to keep her on the right track" [Claire]

In taking responsibility for "going down the wrong path" Claire also constructed herself as having learned from her experience. She continued with this metaphor by going on to explain how her pregnancy has provided the motivation for staying on the "right track". Having her baby was therefore constructed as an opportunity for her to change her life, thus helping her to justify her pregnancy and also construct her identity as a good mother, something that was a large part of her story (see p.222-224). Children often formed a central part of the young women's stories about the future and were positioned as the prime motivation in their lives, particularly with regard to decisions about their relationship.

Looking to the future enabled young women to present a story in which they had not been irrevocably damaged by their partner's abuse and, in some cases, had become stronger as a result of their experiences:

"Like if he's that's what makes me stronger, if he's talking to me like it is he's getting me stronger, and then in like soon he's gonna make me just go and he's gonna he's gonna be the one that's upset cos he's not used to me doing that" [Sharmaine]

By constructing the abuse as making them stronger the young women were able to draw a positive from it and reject the notion that their relationship had been a wholly bad experience for them. In addition, they were able to reject the victim identity and reclaim some agency. Claire constructed herself as returning to her 'old self' once she had left the relationship:

“So leaving Jonny having this baby and leaving Jonny has give me the strength to get back to the person I used to be [J: Yeah] the strong person that I used to be because I haven’t got to be strong for myself I’m not bothered what happens to me I’ve got to be strong for my baby [J: Yeah] and do everything to protect her and he’s give me the strength to do that [J: Mm] after knocking me down so many times if I can get back up and stand stand up to him [J: Yeah] then I can I can stand up to anybody and I’ve done it and I’ve left him so I’m proud of myself for getting out of that” [Claire]

She constructed her partner as having temporarily affected who she really was and therefore was able to attribute the decisions she made during the relationship to this changed self. On a number of occasions throughout her story Claire made reference to being a strong person and this appeared to be a way of rejecting any notion that, having been in an abusive relationship, she was a 'victim'.

Mitra (2013) has argued that most women who have experienced violence and abuse in their relationships do not like to be regarded as victims, as the term suggests they are passive and lacking in agency and does not adequately reflect the active role they have often played in escaping abuse and maintaining their womanhood and motherhood roles. As a result the term 'survivor' has gained in popularity, as it is considered to better reflect the range of resistant, resilient thoughts and strategies employed by women in the face of abuse (Warner et al, 2005; Kelly, 1988). However, the dichotomy created by conceptualising abused women as either victims or survivors offers limited opportunities for women's stories when they may not identify with either position. Buchbinder and Birnbaum (2010) have suggested that these two stories are not mutually exclusive and women may simultaneously identify with both positions to represent their experiences. In her research exploring Indian women's narratives Mitra (2013) found that they often alternated between their identities as victim, survivor and sometimes even perpetrators of violence. She therefore argues that to speak of women solely as victims robs them of the agency to construct their own identity. Similarly, Hyden (1999, p.467) states:

“A woman who has been abused by her husband is not ‘a battered woman’. She is a woman who has experienced living with a husband who beat her. There is a great difference. Violence is not the only defining factor in her life.”

Although Hyden's work related to older, married women, similar findings emerged in these young mothers' stories. They often spent a relatively small amount of time speaking about their experiences of abuse and told considerably more stories about their lives outside of their abusive relationship, particularly in relation to themselves as mothers. Providing stories about their future therefore enabled the young women in this research to construct themselves as survivors rather than victims, despite the abuse they had suffered. Their abusive relationship was constructed as a temporary period of difficulty in their lives but not something that had damaged them forever. This was an important part of their mothering identity in which their children were their priority and they were strong and able to be a good mother to them. The following chapter now explores these stories of motherhood in more detail.

Summary

This chapter has presented the key findings of the research in relation to stories of relationships and abuse. I began by discussing the currently available narratives of relationships and arguing that these limited narratives normalise male control, legitimise violence and encourage female subordination. It was within this context of limited and, at times, contradictory narratives that the young mothers in this research were narrating their own experiences.

The findings of this research offer an insight into the ways in which these young mothers made sense of their experiences of relationship abuse. By highlighting the ways in which their stories reflected or contested the currently available narratives this research adds to the growing body of evidence that has demonstrated the dominance of romance narratives within Western understandings of relationships and abuse. I now present the second key finding of the research; stories of motherhood.

Chapter Eight: Talking about Motherhood

Introduction

Stories of becoming and being a mother formed a significant part of all the participants' interviews. Motherhood appeared to be a central feature of their identity and children were often positioned as being the primary motivation in their lives. The young mothers' stories overwhelmingly reflected the dominant narrative of motherhood, in which they consistently constructed themselves as being 'good' mothers. This chapter begins by exploring narratives of motherhood and considering how the narratives available to women may impact on the stories they are able to tell. I argue that there are limited narratives available to mothers to make sense of and articulate their experiences of motherhood. Drawing on previous work I suggest that the dominant narrative of 'good' motherhood offers a limited, one-dimensional understanding of motherhood and risks silencing women whose experiences are not represented within it. When mothers are positioned outside the dominant narrative, as a result of their age for example, narratives emerge which construct them in a particular way. I therefore also consider the narratives that exist specifically about young mothers and mothers in abusive relationships.

The remainder of the chapter presents the findings of the research. The participants spoke about a range of different aspects of motherhood, from stories of conception to the challenges they had faced and the ways in which their abusive partner had impacted on their mothering. Although, due to their age, they were marginalised from the dominant narrative of good motherhood, throughout their stories they continually constructed themselves as being good mothers. Arguably having to work harder than most to construct a story that was congruent with the good mother narrative, I consider the ways in which they did this. In addition, I consider how the mothers' stories appeared to contest dominant narratives about young mothers and present an alternative story.

Narratives of motherhood

Miller (2005) has argued that the contexts in which women live their lives as mothers are socially constructed, historically specific and culturally varied, however motherhood is often considered to be a universal experience. It is largely constructed as something that is biologically determined, innate and instinctive. Mothers are expected to enjoy and cherish their role; it is not socially acceptable to speak of the burdens and constraints (Gross and Pattison, 2007; Miller, 2005; 2000; Romito, 1997; Marshall, 1991). Oakley (1979) has argued that essentialist constructions of motherhood contribute towards making women's experiences of mothering isolating and oppressive. For women, producing narratives of motherhood can be complex, contradictory and

potentially risky as they attempt to negotiate the disparity between their own subjective experiences and culturally and socially acceptable ways of speaking about mothering (Miller, 2005, 2000). In her longitudinal study with first time mothers Miller (2005) found that when women had experiences that did not conform to idealised notions of motherhood, these were incredibly hard to voice. They generally only spoke about any difficulties in retrospect, enabling them to demonstrate that they had overcome and coped with the challenges they faced, thus demonstrating that they were still good mothers (Miller, 2005). Miller suggests that the silence surrounding women's actual experiences of early motherhood continues to reinforce idealised notions and perpetuate culturally dominant, moral constructions of good mothering.

Miller (2005) argues that culturally specific narratives about motherhood serve to guide women through the process of becoming and being a mother, shaping expectations and experiences. However, these narratives contain inherently contradictory messages, for example Western narratives concerning whether mothers should engage in paid employment (Christopher, 2012; Johnston and Swanson, 2006). She argues that when dominant narratives are underpinned by social structures and practices which reinforce and legitimise them, they become accepted as the 'normal' way to do things and, therefore, are difficult to resist. Narratives about mothering may change over time but they tend to reflect the experiences and circumstances of particular groups of women; most often white, heterosexual, privileged women:

"Within the Western world, dominant ideologies surrounding motherhood can be seen to represent the ideas and beliefs of more powerful groups and do not recognise or accommodate the diversity of women's lived experiences. And they are pervasive, and powerfully shape the cultural scripts and public and 'meta narratives' (Somers, 1994) which both inform normative practices and women's own expectations, of what mothering will be like."

(Miller, 2005, p.55-56)

Phoenix and Woollett (1991) state that while standards for mothering are not routinely articulated, they are covertly expressed through policy and personal discourses. Johnston and Swanson (2006) have argued that the dominant narrative of mothering in the Western world is that of intensive mothering. According to Hays (1996), intensive mothering is child-centred, expert-guided, emotionally absorbing, labour intensive and financially expensive; children's needs take precedence over their mother's. Within this narrative mothers are held primarily responsible for the nurture and development of their children, achieved through the provision of love, understanding and individual attention. Mothers are held accountable should their children display any behaviours or traits that

are considered undesirable, in particular antisocial and criminal behaviour (Richardson et al, 2014; Gillies, 2007)

The transition to motherhood is dominated by a reliance on authoritative knowledge, intense surveillance and medical intervention justified on the basis of guarding against the 'risks' associated with pregnancy and childbearing (Miller, 2005; Oakley, 1979). Women are expected to prepare appropriately, make the necessary changes to their behaviour, conform to the routines of antenatal care and take the advice of 'experts'; those who do not are often constructed as irresponsible or unprepared for motherhood. Miller (2005) has argued that women begin to be defined in accordance with notions of 'good' mothering before their child is even born. Notions of good motherhood continue to shape women's expectations and experiences of pregnancy, birth and parenting; it is a powerful and persistent narrative that impacts on the ways in which women make sense of their lives and tell their stories (Miller, 2005).

Gross and Pattison (2007, p.121) state that:

"The Good Mother status can be bestowed upon women who are pregnant and married, or at the very least in a stable and usually heterosexual relationship, who are of a certain age and who are willing to conform to the required changes in behaviour."

Whilst this appears to be a very narrow construction of motherhood, research by Holgate (2012) exploring young mothers' understandings of what it means to be a good mother revealed very similar findings. In her research participants defined good mothers as those who had a partner; planned their pregnancies; had children at the 'right' time; did not become a mother for personal gain; provided for their children and put them first; and coped with the demands of motherhood. These attributes were located within a binary structure of good and bad mothers. However, although the young mothers in Holgate's (2012) research were positioned outside of the good mother attributes they identified, for example in not having had their children at the 'right' time, they adapted these narratives to fit their personal situations in order to locate themselves as good mothers.

The research discussed thus far therefore highlights the limited narratives available to mothers to talk about, make sense of and understand their experiences of motherhood. The dominant narrative of good motherhood is arguably evident in all mothering stories in some form; it is the most accessible and acceptable story to tell. However, mothers who are placed outside of the socially constructed attributes of a 'good' mother, due to their age, class, race, sexuality, disability, employment or some other factor, must either reject the dominant narrative or reframe it to better

reflect their own circumstances and therefore resolve the narrative tension (Johnson and Swanson, 2006).

Telling stories of motherhood may be further complicated by the existence of additional narratives about particular groups of mothers, such as younger mothers, that construct them in ways that oppose the good mother narrative. As I have discussed at length in Chapter Three, young motherhood in the UK is constructed primarily as problematic. Younger mothers are constructed as having deviated from the appropriate age at which they should have children and, therefore, within the good-bad mother binary, are rendered 'bad' mothers (Holgate, 2012; Hadfield et al, 2007; Phoenix, 1991b). Political discourse and popular media perpetuate this construction by describing teenage pregnancy as a problem, highlighting evidence that focuses entirely on the risks and negative consequences associated with young parenthood and presenting a reduction in teenage pregnancy rates as the only solution to the issue (Duncan et al 2010; Arai, 2009a, Hadfield et al, 2007). The dominant narrative about young mothers places responsibility for becoming pregnant almost entirely with the mothers themselves, with little consideration given to the father of the child or the social circumstances that influence the likelihood of her becoming pregnant (Luttrell, 2011; Lawson, 1993). In addition, the dominant narrative focuses on the potential deficiencies of young mothers rather than appreciating the diverse contexts in which women mother. Research has found that young mothers are often acutely aware of the narratives that problematise and stigmatise them (Rudoe, 2014; Holgate, 2012; Yardley, 2008) and it is likely that the mothers in this research were no different.

For young mothers who are in abusive relationships the dominant narrative of young motherhood may be particularly damaging. Research has revealed that for some young mothers their decision to remain in an abusive relationship is influenced by a fear of further stigmatisation (Wood et al, 2011; Kulkarni, 2007; Goddard et al, 2005). One woman in Wood et al's (2011, p.69) study stated:

"It's not that I don't want to be a single mum, it's that I don't want to have that stereotypical single mum thing ... teenage single mum".

Semaan et al (2013) have argued that mothers in abusive relationships are also often positioned as bad mothers within the good-bad mother dichotomy. Mothers are expected to protect their children and it is often assumed that if a woman remains in an abusive relationship she has failed to do this. This powerful narrative shapes the ways in which society understands abused mothers and influences court, social work and media assessments of women's ability to care for their children and their culpability when abusive men harm their children (Lapierre, 2008). Semaan et al (2013) argue,

however, that this conception of abused mothers is overly simplistic, fails to hold abusive fathers accountable and does not recognise the complex ways in which women resist abuse and protect their children.

The mothers in this study were therefore negotiating a range of available narratives all of which are based on a dichotomous understanding of good or bad mothers. As mothers who were positioned outside of the traditional construction of good motherhood, they therefore had to find ways of adapting and reframing the notion of good mothering to fit their circumstances whilst contesting narratives which positioned them as bad mothers due to their age or because they had been abused. I now present the key aspects of the stories told about motherhood and explore the ways in which these stories reflected or contested the available narratives.

“We thought we were safe”: Stories of conception

Notions of good motherhood were evident in the young women’s stories from the outset, starting with accounts of conception. The majority of the participants told a story of how they had become pregnant that rejected the dominant narrative of teenage pregnancy and offered an alternative explanation for their young motherhood than those contained within the TPS (SEU, 1999). As stated earlier (p.184-189), a good mother is constructed as one whose pregnancy is planned and occurs at an ‘appropriate’ time (Holgate, 2012; Gross and Pattison, 2007) and the stories these young women told appeared to be an attempt to align themselves with this narrative. Becoming pregnant was constructed either as an active and responsible choice made by them and their partner or as unintentional but something that they had no control over and had done everything they could to prevent.

One similarity within all of the young women’s stories was that they constructed their pregnancies as occurring within a committed relationship, thus contesting the notion that teenage pregnancy is something that occurs to young women who engage in casual sexual relationships (Holgate, 2012; Alldred, 2011). Claire, for example, stated her relationship was *“not just a rubbish little teenage relationship”*, enabling her to construct her decision to have a baby as appropriate given the nature of her relationship with her partner. When pregnancy occurred early in their relationships the young women acknowledged this but told stories in which they positioned themselves as having little control over it. For example, Sharmaine stated she had been taking the contraceptive pill when she became pregnant, thus emphasising that she had taken reasonable steps to prevent pregnancy. She also constructed herself as someone who people did not expect to become pregnant as a teenager:

“Erm, they just like, cos I’m normally like the quiet one the placid one [J: Mmm] they were like Sharmaine are you really? I were like yeah, everyone were just shocked” [Sharmaine]

Sharmaine appeared to be attempting to construct herself as not a ‘typical’ teenage mother by describing characteristics that are in direct opposition to the dominant construction of teenage mothers; quiet and placid as opposed to the uninhibited ‘bad girl’ depicted in the British media (Bute and Russell, 2012; Luttrell, 2011; see also Chapter Three).

When pregnancy did occur early in the relationship the young women all emphasised that, although initially shocked, both they and their partner had been happy, therefore constructing the pregnancy as a positive event:

“J: Ah ok and what about when you got pregnant then when was that?”

L: Three months after [J: Oh right ok] So pretty early [J: Yeah] Cos I got told I couldn’t conceive and he’d had a lot of surgery done down there [J: Right] So he got told he couldn’t have kids either so we thought oh we’re safe [J: Yeah] Except no, I’m pregnant so, it were a big shock to both of us... I don’t know, I were in shock I were happy but in shock... He was jumping around happy about it buying stuff already” [Lucy]

Lucy told a story of conception in which both she and her partner believed they were infertile. She stated that they had both been told this and, although she did not state by who, it is implied that it was a health professional, thus justifying their decision not to use contraception. Her pregnancy was constructed as something that occurred due to them being misdiagnosed as infertile, thereby minimising her responsibility for the pregnancy. Lucy was not the only participant who told a story in which she believed she was infertile; Destiny also told a very similar story:

“They said I’d never be able to have kids again but he’s like he’s I always class him as my lucky clover because, because like I dropped on with him (baby) when I was 17, and then had him just after me 18th birthday, erm so that were quite lucky” [Destiny]

Lucy and Destiny constructed their pregnancies as ‘miracles’ and therefore positive events. This provided an alternative story to the dominant narrative that constructs teenage pregnancy as overwhelmingly negative. The construction of pregnancy as occurring ‘against the odds’ was also present in two of the other young women’s accounts; Emma who conceived immediately following a miscarriage and Claire who had experienced significant abuse from her partner in early pregnancy:

“So I am, so lucky that she’s still alive and strong cos I’m people have said to me like my mum’s friends and stuff like that they’ve said ‘I’m surprised you haven’t miscarried the way you was” [Claire]

Claire was the only participant to explicitly state that her pregnancy was planned; however, she constructed the decision to have a baby as one she made primarily for her partner rather than herself. Claire had previously had an abortion, which she constructed as the catalyst for the deterioration of her relationship, and so she told a story in which she accepted responsibility for this and believed that having another baby would therefore repair their relationship:

“I said that when I turned 16 I’d get the implant out and we’d have a baby [J: Mmm] cos I took the first one away and I didn’t I didn’t we didn’t want that so” [Claire]

Hoggart (2012) has identified that it is not uncommon for young women to become pregnant shortly after having an abortion and suggested that this may be due to ambivalence and regret about the initial abortion, particularly if they felt the decision to have an abortion was not entirely their own. Claire had previously stated that she had felt pressured into the abortion by her parents. However, she continued to express a degree of ambivalence about her current pregnancy throughout her interview, explaining that although she had planned the pregnancy she would have liked to have been older and more financially secure when she had children:

“But because he wanted one so much and I felt so guilty for taking the other one away [J: Yeah] I felt like I had to give him another I didn’t want children now I wanted to wait [J: Right] till I was older till I had a house a job set up and I could give a baby the best life that I could with money [J: Yeah] and stuff and support behind me but because it’s what he wanted I give him what he wanted” [Claire]

Claire’s account reflected the good mother narrative about the ‘appropriate’ age to have children and the need to be able to provide for them (Holgate, 2012). In doing this she appears to be attempting to position herself within the dominant narrative even though her circumstances position her outside it. She constructs herself as a good mother as she is aware of the ‘ideal’ conditions to have a child and would have adhered to these had she have been able to. However, she has sacrificed her own wishes for those of her partner. Throughout Claire’s story she made numerous references to putting her child first thus, having prioritised her partner in the decision to have a baby, she now prioritised her child’s needs over her own. This enabled her to negotiate the contradictory narratives about teenage pregnancy and good motherhood, constructing herself as a

good mother whilst simultaneously acknowledging the limitations of becoming a mother as a teenager.

Claire's story also demonstrates the influence that abusive partners had over young women's decision-making about pregnancy, something that was also evident in Sharmaine's story when talking about her decision whether to continue or terminate the pregnancy:

"He was like 'oh we're keeping it' not, cos it when I when I were look- cos I were gonna have an abortion cos I didn't feel like I was ready and he were like 'well if you have abortion then I'm not gonna be with you again don't talk to me don't even say hiya to me on t' street', and I was like 'well I'll have to keep it now cos I like you' and then, he were like smirking like yeah, that's when he started getting his own way" [Sharmaine]

Similar to Claire, Sharmaine spoke about not being 'ready' to have a baby, however she explained that she feared that her relationship would end if she ended the pregnancy. She therefore constructed her decision to continue the pregnancy as prioritising her partner's wishes over her own. Whilst this may have been a way of accounting for her decision to continue the pregnancy whilst acknowledging the dominant narrative about the unacceptability of teenage motherhood, it was also a further demonstration of the power he held in their relationship.

Two of the other participants also made reference to having considered terminating their pregnancies. Destiny talked about the dilemma she faced when making her decision:

"No no like regrets of owt but... I want I want I didn't want an abortion but like I didn't want a child then because like I had all my career and, against me and like I didn't want to stop doing my career but then like I thought well I can't I can't abort a baby because a baby's like, aborting a baby it's just like, that you didn't, that like you had, and then got pregnant and then you didn't want it it's a point" [Destiny]

Destiny appeared to have difficulty narrating a socially acceptable story about having considered terminating her pregnancy; her account therefore reflects the contradictory narratives that having a baby as a teenager will restrict her life chances but also that having an abortion is wrong and she must take responsibility for getting pregnant (Hoggart, 2012; Alldred, 2011; Lawson, 1996). In relation to teenage pregnancy, the notion of 'taking responsibility' is class located, with working-class young women much less likely to have an abortion than their middle class counterparts; continuing with pregnancy is constructed as the responsible alternative (Hoggart, 2012; Alldred, 2011; Lee et al, 2004). The notion of being a responsible mother was a recurrent theme throughout young women's accounts and will be returned to later in this chapter. Having spoken about how

they became pregnant, participants generally went on to talk about the positive impact that pregnancy and motherhood had had on them.

Motherhood as an opportunity for transformation

Many of the young mothers in this research told stories in which becoming a mother was a turning point in their lives and provided them with the motivation to change and improve their own situations. Their stories constructed having a baby as being a positive rather than a negative event for them and they provided examples of how much worse their lives might have been had they not become pregnant. This enabled them to justify becoming a mother despite their age:

“I, like, if I hadn’t have had my baby now, I’d probably be on drugs and all sorts”

[Claire]

By suggesting what may have happened to her had she not had her baby and constructing this alternative as much worse, Claire constructs motherhood as a preferable option. Similar findings have been reported in numerous qualitative studies with young mothers (Anwar and Stanistreet, 2014; Hoggart, 2012; Middleton, 2011; Coleman and Cater, 2006; Graham and McDermott, 2005; Seamark and Lings, 2004; Hanna, 2001; SmithBattle, 1995) demonstrating the importance of this alternative narrative for young mothers, who are often well aware of the dominant narratives that problematise their mothering (Yardley, 2011).

As well as enabling them to justify their pregnancy and construct motherhood as having a transformative influence on their lives, these stories also enabled young women to demonstrate that they themselves had changed in order to establish themselves as good mothers. Often their pre-mother selves were not compatible with the characteristics of a ‘good’ mother, for example through drug and alcohol use. Lucy spoke about having depression and anger issues prior to having her baby but told of how important it was to now maintain her emotional wellbeing as she did not want her mental health to negatively affect her daughter;

“I did have depression, well that were before Megan were born... Cos I had a, this were before Megan were born I had a bad life... Before Megan were born I were very, angry person... I didn’t let it get me down cos there’s no point I says you’re just making yourself bad like wi’ me I had Megan then and I didn’t wanna make her feel down”

[Lucy]

Her story therefore presented the positive impact that having a baby had had on her mental health but also enabled her to construct herself as a good mother by trying to ensure she does not become depressed as she would not want this to affect her daughter.

Finally, children were often cited as providing a motivation to engage in education, training or employment in order to better their circumstances and enable them to provide for their children:

“I’ve always I’ve always wanted to own my own salon [J: Yeah] but now I’m more motivated to do it because I’ve got a baby so she nee- she needs me to do that [J: Yeah] for her to have the best life so cos having a baby young it’s not easy at all it’s not easy when you’re older [J: Mm] and when you’ve got a partner there never mind being on your own and young so I’ve got to get as many qualifications try as hard as I can to get myself a good career that pays well so I can provide for her and she can have the best upbringing possible [J: Yeah] so that’s all I’m really bothered about” [Claire]

It has been argued that young mothers are under more pressure to engage in education or employment than any other group of mothers (Alexander et al, 2010). They must therefore negotiate contradictory narratives about the importance of mothers devoting themselves to their children and also the unacceptability of being young, unemployed and dependent on benefits (Graham and McDermott, 2005). As a result these young mothers often prioritised being with their children whilst they were still young but held aspirations to return to education or employment once their children reached school age.

Discussing the way in which becoming a mother had transformed their lives enabled these young mothers to construct teenage motherhood positively whilst also positioning themselves as good mothers because they had made the necessary changes and sacrifices for their children. This was just one way in which the good motherhood narrative was reflected in the young women’s stories and I now explore some of the other ways that they constructed themselves as good mothers throughout their accounts.

Being a ‘good’ mother

As discussed previously (p.208-218), the construction of the good mother is based on a number of attributes (Holgate, 2012; Gross and Pattison, 2007; Miller, 2005). The stories told by the young mothers in this study reflected many of these as they constructed themselves as good mothers despite the challenges they faced.

Miller (2005) suggests that motherhood is generally constructed as natural and instinctive; something that was reflected in Lucy’s story in which she constructed becoming a mother as something she was destined to do and said it was all she had ever wanted:

“I love it I really do, er, I’ve always had a mothering instinct [J: Mm] babies have always been drawn to me [J: Yeah] like when my mum had Alex, I were only seven seven eight, and whenever he cried she’d always pass him to me and he’d shut up straightaway it were just, miracle touch, so, and my friends all had babies at younger ages I were actually the oldest out of my friends to have one [J: Right] and, I just loved them so much and I’ve always wanted one” [Lucy]

Another way in which the participants constructed themselves as good mothers was through the provision of material goods and activities for their children. They emphasised the importance of prioritising their child’s needs over their own and spoke of the sacrifices they made for their children, from the allocation of financial resources to relinquishing their social life:

“Every penny that you’ve got needs to go on your baby cos when they’re here they run out o’ nappies so quick” [Claire]

“Yeah well, I’m not saying this in a nasty way but I’ve lost my life because of Megan [J: yeah] so [J: yeah] yeah I might get the odd night out but I can’t go out clubbing come in whenever I want [J: no] I have to feed for two now not one [J: yep] you know but I love it” [Lucy]

“I’ve never left him either [J: right] I think the longest I’ve left him for is an hour and a half and that’s only cos I were in t’ next room” [Emma]

These stories appeared to reflect narratives of intensive mothering (Hays, 1996) in which children’s needs take precedence over their mother’s. Even when this required them to make personal sacrifices they presented this as being a worthwhile and necessary aspect of motherhood rather than negative in any way. Similar to previous research findings (Middleton, 2011; Coleman and Cater, 2006; Knight et al, 2006), Lucy, along with a number of the other participants, constructed her mothering in direct opposition to the way that she had been mothered and emphasised the importance of providing her daughter with a life that was different to her own:

“I just hope she doesn’t have a life like me [J: Hmm] I want the exact opposite of what I had... I wouldn’t, I wouldn’t want, what I had [J: Hmm] cos, it were very painful [J: Hmm] it still is, but even though I’ve had years to, get over it but, it’s still there and I don’t want her to have that” [Lucy]

Another aspect of good mothering that participants spoke about was the notion of bringing your children up ‘right’ (Hanna, 2001). Both Gilies (2007) and Phoenix and Woollett (1991) have argued that it is mothers who are held responsible for their children’s behaviour and how they ‘turn out’;

there is, however, only a limited set of circumstances considered appropriate in which to bring up children (Phoenix and Woollett, 1991). Mothers who fall outside of these prescribed circumstances are consequently constructed as requiring additional surveillance and intervention to reduce the risk of their children causing problems to society in the future. Younger mothers, in particular, are often portrayed as inappropriate role models for their children, who are likely therefore to become deviant themselves (Duncan, 2007). The mothers in this study, however, contested this narrative and provided an alternative story. They spoke of the importance of teaching their children right from wrong, particularly in relation to negative aspects of their partner's behaviour they might witness:

“Like show him what’s good and like what’s bad and stuff like that [J: yeah] erm, but I’ve even told my mum I says ‘if he ever hurts a lass or ever does anything to a lass or owt’ I says ‘I will absolutely disown him’ [J: yeah] because it’s wrong, I don’t know why lads should cheat and like that, erm, I says err, even if he speaks to anyone or call, erm like you know with no manners or owt like that then, he will get a bleeding smack he won’t but, I’d never ever smack him or owt like that because I don’t believe in smacking ch- children [J: no] erm, I says but, I will absolutely go mental with him [J: mmm] a child’s got to be like I see it a child’s got to be brought up with manners” [Destiny]

“Yeah like he {partner} started to say, like slang words in front of him {child}, like oh, I don’t know he said a slang word, like when he picks him up he’s saying ‘yo yo’ like what?... I said ‘you say hello, that’s how they grow up to learn’ [J: mmm] so if you’re saying that he’s gonna think ‘well daddy said that and I can say it to my friends’, so I don’t want him to talk like that, they don’t have no respect... like when you got to school people think, ‘oh he’s quarter-cast he’ll be slang words’ I don’t want that at all [J: no] it’s disgusting don’t like I don’t speak like that so I don’t want him to speak like that, no such thing as slang words I don’t know where they come from” [Sharmaine]

For Sharmaine, bringing her child up to be polite and speak in a particular way was especially important due to the increased stigma she suggests that he may face as a result of his mixed race heritage. There has been very little attention paid to ethnicity in relation to teenage pregnancy and Owen et al (2010) have suggested that what debates there have been have tended to reinforce the idea of rigid racial ‘categories’ and the stereotypes associated with them. It may have been that, as a young mother who was also of mixed race, Sharmaine felt additionally stigmatised (Phoenix, 1993) and therefore constructed a story in which being a good mother meant ensuring her son would not to face the same attitudes.

Finally, the participants' constructions of themselves as good mothers were often supported by citing professionals who had provided confirmation of this. A number of the mothers referred to decisions made by social services as evidence that they were being good mothers to their children:

"Well, when they first came they were gonna put a, I think it, it wasn't child in need it was, child, [J: the child protection plan?] Yeah [J: yeah] we had a mass- a really big meeting with loads o' people there, about, if it needs to go if Tyler needs to be on a child protection plan but turned out he didn't have to be on it he just needs so he's on child in need [J: yeah] and erm, we had a meeting the other day and they said that I need a family support worker and then they can go" [Darcey]

"Somebody had even rung up social services on me... and they were just asking some questions and that looked at saw Eva saw ho- saw how clean t' house was and they says 'well we don't see any reason for us to be involved' [J: yeah] so whoever had rung them I just proved them wrong" [Emma]

These examples appeared to be a way of validating their stories and supporting their assertions that they were good mothers. Referrals to social services occur primarily due to concerns about a child's wellbeing and this is often related to issues around parenting (HM Government, 2010b), therefore, by minimising any involvement from social workers they were able to reject the notion that this was as a result of them being a 'bad' mother. This may have been particularly important for Emma whose daughter was subsequently removed from her care. Constructing a narrative of good motherhood in this situation was, therefore, potentially much more challenging for her, something that is explored further on pages 238-240.

Stories of good mothering were therefore varied and dependant on the individual circumstances of the mother. All of their accounts in some way reflected dominant understandings of the qualities of a good mother (Holgate, 2012; Miller, 2005) and rejected the notion that being a young mother was incompatible with good mothering (Kirkman et al, 2001). However, this perspective did not necessarily extend to the stories they told about other young mothers and they often constructed their peers in ways that reflected dominant narratives of teenage pregnancy and motherhood.

Not like other teenage mothers

On a number of occasions participants made reference to other young women in their stories, often advising them not to embark on pregnancy until they were older. They generally positioned themselves as more knowledgeable and responsible than their peers due to their experiences of motherhood:

“I knew what I was getting into and, yeah I didn’t listen to I were just like any other girl I didn’t listen but I had more head on me than other girls do [J: Yeah] Like my cousin’s pregnant at the moment she’s only sixteen and I says ‘what the hell are you doing’, she hasn’t she isn’t in a stable home she’s up and down with her mum like me [J: Hmm] I says ‘you’re not in the right place’, and her boyfriend’s already left her” [Lucy]

Some of the participants gave examples of other pregnant young women and mothers behaving in ways that they constructed as inappropriate. Rudoe (2014) has reported similar findings in her research and described how young mothers engaged in regulatory and exclusionary practices in order to construct themselves as good mothers. Through criticising the behaviour of other mothers they positioned themselves in opposition, as more responsible and therefore ‘better’ mothers. The following examples from Claire and Destiny demonstrate this:

“My other friends are not they’re still wanting to go out on weekends and like some of them are still drinking some of them are still taking drugs [J: When they’re pregnant?] Yeah, so I’m just like ‘you can’t you can’t be doing you’ve got a baby’ do you know what I mean like and a few of them are like ‘oh yeah I’m going t’ buy some new hair extensions this week and I need some new makeup and that’ and it’s like no every penny that you’ve got needs to go on your baby” [Claire]

“It’s like me me cousin’s girlfriend, she’s got a little boy at, eight month nine month summat like that, and she’s pregnant... She dumps him, erm, him on me cousin all t’ time it’s like, you’re his mum you should look after him [J: Mm] and it’s like yeah but I can’t cope well don’t don’t get pregnant again then if you can’t cope, and then it’s this sixteen year old, she she got pregnant at fifteen, and had, her baby, si- at sixteen, now she’s got pregnant straight after, now she’s twenty weeks and one day today [J: Mmm] and her little boy’s, were born in, July, last year, she’s pregnant again... I just says ‘look at t’ end o’ day, don’t don’t have sex if you can’t deal wi’ consequences [J: Hmm] and like she split up she splits up with her boyfriend like every two like every other day [J: Right] gets back with him takes him back and, splits up with him it’s like you’re just confusing your little boy” [Destiny]

Stories told about other young mothers generally appeared to position other mothers within the dominant narratives of teenage pregnancy. Within the good-bad mother binary (Ladd-Taylor and Umansky, 1998), other young mothers were constructed as bad mothers whilst they themselves were good mothers. However, there were often many similarities between the situations that they condemned other young mothers for and their own stories. For example, Destiny recounted

numerous break-ups and reconciliations she had had with her own baby's father. Phoenix (1996) has suggested this demonstrates how deeply ingrained narratives of teenage motherhood are; they are reproduced by young mothers themselves even when their own experiences or stories appear to contradict them.

The stories participants told about other young mothers generally positioned themselves as being knowledgeable about the 'realities' of teenage motherhood. However, in doing this they also had to acknowledge the potential challenges of motherhood, something Miller (2005) has suggested is often very difficult for women to do. In order to maintain the good mother narrative participants therefore did this in a very specific way.

"I wouldn't change it for the world": Talking about the challenges of motherhood

Within their stories of motherhood all of the young women also spoke about the challenges it brought, however the language they used to do this appeared to be carefully chosen to ensure that their stories were congruent with the good mother narrative. The demands of motherhood were acknowledged with the caveat that any difficulties were outweighed by their love for their children. In doing this the young women were able to continue to construct themselves as good mothers, able to cope and willing to make sacrifices for their children. Rudoe (2014) and Kirkman et al (2001) have reported similar findings in their research with young mothers in which participants acknowledged the demands of motherhood but were careful to ensure these did not dominate the plot and emphasised how they dealt with the demands rather than the demands themselves. When the mothers in this study talked about specific challenges, these were generally practical skills they had needed to learn rather than the emotional demands of motherhood:

"I'm not I'm not gonna lie to you it is hard work [J: Yeah] especially you know like when you're really tired and it's like I I don't sleep properly, I have about six hours of sleep... When I had him it were like what do I do what do I do I didn't know how to make a bottle [J: Yeah] didn't know how to change a nappy didn't know how to dress him didn't know how to bath him or owt like that the hospital never" *[Destiny]*

Focusing on the emotional challenges associated with motherhood would potentially have been a more difficult story for participants to tell as it challenges the good mother narrative much more than acknowledging practical difficulties, which are more easily overcome with the help of expert knowledge (Miller, 2005). Miller (2005, p.100) has reported similar findings in her study of first time mothers and argues that there are limited narratives available to women who experience the transition to motherhood in ways that do not match their expectations:

“Voicing experiences of not coping is perceived as too risky. Because mothering is largely taken to be a natural ability, to admit to ‘failure’, to not coping, is to risk incurring a moral sanction and a questioning of one’s capacity as a woman.”

Despite any challenges, though, the young mothers in this research were keen to emphasise that they would not want to change their situation. However, they often did this in a way that ensured they did not endorse teenage pregnancy:

“It’s so stressing [J: Hm] but I wouldn’t I wouldn’t change being a mummy for t’ world... even though I were young when I first had, had him” [Destiny]

“It’s difficult I wish I’d o’ waited longer, like one I’d been to college and stuff [J: Yeah] but, I wouldn’t change it now” [Darcey]

Hoggart (2012) suggests that expressions of ambivalence about pregnancy and motherhood such as these are much more socially acceptable than expressing regret. These reflections highlight the limited and contradictory narratives available to young mothers about motherhood, teenage pregnancy and choice. They must be seen to be enjoying motherhood in order to be a good mother but they must also recognise that teenage motherhood is not something to be aspired to and therefore acknowledge the challenges associated with it; they cannot enjoy it too much (Bute and Russell, 2012). By acknowledging the potential difficulties of young motherhood, whilst also stating that they would not want to change their own situation, they were therefore able to continue to construct themselves as good mothers. In addition, by recognising the dominant narrative regarding the challenges of teenage pregnancy, the mothers appeared to be constructing themselves as more knowledgeable and responsible as a result of their experiences. Claire specifically talked about advising her friends against becoming mothers at a young age, although again she also ensured that she followed this with an assertion that she was happy about her own situation:

“I’d never advise anyone to have a baby until, their life is actually settled till they’ve got a stable home a job and everything till their older... I know it’s gonna be hard now it’s really hit home... I’m scared I really am scared but I’m happy” [Claire]

Similar to findings of previous research with young mothers (Knight et al, 2006), a number of the participants also shared what they liked about motherhood, citing unconditional love, company and the desire to provide care:

“Like when I’m upset he always makes me happy” [Darcey]

“She’s always here with me [J: Mmm] she’s company... I just like the fact that I’m not alone [J: Yeah] that were my big that’s when I start getting bad is if I’m alone, she just keeps me, busy” [Lucy]

“I’m happy cos I’ve got something there that’ll love me forever [J: Yeah] No matter what it’s unconditional love” [Claire]

Overall, even when speaking about the challenges of motherhood, participants tended to construct a story in which they were good mothers, able to cope with the strains of motherhood; any difficulties were outweighed by the love for their children. One particular challenge that impacted on all of the mothers was the actions and behaviour of their partner.

Mothering through abuse

As stated previously (p.178), the stories these young women told about becoming and being a mother were inextricably linked to the stories they told about relationship abuse. Being in an abusive relationship impacted upon their experiences of motherhood and being a mother influenced decision-making about their relationship. In this section I examine some of the stories that participants told about the ways their partners’ abusive behaviour affected their children and how they negotiated their children’s ongoing relationships with their fathers. These stories provided an insight into some of the difficulties posed by an abusive partner but also gave the mothers an opportunity to demonstrate the ways in which they acted to protect their children and prioritise their wellbeing. Their accounts, therefore, continued to reflect the overall narrative of being a good mother despite the challenges they faced.

Mothers living with domestic abuse are often criticised and condemned for the decisions they make about their relationship, the notion that they are unable or unwilling to keep their children safe being the rationale for this criticism (Policastro and Payne, 2013; Semaan et al, 2013; Keeling and van Wormer, 2012; Lapierre, 2008). Similar to findings from other qualitative research (Semaan et al, 2013; Meyer, 2012; Baly, 2010; Rhodes et al, 2010; Kelly, 2009; Radford and Hester, 2006), the young mothers in this research produced accounts that offered an alternative story; that consideration of their children’s needs was central to their decision making about their relationship and, for some, concerns about their children’s safety provided the catalyst to eventually leave their abuser.

Similar to the findings of previous research (Lapierre, 2010; Radford and Hester, 2006; Varcoe and Irwin, 2004), all of the young women who were already mothers at the time of their interview told

stories in which their partner had undermined their mothering or restricted them caring for their children. The ways in which they did this were numerous and varied:

“And then when McKenzie were first starting to talk he u- he used to get him to go ‘mummy’s bitch mummy’s bitch’ so now if he’s like mardy or owt like that he’ll go ‘mummy’s bitch mummy’s bitch’... He didn’t used to let me pick him up like if I wanted to have a cuddle with him then it’d not he’d not be allowed he’d always have to like cuddle with John”

[Destiny]

“He wouldn’t e- he wouldn’t let me, he didn’t like me going to see Eva, er because I because he thought I were sleeping with somebody behind his back”

[Emma]

“It makes me feel like, I don’t know, like, he says ‘stay in control’ but he makes me feel like a kid, like I’m getting ruled, like, I don’t know, like I said, like a couple weeks ago I don’t feel like Riley’s mine because I feel like, I don’t know, it’s like, ruling, I don’t like rules especially when you’re a mum you give Riley rules and if someone’s giving me rules he won’t understand will he?”

[Sharmaine]

In addition to the restrictions placed on their mothering, a number of the mothers also told stories in which they perceived their partner to be a serious threat to their children’s safety. These stories revealed the level of violence and threat that these young mothers and their children were subjected to and highlight the dangers that abusive men can pose to children:

“And, it scared me so I went and sat wi’ Megan cos she were as- in the bedroom asleep [J: Yeah] and he brought the knife in I says ‘you get that knife out of this room now’ [J: Yeah] so he put it up against me throat he says ‘do you wanna die?’ I says ‘no I don’t’ he says ‘well you do don’t ya cos you’re cheating on me you’re gonna leave me, you’re gonna die no if I can’t have you no-one else can’ I says ‘don’t be so fucking stupid I says it’s this what’s making me go away from you’, and then he put it towards Megan [J: Right] so I slapped him trying to I got the knife off him I don’t know how I managed cos he’s a strong bloke, and I stood there with it in my hand I were like, yeah er I don’t know what so I threw it into t’ kitchen”

[Lucy]

By drawing attention to the physical strength of her partner Lucy appeared to be constructing her actions as extraordinary in the face of a threat to her daughter. In doing this she emphasised her instinctive ability to protect her child, thus maintaining her commitment to the good mother narrative. Lucy’s story continued with a further incident in which she believed her partner had harmed their child, although she was unsure whether this was deliberate or accidental. However, as

a result of the injury to her daughter, Lucy separated from her partner for what was to be the final time.

Concerns for children were cited as a key factor in participants' decision-making about their relationship and they constructed themselves as being responsible for protecting their children. This included making decisions about whether to remain in a relationship with their partner and, following separation, whether children should have contact with their fathers. Similar to the findings of previous research (Wood et al, 2011; Kulkarni, 2007), some of the mothers said that their initial decision to remain in their relationship despite their partner's abusive behaviour was influenced by a desire not to be a single mother and a belief that maintaining the relationship would be beneficial to their children. However, decision-making in these situations was often complex and, at times, the stories told were contradictory as they negotiated competing narratives regarding protection, maternal responsibility and the importance of fathers.

Stories that highlighted the potential risk posed by an abusive father appeared to function as a way of justifying decisions to restrict contact. Claire, who had separated from her partner whilst still pregnant, told of the threats her partner had made towards her and her unborn baby and her response to this:

“Erm, saying that he was gonna kill me kill t’ baby he were gonna ki- come kill all my family so I thought wow I need to get away from this so I planned to move down to Blackpool [J: Right] and I said to him I said ‘I’m moving away’, erm I said ‘I’m going I’m not telling you where I’m going’ I said ‘but’ I said ‘I’d never ever want to stop you from seeing your child’ I said ‘but you’ve taken it too far you’ve said you’d kill your own unborn child’ I said ‘and I’m not I’m not putting up with that’ [J: Yeah] I said ‘so I’m going and I’m’ and he were like ‘you can’t do that you can’t take my child away from me’ I said ‘you said you were gonna kill your child’ I said ‘I’m taking your child away from you to protect protect your child’ I said ‘cos I know what you’re like’ I know that if my baby were crying and he couldn’t stop her from crying he’d do something stupid [J: Hm] Or he’d lash out and I wouldn’t, I’d feel guilty for that because I’ve let my child go there” [Claire]

Claire's story included a number of occasions where her partner had made threats of significant violence and she constructed him as a very dangerous man. She spoke about other criminal activity he was involved in and gave examples of the police response to her situation to further support this construction. On a number of occasions, as in the excerpt above, she emphasised her role in

keeping her child safe from her partner and this was cited as her primary reason for not returning to the relationship:

“ I would never like like I was saying someone said “would you get back with him” now I’ve got my daughter I’ve got to think of her best interests [J: Yeah] and if I ever got back with him that, I’d just, I’d end up getting, so low again losing weight and it’d j- it’d not be good for t’ baby at all [J: No] so the best thing I can do for her is stay away from him” [Claire]

Claire overwhelmingly placed the responsibility for protecting her child with herself, rather than holding her partner accountable for keeping his daughter safe. It has been suggested that this is reflective of current child protection policy and practice, which emphasises maternal responsibility to protect children whilst failing to hold abusive fathers accountable (Peckover, 2014; Semaan et al, 2013; Featherstone and Fraser, 2012; Keeling and van Wormer, 2012; Hester, 2011). All of the young mothers in this research told stories that reproduced this narrative to some degree, irrespective of whether they had involvement from child protection services, suggesting that, for these mothers, the protection of their children was an important aspect of good mothering. For most of the participants decisions around contact were, therefore, complex as they acknowledged the potential threat their partner posed but expressed uncertainty about whether he would actually ever harm their children:

“I don’t know, I do cos I feel like, he shouldn’t he shouldn’t not see it [J: Mm] But if he like ever said owt to me saying that he’d hurt it [J: Yeah] he’d never go near it, I’d never let him see it I wouldn’t even let his mum see it just in case he were there when his mum’s seeing it [J: Mm] but I don’t think, I don’t think he’d ever, say owt like that... I don’t think, I don’t think he’ll be nasty to it, I don’t know, he says he wants to see it so I’ll let him see it and see how it goes and if it doesn’t go well it’s gonna have to stop” [Darcey]

“I think, I think he’s safe to see him myself cos I know I know he’d never hurt kids [J:Yeah] he’d ne- well he’s never hurt Eva, and he’d never hurt Jackson, and erm I don’t I don’t know, but like t’ social worker says he needs to do his anger management [J: Yeah] but I know I know he wouldn’t hurt kids anyway” [Emma]

Both Emma and Darcey’s repetition of the phrases ‘I don’t think’ and ‘I don’t know’ suggests ambivalence, as though they cannot express total confidence in their partner yet do not want to acknowledge that he would be capable of harming their children. Emma’s story is complicated by her involvement with social care services, as her social worker had overall responsibility for decisions

about contact rather than her. Expressing a desire for her partner to see her children is therefore potentially less risky for her to do as she is not actually accountable for this decision.

Featherstone (2004, p.315) states '*whether men who are violent to women can ever be positive fathers is a neglected and controversial area*'. Child contact may be used by perpetrators as an opportunity to further abuse women and to discover their whereabouts and there is evidence to suggest that children are at increased risk of harm from abusive fathers during contact (Radford and Hester, 2006). However, in recent years, increasing emphasis has been put on the importance of fathers having contact with their children after a separation (Rudoe, 2014; Coy et al, 2012; Family Justice Review Panel, 2011; Hester, 2011; HM Government, 2010c; Peacey and Hunt, 2009; Gillies, 2007; DoH, 2004; Lupton and Barclay, 1997) and the majority of participants acknowledged this when discussing their own situation. Whilst this approach has been criticised for putting women and children who have experienced domestic abuse at risk (Rudoe, 2014; Coy et al, 2012; Hester, 2011; Featherstone and Peckover, 2007; Varcoe and Irwin, 2004) it remains a powerful public narrative, perpetuated by fathers' campaign groups and popular media (Mcrae, 2012; Langford, 2011; Harne, 2005; Lupton and Barclay, 1997). Mothers who deny children contact with their fathers are therefore often constructed as bad mothers. Consequently, the majority of mothers in this study expressed ambivalence and uncertainty about their partners as fathers and struggled to negotiate competing narratives surrounding the importance of fathers to their children and the risks posed by abusive fathers (Hester, 2011; Featherstone and Peckover, 2007; Varcoe and Irwin, 2004).

Decisions over whether to allow their partners contact with their children were complicated by notions of fathers' rights and responsibilities. With the exception of Lucy, who was the only participant to consistently state that she did not want her partner to have contact with her child, the participants in this study all spoke at some point about their desire for their partner to be involved in their child's life in some way:

"Hopefully, he will get to see her hopefully [J: Yeah] but, supervised... Cos I do want her to have her dad in her life but, not not that side of Jonny" *[Claire]*

Claire's assertion that she would like her partner to have contact with her daughter, albeit supervised, contradicts an earlier statement she had made that she would not want him to have any contact at all. Later in her interview she also talked about her partner eventually having overnight contact if he regained her trust. This uncertainty demonstrates the complexities mothers may experience, in the face of contradictory narratives, when making decisions about children's contact with abusive fathers (Varcoe and Irwin, 2004).

Often participants drew on their own experiences of an absent father to explain why they wanted their children to be able to see their fathers. Emma explained why she considered it important that her daughter saw her partner despite him not being her biological father:

“Cos I know Eva’s Eva’s not biologically his but... he’s t’ first and only person Eva’s ever called dad [J: Mm] and he’s he’s the one that were there for her so in my eyes she’s his [J: Yeah] so if he if her real dad doesn’t want nowt to do with her but his dad does [J: Yeah] I’m not I’m not gonna stop him cos at least she’s got a dad [J: Yeah] I grew I grew up without mine I haven’t seen mine for like nearly ten year now [J: Yeah] and he’d only come up when it suited him, and not when he were supposed to to erm see us every other weekend [J: Yeah] but, {to baby} we want it different with your dad don’t we?” [Emma]

Throughout her story Emma constructed her partner in opposition to her first child’s father and constructed him as a good father as he was willing to take on another man’s child, who she believed he still wanted to see despite their separation. Her overall story suggested that any father is better than no father. It has been suggested that the absence of a father is associated with a multitude of social, developmental and emotional problems in children and young people (Burgess, 2008). Whilst no universal claims can be made about the benefits of father involvement to individual children, this remains a powerful public narrative (Flouri, 2005). Current UK government policy reflects these concerns, emphasising the importance of shared parenting if parental relationships break down and proposing sanctions for parents who fail to allow their partner contact with their children (Department for Education, 2012; Family Justice Review, 2011). Popular media perpetuates the notion that children who grow up without fathers will be irrevocably damaged and that mothers who prevent fathers having contact with their children are irresponsible and bad mothers (Macrae, 2012; Lupton and Barclay, 1997). It is perhaps, therefore, unsurprising that these young mothers felt a duty to maintain some contact between their children and their partner.

Finally, for three of the mothers in this study, decisions about the relationship between themselves, their children and their abusive partner were further constrained by restrictions imposed by social services. Emma and Destiny’s children were subject to child protection plans in which their partner was not allowed contact with their child and Darcey’s son was only allowed supervised contact with his father. All three mothers spoke about the influence that this had on any decision to reconcile their relationship with their partner:

“I do still love him, but I’m always gonna, like love him [J: Mmm] but I’d never take him back, [J: No] even if he asked me, now when you were sat here I wouldn’t take him back [J: No]

because I know I know for a second McKenzie 'd go on, erm, child protection [J: Right] or he'd get to go off me and I can't deal with losing me son" [Destiny]

Destiny constructed herself as putting her child first, explaining that she would not risk returning to her partner, even though she still loved him, as it might mean losing her child. Stories such as this also highlighted the additional restrictions that may be placed on mothers by agencies responsible for safeguarding children once they have left an abusive relationship. Emma and Darcey spoke about how they complied with requests that restricted their own freedom in order to ensure their children were able to remain with them:

"At first social services you know like they wouldn't let me out o' the house [J: Yeah] They said if I didn't listen to 'em Tyler 'd end up getting took off me [J: Right] So like I had no choice [small laugh] but to stay in t' house all day" [Darcey]

These stories further contributed to the overall narrative of being a good mother, willing to make the necessary sacrifices for their children. The participants maintained the good mother narrative even when they had involvement from child protection services, something that would not usually be considered synonymous with good motherhood. However, it could be argued that, in these situations, it was therefore even more important for the young women to construct themselves as good mothers. For one mother in particular, constructing a narrative of good motherhood was additionally challenging as her first child had actually been removed from her care by social services due to concerns about her safety. I will now examine Emma's story in more detail, considering the ways in which she constructed herself as a good mother in spite of this.

Emma's story

Emma was narrating her story from a position of disrupted and stigmatised motherhood, having had her first child removed from her care. A significant proportion of her interview was dedicated to telling the story of events that led up to her daughter's removal. She began by talking about meeting her partner and spoke about how quickly and easily he had adapted to his role as stepfather to her daughter, Eva. She emphasised that they had all been happy and Eva was thriving. Emma constructed a story in which she was a good mother but also that her partner was a good father; a construction that was supported by citing a social worker who stated she had no concerns about her parenting (p.227). This provides important contextual information for the story she then told about the incident that resulted in Eva being removed from her care.

In a relatively lengthy and continuous account, with very little input from me, Emma then told of how she had discovered a burn mark on Eva's arm and of the events that followed. Due to the

length of this account I have included the entire section of transcript in Appendix Ten rather than quoting extended excerpts here. Throughout this story she constructed her actions as appropriate and the decision to remove her daughter from her care therefore unjustified. Although unable to draw directly on the narrative of good motherhood, due to the circumstances of her story, she appeared to be trying to adapt the narrative and construct herself as a good mother in alternative ways.

Emma emphasised that neither she nor her partner knew that Eva had burned herself as she had never shown any distress therefore they also did not know how it happened; however, she speculated that it had most likely been caused by her hair straighteners. She repeated the words “*we didn’t*” and “*we couldn’t*” numerous times, as if to emphasise the lack of control that she and her partner had over the situation. Interestingly, throughout her story of this particular event Emma consistently spoke about her and her partner together as “*we*”, significantly more than she spoke of herself in the singular, “*I*”.

Emma explained that she and her partner sought help as soon as they had noticed Eva’s injury. By describing the obstacles they faced in seeking help, for example not having a pram to take her to the doctors and then not getting any assistance at the surgery, she constructed herself as continually striving to overcome these difficulties in order to get her daughter the help she needed. Throughout the story she gave examples of how Eva was unaffected by her injury, such as continuing to play, thereby minimising the impact it had had on her. When asked by medical staff about the cause of the injury she constructed their response as appropriate, saying “*we wasn’t going to lie*”; her version of events is therefore constructed as the ‘truth’. By positioning it in this way the subsequent arrest of her and her partner and the removal of Eva from their care are therefore constructed as unjustified. Emma emphasised how upset her daughter had been when she had to leave her but also highlighted her own lack of control over the situation. By stating that she had not wanted to leave her and telling how she visited her as often as she was allowed to, Emma constructed herself as doing her best for her child in difficult circumstances. In a situation that challenged the dominant narrative of what makes a good mother she therefore attempted to produce a story that redefined good mothering and adapted it to her situation.

In the context of imprisoned mothers Lockwood (2013, p.179) has termed this narrative the “*wounded mother*” narrative and argues that it is the most accessible and acceptable story for women who are separated from their children to tell. The wounded mother tells of the injustice of separation from her children; within the context of intensive mothering (Hays, 1996) living apart is therefore universally traumatic. The wounded mother strives to maintain her mothering identity

despite separation and fights to ensure that, eventually, she will be reunited with her children. Emma maintained this narrative throughout her story and envisaged a future in which Eva would be returned to her care:

“Orh she’s definitely coming back [J: Yeah] She is defin- I’m not giving up on her no chance... I’m gonna go back t’ solicitors and go through court to get Eva”

Like all of the other participants Emma therefore constructed herself as a good mother, although her circumstances made this narrative more complex to produce.

Summary

This chapter has presented the key findings of the research in relation to narratives of motherhood. Beginning with a discussion of the dominant narrative of good motherhood I have argued that there are limited narratives available for mothers to understand and articulate their experiences of motherhood. For younger mothers and those who have been abused there are additional narratives that construct them as ‘bad’ mothers. The young mothers in this study were therefore telling their own stories in the context of limited and often contradictory narratives.

The findings of the research demonstrate the pervasiveness of the good mother narrative; this appears to be the most accessible and acceptable story to tell. Whilst the participants did not specifically describe themselves as ‘good’ mothers, all of their accounts included numerous attempts to construct themselves as good mothers and they appeared to reject the notion that, as younger mothers, they were in any way ‘bad’ mothers. However, their stories were at times contradictory as they negotiated available narratives, particularly with regard to their abusive partner as a father and his role within their children’s lives.

In the discussions over the last two chapters I have drawn attention to the complexities and contradictions that were at times evident in the mothers’ stories. The final chapter in this section will now address these issues in more depth. Using I poems to trace the uncertainty, ambivalence and contradictions in the participants’ narratives, it aims to demonstrate the challenges of producing a coherent, linear story about experiences of relationships, motherhood and abuse that, when lived, are complex, messy, chaotic and inconsistent.

Chapter Nine: “I don’t know”: Uncertainty, Chaos and Absences

Introduction

The previous two chapters have presented the key findings of the research and discussed the many ways that these mothers’ stories reflected or contested the currently circulating narratives about relationships and motherhood. There were many similarities between the participants’ stories, highlighting the influence of these narratives. However, this chapter focuses on the ways their accounts differed and, in particular, the ambivalence, chaos and absences that emerged in some of their stories. The aim of this chapter is, therefore, to further demonstrate the complexities of the young mothers’ stories and to re-emphasise the situated and temporal nature of the research findings.

I have chosen to present the majority of the data as ‘I poems’. As discussed in Chapter Five, these form part of the second reading of the Listening Guide. As they focus specifically on the speakers’ use of the word ‘I’ and the phrases that accompany it, they are particularly useful for seeing how they speak of themselves and their emotions, thus highlighting the uncertainty, contradictions and tensions in the young women’s stories (Gilligan et al, 2003). In addition, I have included some of my own reflexions in the discussions as it was these reflexions that initially illuminated this element of the findings. The chapter concludes with a consideration of some of the factors that may impact upon women’s ability to tell their stories.

Ambivalence and uncertainty

All of the young women had occasions during their interview where they expressed a degree of uncertainty, be that about the ‘reasons’ for their partner’s behaviour, his role in their children’s lives or their hopes and expectations for the future. Their “I poems” often revealed this uncertainty in the form of contradictions. For example, Destiny spoke about her contradictory feelings towards her ex-partner:

“I’ve tried moving on wi’ my life

I can’t

I mean

I do still love him

I’m always gonna

I'd never take him back

I wouldn't take him back

I know"

[Destiny]

Whilst there was a degree of uncertainty within all of the stories, for Sharmaine and Darcey ambivalence and uncertainty permeated their stories. During my interview with Sharmaine, the first I had conducted, I was struck by how often she used the phrase 'I don't know'. In my reflexions immediately following the interview I commented that there seemed to be "*an overwhelming feeling of confusion about her relationship, her partner's behaviour and the decisions she 'should' be making*". Throughout the interview she questioned her partner's actions and beliefs and attempted to find explanations for them, repeatedly stating that she didn't understand. As this was my first interview I initially speculated whether this was just going to be a feature of interviewing young women about relationship abuse. However, the second interview I carried out, with Claire, was completely different. Claire told a very clear, chronological story and articulated her opinions about her partner's behaviour with relative certainty. I analysed these two interviews in quick succession and, consequently, the differences in the way the participants spoke were emphasised. A particularly noticeable difference emerged through their 'I poems' in which Sharmaine repeatedly stated 'I don't know' whereas Claire spoke with much more conviction about her actions and decisions. Having noticed this disparity in their stories I therefore continued to explore the ways in which uncertainty and ambivalence were articulated by the mothers. I became particularly interested in the use of the phrase 'I don't know'. During my interviews with Sharmaine and Darcey I had noticed that they said this repeatedly and this was confirmed when I listened back to the audio recordings; it was immediately apparent they used the phrase much more often than the other participants. A simple frequency count revealed that whereas the majority of participants said 'I don't know' somewhere between seven and 13 times during their interview, Sharmaine and Darcey said it 29 and 35 times respectively. This was despite the fact that their interviews were actually the shortest in length, with Darcey's only lasting 43 minutes. This crude count is not intended as a way of applying quantitative techniques to qualitative data and I am not suggesting that it is in any way statistically significant; however, it is a way of emphasising the degree of uncertainty reflected in these two young women's stories. In keeping with the analytical framework of the research, I now therefore present excerpts of Sharmaine and Darcey's 'I poems' as a way of further demonstrating the ambivalence that permeated their accounts:

"I don't know

I don't understand

I don't know

I haven't done owt wrong

I know not to...

I don't know why

I don't know

I think he just does it to get to me

They says I'm better off without him

I know

I know I'm better off without him but

I wanna be with him...

I don't know

Doesn't change my mind

I don't know

You get used to it

You get used to everyone saying

You shouldn't be with him

You should get somebody different

I could do better

I don't know

I just don't want better

I liked him

I don't know

I just

I think

You get used to like how he treats you

You think it's bad

You've been with him for so long

You're not used to it any other way"

[Darcey]

"I don't know

I don't know

I feel like well why am I still with him?

I don't know

I can't just stop

I know it's bad

I just can't stop

I just feel in the middle

I just feel like

What should I do?

I don't think

I think

I'm like

I feel like this

I don't know

You know what I mean?

I don't really have a say

I'm still fifteen

I just feel like

I've got no decision

I don't know

I'm getting ruled

I don't know

I said

I don't feel like Riley's mine

I feel like

I don't know

I don't like rules

I'm tryina like learn

I just wanna do it by myself"

[Sharmaine]

Both Sharmaine and Darcey appeared to have difficulty narrating a story in which they accepted that their relationship was abusive yet wished to remain in it, something that has been identified in previous research with young women (Ismail et al, 2007; Sieg, 2007; Chung, 2005; van Roosmalen, 2000). There are a lack of narratives for women to draw upon in these situations as the available narratives either minimise the existence and impact of abuse (romance narrative) or, once women have acknowledged their relationship is abusive, assert that they should be prepared to end it immediately (equality narrative). It is not surprising, therefore, that their stories were fraught with uncertainty as they attempted to negotiate the limited options available to them.

In Darcey's excerpt above she switches between the personal pronouns 'I' and 'you'. It has been suggested that this may indicate a change in how the narrator perceives herself or that she is finding it difficult to voice a particular experience or opinion (Gilligan et al, 2003; Lieblich et al, 1998; Mauthner and Doucet, 1998). Darcey's shift from 'I' to 'you' in this extract also appeared to be a way of positioning her reasons for remaining in her relationship within a collective understanding,

using 'you' rather than the more personal 'I' to suggest that her explanation is in some way 'common sense' (O'Connor, 2000).

The difficulties Darcey and Sharmaine expressed in making decisions about their relationships highlight some of the challenges that arise when working with young mothers experiencing relationship abuse. They both talked about feeling pressured by other people to separate from their partner, yet said they did not feel ready to do this. Sharmaine was the only participant who specifically made reference to her age during her story, stating on a number of occasions that because she was legally still a child her mother had the authority to make decisions for her:

"Like I'd like to s-, just see how it goes about getting an house with Cameron, but I couldn't, cos, just, my mum wouldn't let me (J: Mmm) like she said when I were fifteen "I've got the rights over to do this over you" but then now I'm turning sixteen she's still got the rights when I'll be eighteen she'll still have the rights when I'm twenty she'll still have the rights... It should be, I'm fifteen I'm a mum, I might I might be still fifte- I might be still fifteen and a kid but I've got t' learn to be a mum first, not still be a kid like... I've gotta learn from me mistakes"

[Sharmaine]

It is possible that Sharmaine's relationship with her mother therefore added to the ambivalence and confusion she felt when trying to make a decision about her relationship. Her story portrayed a sense of constant negotiation on her part, often resulting in conflict and a neglect of her own needs:

"There's a lot of stuff I'm stopping for Cameron a lot of stuff I'm stopping for my like this side and I think it's I think it's getting a toll on me now 'cos I no- I don't stop nowt for myself"

[Sharmaine]

Interviewing Darcey on two occasions, however, revealed the temporal nature of narratives. At the time of her first interview she had only recently separated from her partner and expressed sadness and regret about this. However, by the time of the second interview, eight months later, she constructed a story more congruent with those of many of the other participants, of having 'moved on' independently of her partner:

"I'm not as bothered

I was

When I first had Tyler

I went back to how I were when we first split up

I went all sad

Now I'm not bothered"

[Darcey]

In contrast to her first interview, Darcey only said 'I don't know' nine times in her second interview. The level of ambivalence within young women's narratives appeared, therefore, to be partly related to the status of their relationship and the length of time they had been separated. Sharmaine, who was still in the relationship at the time of her interview and Darcey, whose partner had recently ended their relationship at the time of her first interview, expressed the most ambivalence in their narratives. In contrast, Lucy, who had been separated from her partner for almost a year and was in a new relationship, was the most certain that she would not resume the relationship and generally expressed very little ambivalence throughout her story.

In addition to the ambivalence expressed by some of the mothers, many of their accounts also featured contradictions and, at times, there was an element of 'chaos' to their stories, adding to the sense of uncertainty.

Chaos stories

Although some of the young women told stories that were chronologically ordered and generally easy to follow, this was not the case for all of the interviews and some were much more challenging to listen to than others. In particular, when the stories lacked a temporal flow it was difficult to 'keep track' of events and how they linked together. Many of the mothers' accounts contained elements of confusion and contradiction; moments when I was not entirely sure of the ordering of events or what they were trying to tell me and this might have been a result of my misunderstanding rather than their storytelling. However, in one interview in particular the whole account 'felt' chaotic; Destiny mentioned events only briefly before moving on to another aspect of the story and very rarely made reference to the impact her partner's actions had on her. In addition, her relationship was characterised by numerous separations and reconciliations so it was often difficult to know whether she was talking about events that had occurred whilst she was with her partner or after they had separated. Unlike the other participants' stories, where contradictions only really became evident when looking at the entire transcript, within Destiny's story the contradictions often occurred in quick succession, making it difficult to ascertain what she was trying to say. For example, when speaking about the events leading up to her marriage she told a story in which she had initially resisted her partner's requests to marry but then became drunk and agreed. She did not offer any further explanation of this or any retrospective comments on the decision:

"I got rid of him

I split up with him

I turned round and says

'I don't want to marry you'

I says 'do whatever'

I says 'you'll not get far'

I went

'I'm not'

'I'm not gonna marry you'

I got drunk

I says

'I'll marry you if you want'

I bought my own engagement ring"

[Destiny]

Destiny's story also lacked chronological ordering, which made it more difficult to follow and understand. In the following excerpt she began by speaking about her partner's criticisms of her as a mother but then proceeded to talk about an event that had happened previously whilst she had been pregnant. In addition, Destiny tended to provide much more detail about her daily living situation than about things that would usually be considered major life events, such as getting married:

"And then erm, ended it with John, again and then I got with him got married, to him and then five week after he threatened to stab me, if I didn't shut up, and that I were always on the phone, and that I never had any time for McKenzie so (laughing) I smashed me phone up, erm, never watched tv, always had time for McKenzie and because I had, like we were getting paid and he used to take my bank card [J: Mmm] And go t' bank draw a lot of money out put me in debt, erm and tell me that I could only have twenty quid so, I had twenty pound and outta that I had to get nappies baby food baby milk, erm, wipes, and whatever else I I wanted and err, if I had any change like a quid I had to give it him back [J: Mmm] I couldn't buy no sweets or owt like that, erm, and then he used to like he used to smell all me clothes including me underwear and think that if I were cheating or owt like that, but I

weren't I've never cheated in me life (talking to child – 20 secs) and then erm when I were pregnant with McKenzie I wanted to like have me dead ends cut off he went 'yeah you've got to have it all cut off you can't have long hair' so I shaved all me hair [J: Right] Do you know like to a boy's style" *[Destiny]*

The section above is characteristic of the whole of Destiny's interview, which lasted an hour and a half. Although she did not appear to be ordering her story chronologically she did at times appear to be ordering it in some way, for example, in the section above she appeared to make links between the different forms of control her partner exerted over her. Often she would talk about the things that her partner had done to her almost in list form, punctuated by the words 'and then'. At other times, however, there did not appear to be any order to her story, which made it very hard to follow.

Frank (1995, p.97) uses the term 'chaos narrative' to describe stories which lack narrative order, stating "events are told as the storyteller experiences life: without sequence or discernible causality". He argues that such stories are hard to hear as they are not recognised as a 'proper' story. In addition, he suggests that chaos narratives may be anxiety provoking for the listener as they reveal vulnerability and powerlessness, exposing how easily one can become sucked into the chaos. Chaos stories are characterised by silences, repetitions and absences. If a narrative is defined as a sequence of interconnected events, then chaos stories are not actually narratives. Frank (1995) argues that chaos stories are not told but are lived. These stories focus on the immediacy of life; to turn the chaos into a story requires some reflexive grasp. Destiny had only separated from her partner a few months previously and since then had moved to a new area and was living in a refuge, something that she had found very difficult. She therefore may not have had the time and space required to reflect on her experiences and construct a more coherent story. Chaos did not always manifest itself in this way however. As Frank (1995) notes, chaos narratives are also characterised by absences and silences, something I now explore in relation to the stories told within this research.

Absences

The interview I carried out with Darcey was also challenging but for different reasons. I struggled to engage Darcey with the concept of 'telling her story' and instead had to resort to a more semi-structured style of interview (see p.135-137). As a result her first interview in particular felt very disjointed as she gave limited responses to my questions and probes. As the interview progressed she did start to tell slightly more detailed stories but these were still relatively short and focused around particular events, with very little discussion around more abstract concepts such as becoming a mother.

Frank (1995, p.98) states that *“those who are truly living the chaos cannot tell in words. To turn the chaos into a verbal story is to have some reflexive grasp of it”*. At the time of her first interview Darcey’s partner had recently ended their relationship and she expressed sadness about this along with uncertainty about her future as a result. It could be argued that Darcey’s life at the time had been thrown into chaos; she had not wanted to separate from her partner and was now facing life as a single mother. Her interview was reflective of this uncertainty; as highlighted earlier (p.244-245) she used the phrase ‘I don’t know’ more than any other participant. It may be that Darcey had not yet been able to reflexively consider her experiences and evaluate her situation, therefore constructing a story was almost impossible for her to do.

Whilst the majority of participants constructed themselves as good mothers throughout their stories, albeit in different ways and to varying degrees, Darcey, seemed to find talking about motherhood particularly challenging. Any reference to being a mother during her interviews, particularly the first, was minimal and occurred only as a result of direct questioning from me.

Darcey gave a limited account of becoming pregnant and her response to the pregnancy. It was difficult to ascertain whether she was also ambivalent about being pregnant, thus adding to the ‘chaos’ that was preventing her from constructing a coherent story. On the limited occasions that she did speak about her baby during the interview she referred to him as ‘it’, despite revealing that she had been told at her ultrasound scan that he was a boy. One possible explanation might therefore be that Darcey had not fully acknowledged her unborn child, thus impacting on her ability to construct a story about her future as a mother. Towards the end of the interview I asked Darcey whether she thought about the future and she suggested the potential impact that having a baby would have on her life:

“Yeah I think about what it’s gonna be like when the baby’s here [J: Yeah] Yeah [Pause] [J: What do you think it’s gonna be like?] [Pause] I don’t know, it’ll be weird, having a baby [J: Mm] cos everyone says your life changes [J: Yeah] you can’t do things that you can normally do [J: Yeah] you don’t get enough sleep and all t’ rest” [Darcey]

In her first interview Darcey’s references to becoming a mother focused wholly on the practical aspects of mothering and she expressed concern about her ability to carry out tasks such as making up a bottle. She appeared to struggle to construct a story about a future role in which she had no experience. Miller (2005) has suggested that pregnant women have limited narratives upon which to draw when constructing their own tentative stories of future motherhood. As discussed previously (p.214-216), the dominant narrative is shaped by essentialist notions of motherhood as

fulfilling, positive and 'natural', albeit with the need for expert guidance; it is not socially acceptable to express negativity about pregnancy or impending motherhood. It might therefore have been that Darcey was unable to assimilate her expectations and feelings about motherhood, with this limited narrative leading to an absence of any alternative story.

Because Darcey was pregnant at the time of her first interview I had another opportunity to interview her following her baby's birth. This was particularly useful given that I had identified this absence in her first interview. During this interview Darcey once again appeared to find it difficult to 'tell her story', resulting in a more semi-structured approach to the interview; however, I did feel that, with the benefit of having met previously, the interview quickly became more of a conversation than simply questions and answers. Darcey also spoke more about being a mother in her second interview and told stories in which she appeared to construct herself as a 'good' mother. At the time of the second interview Darcey was actively engaged in mothering and, therefore, it may have been that this enabled her to speak more about this role than in her previous interview. However, her account still did not reflect the narrative of good mothering in the same way as those of the other participants' had and there remained a lack of temporal ordering and meaning-making in her stories (Riessman, 2008; Miller, 2005; 2000; Mathieson and Stam, 1995; Lempert, 1994; Somers, 1994; Sandelowski, 1991).

It is neither possible nor realistic to identify the exact reasons for the discrepancies between participants' stories and the apparent absences within some of them. Throughout the discussions thus far I have considered possible explanations for the ambivalence, chaos and absences that emerged. However, I now explore some more general factors that may have impacted on the way the participants told their stories.

Telling stories: A universal skill?

From the discussions above it is apparent that not all the participants responded in the same way to the request to tell their story. Only in half of the interviews I carried out did the whole account resemble a conventional story in terms of having an overall plot, linked events, chronological ordering and personal motivation (Plummer, 1995). For the other young women, their accounts were collections of smaller stories, often told in response to questioning from me and at times lacking temporality. Some stories appeared to be entirely absent.

Luttrell (2003) and Brown and Gilligan (1993) have suggested that the ability to construct narratives is related to developmental maturity; therefore it may have been that some of the young women had not fully developed this skill at the time I interviewed them. Brown and Gilligan (1993) carried

out a longitudinal research study interviewing girls aged between seven and 18 over a five year period. They identified that as the girls in their study entered adolescence they struggled to speak of themselves and used the phrase 'I don't know' much more than they had previously. They state:

“As the phrase ‘I don’t know’ entered our interviews at the edge of adolescence, we observed girls struggling over speaking and not speaking, knowing and not knowing, feeling and not feeling, and we saw the makings of an inner division as girls came to a place where they felt they could not say or know or feel what they had experienced – what they had felt and known.”
(p.13-14)

Brown and Gilligan (1993) describe this change as a relational impasse; young women had to give up relationship for the sake of 'Relationships' and so began to silence their own voice in order to prioritise relationships. As stated previously, Darcey and Sharmaine were the participants who said 'I don't know' the most frequently during their interviews. They were also the two youngest participants. Whilst I do not subscribe to the view that age, per se, determines one's ability to construct narratives, it might have been that emotional maturity and educational ability were factors that contributed to participants' ability to construct a story.

Miller (2005) has suggested that the ability to construct stories is also class based. She argues that narratives are more readily available to the middle classes and that some groups in society are more used to talking about their lives and selves. Some of the mothers in this research had very little prior experience of talking about themselves and their relationships and, on more than one occasion, participants told me that the interview was the most they had ever talked about their relationship. Conversely, the participants who told more fluent and coherent stories also revealed within them that I was not the first person to whom they had told their story. Often they had had to tell it to professionals and agencies in order to access services, suggesting that they were rehearsed storytellers (Miller, 2005).

Another possible explanation for the differences in the participants' storytelling abilities is the impact of the actual interview situation. It is unlikely that the participants had any previous experience of being interviewed in this way and, arguably, a research interview is not a particularly conducive environment for storytelling; I was a stranger to them yet asking them to talk about very intimate aspects of their lives. The unfamiliarity of the situation and the differences between us were perhaps, therefore, too great for some of the women to be able to speak freely and openly.

Finally, the young women in this research were often telling stories about difficult and traumatic times in their lives. It has been suggested that these stories are particularly hard to tell and that the

experience of trauma can impact upon a person's ability to recall the details, ordering and timescale of events (Thoresen and Øverlien, 2009; Herhily and Turner, 2006; Enosh and Buchbinder, 2005; Crossley, 2000). In addition, Hlavka et al (2007) found that research participants often actively choose not to include certain aspects of their stories in order to protect themselves emotionally, thus resulting in a story that does not always seem to 'make sense' to the listener. The impact of trauma may, therefore, account for some of the contradictions, chaos and absences in the participants' stories. Conversely, Mattingly (1998) argues that rather than constraining storytelling ability, the process of telling stories about traumatic experiences actually enables people to create coherence from disorder, confusion and chaos. However, this may only be the case once there has been sufficient opportunity to reflect on the experience (Frank, 1995).

Exploring the uncertainty, chaos and absences that emerged during many of the participants' accounts provides further evidence of the temporal and situated nature of stories. The stories told during the research interviews were specific to the time and place of telling; told on another day or in another context they would likely differ (Plummer, 2013). In addition, the factors I have cited as potentially influencing the stories told will not remain the same; for example, as time passes the young women may escape the immediacy of chaos and, having had the opportunity to reflect on their experiences, come to tell a different story. As they develop in age and emotional maturity or have further opportunities to tell their story, they may become more practised storytellers and their story will appear more fluent and coherent. As their lives change, so too will their stories.

Summary

This chapter has presented an additional aspect of the research data, demonstrating that, as well as the main narratives discussed in the previous two chapters, there were elements of ambivalence, confusion and chaos within all of these young mothers' stories. I have highlighted the ways in which uncertainty, chaos and absences emerged during their accounts and suggested a number of potential explanations for these features. However, I have emphasised throughout that it is not possible to ascertain the exact reasons for them. What these features do convey is the situated, temporal and co-constructed nature of stories. This will be explored in more detail in the following, and final, chapter of the thesis, which addresses some of the implications and limitations of the research as well as highlighting the study's contribution to knowledge and making recommendations for future research, policy and practice.

Chapter Ten: Drawing Conclusions

As discussed in Section One, there is a dearth of UK research that has explored young people's experiences of relationship abuse and even less that has considered the issue exclusively from the perspective of young mothers. This study therefore aimed to address this gap. The primary aim of the research, as stated on page 15, was to provide young mothers who had experienced relationship abuse with an opportunity to tell their stories. By adopting a narrative methodology and utilising an analysis tool that focused on the individual, multi-layered voices of the participants, the overall aim of the research has been achieved.

This chapter presents a discussion of the conclusions drawn from this research along with the contribution to knowledge it offers. I begin by revisiting some of the theoretical, epistemological and methodological perspectives that shaped the research and consider how these, along with the methods applied, offer a unique perspective on this particular subject matter. I then discuss the key findings of the research and, in doing so, demonstrate that this study has achieved the initial research objectives (see p.15). I also consider the implications of these findings for policy and practice. Finally, I outline some of the limitations of the study and make suggestions for future research.

Methodological Contributions

Age is just a number: Or is it?

Since the commencement of this research in 2009 there have been a number of significant changes to policy and practice in relation both to domestic violence and teenage pregnancy. The context in which the research was carried out was therefore constantly evolving. The change in Government in 2010 has resulted in a reduced political emphasis on teenage pregnancy whilst increasing attention is being paid to tackling violence against women. The current coalition Government has made a commitment to ending violence against women and girls (HM Government, 2011; 2010a) and has implemented a number of initiatives in order to work towards this goal (see p.11). Arguably, one of the most significant changes to affect young people has been the extension of the definition of domestic violence to include 16 and 17 year olds (HM Government, 2012). Accompanied by an extensive advertising campaign aiming to increase awareness about abuse in young people's relationships (Directgov, 2012), this has resulted in increased awareness about relationship abuse over the course of the study.

The changing context of this research demonstrates the constructed nature of knowledge and highlights the ways in which our understanding of a particular issue is historically, geographically, socially and politically located. Carrying out the study at a time of change has further highlighted the way in which the construction of age as a series of distinct life phases, with particular attributes and behaviours ascribed to each 'stage', impacts upon those who operate outside of these norms (p.68-71). In the case of young mothers, they are generally positioned as deviant or vulnerable and consequently located outside of the 'good mother' narrative (Maxwell and Aggleton, 2009; Gross and Pattinson, 2005). As discussed in Chapter Eight, the mothers in this study strongly contested this notion and constructed themselves as good mothers throughout their stories, something I revisit shortly. This study therefore highlights limitations in the way in which age is currently constructed and suggests a need for a broader, more flexible appreciation of how age impacts on both motherhood and experiences of relationship abuse.

The specific focus of this research on mothers who became pregnant before they were eighteen is unique within the UK field of domestic abuse research. Whilst there have been studies of relationship abuse in which young mothers were a subsection of the sample (Wood et al, 2011) and studies of teenage motherhood that have touched upon the issue of relationship abuse (Wiggins et al, 2005), this is the only study to date that has explored the issues of young motherhood and relationship abuse simultaneously and exclusively. It therefore adds to the growing body of evidence of young people's experiences of relationship abuse whilst providing a specific and novel contribution.

Finally, conducting research with young women under eighteen has allowed me to challenge some of the assumptions associated with doing research with this age group, in particular the suggestion that they may be too vulnerable to participate (Sime, 2008). Chapter Six has considered the concept of 'sensitive research' in relation both to the participants and the subject matter and I have argued that constructing certain subject matters as inherently sensitive or particular participant groups as vulnerable fails to recognise individual agency and risks reducing the knowledge base when studies are refused ethical approval on this basis (Downes et al, 2014). This study therefore offers a methodological contribution to knowledge by demonstrating an ethically sound way in which to carry out research with young women who have experienced relationship abuse. Applying a feminist ethic of care (Edwards and Mauthner, 2002) ensured that ethical issues were considered continually and contextually throughout the research process, resulting in a study that adhered to conventional ethical principles (ESRC, 2012; RCN, 2009) whilst valuing individual agency and the

unique situation of each participant. This was reflected in the methodology and methods adopted, as I now discuss.

Listening to mum: Feminism, narrative and the Listening Guide

This study is also distinctive in its epistemological and methodological approach. Much of the existing research about young people's experiences of relationship abuse is quantitative (see Chapter Two) and this study therefore offers an alternative perspective. Although there have been many studies of adult women's experiences of abuse that are grounded within feminism, Chung (2005) has argued that there is a lack of feminist research that explores the issue from young women's perspectives. Utilising a feminist narrative methodology in this study enabled the voices of young women themselves to be prioritised and therefore offers a more nuanced perspective on young mothers' experiences of relationship abuse than can be garnered from quantitative research alone.

As noted in Chapter Four, through narrative methodology I was able to explore the ways in which young mothers spoke about, understood and made sense of their experiences. Considering narrative as an "*ontological condition of human life*" (Somers, 1994, p.614) I have explored not only the mothers' personal stories but also the dominant and public narratives that appeared to shape and guide them. The findings of the research, as discussed in Chapters Seven, Eight and Nine, demonstrate the multiple ways in which these young mothers used, adapted and negotiated the narratives available to them in order to construct their own story. Whilst often these narratives appeared to help them to understand and make sense of their experiences, with only a limited number of available narratives to draw upon their stories were at times contradictory and inconsistent.

These young women's stories tended to reflect the dominant narratives of romantic love and the good mother. However, it is questionable whether this was because these storylines best reflected their experiences and understandings or because they did not have an alternative to draw upon (Woodiwiss, 2014). Individuals construct their own stories from a limited repertoire of available narratives; as a result these narratives are perpetuated through individual stories and so continue to dominate (Woodiwiss, 2009; Plummer, 1995). However, when a single narrative dominates there is little room for alternative stories to be told (Woodiwiss, 2014). This has significant implications when young people's understandings of relationships appear to be based upon a narrative that promotes gender inequality, prioritises hegemonic masculinity and condones abusive behaviour (Wood, 2001). In addition, when expectations and understandings of motherhood are based upon a limited notion of what it means to be a good mother, women are often left unable to articulate their

own experiences if they do not resonate with the dominant narrative (Miller, 2005). This is particularly relevant for younger mothers who, by virtue of their age, are marginalised by the good mother narrative and therefore have to work much harder to construct a story that positions them within it. Chapter Nine has considered the apparent absences, contradictions and chaos in the participants' stories and suggested that these may emerge when young mothers cannot recognise their own experiences within the available narratives and their story therefore becomes too hard to tell.

Utilising a narrative methodology was not without challenges. Although the majority of participants engaged with the concept of 'telling their story' at some point, two of the participants seemed unable to do this and during their interviews I had to resort to using a more semi-structured approach (see p.135-137). Chapter Nine has considered some of the potential reasons for this apparent difference in storytelling ability, including the suggestion by Luttrell (2003) and Brown and Gilligan (1993) that the ability to construct stories is related to developmental maturity. However, I do not believe that an alternative methodology would necessarily have been more appropriate. Denying participants an opportunity to construct their own story could potentially have denied them a voice. Instead, my commitment to a narrative methodology meant that all the young mothers were interviewed in a way that maximised the opportunities to freely tell their own stories. However, in accordance with the feminist ethic of care which underpinned the research design, I was also prepared to respond with more structured questions and prompts should this be necessary. This study therefore adds to a small body of work that has successfully utilised a narrative approach with younger people, despite the challenges this methodology may present (Ludhra and Chappell, 2011; Wiklund et al, 2010; Harlow, 2009; Luttrell, 2003; Milnes, 2003; Jackson, 2001; Kirkman et al, 2001).

As discussed in Chapters Four and Five, data analysis was aided by the Listening Guide (Mauthner and Doucet, 1998). As a novice researcher I found the structured approach to data analysis beneficial, however, the Guide was particularly useful for this study as it is based upon a notion of "*relational ontology*" in which individuals are viewed as being embedded in "*a complex web of intimate and larger social relations*" (Mauthner and Doucet, 1998, p.125). This enabled me to explore not only the participants' individual stories but also the way they spoke about their relationships with others and the broader narratives that appeared to be reflected within their accounts. By carrying out four separate readings, using the Guide, I was able to focus on specific aspects of their stories and therefore produce a detailed and multi-layered analysis. In addition, I valued the focus on reflexivity that was a key element of my theoretical framework (see p.97-100).

There are currently no published studies that use the Listening Guide to explore women's experiences of either abuse or young motherhood, therefore this study also offers a methodological contribution to these fields. Located at the intersection of public and private life, motherhood and abuse are not experienced in isolation but through relationships with others. Collective and individual understandings are shaped by the available and dominant narratives in existence at a particular time, although these narratives are not necessarily accessible to all. An approach to analysis that recognises these multiple influences is therefore valuable and I propose that the Listening Guide is an ideal way to explore both young motherhood and relationship abuse individually as well as collectively.

Contribution to knowledge: Key findings

The mothers in this study told stories about their relationships and stories about becoming and being a mother; the two were inextricably linked.

Making sense of relationships and abuse

Similar to the findings of previous research (Chung, 2005; Jackson, 2001), the mothers in this study told stories about their relationships that were reflective of the romance narrative. They described their relationships as having initially been good, enabling them to justify their choice of partner and explain decisions made in the early part of their relationship. Abusive and controlling behaviour was most often attributed to love and jealousy or as a result of their partner having two sides to his personality in which abusive behaviour was not the 'real' him. The mothers spoke of the numerous ways in which they attempted to negotiate their abusive relationship, from modifying their behaviour and capitulating to their partner's demands to small acts of resistance and resilience that enabled them to achieve a sense of control. Rejecting any notion that they were passive victims, these stories constructed them as active agents within their relationship. This storyline continued when they spoke about their hopes, plans and ambitions for the future. They positioned themselves as survivors; stronger as a result of their experiences and having learnt from their 'mistakes'. Children were particularly important to these stories as they provided mothers with the motivation to stay separated from their abusive partner and to move forward with their lives.

These mothers' stories demonstrate the pervasiveness of the romance narrative in young women's understandings of relationships and abuse. This narrative was evident throughout all of their stories, particularly when justifying their partner's abusive behaviour and explaining their choices, actions and inactions. With limited alternatives available, this narrative places responsibility for relationships wholly with women and fails to hold abusive men accountable for their actions. Understanding how this narrative influences young mothers' personal stories may therefore

facilitate a greater appreciation of the factors that maintain young women in abusive relationships. In addition, challenging the dominant romance narrative and facilitating the creation of new narratives may be an important step in enabling young women to identify and respond to abuse in their relationships (see p.268).

Talking about motherhood

Being a mother appeared to be a central part of these young women's identities and stories of mothering featured heavily in their accounts. These stories overwhelmingly reflected the dominant narrative of 'good' motherhood and participants constructed themselves as good mothers in numerous ways. Meanwhile they appeared to contest the dominant narrative of teenage pregnancy that constructs young mothers as problematic and potentially 'bad' mothers. In doing this, however, they were careful not to endorse teenage pregnancy and often stated that whilst they would not wish to change their own situation, they would discourage other women of their age from becoming mothers. This appeared to be a way of negotiating contradictory narratives that construct teenage motherhood as problematic whilst simultaneously ensuring that they maintained the good mother narrative by demonstrating their devotion and commitment to motherhood.

All of the participants who were mothers at the time of their interview spoke of the challenges they faced when mothering in the context of an abusive relationship. These stories highlight the potential impact of relationship abuse on children but also appeared to function as an opportunity for the mothers to demonstrate how they had prioritised their children's safety and wellbeing in the face of abuse, thus contributing to their stories of being 'good' mothers. Children were constructed as central to the decisions made by participants about their relationships and, for a number of women, the fear of losing their children provided them with the motivation to remain separated from their partner. Contradictions in the mothers' stories emerged, however, when they attempted to negotiate available narratives about the role their children's fathers should play in their lives. Fathers were simultaneously constructed as having rights and responsibilities for their children and also as posing a potential threat; the responsibility for managing any threat was placed with mothers. In the face of these competing narratives they often struggled to come to a decision about whether their partners should have contact with their children.

Miller (2005) has argued that the good mother narrative is limiting to women and is only accessible to a privileged few. This research has demonstrated, however, that although they are positioned outside of the dominant narrative, these young mothers adapted this narrative to construct their own stories of good motherhood. Whilst the dominance of a single narrative can be, and often is, problematic (Woodiwiss, 2014), this narrative may actually provide marginalised mothers with a

framework on which they can construct their own stories. In contrast, the dominant narrative of teenage pregnancy did appear to be constraining to these young mothers and they constructed themselves in opposition to this narrative. This research therefore highlights the importance of prioritising women's stories of mothering and challenging narratives that constrain and marginalise mothers by virtue of their circumstances.

Limitations of the research

As with all research it is important to consider the limitations of this study. In accordance with the theoretical framework of the research (as discussed in Chapter Four) and given the nature of the issues being explored, along with the relatively small sample size, I make no claims as to the generalisability of the findings. However, I have identified a number of factors that influenced the direction of the study and should therefore be taken into account when considering the findings. Some of these factors have already been addressed in discussions throughout the thesis, such as the potential limitations of using narrative interviews with young women (p.135-137) and the implications of recruiting through practitioners (p.166-174); however, I now address some of the additional limitations that emerged as the study progressed.

As discussed in Chapters Five and Six, recruitment to the study was done through practitioners working with young mothers and Chapter Six has addressed some of the challenges that arose as a result of this strategy. However, reflecting upon the completed research has revealed an additional factor that should be taken into consideration with this approach to recruitment. Recruiting participants solely through practitioners resulted in only young women who were accessing services being able to take part. This raises an ethical concern about access to opportunities for research participation but might also have influenced the research findings. Many of the mothers I interviewed had some prior experience of telling their stories to health and social care professionals, therefore their stories were potentially 'rehearsed' to some degree. In addition, the stories told by young mothers who were not accessing routine health or specialist support services may well have differed from these young mothers' stories. Future research should seek to address this issue and identify strategies to recruit young mothers who are not accessing health or support services.

Another potential factor that may have impacted on the research findings was that all of the participants except one had separated from their abusive relationship at the time of their interview. Although unintentional, this contextual information is important when interpreting the research findings. As I have stated throughout, stories are located temporally and the participants who had left their abusive relationship were telling their stories having had a degree of time and space to reflect on their experiences. These retrospective stories therefore offer a particular perspective.

Their stories may have been very different had they still been in the relationship, particularly in relation to the ways in which they made sense of their partner's behaviour and justified their decisions to remain in or leave the relationship. The ambivalence expressed by Sharmaine illustrates this, as discussed in Chapter Nine.

When I asked the participants if they would have taken part in the research had they still been in their relationship, all of them said they would not. This therefore raises the question of how best to carry out research with young women whilst they are in an abusive relationship and, indeed, whether this is even possible. Previous research has found that, like many adult women, young women are reluctant to talk about an abusive relationship whilst they are still in it (Wood et al, 2011; Chung, 2005) and may only define their relationship as abusive once it has ended (Chung, 2005; Gill, 2004). This may, therefore, prove to be a particularly difficult task.

Recommendations for future research

As stated above, it would be beneficial to extend this research and widen the recruitment strategy in an attempt to recruit young mothers who are not accessing services. In addition, it is recommended that future research attempts to recruit participants whilst they are in an abusive relationship, in order to explore their stories and develop a more comprehensive understanding of the ways in which young mothers negotiate and make sense of relationship abuse.

This research has highlighted the contextual and situated nature of stories. Participants were asked for their stories on one or two occasions and the research findings reflect this perspective. There is a wealth of evidence to suggest that relationships, and particularly abusive relationships, are not static entities but are dynamic and shifting and that leaving an abusive relationship is not a single event but a process that can take a significant amount of time (Kelly et al, 2014; Enander, 2011; Brosi and Rolling, 2010; Enander and Homburg, 2008; Stark, 2007; Walker, 1984). Longitudinal research is therefore recommended to facilitate a better understanding of the ways in which young women's stories and understandings change over time, both during their relationship and after they have left it. Such research might contribute to the provision of improved support for young mothers in abusive relationships.

This study has demonstrated the potential benefits and pitfalls of utilising narrative interviews in research with young women and contributed to existing debates as to whether this is an appropriate method for this particular age group. It is therefore recommended that additional narrative research be carried out with young women in order to further develop this approach and identify strategies that optimise the success of narrative interviewing with younger participants.

Finally, the Listening Guide has proved a useful analytical tool for exploring stories of motherhood, relationships and abuse and revealing the multi-layered voices within participants' stories. It is therefore recommended that future research in these fields considers utilising this particular method of analysis.

Implications for policy and practice

As I have discussed throughout this thesis (p.12 and p.102-103), the initial motivation for carrying out the research stemmed from my own experiences as a practitioner, therefore it seems appropriate to end the thesis with a discussion of the potential implications of the research findings for policy and practice.

The research has revealed the limited narratives available to young mothers to understand and articulate their experiences of relationships, abuse and motherhood. It has also demonstrated the ways in which young mothers' personal stories reflect and contest the available narratives that exist about these issues. The research findings therefore have potential implications in relation to both teenage pregnancy and relationship abuse:

- The dominance of the romance narrative within the young mothers' stories suggests that this narrative has a powerful influence on how young women understand their relationships and make sense of abuse. Abuse prevention work with young people would therefore benefit from an approach that questions and challenges this narrative whilst exploring the possibility of creating new narratives.
- This research adds to a growing body of evidence suggesting that the dominant construction of young motherhood as entirely problematic is not representative of the views of young mothers themselves. Whilst policy should continue to consider quantitative evidence about the outcomes of teenage pregnancy I argue that it should also reflect the findings of qualitative research with young mothers, even when this presents young motherhood as being a positive experience. This would result in a more balanced perspective on teenage pregnancy and begin to challenge the dominant construction which problematises and stigmatises young mothers, potentially maintaining them in abusive relationships.
- Being a good mother was central to these young women's stories and the welfare of their children was often constructed as being fundamental to decisions they made about their relationships. When working with young mothers in abusive relationships it may, therefore, be beneficial for practitioners to support and encourage this role rather than adopting a more traditional deficit approach that emphasises limitations in their mothering (Hester, 2011).

- Consideration should be given to the influence that contradictory narratives about fathers have on mothers' decision making about post-separation contact. The presumption that contact is beneficial to all children and a universal right for all fathers is potentially dangerous for abused women and their children (Featherstone and Peckover, 2007). In addition, this narrative is particularly restrictive for mothers, who are simultaneously held responsible for facilitating contact and protecting their children from abuse.
- Finally, this research highlights the importance of listening to young mothers' stories of relationship abuse. The stories told during this study all differed but served as ways of understanding, making sense of, explaining and justifying their experiences, choices and actions. By listening to young women's personal stories practitioners can begin to understand some of the factors that influence their decision making and work towards providing more appropriate and individualised support.

I haven't got to be strong for myself

I'm not bothered what happens to me

I've got to be strong for my baby

I can get back up

I can

I can stand up

I've done it

I've left him

I'm proud of myself

[Claire]

Glossary of terms

Anaemia – A reduction in the number of red blood cells or the amount of haemoglobin in them leading to reduced capacity to transport oxygen round the body.

Antenatal – The period following confirmation of pregnancy until birth.

Antenatal care – Care provided by midwives and obstetricians during pregnancy with the aim of ensuring maternal and fetal health.

Apgar score – A scoring system devised by Dr Virginia Apgar to assess and record the condition of a baby in the first minutes of life. Low scores are an indication of asphyxia.

Child protection plan - A plan produced by a social worker in conjunction with other professionals working with the family when a child is judged to be at risk of significant harm. The plan states the specific risks to the child and the actions that are needed to keep the child safe.

Children's Social Care –Local Authority Department with a statutory duty to safeguard children and protect them from harm.

Domestic abuse perpetrator programme – A structured group programme for those who have been abusive towards a partner which aims to prevent further abusive behaviour through education, awareness and understanding.

Domestic violence disclosure scheme – Introduced in 2014, this scheme enables individuals and agencies to ask police to check whether someone has a violent past. If records show that an individual may be at risk of domestic violence from a partner, the police will consider disclosing the information if it is lawful, necessary and proportionate to do so.

Domestic violence protection order – A legal order that enables police and magistrates to ban perpetrators of abuse from returning to a residence and from having contact with the victim with immediate effect for up to 28 days, allowing the victim time to consider their options and get the support they need.

Epidural anaesthesia – A method of pain relief in which local anaesthetic is injected into the epidural space of the spine blocking the spinal nerves and eliminating sensation from the point of insertion downwards.

Family Nurses - Health professionals who deliver the Family Nurse Partnership programme to young women aged 19 and under who are pregnant with their first child.

Family Nurse Partnership (FNP) - A voluntary, preventative programme of structured home visiting throughout pregnancy and until the child is two years old.

Fetal – Pertaining to the fetus / unborn baby.

Gastroenteritis – Inflammation of the lining of the stomach and intestine resulting from bacterial or viral infection and causing acute diarrhoea and vomiting. It is particularly dangerous in babies as it can cause rapid and severe dehydration.

Haemorrhage – A loss of blood from the blood vessels.

Head of midwifery – Senior midwife providing strategic leadership on both professional midwifery matters and maternity service delivery.

Independent Domestic Violence Advocate - A named professional case worker for domestic abuse victims whose primary purpose is to address the safety of 'high risk' victims and their children.

Induction of labour – The process of artificially starting labour.

Instrumental delivery – Vaginal delivery with the aid of surgical instruments. Either forceps or a ventouse (suction cup) are applied to the baby's head and traction applied to expedite birth.

Low birth weight – A baby weighing less than 2.5kg at birth or below the tenth centile for gestational age.

Miscarriage – Pregnancy loss before the 24th week of pregnancy, i.e. before the fetus is legally viable.

Neonatal – The first four weeks after birth.

Obstetric – The branch of medicine concerned with pregnancy, birth and the puerperium.

Perinatal - The period from 24 weeks of pregnancy until the 7 days after birth.

Postnatal period - The period after birth, lasting not less than 10 days and not more than 28 days.

Postnatal depression – Depression occurring after birth, generally beginning in the first two months following birth, but it can occur up to one year after.

Preterm birth – Birth occurring before the 37th completed week of pregnancy.

Puerperium – The period following childbirth in which the maternal uterus and other organs return to their non-pregnant state.

Sepsis - Infection of the body by pathogenic bacteria.

Stillbirth – A baby born after the 24th completed week of pregnancy showing no signs of life.

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Appendices

Appendix One – Participant Information Leaflet



University of
HUDDERSFIELD
Inspiring tomorrow's professionals



Young Mothers' Experiences of Relationship Abuse

Information for Participants

My name is Julia Brooke. I am a midwife and a research student at the University of Huddersfield. I am inviting you to take part in a research study.



Before you decide whether you want to take part, it is important for you to understand why the research is being done and what will be involved. This leaflet explains that. Please take time to read the information carefully. If there is anything that is not clear, or if you would like more information please ask me – my contact details are on the back of this leaflet. You can also talk to the person that has given you this leaflet.

What is the study about?

- The study is about relationship abuse. Relationship abuse is when someone controls the person they are in a relationship with by hurting or bullying them. It can include insulting them, controlling what they do, destroying their things, threatening them or physically hurting them. It is very common, can happen to anyone and can continue even after the relationship ends.

What is the purpose of the study?

- To find out about young mothers' experiences of relationship abuse.
- To find out about their needs so that better support can be provided.

Why have I been chosen?

- You have been asked to take part because you have experienced some form of abuse from a partner or ex-partner in the last year. I would like to talk to you about your experiences.

What happens if I take part?

- The person who told you about the study will contact me and I will arrange to meet you to tell you more. We will only ever meet when and where it is safe for you.
- If you agree to take part, I will arrange to meet you again for a longer conversation. We will talk about you, your relationship and your experiences of support services. It is up to you what you tell me. If you're currently pregnant I'd also like to talk to you again after you have had your baby.
- With your permission, the conversations we have will be audio recorded.
- Any travel expenses will be paid and I will provide some refreshments.

Do I have to take part?

- No, it is up to you to decide whether or not to take part.

- Whatever you decide, it will not be reported back to anyone and will not affect the care or services you are receiving.
- At any time you can stop taking part, without giving a reason.

Will my information and views be kept safe and confidential?

- I will not tell anyone that you have taken part in this study.
- What we talk about will not be reported back to the services or professionals you are working with.
- If you tell me something that makes me very worried about the current safety of you or your children I may have to share this with someone else. If this happens, I will always tell you what I am going to do and why.
- All information from the study will be kept locked up at the University of Huddersfield and only me and my designated PhD supervisors will be able to look at it. Your personal details will be deleted when the study is completed. The records of our conversations will be kept for 5 years but these will not contain any information that could be used to identify you.
- In any reports written about the study you will be given a different name so that you can't be recognised.

Are there any disadvantages to taking part?

- Talking about personal experiences can sometimes be difficult and upsetting. You can choose to stop the conversation or change the subject whenever you want.
- If at any time you feel that you need further support or someone to talk to then I will help you to arrange this.

Are there any benefits?

- Your views will hopefully help to develop better services for young mothers who are living with relationship abuse.
- Some people may find it helps to talk about their experiences to someone who is not involved.

What will happen to the findings of the study?

- The findings of the study will be written up in a long report to enable me to receive my PhD qualification.
- I will also write some shorter reports for professional journals and talk about the research at conferences.
- Anyone taking part will be offered a summary of the results.

What else do I need to know about the research?

- It is funded by the University of Huddersfield in partnership with Refuge.
- It has been reviewed by the NHS National Research Ethics Service (NRES) and the University of Huddersfield School of Human and Health Sciences Research Ethics Panel (SREP).

Contact for further information:

- You can contact me by text, phone or email for further information or to discuss the study.

Phone or Text: 01484 471226 / 07842 032629

Email: julia.brooke@hud.ac.uk

- If you have a concern or complaint about the research, please contact: Professor Adele Jones, University of Huddersfield, Queensgate, Huddersfield HD1 3DH. 01484 473237 a.d.jones@hud.ac.uk
- If you want to talk to someone about relationship abuse, you can call the National Domestic Violence Helpline on **0808 2000247** for help and support 24 hours a day. All calls are confidential.

Thank you for reading this information and for considering taking part in the research

Participant Information Leaflet. Version 1.8: 25/10/2011



Young Mothers' Experiences of Relationship Abuse

Information for Practitioners

My name is Julia Brooke and I am a PhD student at the University of Huddersfield. I am currently carrying out some research and would like your help to contact potential participants. This leaflet is designed to give you information about the study in order to help you to provide information to potential participants.

What is the purpose of the study?

The aim of the study is to get a better understanding of young mothers' experiences of relationship abuse. The research hopes to be able to find out about the needs of young mothers who are experiencing abuse so that the support and services they receive can be improved. To do this it is useful to talk directly to women who have experienced abuse about their experiences and any difficulties they have had.

Who can be included?

The study is specifically focusing on younger mothers as there is very little research about the needs of this age group in relation to relationship abuse. Participants will be eligible for inclusion if they became pregnant before their 18th birthday. I will be recruiting women from 20 weeks of pregnancy up until their child is 2 years old.

I am interested in talking to women who have disclosed that they have experienced some form of abuse from a partner, ex-partner or the baby's father within the last year. Participants must be willing to talk about their relationship and their experiences of abuse.

What does the study involve?

Participants will take part in one or two semi-structured interviews. It is anticipated that the interviews will last about an hour. Women who have already had their baby will be interviewed once, and those that are currently pregnant will be interviewed once during pregnancy and once following the baby's birth. Topics that will be discussed include their relationship, pregnancy, motherhood and experiences of support services. Participants will be encouraged to guide the conversation and choose what they wish to talk about. They have the option to choose not to answer particular questions, to pause or stop the interview at any time or to withdraw from the study at any stage during the research.

The research interviews will be arranged at a time and place suitable for the participant, with consideration given to ensuring the participant's safety. Any travel expenses incurred by participants will be reimbursed and refreshments will be provided during the interview.

What do I have to do?

I would like your help to identify potential participants and provide them with initial information about the study, including the participant leaflet. If a woman is interested in finding out more, then contact me while she is with you and I will arrange to meet her to discuss the study further. You will not be responsible for actually recruiting women to take part or discussing consent with them. If a woman wishes you to be present when I meet her for the first time, in order to feel comfortable meeting me, it would be helpful if this could be facilitated.

How will participants' information and views be kept safe and confidential?

I will not routinely inform anyone that a participant has taken part in this study, including the professional that referred them. However, if the participant chooses, you may be asked to keep a copy of their information leaflet and consent form if it is not safe for them to take it home. In addition, with their consent I may contact you for up to date contact information if I am unable to contact them to arrange the second interview.

Data from the interviews will not be reported back to any services or professionals that participants are working with; except if information is disclosed that raises serious child protection concerns. In this situation, information may be shared in order to safeguard children; however participants will always be informed if this is going to happen.

All personal information and the records of interviews will be stored securely at the University of Huddersfield and will only be accessible by me and my designated PhD supervisors. Any personal

information will be deleted once the study is completed. The records of the interviews will be kept securely for 5 years before being deleted; however, these will not contain information that could be used to identify participants. Any quotes used in publications arising from the research will be anonymised.

Are there any disadvantages to taking part?

Talking about personal experiences can sometimes be difficult and upsetting. By informing participants in advance about the subject of the research and encouraging them to be in control during the interview, it is hoped that this risk will be minimised. I am experienced in talking to women about abuse and am well prepared to respond sensitively and appropriately if participants do become distressed. Participants can withdraw from the research at any time if they are finding it too difficult. After the interviews, participants will be given information about support and services available to them and I will offer to contact any of these services on their behalf should they wish.

Participants may have concerns about their safety, should their abuser find out they are taking part in the research. This will be discussed at length with each woman who takes part in the research and an individual safety plan developed to include safe ways of contacting her.

Are there any benefits?

There are no obvious benefits for participants in taking part. However, their experiences and views will contribute to a better understanding of the needs of young mothers and hopefully lead to improvements in services.

What will happen to the results of the study?

The study will be written up for my PhD thesis. I may also write about the research in professional journals or give presentations at conferences about the results. Participants will not be identified in any report or publication. Anyone taking part will be offered a summary of the published results.

Who is organising and funding the research?

The research is being carried out by Julia Brooke, a midwife and PhD student from the University of Huddersfield. It is funded by the University of Huddersfield and Refuge.

Who has reviewed the study?

The research has been reviewed by the NHS National Research Ethics Service (NRES) and the University of Huddersfield School of Human and Health Sciences Research Ethics Panel (SREP).

Contact for further information:

You can contact me by text, phone or email for further information, to discuss the study.

Tel: **01484 471226** or **07842 032629**

Email: julia.brooke@hud.ac.uk

If you have any complaints about the research, please contact:

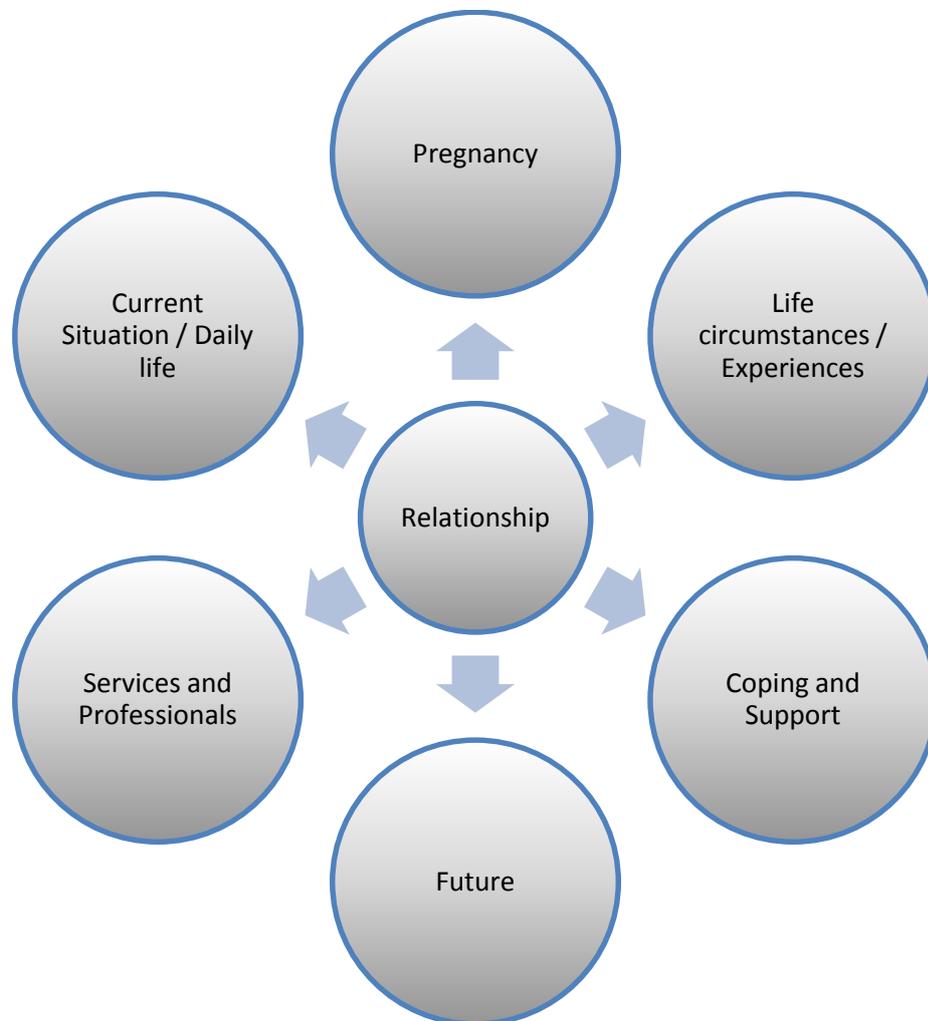
Professor Adele Jones, Centre for Applied Childhood Studies, University of Huddersfield,
Queensgate, Huddersfield HD1 3DH. 01484 473237 a.d.jones@hud.ac.uk

Thank you for your help.

Appendix Three – Interview Guide A

For use when interviewing participants who are pregnant

Themes



Possible opening questions / prompts for each theme:

Current situation / daily life

- Could you go through what a normal day is like for you?
- Could you tell me about what life is like for you at the moment?

Pregnancy

- Can you tell me about your pregnancy starting from when you got pregnant?
- How has pregnancy been for you?
- How do you feel about becoming a mum?

Relationship

- Can you tell me a bit about your partner and your relationship?
- What are the good things? The not so good things?
- Probe re relationship changes over time - How did you meet your partner?

Life circumstances and previous experiences

- What was growing up like for you?
- What have your previous relationships been like?

Coping and Support

- Who do you turn to if you need help or support with anything?
- Explore relationships with others

Experiences of services and professionals

- Explore use of services - experiences and opinions of services / professionals.
- Have you ever talked to any 'professionals' about your relationship?

Hopes for the future

- Do you think about the future much?
- What are your hopes for yourself and your child in the future?

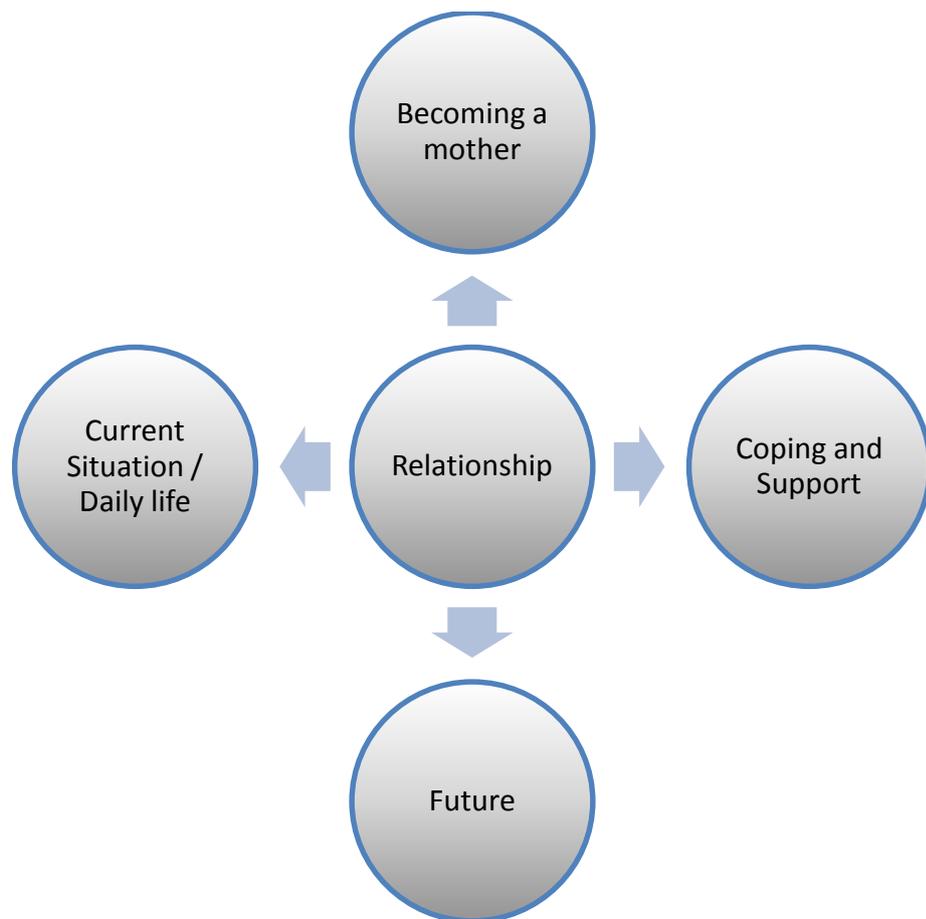
Concluding

Do you have anything else you would like to ask or tell me? How was it for you?

Appendix Four – Interview Guide B

For use when carrying out the post-birth interview with participants who have already been interviewed during pregnancy

Themes



Possible opening questions / prompts for each theme

Becoming a mother

- How are things going for you / how are you finding being a mum?
- How was labour and birth for you / Can you tell me about your baby's birth?
- What do you enjoy most about being a mum? What are the not so good things?

Current situation / daily life

- Could you go through what a normal day is like for you?
- Could you tell me about what life is like for you at the moment?

Relationship

- How have things been between you since I last spoke to you?
- Has have things been since baby was born?
- What are the good things? The not so good things?

Coping and Support

- Have you had any help or support from anyone since you had the baby?
- Probe re specific services / professionals

Hopes for the future

- Do you think about the future much?
- What are your hopes for yourself and your child in the future

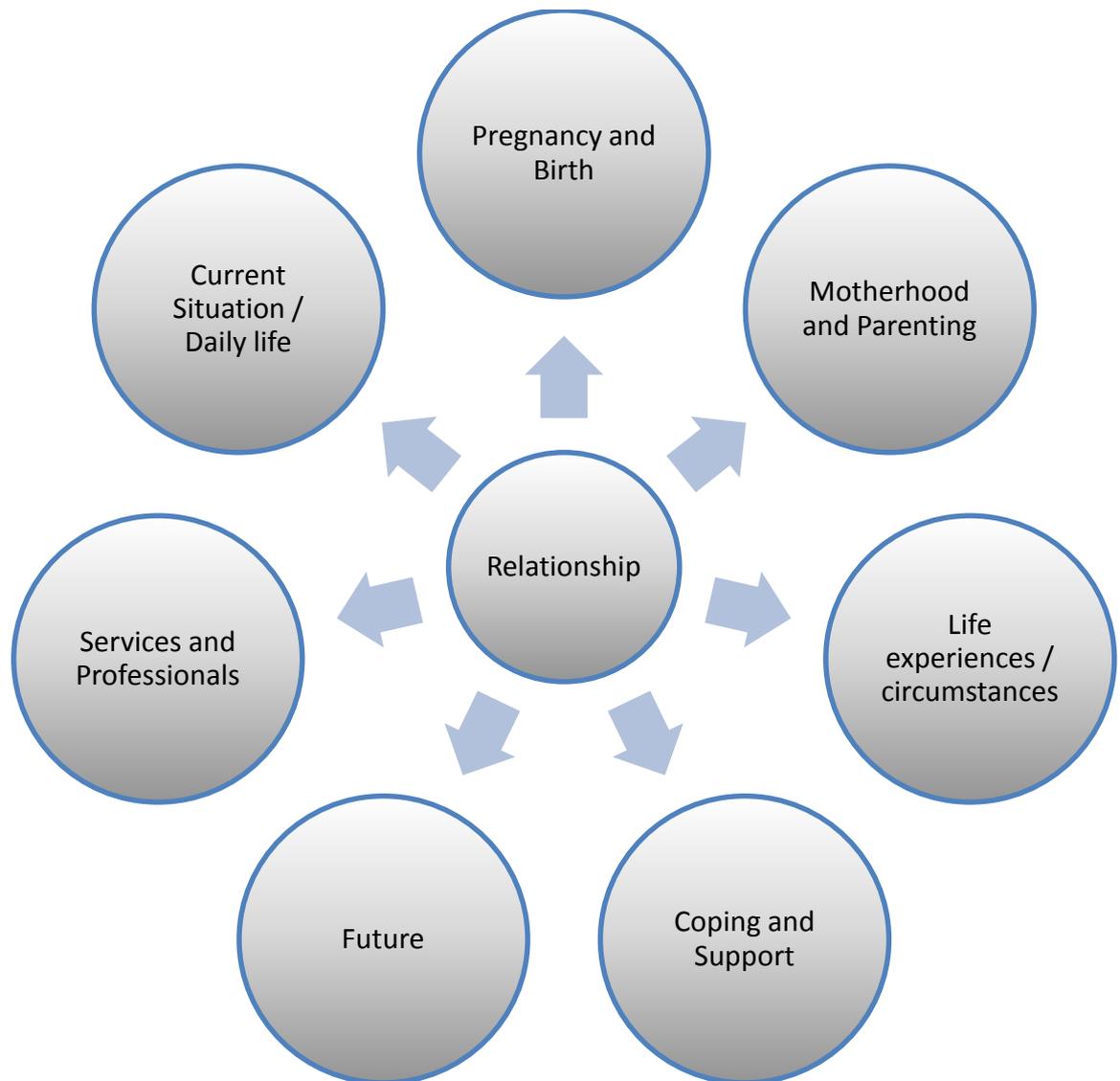
Concluding

Do you have anything else you would like to ask or tell me? How was it for you?

Appendix Five – Interview Guide C

For use when interviewing participants who are already mothers

Themes



Possible opening questions / prompts for each theme

Pregnancy and Birth

- Can you tell me about your pregnancy starting from when you got pregnant?
- How were pregnancy / labour / birth for you?

Motherhood and Parenting

- How did you find becoming a mum?
- What do you enjoy most about being a mum? What are the not so good things?
- How do you make decisions about bringing up your child?

Current situation / daily life

- Could you go through what a normal day is like for you?
- Could you tell me about what life is like for you at the moment?

Relationship

- Can you tell me a bit about your partner and your relationship?
- What are the good things? The not so good things?
- Probe re relationship changes over time - How did you meet your partner?

Life circumstances and previous experiences

- What was growing up like for you?
- What have your previous relationships been like?

Coping and Support

- Who do you turn to if you need help or support with anything?
- Explore relationships with others

Services and Professionals

- Explore use of services - experiences and opinions of services / professionals
- Do you talk to any professionals about your relationship? Have they helped you?

Future

- Do you think about the future much?
- What are your hopes for yourself and your child in the future

Concluding

Do you have anything else you would like to ask or tell me? How was it for you?

Appendix Six – Consent Form

Title of Project: Young Mothers' Experiences of Relationship Abuse

Name of Researcher: Julia Brooke

Participant Code:

Please initial the boxes next to the statements if you agree with them:

I have read and understand the information leaflet for the above study. I have been able to think about the information, ask questions and have had these answered.	
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and this will not affect my medical care or legal rights.	
I understand that my personal details and everything I say will remain confidential, except if I disclose any information about serious harm to a child in which case this information may need to be shared.	
I understand that data collected during the study may be looked at by responsible individuals from the University of Huddersfield, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	
I agree to take part in the above study.	
I agree for the interview to be recorded.	
I agree to the use of anonymised quotes in any publications.	

Participant Name: **Signature:** **Date:**

Researcher Name: **Signature:** **Date:**

Appendix Seven – Transcription Notations

- Within the transcripts and the quotes cited within this thesis there has been a degree of editing in order to improve the readability of the interview text. Editing only occurred in words where one or two letters were dropped during speech; where the change only affected one word and when I was sure there was only one possible meaning of the word. For example words heard as couldn't, walkin' and ya were transcribed using standard spellings; couldn't, walking and you.
- When more than two letters were dropped, two words had been combined into one (such as 'gonna' rather than 'going to'), or where there may have been more than one meaning, no changes were made and the transcript was written as the words were heard on the recording. For example; 't' was used on different occasions instead of 'to', 'the' and 'to the'; this was not changed as I could not be certain which format to change it to.
- Non-verbal noises such as 'erm' 'aw' and 'huh', slang words, repetitions and words that appeared to have been used in a non-standard context have been left in the transcripts.
- A comma indicates where there was a natural pause in the flow of speech. Although pauses were not routinely timed, where they appeared prolonged they were timed and pauses lasting longer than 2 seconds are marked as (pause). For example; *"Yeah it's been good, it's just (pause) it's like, I don't know"*. I do not use full stops within the transcripts.
- Underlining indicates where emphasis was placed on particular words or where speech became louder; *"I felt so guilty for taking the other one away"*.
- Words that were spoken quieter than the surrounding text are marked in bold
- Parentheses are used to indicate where non-verbal sounds were made, for example yawning or laughing; *"And I just think, well I think everybody looks don't they? (small laugh)"*.
- Square brackets are used to indicate my contribution to the conversation; *"He was erm shouting and kicking, drawers walls [J: Towards you or?] no just"*.
- Curly brackets are used to provide additional information, such as clarifying who is being spoken about or to; *"I don't really I din't really know him just through Diana {Cameron's sister}"* or *"But when I were at school I turned round and says 'I don't want kids' and then {to baby} I ended up pregnant with your big sister didn't I?"*
- Three dots ... indicate that a section of talk has been omitted; *"Then I ended up pregnant with your big sister didn't I?... We wouldn't change her for t' world"*.

Appendix Eight – Data Analysis Guide

Listening One – Reading for Reflexivity

- Consciously, actively focus on & document our own response to what is being expressed.
- Read the narrative on our own terms – how we respond emotionally & intellectually to what we are hearing. Consider why we think we respond this way and how our thoughts and feelings might affect our understanding of the person and our interpretation of the stories being told.
- Read for ourselves in the text –how our own background, history and experiences relate to the interviewee and how this might affect our understanding of the person and the stories being told.
- Examine where some of our own assumptions and views – whether personal, political or theoretical might affect our interpretation or how we later write about the person.
- Note our own social location in relation to the participant, the nature of our relationship with them.
- Reflect on ourselves as people in privileged position of interpreting life events of another.

Reading One – Reading for Plot

- Read for the overall plot, the story being told, the main events, protagonists and subplots. The goal is to get a sense of what is happening: follow the plot, the unfolding of events, listen to the drama – the who, what, when, where and why of the narrative. Ask what is happening here?
- Attend to recurring words and images, central themes, metaphors, emotional resonances, contradictions or inconsistencies, revisions and absences, the sound of the voice, the narrative position (first, second or third person narration).
- How is the narrative told, structured and organised?
- Who is the narrative being told to? Where, when and why is this narrative being told? What is the purpose of the narrative?

Reading Two – Listening for the voice of I

- Discover how our participants' speak of themselves before we speak about them - listen to what this person knows of themselves and how they experience, speak and feel about themselves.
- Attempt to hear the person, agent or actor voice her sense of agency whilst recognising the social location from which she speaks. Pay attention to the respondent's own understandings within a temporally and relationally situated narrative.
- Listen for the voice of the 'I' speaking. Focus on use of personal pronouns – I, me, you and identify shifts between I, we, you signalling changes in how the respondent perceives and experiences themselves.
- Identify where the participant may be struggling to say something
- Follow the use of first person pronoun and construct 'I' poems - I poems select 'I' phrases, maintain them in the sequence of the text and construct poem. Sometimes these capture something not said directly but central to meaning.
- Try to identify multi- layered voices that co-exist within the narrative.
- Within this perspective narratives provide people with identities and allow them to speak about who they believe they are.

Reading Three – Reading for Relationships

- This reading is informed by feminist theoretical critiques of individualist concepts of agency and their replacement with relational concepts of subjects - all narrated subjects are understood as intrinsically relational and as part of networks of relations.
- Listen for when, why and how the respondents speak about their interpersonal relationships, with their partners, relative, friends and children and the broader social networks in which they live, parent and work
- Examine connections, autonomy and dependence within relationships - how does the narrator construct themselves within the relationships – are they enabling or constraining? Does it depend who they are speaking about?
- Consciously read for relationships which are particularly valuable in revealing the theoretical framework.

Reading Four – Placing people within cultural contexts and social structures

- Here the narrative is explored within broader political, cultural and structural contexts – how does the narrator position themselves within larger social structures and cultural discourses?
- How do respondents draw on cultural resources in telling narratives? How do they speak about themselves in relation to cultural and material structures?
- Link micro-level narratives with macro-level processes and structures.
- Focus on structured power relations and dominant ideologies that frame narratives

(Doucet and Mauthner, 2008; Gilligan et al, 2003; Mauthner and Doucet, 1998; Brown and Gilligan, 1993)

Appendix Nine – Example of an Annotated Transcript

<p>C: And I don't I actually really couldn't believe it and none of my friends they were like "I can't believe someone actually controlled you and told you what to do and how to dress and how to be</p>	<p>Sense of disbelief when reflecting back on her experiences <i>Friends used to 'back up' what she is saying about herself</i></p>
<p>J: Yeah C: And I were like, "I don't know why he got in my head but he did" and then it's just I've ended up with his baby now and everyone's like you can't get away from him now but I can</p>	<p>Lack of control Constructs herself as strong and able to maintain separation from him</p>
<p>J: Yeah C: I've I've learnt now like some someone said to me the other day they was like "would you ever get back with him" I said "if I didn't have my daughter" I said "I probably would" I said "cos I'm that stupid for him"</p>	<p>Learnt from her experiences <i>Daughter giving her reason for staying away from him- Earlier story of taking responsibility for protecting child</i></p>
<p>J: Hmm C: I said I when I first got with Jonny when I were fourteen I said to one of my friends I said "I I will have his baby"</p>	<p>Describes her feelings for him as stupid Emphasises the length and significance of their relationship</p>
<p>J: Yeah C: I said I "he is gonna be the father of my children" I said "I love him so much and I'm never ever gonna let him go" and then I got pregnant with the first one like I told you and I had to get rid of it and that and then, I kne- I knew in myself what was coming I knew that it'd all mess up when I had if I had a baby with him and stuff cos I knew he wasn't ready for one but because he wanted one so much and I felt so guilty for taking the other one away</p>	<p>Again emphasises the seriousness of the relationship and her strength of feeling – Links to earlier justification of remaining with him because she loved him</p>
<p>J: Yeah C: I felt like I had to give him another I didn't want children now I wanted to wait</p>	<p>Taking responsibility for previous termination – prioritises his needs Socially acceptable narrative of appropriate time to have children</p>

Key:

Reading for plot

Reading for I

Reading for relationships

Reading for social, political, cultural and structural contexts

Appendix Ten – Excerpt from Emma’s Story

“I’ve had to straighten me hair, and erm, then oh we can’t I can’t remember where she did it but she either did it at my house or at his {Brett’s} dad’s house [J: Yeah] Where she burnt her arm [J: Right] She she put her hand literally in me straighteners [J: Ooohh] So she burnt both that side of her arm and her and her thumb [J: Yeah] Yeah but, but she didn’t cry or owt, so we didn’t, we couldn’t really, so we didn’t know she’d actually done it [J: Yeah] And then t’ next morning when I’ve gone in to check on her at about 5 o’clock, er, because she were up she were awake I got her back to sleep but she had like she had a red mark on her hand and I just thought it were the way she’d been laid and then when she’s got up properly in t’ morning, erm, I’ve had a look on her hand and she’d got a blister all down her arm here [J: Mm ok right] And erm, she started sucking her thumb and she’d got a blister on her thumb as well, and because she and we didn’t notice it till she was sucking her thumb and it had popped [J: Right] And we’d gone down to get erm to get the woman who lives on t’ street see if she see if she knew what it was, and neighbour she said we need to we need to get her t’ doctors [J: Yeah] So we’ve walked her down t’ doctors and we didn’t have a pushchair or owt so I were carrying her we told t’ woman all us details and everything and then she says ‘oh we can’t help you there’s nobody here that can deal with it’ [J: Right, was that cos you weren’t at home cos you were at his, dad’s?] Erm, no she said there were no-one there qualified to deal with it [J: Oh right] And then we got we’d gone back and rung an ambulance when t’ NHS Direct’s rung us back and they said because of what we described it’s not it’s not urgent enough for an ambulance [J: Right] But then two minutes later we’ve got paramedics knocking on t’ door anyway so they’ve checked her over and everything and everything were fine with her apart from obviously t’ burn, so we’ve gone t’ hospital with her and she were just being cheeky throwing her play fish on the floor for t’ paramedic to pick back up [small laugh] and we’ve got there and they asked how she’d done it and we said erm we wasn’t going to lie we said ‘we don’t know’ [J: Yeah] Says ‘only thing I can think of that’s actually that could’ve actually done it is me straighteners, and erm, they got erm, is it child protection [J: Yeah] From t’ police they got they got them involved and they arrested me and Brett took us down t’ station to be interviewed for it and erm, they’d they let us go but they they said I couldn’t go back and stay with Eva [J: Oh right] So I wasn’t I wasn’t allowed to go I wasn’t allowed to be with her [J: Ohh] She were in hospital for a full week and I wasn’t allowed to go see her without somebody being with me [J: Right] And I and even then I were only allowed to be with her for an hour, and she’d scream every time I left [J: Yeah it must’ve been] And

she were screaming when we took took me and Brett t' police station as well [J:Mmm] Cos I don't I didn't want to leave her but I didn't have much choice [J: Yeah] And then, when she come outta hospital she went to li- straight live with me mum [J: Right] And I were going down se- I were going down seven days a week to see her"