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Helping Mothers and Children Bond: Sharing Children's Literature After Domestic Violence Experiences

Debbie Stone Nelson
St. Catherine University

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Helping Mothers and Children Bond: Sharing Children's Literature

After Domestic Violence Experiences

By

Debbie Stone Nelson, MAED

MSW Clinical Research Proposal

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Committee Members
Kari Fletcher, PhD, LICSW
Ericka Arnold-McEwan, MSW, LICSW
Ann Peters, MLME

Abstract

This qualitative study explores how mothers attempt to bond with their children after the trauma of family domestic violence. This study was based on the use of two psychoeducational focus groups with women who are mothers and victims of domestic violence. Focus groups based on a semi-structured interview guide were held before and after a shared book experience with the group participants. Women from two Minnesota domestic violence agencies (Group A=five and Group B =eight) comprised the study sample. Findings indicated that mothers are working to create bonds with their children but have a number of roadblocks. Participants were empowered to try the practice of reading with their children to repair the damaged mother/child dyad through the process of spending time reading with their children.

Acknowledgment

       This project is dedicated to all the strong and amazing women I have met during my work as a domestic violence women's advocate and group facilitator. It is my hope that this research will further empower them to create the loving families that they deserve.

The right story at the right moment is an arrow to the heart.

It can find and catch what is hiding inside the reader (or listener), the secret hurt or

anger or need that lies waiting, aching to be brought to the surface.

Bruce Colville

Children's Author (1990)

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Introduction

While meeting in a group, a victim of domestic violence shared the following

story:

> "It was the last straw when I heard my nine year old son bullying his six year old sister in the next room. I went in and told him to stop. He looked at me and said, 'But that is what daddy does to you.' I responded that this was not acceptable behavior. He looked at me and said, 'I am just trying to be a man.' That was the moment I knew I had to leave. And I did."

Although stories where victims of domestic violence leave and do not look back

are frequently shared in domestic violence shelters across America, mother-child

relationships are deeply affected by the trauma of domestic violence, prior to, during, and

after abuse. By definition, *domestic violence* is a pattern of assaultive and coercive

behavior that is used by one intimate partner to control another through one or more acts

of physical violence, sexual assault or threat of physical violence (Bancroft & Silverman,

2002). However, for the mother-child relationship, just leaving the violent home and

abuser does not automatically heal their impaired parent-child dyad. For most women,

the turning point experience, as illustrated above, establishes a boundary between what is

acceptable and what is not. Turning points are described as critical experiences that lead

the victim to recognize that the problem is out of hand and a boundary is established.

Once this solid boundary is established, women purposefully seek to address family

domestic violence (Grauwiler, 2008).

Domestic violence is a serious issue in our society (Young, 2008). Gender based

violence is an issue that is not bound by race/ethnicity, economic class, religion or age

(Pyles, 2012). The impact of domestic violence and effects on the children involved is a

serious concern for society. The Office of Juvenile Justice and Delinquency Prevention

(OJJDP) cites studies that estimate children's exposure through witnessing domestic

violence as ranging from three million to seventeen million incidents per year (Kracke &

Hahn, 2008). This paper will emphasize the need for healing the damaged relationship of

women and their children after they experience domestic violence. The research is

specifically targeting the violent home with a mother, child or children and an abusive

male partner who have all lived together as a family unit.

The high-level of negative impact on society that is caused by domestic

violence is due to a number of factors, such as: basic human rights violations,

damage to successful human growth and emotional development, costs to society

at large through medical interventions, prosecution expenses, and the trauma that

impairs the relationship of the mother-child relationship. At the root of the

discussion is the perspective of *basic human rights*, which are seen as inherent to

existing safely as a human being (Hines & Malley-Morrison, 2005). Safety in the

home is considered an inalienable right under our constitution.

Family violence includes family members' personal acts that result in

physical abuse, sexual abuse, emotional abuse, neglect, or other forms of

maltreatment that hamper individuals' healthy development (Levesque, 2001). It

is highly documented that there are a great range of costs to society related to

domestic violence, through governmental domestic violence policies that impact

many families and produce considerable economic cost (Foster, 2011). Fiscal

consequences of domestic violence have been estimated to exceed $6 million per

year, with the majority of these funds being allocated to medical and mental

health services (National Center for Injury Prevention and Control [NCIPC],

2003). As an example, Sacco, Twemlow and Fonagy (2007) report a

disproportionately large number of high risk families are utilizing a disproportionately significant percentage of medical, health, and human services. Their research suggests that this situation is creating a type of crisis behavior that usually propels family members into state funded services. It appears that domestic violence issues spill in to many areas that create a need for further financial supports in many capacities.

Realistic counts of children in situations of domestic violence are hard to substantiate. There is a strong tendency to under report any domestic violence and the number of children exposed to this type of trauma is underestimated (Finkelhor, 1993). Victims of domestic violence may not fully realize the extent to which their children are watching, listening and learning from the violence that plays out in their homes. They do not actualize the devastating blow that these situations present to children's long term development (Young, Mancusco, Faherty, Dorman, & Umbrell, 2008) Children may suffer from flashbacks, nightmares, intensified startle reflexes and constant worry. Emotional and behavioral problems may be the result of witnessing family violence, as well as carrying significant emotional scars (Schecter, 1982). For children, domestic violence can be especially frightening because the violence usually involves the two people they rely on for stability and safety (Young et al., 2008). Observing parental abuse can lead to children's acceptance of abusive behavior and violence as normal behavior patterns, which may become replicated in their own future relationships (Young et al. 2008). Empirical evidence suggests that growing up in home environments that include domestic violence can 'critically jeopardize the

developmental progress and personal ability of children' whereby the cumulative effect may be carried into adulthood (Holt, Buckley, & Whelan, 2008). Godbout, Dutton, Lussier and Saborni (2009) claim the most consistent factor of domestic violence was experiencing or witnessing parental violence as a child. A developing body of research also confirms that abusive males are more likely to have been exposed to family violence as children. Ehrensalt and colleagues (2003) uncovered research that finds exposure to domestic violence is the second clearest risk factor for becoming the perpetrator of domestic violence.

Adjustment among children who have witnessed domestic violence has been the focus of numerous studies (Onyskiw, 2003). Onyskiw named Attala and McSweeney (1997), Attala and Summer (1999), Bookless-Pratz and Mertin (1990), Christopolous, Cohn, Shaw, Joyce, Sullivan-Hanson, Kraft, & Emery (1996), Copping (1996), Davis & Carlson (1987), Fantuzzo, DePaola, Lambert, Martino, Anderson, & Sutton (1991), just to name a portion of studies; that exemplify research results showing children's lowered developmental skills and behavior problems due to family domestic violence. As well, emergent literature supports the theory that domestic violence not only attacks the adult relationship but is of significant damage to the mother-child relationship (Humphreys, Thiara, & Skamballis, 2010).

Highlighting the interconnected needs of mothers and their children is essential in recovery planning, but has not received the attention it deserves, to date. Joint work for women and children in the aftermath of domestic violence in the family unit is developing but not common (Humphreys et al, 2010).

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Domestic violence interventions need to change to take into account the barriers that have been created between a mother and her children because of violence and abuse.   Child exposure to domestic violence has been associated with significantly more behavioral, emotional, and cognitive problems, as well as adjustment difficulties (Edleson et al., 2007). Due to the serious issues children develop when they live in domestic violence, strategic methods must be created to resolve the damage. Specific strategies in broaching the mother-child relationships have been shown to be successful in mending the broken family bonds.

One bridging technique in promoting mother-child dialogue about family violence that is being explored is the sharing of children's literature through a family story time. Reading to children is central to their development and provides a safe way to explore concepts, feelings and societal experiences (Goddard, 2011). It may also help with self-esteem and the ability to cope with stressful situations in life. Children realize, through book characters, that they are not alone. Shared book experiences, with a trusted adult can create the opportunity for communication and dialogue about personal histories (Goddard, 2011).

This paper explores mother-child relationships and the emotional trauma involved in family domestic violence. The literature review provides an examination of the domestic violence crisis and family trauma it creates for the victims. The use of children's literature as a buffer to enhance the communication between a mother-child relationship as they begin to recover together as a family

is presented and an explanation of the social worker's role in this recovery strategy is included. The methodology section provides information on presenting a bibliotherapy strategy with two independent psychoeducational focus groups; comprised of women connected with two separate domestic violence shelters. In conclusion, a discussion of the implications of this qualitative study closes the research paper.

Literature Review

Understanding the implications of domestic violence on the mother and child relationship requires a deeper insight into the issues of this social problem. The literature review examined the areas of domestic violence and crisis, emotional trauma, damaged mother-child relationships, and children's literature as a means to rebuild relationships. The current research reported the emotional trauma caused by family violence and confirmed a need for family support to repair mother-child relationships in the aftermath of domestic violence. Relevant conceptual/theoretical material was reviewed to orient salient terms associated with this section and to introduce ideas discussed in current literature. Second, empirical studies were reviewed to inform the reader of current research in the area of domestic violence as it relates to families.

Domestic Violence and Crisis

The prevalence of domestic violence upon the family is staggering. Thackeray (2010) states that domestic violence is an ongoing health crisis. The American Medical Association reports that one woman out of three will be a victim of violence by a husband or boyfriend at some point in her life (Bancroft, 2003). The Center for Disease Control (CDC) reports that nearly 5.3 million intimate partner victimizations (IPV) occur among U.S. women ages 18 and older each year. The violence results in nearly 2.0 million injuries and nearly 1,300 deaths. More than 555,000 of these domestic violence cases require medical attention. 145,000 injuries are serious enough to warrant hospitalization for one or more nights. Domestic violence also results in more than 18.5 million mental health care visits each year. It is clear to see that domestic violence against

women places a significant burden on society. Pyles (2013) reports that 'effective responses to gender-based violence requires a general ethic of community care and commitment to public policies for woman at risk so people can attain their human capabilities' (p. 91). The research also found the common domestic violence themes of cycle of violence, control tactics by abusers, difficulties in breaking free, economic injustices, complexities of children in violent environments and barriers of community and public services, particularly for low income and immigrant women (Pyles, 2012).

Conservative estimates have determined that annually 1.5 women in the U.S. are assaulted by their intimate partners [National Institute of Health (NIH), 2000; Center for Disease Control (CDC), 2000]). McClenner (2010) reports that in the United States, annually one out of every four women report being a victim of intimate partner domestic violence with a male perpetrator. Osofsky (1999) states it is believed that each year more than 3.3 million children are witnessing physical and verbal abuse that ranges from insults and hitting to fatal assaults with guns and knives. Studies have shown that children who are exposed to intimate partner violence/domestic violence are effected emotionally, physically, and mentally (United States Department of Justice, 2011). However, the wide range of behaviors and consequences related to exposure to domestic violence and impacts on children are viewed as complex. Children appear to interpret the conflict and cope differently (Edleson, 2007). Results show that children exposed to domestic violence have more emotional and behavioral problems, less social and cognitive competence and exhibit more health problems (Onyskiw, 2003) This variance

of trauma related symptoms requires an individualized approach when working with women and their children in the healing process.

Humphreys (2011) defines *domestic violence* as any violent or abusive behavior (whether physical, sexual, psychological, emotional, verbal, financial) that is used by one person to control and dominate another with whom they have a relationship (as cited Hester, 2006). The abuser uses control over his or her partner through one or more acts of physical violence, sexual assault or threat of physical violence. Additionally, Messing (2013) reports that the abuser exploits the love of the victim and the privacy of the family relationship to hide the abusive behaviors. Young (2008) states that although victims of domestic violence can be male, eighty-five percent of victims are women (as cited in Rennison, 2003). Morley (1999) maintains that our society's greatest concern should be for the children who have no safe refuge from the domestic violence because they and their mothers are abused in their own homes. Therefore, for the purpose of this paper, which emphasizes the relationship of women and children, the research is specifically targeting the violent home with a mother, child or children and an abusive male partner.

Emotional Trauma

Trauma is defined by Osofsky (1999) as an emotional experience in which powerful and dangerous stimuli overwhelm a child's capacity to regulate his or her affective state. Humphreys (2008) found that for a significant group of women and children, a range of research studies point to traumatic symptoms as a normal reaction to living with domestic violence. Because witnessing trauma can impact children at every level of their development and functioning, children often develop post-traumatic stress disorder. Approximately 15 million children are exposed to domestic violence each year,

with seven million living in situations that present severe intimate partner violence (Anderson, 2012). Edleson (2007) and Melter (2009) define *childhood exposure* as being within sight or sound of the violence or witnessing the aftermath of violence (e.g. property destruction, parent injuries, police visits, moving to a domestic violence shelter). The U.S. Department of Justice (2009) believes that, in actuality, too little is known about the exact numbers of children exposed to violence because studies have only been able to gain subsets to actual exposure. However, Buckley, Holt and Whelan (2007) report very few children living with domestic violence remain unaffected by this traumatic experience, as cited in Calder, 2004.

Multiple studies have attempted to measure children's exposure to violence but estimates vary greatly. Onyskiw (2003) reports on the results of 47 studies that examined the impact of children's adjustment in two areas of psychopathology, internalizing and externalizing behaviors. Gresham (1991) describes internalizing behaviors as children being withdrawn, lonely, depressed, and anxious. Externalizing behaviors, however, present as acting out through aggressive, impulsive, coercive and non-compliant behaviors. The 5,249 children Onyskiw (2003) studied ranged in age from 2 to 18 and all lived in families with domestic violence. The vast majority of studies reported that witnessing domestic violence was associated with a wide range of adjustment difficulties in children (Onyskiw, 2003). Forty-three of the studies agreed that children exposed to domestic violence were more anxious, sad, worried, fearful, and withdrawn. These children also had low self-esteem and exhibited depressive symptoms when compared to their peer age mates.

To date, the traumatic effects on children witnessing or being a target of family violence has been investigated primarily through asking adults about their childhood or studying children who are living in a domestic violence shelter (Morley, 1999) This partial measurement does not, however, reveal the full extent of child victimization or multiple victimizations that a child may experience, the co-ocurrence of violence, the extent of exposure to violence and cumulative effects of repeated exposure. Edleston, (2007) stated that the research field has been immobilized, with professionals limiting their studies and treatment to children's behavioral and emotional impacts from exposure to domestic violence without exploring the variations in experience that caused the outcomes. However, children questioned about life occurrences rated witnessing parental conflict as the third most distressing life stressor (Lewis, Siegel & Lewis, 1984).

Children are neither passive observers nor unscathed by the family violence (Buckley et al. 2007). Living with domestic violence creates high levels of fear and anxiety for family members (Humphreys, 2008). Children suffer from flashbacks, nightmares, intensified startle reflexes and constant worrying. Witnessing family violence may result in emotional and behavior problems also (Young, Mancuso, Faherty, Dorman & Umbrell, 2008). Sleep deprivation and bed wetting may be exaggerated in homes in which violence keeps the family in a constant state of fear. Women often describe interrupted sleep for themselves and their children as a product of fear. Children may even use their own night-time problems with sleeping as a decoy to keep parents from fighting, thereby risking their own punishment. The association between danger and sleeping exemplifies the hyper vigilance that is needed and may even be necessary for survival in homes with domestic violence. Mother's sleep patterns are closely linked

to their children's when they are all living with violence and may even extend to the post-abuse period (Humphreys, 2008).

The batterer's behavior has a profound affect on the entire family, especially on positive parenting by the mother (Bancroft & Silverman, 2002). As well, research indicates the victimized mothers may be personally suffering from depression, anxiety, and other trauma related indicators that leave them unable to be emotionally available for their children (Humphreys, 2008). Findings from studies by Moore and Pepler (1998) and Hughes, Graham-Bermann and Levendosky (2001) suggest that children's resilience may be related to whether their mothers are exhibiting mental-health problems, such as trauma and depression. McCluskey (2010), reports that women experiencing PTSD can become 'mired' in their own symptoms- avoidance, numbness, with fear and flashbacks working in tandem to interrupt normal functioning and interfering with the ability to adapt coping strategies. Each parent being less emotionally and physically available to the child is likely to result in a multitude of externalizing and internalizing behavior problems.

Abusive behavior has been found to undermine mother-child relationships and the mother's authority in many ways. As well, the emotional recovery of the children who have been exposed to family violence is largely dependent on the quality of their relationship with the non-abusive parent more than any other factor. Specifically, research on child resilience strongly indicates that when the abuser is no longer in the children's home, the possibility exists that healing and recovery can begin (Wolak & Finkelhor, 1998).

Schecter (1982) comments on children carrying emotional scars, while Young et al (2008) notes that for children, domestic violence can be especially frightening because the violence usually involves the two people they rely on for stability and safety. Observing the abuse of a parent can lead to a child's acceptance of abusive behavior and violence as a normal behavior pattern, which he/she may repeat in their own relationships in the future (Young et al. 2008). Morley (1999) states that witnessing violence or being the victim of violence are traumas that interrupt normal development and may be measured by behavioral problems exhibited by the child. Exposure as a child to a mother's partner violence creates an atmosphere of unique circumstances, which is a family environment characterized by fear, powerlessness and control that is extremely difficult for a child to understand and navigate through (Anderson, 2011)

Carlson (1990) found that children who observe marital violence exhibit diminished level of well-being. Not only do children have to deal with the immediate impact of witnessing violent episodes, but also the fallout of violence, such as parental stresses, depression, or changing home situations (Buckley et al, 2007). Three levels of functioning are affected: 1) Elevated levels of internalizing behavior which is often exhibited as depression, withdrawal, and anxiety. These children may also exhibit sadness, having difficulty sleeping and worry excessively; 2) Elevated externalizing behaviors problems such as aggression, acting out and uncooperativeness are presented and lastly; 3) Impaired social adjustment in relation to age mates. Research varies between indicating that internalizing behaviors or externalizing behaviors are more prevalent, as both are highly related to domestic violence exposure and children. However, Anderson (2012) argues that it is generally accepted that children's short and

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long term development is impacted by exposure to domestic violence (as cited in Geffner, 2003). Research indicates that prolonged exposure to inter-parental violence is related to long term consequences. Furthermore, children exposed to these types of intimate partner violence are presented with stressors that go beyond their adaptive capacities and create long-lasting effects.

Studies also indicates that young children appear to be more symptomatic than older children and boys more symptomatic than girls, however few studies have actually examined adolescent exposure to domestic violence, which creates a gap in data on this topic, as children grow up in families of domestic violence. Infants living with domestic violence are often characterized by poor sleeping habits, poor health and excessive screaming (Humphreys, 2008)

Adult victims of domestic violence believe their children do not directly witness abuse but research supports that as many as 90% of the children are aware of the violence that occurs (Young et al, 2008).   Humphreys (2011) found that the most distressing of these domestic violence incidents are that they are often in front of children.

Abusive behavior appears to be the result of growing up in an abusive home. Thackery (2010) found that simply the act of bearing witness to domestic violence has detrimental effects on children's social and emotional development. Bancroft (2002) lists exposure to threats or acts of violence toward their mother as a risk posed to children who are exposed to batterers. Martin (2002) and McIntosh (2002), report empirical evidence that suggest that growing up in an abusive home environment can jeopardize personal ability of children and their developmental process. Anderson (2011) also found that

adults who witnessed parental violence as children have changed life trajectories and may benefit from specified therapy to change their path of victimization.

A large body of research is reported by Ippen, Harris, Van Horn and Liberman (2011) that shows childhood experiences in multiple stressful events is linked to dysfunction in child hood and in later life. Humphreys (2011) added that children can be profoundly affected and drawn into the adult violence. Babcocks'(2012) research also found evidence that high levels of trauma by a caregiver placed victims at risk for subsequent abusive victimization in adulthood. Osofsky (2003) reports that children who witness violence in the home learn that violence is an acceptable and normal part of an intimate relationship. They also use aggression to control others and to solve their own personal conflicts. This is illustrative of how the cycle of abusive behavior carries on through generations.

Further victimization and trauma may be experienced by family members when the mother attempts to seek help from agencies. Humphreys (2011) research indicates that victims found interventions in their family violence incidents as punitive rather than supportive. Participants in a study by Grauwiler (2008) stated that they frequently felt as though they were treated as the criminal. They described the criminal court system and family court process as "burdensome" and unsafe. Unfortunately, victims in this study described their attempt to gain assistance as shaming, isolating and stressful. Mothers often made the choice to stay with an abuser and attempt to manage the violence, rather than leave and risk losing everything for herself and her children. McClusky (2010) concurs by citing sexist and racist practices within institutions that complicate women's positions as mothers, while they cope with their situations of domestic violence. Female

victims are aware of the institutional biases against battered women despite laws on the books to create equity. Many have experienced first-hand the failure of law enforcement to protect them and child services workers to defend them, therefore the mothers avoid contact with these groups specifically, in an attempt to guard their children. Rossman (2000) developed the term 'adversity package', which describes the multiple stressors that often cluster together as a result of domestic violence: poverty, child abuse, parental substance abuse, unemployment, homelessness, and criminal involvement. Domestic violence creates many sets of associated problems to the family situation which create further family stressors.

Mother-Child Relationships

Historically, "mother-blaming" has been the theme of decades of domestic violence caseload involving children (Humpreys, 2011). Blaming women for their failure to protect their children is a part of statutory child protection dialogue that has been used for over a century. Women are considered to have the primary responsibility for providing safe environments for their children and it is seen as their responsibility to end violence. Victims are often given the choice to stay with the abuser and lose their children or leave and keep the children. This often results in avoidance by victims to involve child protection agencies. Intervention is typically focused on the mother and her mothering and little to no attention is paid to the male abuser. Women, exclusively, were placed squarely at the center of the role for the responsibility for the children. Strategies for "mother-blaming" can be limitless.

Grauwiler (2008) designed a study in which mothers were given opportunities to change the affect that domestic violence had on their sense of self, their damaged

relationship with their children, to offset children's negative violence exposure and to find ways to manage required contact with an abusive partner. The format used in the program was found to be of great assistance in providing optimal family support in a safe environment. Simply using "mother-blaming" for the institution's organizational and structural problem does not provide a way forward (Humphreys, 2011). Humphreys (2009) also highlighted research that specifies entwining the mother's recovery with that of her children.

Research by Buckley et al (2007) established that mother's themselves revealed that they struggled with their children's behavior after the family left the violent relationship, especially with adolescent age children. As well, Buckley and colleagues (2007) referred to the fact that domestic violence may impact a mother's ability to develop authority and parental control over her children. These difficulties may continue after the separation from the perpetrator or even commence when the family has reached a safe home situation. Regardless, the role of a mother after living with her children in situations of family violence is compromised.

In regards to the blame being placed on the mother, McClusky (2010) called for the exclusion of theory that closely examines the mother's behavior and perpetuates the "misogynistic ideology' that often characterizes mainstream thinking on the topic of domestic violence. The focus on mothers can create marginalization of abusive actions of male perpetrators and place a disproportionate responsibility on mothers to eradicate the violence. McClusky et al (2007) further states that the heavy scrutiny on mother's capabilities and often blames them for their children's exposure to violence. Furthermore, it is inappropriate to hypothesize on a mother's behaviors without

considering issues of race and class, it equals to anticipating responses to societally

induced levels of oppression instead of looking deeper into the problem of domestic

violence or other societal issues.

Financial stressors and economic strains often impede a mother's attempt to avoid

living conditions that involve domestic violence. MClusky (2010) found that women are

often unsuccessful in staying away from their abusers because of their own lack of

economic resources. Weakened social supports and low self-esteem also come into play

to create a situation in which a victim has nowhere to turn. This can result in returning to

the abusive partner multiple times with her children in an attempt to offer some sort of

stability for her family. A mother explains this to Lapierre (2010):

> They (social workers) wanted my children…I was black and blue, being told that
> I was going to lose the most important thing and precious thing in my life…I had
> to fight for three days and prove that I wasn't having my husband back for me to
> keep my children.

Babcock (2012) found that being unemployed and having young children may increase

the degree to which a women depends on her partner, financially and emotionally, As

well, Humphreys (2011) reports that resources to assist women and children who are

living in violent environments continue to be limited.

McClusky's (2010) work with shelter clients showed mother's interactions with

their children and ability to nurture them as appearing 'insufficient'. However, upon

further study it was not deficient mothering but rather the collision of biological,

psychological and sociological factors, with the addition of personal trauma an abusive

relationship initiated which caused the mother to appear insufficient. The capacity to

parent had become compromised by domestic violence. Morley (1999) adds that

characteristics of battered mothers make it difficult for them to meet the needs of their

children. Research by Humphreys (2009) also chronicles the plight of mothers who are sleep deprived in an attempt to manage their children's safety and to assist their children's recovery from abuse. Huang (2010) reports that domestic violence appears to reduce the quality of parenting and that poor maternal mental health is related to increased behavior problems for children. Samuelson (2012) reports that mothers who are caring and supportive, refrain from criticizing, yelling or physically punishing children are more likely to provide an organized and cohesive environment. Positive parenting behaviors were very strongly related to planning performance.

Samuelson (2012) reports that research literature suggests that parenting and the emotional functioning of the parent play important roles in children's development. Emotional functioning in children exposed to domestic violence may also be explained through the home environment, parenting support received and the mental health of the mother. Children growing up in environments of domestic violence were more distracted, impulsive and lacked attention. A study published by the National Institute of Children's Health and Development in 2005, found that the home environment and maternal responsiveness predict future attention and memory performance. Cox (2003) found that the mother's capacity to maintain parenting abilities under dysfunctional conditions are extremely important moderators to the impact of abuse. Dysregulated mothers display emotions that are confusing and disorganizing to the child. This research suggests that mothers have the opportunity to stop some of the effects of domestic violence through their parenting skills and personal well-being.

Humphreys (2011) reports the governmental responsibility in domestic violence issues is that there is both an adult and a child victim. Historically, the assistance

boundary has been draw around the child specifically. Humphreys champions a broader

intervention that would embrace the woman and child victims together. Humphreys

(2009) conveys that studies point to the connections between women and children toward

living in violence and the joint action of living in fear of the same abuser. Huang (2010)

concurs with study results showing that domestic violence negatively impacts both the

mother and the child over an extended period of abuse. Humphreys (2011) argues that

domestic violence intervention needs to change to take into account the barriers that have

been created between mother and child due to abuse and violence. Work needs to

involve the strengthening of the mother-child relationship in the aftermath of family

violence. Of significance are the fifty-two children in Humphreys (2011) study who all

named their mothers as the person or one of the people they were closest to. Again this

highlights the need to strengthen the mother-child relationship because children see their

mother as extremely significant in their lives.

Using Children's Literature to Restore Relationships

Bibliotherapy has been used by many different mental health professionals as an

external tool for engaging clients in the therapeutic process (Ford, 2000). The

professional use of bibiliotherapy includes counselors, social workers, psychologists, and

psychiatrists. Pardeck and Pardeck (1993) define bibliotherapy as a technique of using

books in treatment. *The Dictionary of Social Work* (1987) defines bibliotherapy as:

> The use of literature and poetry in the treatment of people with emotional
> problems or mental illness. Bibliotherapy is often used in social group work and
> group therapy and is reported to be effective with people of all ages, with people
> in institutions as well as outpatients, and with healthy people who wish to share
> literature as a means of personal growth and development. (p.15)

Bibliotherapy is a common technique used in psychotherapy and counseling with children, however, differences are seen in the types of books used and the way they are used by professionals (Betzalel & Schechtman, 2010). Additionally, Ford (2000) states that using bibliotherapy must be seen as a strategy and process, and not simply a replacement for therapeutic interventions without active involvement. Joshua and Dimenna (2000) concur, stating clearly in their text that the goals of bibliotherapy are not meant to replace counseling, but enhance resources available to a client. Furthermore, bibliotherapy as an intervention should never be used a single approach to treatment. Pardeck and colleagues (1998) proclaimed that bibliotherapy may help clients address and confront problems as they read about others who have made this progress in their own lives and can be useful for helping individuals develop interpersonal relationships.

After reading how families solve their problems, clients may come up with solutions to their own family problems. Glasgow and Rosen (1978) report that proponents of cognitive behavior therapy place less importance on the interventions of the counselor, often using self-help books with no therapist interventions at all. Bibliotherapy is also used in the elementary, middle and high school classrooms to creative positive and emotional growth in children. It can assist in developing life skills and insight, finding solutions for personal problems and enhancing self-image (McCullis & Chamberlain, 2013) and changing attitudes and values of individuals (Pardeck, 1998). Other important goals of bibliotherapy are added insight and self-awareness. Overall, books have the power to guide, comfort, encourage and teach (Joshua et al, 2000).

Bibliotherapy with young children is most successful when the book is read aloud to them (Pardeck, et al, 1998) Allen, Allen, Latrobe, Brand, Pfefferbaum, Elledge,

Burton and Guffer (2012) note that following situations of trauma, the ability to obtain comfort from another person was a more powerful predictor of improvement than the type of trauma itself. Reading a story and developing appropriate concepts and words can frame negative emotions with limits and boundaries. This transforms the trauma into something that is manageable. Therefore, reading with a child has the potential to provide a positive attachment for the child (Allen, et al). Safe attachments is the principal way children learn to standardize inner turmoil, as will be discussed in the conceptual framework portion of this research.

Golding (2006) strongly believes in the power of stories in working with children proclaiming 'these stories are also vital tools for helping kids understand some of life's most difficult experiences.' (p. 3). Books can aid in the healing process and children can take comfort, as well as gain encouragement from the stories. Sharing a book with a safe adult can provide opportunities for discussion about traumatic events in safe limits. A book in which the characters resolve a similar problem as the child is experiencing, inspires hopefulness.

Sharing books with a trusted adult is optimum. Golding and colleagues, articulate that the root of the most effective book sharing experiences happens when children interact with people that define their most important relationships (Golding et al ,2006). It is in this intimate environment that children may acknowledge their feelings and process their experiences. Books can be used as a tool to help facilitate dialogue between a parent and child in a safe and caring shared experience. Books may stimulate discussion about a problem that may not otherwise be discussed because of fear, guilt, or shame (Pardeck, 1998) Childcare experts have established that reviewing problems,

through the plot of a book, helps children cope, even if challenging feelings are aroused (Ziegler, 1992). Golding et al (2006) states children who have witnessed violence between the adults in their home, need to feel safe, to know that violence is inappropriate, to learn how to express their anger appropriately, to care for themselves, and know that the violence is not their fault.

Considering the relationship between domestic violence, family trauma and the healing aspects of bibliotherapy, this leads to the core question: Could bibliotherapy and shared books experiences between family victims of domestic violence be a positive vehicle for mother and child healing?

Current Social Work Practice and Integration of Literature Review

Current social work practice may gain from the current research on domestic violence and relationships between mother and child. McClenner (2010) proclaims the mission of the social work profession is to 'enhance the well-being of all people- with particular attention to the empowerment of those who are vulnerable- and to advocate for social and economic justice.' Of utmost importance is the need for social workers to respond quickly to battered women and provide immediate crisis intervention, because of imminent danger (Roberts, 2007). The Seven-Stage Crisis Intervention Model created by Roberts is frequently used as a practice framework:

Stage 1: Assessing Lethality; Stage 2: Establishing rapport and communication; Stage 3: Identifying the major problems; Stage 4: Dealing with feelings and providing support; Stage 5: Exploring possible alternatives; Stage 6: Formulating an action plan and Stage and 7: Follow-up measures (Roberts, 2007).

As a profession, social workers are at the forefront to work towards the elimination of family violence. Humphreys (2011) acknowledges that the prevalence of domestic violence suggests that it is a major social problem and there has been little inroad into this serious social problem. Children's exposure to adult domestic violence has increasingly become a concern for social work practitioners and researchers (Edleson, 2007). Humphreys (2006) reported on a program based on a workbook format for mother and child interaction. The activities encourage mothers and children to spend time together, helps children to speak openly about their feelings, improve understandings and communication and raise the mother's confidence about their parenting skills. These strategies may also be applied to bibliotherapy between a mother and child, with the guidance of a social worker. Humphreys (2011) advises that the role of social workers is to build on the strengths of the mother-child relationship by creating a space for them to work together.

McClusky (2010), shared the following display of frustration by a victim of domestic violence and societal misunderstanding. A young mother of two found herself penniless while she waited for an assistance check after her arrival to the shelter. She was obviously overwhelmed by her financial and emotional ordeal when she lifted her baby into the air and announced that she needed to change her child but could not afford a diaper. Unless the social worker realizes that this scenario has far more to do with the ecological context, one might point to the mother as ineffective in meeting her child's needs. This has far more to do with the lack of financial resources than parental ability or concern. Humphreys (2011) concludes that when mothers wanted to 'give up' and needed active

support from workers (when talking about abuse with children) high levels of trust are needed between mother, workers and children. This type of work can be sensitive and anxiety producing, but with support and motivation, mothers could recover poor relations with her children.

There are a number of points for social workers to acknowledge when actively working with a mother and child with a history of domestic violence. Humphreys (2011) reports large numbers of children are being represented to child protection on the basis that they are living in domestic violence, however, Holt (2008) points out that this does not mean that either the children or the mothers are actually receiving services. Throughout the reviewed literature it is exhibited that there is a need for a holistic assessment that takes into account risk and protective features of every family, before drawing conclusion about risks or harm to children and the interventions needed. This is very valuable information for a social worker to be aware of.

Humphreys (2011) recounted other factors for workers to be cognizant of as well. Primarily, most women need to be more settled in a shelter or outreach project to focus on activities with their children. This is imperative in establishing initial contacts and beginning healing work. Also, readiness to address the relationship issues between mother and child involved practical, emotional and relational issues and included norms and attitudes about the value of talking about their past. There are a number of different dimensions to the change process for women. They go beyond the immediate crisis to recognizing the value in talking about aspects of the past with their children and refocusing on their children's

needs. Workers should not be surprised to observe problems in the relationship in the aftermath of domestic violence. The relationship has been under duress for some time. Thackery (2010) related that past or ongoing abuse of a caregiver and exposure to domestic violence of a child in the home are important risk factors to evaluate in the context of clinical assessment.

Because domestic violence typically involves female victims and male abusers, and because much of the literature portrays anti-mother and anti-woman themes, social workers need to analyze the context of the violence through a biopsychological perspective (McClusky, 2010). This will enhance clinical understanding and provide optimum client care. Grauwiller (2008) suggests that women's complex thoughts and feelings that drive decision making and help-seeking must be studied to better develop programs that can adequately assist all women and their children. McClusky (2010) states that without a social-structural analysis that recognizes the presence of male power differential in most abusive relationships, abusive actions of males are marginalized and blame is placed on the battered victim.

Ippen (2011) reports exposure to domestic violence in early childhood may have enduring consequences for the child's development, so it is extremely important to create proper treatment strategies to prevent the development of maladaptive functioning. The recommendation is for treatments that enhance the child's development across different domains of functioning. Humphreys (2011) encourages cross-agency cooperation and coordination to develop policies, treatment approaches and good practice guidelines between domestic violence

workers, child protection workers, the police, the courts and domestic violence agencies.

The existing literature shows the societal costs and emotional trauma of domestic violence in family environments. Eradicating domestic violence requires a concern about the cultural and social structures that perpetuate it, and the use of resources and economic opportunities that can empower women to live safely and achieve to the level of their capabilities (Pyles, 2012). This research builds on the practice of using children's literature to promote the rebuilding of damaged relationship between mother and child as a result of domestic violence. The area of focus provides information to assist practitioners as they address the needs of mothers and children in their healing processes after the trauma of domestic violence.

<center>**Conceptual Framework**</center>

It is important to understand the theories and concepts that ground research to provide context and avoid undue biases. Social work research is built upon previous research and theoretical perspective to provide understanding and information about human behavior. Theories provide explanations, guide research and practice and integrate observations from research (Monette, Sullivan, & DeJong, 2011). The current study has been influenced and shaped by the attachment theory perspective.

Attachment Theory

John Bowlby (1969) proposed the attachment theory to explain that all humans are hardwired to form relationships with others and to continue a desired level of accessibility to other people. Bowlby first applied the idea of the infant-caregiver bond and recognized it as an evolved response that promotes survival. Attachment can best be understood in the evolutionary context where survival is of the utmost importance (Berk, 2010). Bowlby believed that the human species is programmed with behaviors that keep the parent near to protect the child from harm and to provide encouragement for exploring the world and functioning in the environment. According to Bowlby (1969) children construct an affection based tie to their caregiver that can be used as a secure base when the caregiver is absent. This understanding creates expectations about the availability of the caregiver and the likelihood that they can provide support during stressful times. This internal working model becomes an important part of personality and becomes a guide for future relationships. The interaction that children continue to

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have is revised through-out life as they interact with family and friends based on the theory of attachment.

The security of attachment is measured in levels of secure attachment, avoidant attachment, resistant attachment and disorganized/disoriented attachment. In *secure attachments* the infant uses the parent as a secure base; sixty percent of North American infants in the middle socio-economic group show this pattern (Berk, 2010). The work of Mary Ainsworth, a Canadian psychologist and colleague of Bowlby, developed the idea of secure attachment. In lower socio-economic groups a smaller portion of babies show secure attachments (Beck, 2010). *Avoidant attachment* is the next level, characterized by the infant seeming unresponsive to the parent. *Resistant Attachment* is characterized by a child who seeks closeness to their parent and will not explore. When the parent leaves, the child is under stress; becoming clingy, crying, and cannot be comforted easily. The level that characterizes the highest level of insecurity is the *disorganized/disoriented attachment*. These children appear confused and dazed, with a flat affect. This lack of caregiving disrupts emotional self-regulation and creates confused feelings toward the caregiver.

It is proposed in this research the secure attachment development of children who live in domestic violence is compromised. Conflicts and fear are a part of the environment of family violence and tend to reduce the parent's capacity to attend to a child (Godbout et al. 2009). Children who live in family violence situations are less likely to have their basic needs for a reliable and responsive parent/caregiver satisfied. This impairs the development of positive

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working models of self and others and healthy patterns of relationships. Parental violence established a failure of the attachment figure to be responsive and available. The child is left feeling fear and distress, instead of the experiencing the feeling of attachment that is necessary for development.

Research indicates that this is consistent with findings and that this compromised development can move into adulthood, as well. Holt (2008) cites Graham-Bermann, Devoe, Mattis, Lynch & Thomas (2006) and Mullender, Hague, Iman, Kelly, Malos & Regan (2002) to report that a secure attachment to a non-violent parent or other care-giver has been consistently cited in literature as an important protective factor in situations of trauma and distress. Babcock (2012) also interjects that victims of high betrayal trauma may adapt to preserve attachments when necessary for their survival and development. This adaptation may place the victims at risk for future abusive relationships in adulthood. Children who witness family violence are most likely to develop insecure attachments with their parents and to maintain this attachment style of insecurity into adult relationships. Insecure attachments can be a source and a consequence of living with domestic violence (Godbout, et al.).

Undeniably the feminist perspective must be acknowledged when it comes to acceptance of attachment theory. Many believe that too much emphasis has been placed on children's relationship with the mother figure, solely. Modern society also includes children's reliance on nannies, daycare workers, teachers, fathers, grandparents, as well as others, in the mix. Early research was derived from children who were victims of loss of their mother through death or extreme

mental illness requiring lengthy hospitalization. Those who disagree with the grounding of attachment theory, often use today's modern family structures as a way to disregard this important psychological theory. However, continued research acknowledges that children must have a figure to attach too. Compromised family structures, such as domestic violence, will make it difficult for a child to find the necessary attachment needed for healthy development.

Karen (1998) acknowledges that attachment theory and its research has created debates through time, yet this has forced people to adjust their thinking. It has forced the 'potential to go beyond simplistic extremes and toward synthesis that brings us closer to true understanding.' (p. 9). Buckley et al (1969) concurs, in that caregivers need to be supported in order to support their children, to work on the parent-child relationship, attachment issues, parenting and behavior management issues. It appears the research will continue on the study of ramifications related to attachment on human psychological growth and patterns of healthy development. However, research findings substantiate that people who experience domestic violence in their family environment tend to develop insecure attachment patterns and will be at a greater risk of domestic violence in adulthood (Godbout et al., 2009).

Therefore, Godbout et al., (2009) asserts that this research information illustrates 'the importance of including attachment focused intervention and conflict resolution in prevention efforts and treatment strategies.' As well, the findings confirm the need to assess and attend to unresolved issues of childhood

domestic violence trauma when addressing the needs of a victim of domestic violence. Attachment theory is closely related to the issues of domestic violence.

Personal and Professional Lens

Development of this research topic grew out of personal and professional interest in victims of domestic violence having a strategy to use with their children after family domestic violence. As a domestic violence group facilitator, I witness mothers voice their concern for their children and have noted it is foremost in the victims' minds. Mothers feel helpless and hopeless. As a career elementary teacher I have also seen the power of reading books to children as a way to create connections and understandings. Therefore, I had a desire to merge these two concepts together in an attempt to impact mothers and their children.

Assisting mothers in their quest to re-connect with their children is critical in establishing healthy attachments. The attachments are crucial for children's development. As a future social worker and advocate for victims of domestic violence, I will use this research to further empower mothers after the family trauma of domestic violence.

Methodology

Sample

Thirteen women who are also mothers and, former victims of domestic violence were recruited to participate in this study. These women were clients of two different domestic violence agencies. Five women participated from one agency (Agency A) and eight participated from a second agency (Agency B). These participants were mothers between the ages of twenty to 50 with children between the ages of two to 12 years old. Mother/parents were the participants in the focus groups only. Children were not part of the research project or proposal. Children were not questioned or in any type of group setting during the adult focus group, except for childcare, if a mother required childcare to be able to attend the group sessions herself and the agency had the resources to provide this service.

There were specific inclusion and exclusion criteria for this study. Women were the focus of the research study involving specifically victims of domestic violence in their partner relationship. The mother's partner was likely be the children's father, however it is possible that the abuser was a father figure, stepfather or the mother's boyfriend. The inclusion criteria required that all participants be in the 'post abuse stage', which means participants were no longer in an abusive home environment. Current literature acknowledges that women move in various stages at different times, so the ability to participate required individualization in the focus group readiness process. Participants were housed in a domestic violence shelter or a safe home environment, and verified that they

had no contact with their abuser beyond the possibility of co-parenting situations. Humphreys (2003) established that actively working with survivors on their memories and accounts of abuse is premature and destructive until the underpinnings of a safe environment have been established. Therefore, participants did have shelter agency history with evidence of a desire to adhere to the agency personal safety policy. Explicit conversations about these formalities were held in the Focus Group Session with participants and were marked as confirmed on each participant's consent form.

Exclusion criteria included, failure to adhere to specific agency policies, specifically (a) domestic violence safety policies and/or (b) policies regarding use of illegal drugs. However, all women who attended the group session received the information about the potential of using shared reading strategies to promote relationships with their children. It was their personal choice if they wished to read to their children or not during their personal family time after the focus group session. Research was based on the feedback of the participants during the focus group.

Eligibility for the study was verified in two ways. First, the domestic violence shelter program directors provided the researcher a list of those who met criteria for participation. Second, women who were contacted and agreed to participation in the study verified that they met the eligibility requirements for the study at the focus group meetings.

Procedures

Recruitment

The researcher provided the agency program directors with a letter of introduction introducing the study (see Appendix A) and the Institutional Review Board Informed Consent form for the directors' review and signatures. The researcher held a private meeting with the agency program directors to clarify questions about the study and recruitment procedures. Questions were encouraged and clarity in research direction was established.

The program directors determined a meeting time for the focus group per the agency activity schedule. The agencies each chose an evening, afternoon or morning of the week that was open on their schedule for a one hour focus group. The research study was viewed as a new opportunity to develop more skills in the client's healing journey and assist in positive family communication through the reading of children's books.

Convenience sampling was used to obtain participants for the study. Monette, Sullivan, and DeJong (2008) indicate that this method involves the researcher using subjects that are readily available for a focus group session. Furthermore, agency staff counseling/advocacy was also available twenty-four hours a day should the participants need further assistance with domestic abuse issues while attending a focus group in the agency. Also, the clients of the agencies have advocates readily available in that they have a verified history with the agency and can be readily scheduled in to appropriate learning activities.

Community members who were current agency clients are also available to participate in agency programming.

Specifically, focus group attendees were mothers who met the criteria of previously living in a shelter home, that had an experience with domestic violence, were connected with a specific domestic violence agency, or were currently living in a safe house/domestic violence facility during the time of the study. To maintain the highest level of unbiased research, the agency program directors screened the clients that were eligible and provided the researcher with the client names. The researcher then verified qualifying information with participants at the focus group session and confirmed their eligibility for the study.

Protection of Human Subjects

Because women who have experienced domestic violence are a vulnerable population, care was taken in the recruitment of participants in this study. Further, additional consideration of these vulnerabilities was taken because study participants were likely to be in transition, they may have been recently out of their relationships, adjusting to work with the agency, vulnerable to safety issues, and lacked privacy in their parent-child interaction. Of note is the fact that the researcher has worked with women in domestic violence for the past ten years and was currently a group facilitator for victims of domestic violence. Protection of the vulnerable subjects was of the utmost importance in this study.

Because of vulnerability aspect of the research population in this study privacy and confidentiality concerns of participants were addressed in several

ways. First, due to the privacy issues related to the discussion of domestic violence, protection of the participants was handled with confidentiality in mind. Since some of the participants were current live-in clients of a domestic violence shelter for women and their children, agency protocol for confidentiality was already be in place. Second, clients living outside the facility, were also provided confidentiality status, as per agency protocol for all women's focus groups. The focus group participants lived and functioned in a safe environment with opportunities for counseling, therapy and personal support twenty-four hours a day, by their participation and connection with the hosting agency. Third, the study participants were in an optimal situation for personal and emotional safety by being involved in the focus group while they were current clients at the domestic violence agency.

Informed consent between the group members establish confidentiality . As well, the topic of group confidentiality was addressed at the beginning of the focus group. A list of Group Work Rules (Appendix B) for the research session was handed out to group participants and reviewed at the beginning of the session and a signature was required as part of the focus group check-in process. The rules established by the agency sponsoring the research were used for the focus group.

Specific focus group questions presented to the participants were used to gather data related to the women's beliefs about creating relationships with their children. Semi-structured questions that were asked during the focus group were reviewed and approved by the research committee prior to the focus group being

conducted. The study was approved by the institutional review board at the University of St. Thomas prior to contact being made with participants and was determined to be a minimal risk study. The institutional review board ensures safety of the study participants. The research committee and the agency program director reviewed the questions for sensitivity and credibility prior to their use in the focus group. Based on the level of the vulnerable population the research project went through a full review board process. However, due the therapeutic and safe environment the participants are meeting in, there was no concern for harm or risk to the focus group members.

Focus group participation began with participants being given the informed consent form prior to the focus group meeting to read through (Appendix C). The researcher went through the informed consent by reading it to the group members so the participants were made aware of their rights, the voluntary nature of the study, and the confidentiality of the study. Second, participants were informed that they may feel a level of discomfort because of the feelings the discussion may create and advised that they may choose to stop participation at any time. Last, participants were also encouraged to speak to the agency advocates and program director if further assistance was needed at the conclusion of the focus group. Participants had the right to suspend their participation at any point during the research process, with no penalty or disregard by the shelter agency or agency staff.

Participants attended a pychoeducational focus group to encourage reading books with their child to promote mother/child bonding. The focus group involved learning

about how to read and share a book with a child. The focus group members were also provided an opportunity to share their current stories about their children and may have gained some healing benefit from this experience. At the conclusion of the focus group, participants were asked to offer feedback and reflections about the parent/child reading process. Participants chose to use the reading strategies for bonding in their personal lives or not, this was an individual decision. The benefits of this research did outweigh the risks. Participants were given a list of resources to use if they felt they need further counseling services related to domestic abuse trauma beyond the domestic violence shelter services. (Appendix D) . Focus Group participants were also given a list of children's books that are recommended for promoting positive family relationships (Appendix D). This list of recommended books was established through a survey of 148 elementary school staff members and incorporating a published list by the National Education Association and the National Association for the Education of Young Children. As an incentive the participants were provided with a $10 Dairy Queen gift card for their participation in the research.

Adult women who were participants of the agency were the sole participants of the study. Children were not a part of the focus group meetings and childcare was provided by the agency while the women were meeting in the focus group, if the agency had this resource available. The children met in the agency's group play area and were under the direction of agency staff members. Mothers who did not have the childcare option provided by the agency made their own arrangements for their children during the meeting time.

Data Collection

Focus Group Sessions. Focus Group A and Group B were conducted in a group meeting room of the host agency (see Appendix E). During the focus group session an overview of the research focus was verbally explained to the members and the parts of the consent form verbally explained. Opportunities for questions or clarification were given to the group, as well as protocol for opting out of the study or a particular group discussion question. Once the group members verbally agreed to their level of comfort with the research process, consent forms were signed and collected. Each meeting involved talking about the merits of sharing literature, gaining insights from the focus group members through question/response activities and group discussion about parenting. Snacks were provided to encourage a relaxed dialogue with the focus group members before, after and during the meeting. Members were given the opportunity to look over books that were recommended for sharing at home with their children.

The questions for the data collection were developed from the current literature and theoretical framework in order to assure trustworthiness. Members were encouraged to share their feelings, beliefs and thoughts about relationships with their children after the effects of domestic violence. The researcher and the research committee went through the questions to make sure the interpretation was clear. They were also reviewed by the researcher and the committee for sensitivity to protect participants.

Data Collection and Data Analysis

Data Collection. To gather the data, the researcher collected the focus group transcript by audio taping each of the focus group sessions. No name association was given or provided. The audio transcriptions were kept in a locked file in the researcher's home. Documented analysis of the transcript were kept on a password protected home computer in the researcher's residence.

Data Analysis. The researcher used content analysis to analyze transcript data from the focus group session. The focus groups were considered a flexible method of data collection that allowed participants freedom to construct meaning and frame their answers as they saw fit. The researcher used *content analysis*, which draws themes directly from the data obtained in the focus group comments (Berg, 2009). These themes were deducted from the survey transcriptions and smaller subthemes were identified as they appeared. The greatest emphasis in the final report was given to themes that were present in most of the participant comments. Data that fell outside the norms was analyzed to seek reasons that data may was differentiated. The themes were compared to the literature on this topic.

The study information appraised the research on the use of children's literature as a positive vehicle for the damaged mother-child relationships related to domestic violence. The study also implicated the possible use of children's literature with mothers and children in the early stages of beginning a new family life without abuse.

Reliability and Validity

Reliability and validity in qualitative research was established through the self-discipline and vigilance about methods. Trustworthiness captured the experiences of the participants as closely as possible. As well, trustworthiness relied on ethical conduct and fairness, as well as the rigor of the study (Padgett, 2008). The concept of *trustworthiness* was a major focal point of the reliability and validity of this qualitative study.

To establish a level of rigor in this study the researcher employed two recommended strategies. First, the researcher utilized the method of Peer Debriefing in which four social work graduate student colleagues met with the researcher to discuss the indications of the study data. This dialogue assisted with the threat of researcher bias in analyzing data indicators. The researcher also used the Auditing strategy to promote study rigor. The researcher kept analytic and self-reflective memos to document progress, as well as notes indicating the coding strategies used for the focus group surveys.

Description of the Respondents

The participants came in to the two focus groups from varying backgrounds and family situations. All participants had a client relationship with the agency that hosted the focus group research project. All of the participants were victims of varying ends of domestic violence and were mothers. All participants were no longer in a relationship with the abuser, except for co-parenting situations required by the court system. The majority of participants

had legal custody at least half of the time. All of the participants had custody of their biological children.

Findings

The findings resulted in the development of four main themes. The themes were developed out of the questions areas the focus group discussion featured. They included: 1. Participant current practices to maintain positive connections with children; 2. Talking about mother/child relationships with children; 3. Parenting challenges in dealing with children's behaviors and 4. Personal learning from focus group experience.

Question: What do you currently do to maintain positive connections with your child(ren)? (describe)

Group A (n=five)

In this focus group mothers shared a variety of techniques they use to maintain relationships with their children. A mother of an 11 year old son shared her strategy for connecting with him:

> *We talk. I've started an hour a day where we (just he and I) talk. He is the only one I have right now. His brothers are with his dad. Even with my oldest, we would have an hour a family time. Sometimes we just play legos or spiderman and talk while we are doing that.*

Another mother, who was new to the United States, shared of her desires to help her son with his school work and spend time with him, stated:

> *I read the book because he does not want to lose his medal for school. He says, "Mommy, you want me to lose my medal for school?" His teacher sends these books every day. We read them and we discuss what he understands.*

Group B (n=eight)

In this focus group a mom of five children remembered a routine her kids had enjoyed for years. She said sometimes they recite it individually and sometimes like to be all together before bedtime:

> *Me and my kids have a routine, like especially for bedtime. Like we have all the hugs and kisses and then we say a little night thing, I guess. (Laughs) We say: Good night. Don't let the bedbugs bite. If they do. Hit 'em with your shoes. Boo*

hoo hoo. I love you. It's something they have loved for years and my kids really cherish. I think it has been something really helpful to get them to calm down.

A variety of family rituals was evident in a number of the ideas shared in this focus group, as illustrated by this comment by the mom of two and half year old twins:

When they wake up in the morning and I hear them beginning to talk, we knock on the walls back and forth to greet each other in the morning as we wake up. I'll play with them that way before I go get them.

The mother of an eleven year old son stressed the need to play with her child too, even though he is older and his needs are different from his pre-school siblings:

I play video games with my eleven year old son because that is what he wants to do, even though I don't enjoy it, because that is what he wants to do. That is how we bond. I take interest in what he likes. I don't like video games but I do it for him.

Even with a child who is a young adult there are things that can be done to bond. A mom of a twenty year old son shared:

My son loves plays. About two years ago I was able to buys tickets to a play and just he and I went. He also chose a restaurant and we went out to eat. Just he and I. He still remembers it. You need to adapt to what they need as an individual and it doesn't have to be every day, but once in awhile.

Question Summary

As the groups began, the researcher established the focus of the group by asking the participants what practices they already have in place to maintain positive connections with their children. In both focus groups members shared the ideas they already have in place to maintain positive relationships with their children. As the discussion continued it became apparent that within the theme of current practices there were subthemes of children's ages as related to appropriate activities for developmental levels emerged. These themes are illustrated on Table 1.

Even though mothers were coming out of the trauma of domestic violence

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histories, they portrayed the need to positively connect with their children in the best ways they could. Personal practices by mothers revealed during focus group sessions pointed toward the need for specific family individualization, yet there were similarities between families. Current practices by the focus group participants were broad based and very much related to the child's interests, ages and financial indicators.

Question: How do you talk about the importance of mother-child relationships with your child?
Group A

In this focus group a mother of a three and five year old shared her strategy for verbalizing her love to her children:

> *I feel like I annoyingly tell my kids that I love them…Well, I grew up in a house whereI didn't feel loved and no one told me so I tell them all the time. Like when I get my daughter out of the carseat I'll say, "C'mon, you're so pretty. Let's go." I try to give them compliments throughout the day so they know that they are cared about.*

Another mother in this group, who has one child in her household who she shares joint custody of, spoke to the issue of individual time being needed as well in a mother-child relationship:

> *I let him know that we have mom and son quality time. We spend time together as quality time and when he needs to go to school or whatever, it's his time away from me. It's his time to be with his friends. That's open too. He has his own space when we are together also.*

Group B

In Group B, mothers also commented on their need to tell their kids often how

much they loved them and how important the child(ren) were to the mother: "*I tell her I love her all the time, even if I don't love her daddy any more.*"

A mom of older kids shared her perspective on discussing relationships with older children and their communication with her through their poems and artwork:

> *We try and talk about it. I have an 11, 12 and 14 year old and I try to talk to them about how they feel and what they think. My daughter likes to write letters and I found this poem that she left in the bathroom. It kept saying that she felt lost…It's harder I think for the boys… I talked to her about the poem and said, "I like your poem. Is that really how you feel and she says "ya'…At this point mom becomes overwhelmed and tears up. Her real dad really never had a relationship with her and she really wanted this thing to work out. She says mom, I pray about it all the time… My abuser is in jail right now for hitting my son. We've been married almost five years. They had never seen that until I got married…and then my son really pours out his feelings in vivid pictures he has drawn.*

Question Summary

Focus members in both groups noted that discussing relationships was a difficult task**.** Mothers discussed their concerns about their relationships with their children because of the trauma the family had been through.   Subcategories were in the four areas of: quality time, verbalizing, bedtime rituals, and communicating through the arts. Creating a foundation of love for their children was evidenced in the focus group responses. These themes are illustrated in Table 1.

Question: What have been the challenges for you and your child(ren) to be able to maintain a positive relationship?

Group A

After reading the shared book about a child who challenges her mother's love for her (*Mama, Do You Love Me)* with the A Focus Group, a mother shared:

> *I already have a son who says stuff like that. Like he'll say, "What if I broke both legs and the wheelchair didn't have batteries, would you push me? What if we*

didn't have a wheelchair, who would take care of me?"- things like that. Stuff like that...frequently.

Mothers stated that they can't always do it alone, and acknowledged that they need assistance from others, when possible. Healthy modeling of the need for personal times was a strong subtheme . A group member stated:

It takes a lot of time and a lot of patience. And a lot of people to step in and help. It is worth it- especially if you have a kid who has meltdowns like mine.

Group B

This group mirrored the same types of responses, in regards to challenges and maintaining positive relationships. As example, a mother of an infant also stated:

Sometimes my daughter spends time at grandma's too because I need the help.

Outside agencies who provide support and parenting education were commented on as well during focus group. Mothers listed a number of acting out behaviors during the focus group session. A group participant also shared what she had learned from a parenting group she had previously attended:

I learned from a parenting group I went to that, at Wal-Mart, if they throw a fit- punish them right there- in the grocery cart or bench- don't take them out of the store. Let them throw their fit right there and continue shopping when they are done.

Frequently situations of family/child misunderstanding shared were with the focus group. One mother, in a court ordered joint custody situation, shared the following comment:

When I called my ex while my son was with him, he (ex) said horrible things about me in front of my son. He (son) is five! He should not be hearing things like that!

A mother of two children, with a baby due in May further explained the level of misunderstanding and confusion that court ordered visits with dad create:

It's been a roller coaster. I am back at my mom and dad's again. I have this baby coming in May. My four year old screams and doesn't want to see her dad. I have to honor that because she doesn't want to go. He is out of jail now and wants to see them all the time and gets mad when he can't. I just have to tell the kids "I'm sorry. That is how it is. I don't know what to tell you…"My four year old does not want to see him because of all she has seen. She doesn't want to see the fighting. She doesn't want to leave me. I feel like I have to honor that and not make her go see him.

Question Summary

Both groups shared the common message that dealing with behaviors is often a difficult task for a single parent but can be especially trying when the child has seen parental violence. The five subthemes in this category were acting out behaviors, healthy modeling, bonding with others, and misunderstandings. Besides having the usual behavior challenges mothers are often dealing with children who are very conflicted about their personal value. These themes are illustrated in Table 1.

Frustration with situations involving shared custody and how it effects behavior were also shared. Those with joint custody were often faced with some negative impacts on their relationships with their children due to the negative comments the abuser made during visitation. These types of comments were readily shared by focus group members as a huge frustration and area of greatest concern.

Question: Do you have any examples of experiences/situations you have had previously that affected your relationship with your child(ren) that you would be willing to share? Example; behaviors, arguing, tantrums, etc.

Group A

A member of Group A commented on her son's tantrums and what she had learned by working with a therapist to control her son's rages. This process had taken her a number of years to feel a level of success in regulating his behaviors:

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My oldest son has the worst tantrums. He has black-out rages. We started (with his therapist) as designating his room as his temper room. When he gets done we sit and talk. So I get away from it and he calms himself down for however long it takes. He has a safe space and if he destroys things, it's his stuff. I don't have to punish him for destroying something of mine and he gets his temper out. Sometimes it works. Sometimes it don't. He was diagnosed when he was 5 and now he is 11. His last tantrum was at his dad's. At my house he has learned that he is to go to his room firstand get it over with and then we'll talk. I have a temper too but I tell him to go to his
room so I don't gotta get mean.

Group B

A representative in Group B mentioned the concept that teenagers bring their own level of behavior issues that concern their family members. A mother struggling with the parenting of an adolescent male said:

My 17 year old is just so angry. He hurts his sisters and sometimes even me. But he is angry. My husband (his step-dad) is in jail for assaulting my son last month. My son has watched this kind of male behavior for the last five years. I don't know what to do.

Question Summary

Concern with behavioral issues in both focus groups appeared to be a prominent concern for mothers. The outbursts or acts of physical aggression were especially troubling to the mothers who share them with the group. This is an area they concurred that they strongly need assistance with behavioral concerns such as those listed in Table 1.

Question: What suggestions would you have for mothers who wish to promote a positive connection with their child(ren): (through reading to their child our generally)

Group A

After the focus group presentation on sharing books with children in Group A, a mother of a preschool son and daughter commented:

I think books can be very powerful. I think as parents, we want to get their reading in for educational reasons but we don't have the time to talk as we go through the book. I think that (meaning) is a helpful thing to point out.

Another mother addressed a personal viewpoint with the group at the conclusion of

the group and said:

I think that just the act of reading to the child can create a bond, because you know…You're sitting there, they're snuggled up against you, their engaged and you are using your voices. I can imagine how powerful that would be if a parent does that on a regular basis.

Group B

Group B participants also shared some of their experiences. Specifically, a

mother of daughters ages four and eight shared her experience of family

individualization:

There is a book I read, it's called Love You Forever and …oh, my gosh, my kids absolutely love it! I read it after bathtime. I get them into bed right about 8 and then I read that book. We have it down so well that the girls can actually read it to themselves. That is what we do every night before bed. They love that book so much they want to read it all the time…I actually got it from the hospital as a gift when my last child was born over four years ago

In conclusion another group member shared what she might try after attending the focus

group:

I can see that I should take time out of my day and drop everything and just read with my daughter and spend time with her. Just spend time with the kid individually.

Question Summary

Focus group participants in both sessions were attentive and participated in the

discussion. They expressed verbal gratitude for the handout of resources. Subthemes in

this category were family individualization and personal viewpoints. These themes are

outlined in Table 1. All of the women indicated they would use reading strategies with

their children in the future, especially the conversational component.

Table 1

Themes and Sample Responses Among Mothers Who Have Experienced Domestic Violence

Category	Thematic category	Sample response

Theme 1: Participant current practices to maintain positive relationship with child(ren)

Category	Thematic category	Sample response
Current practices	Ages	I play with my daughter (3, 18 months)
		Spend mother-daughter time (8 mo.)
		Spending time at grandma's
		Go for walks (2 yr old twins)
		Play dress-up (4 yr)
		Play legos/spiderman (11yr)
		Read (3, 7, 11, 6, 11 yr)
		Talk (11, 7, 14, 17 yr)
		Child choice
		Laptop time
		Video games (11 years)
		Family together time
		Practice A,B,Cs
		Bilingual dialogue

Theme 2: Talking about mother/child relationships with your child(ren)

Category	Thematic category	Sample response
Talking about relationships	Quality time	Mom/son/daughter time.
		Talk alone
		Ask what they are thinking
	Verbalizing	Tell them I love them
		Verbalize love often
		Being open with older kids
		Talk about time with dad
		Be open with teenagers
	Bedtime rituals	A poem we say every night
		Hugs and kisses
		Calm down time
		Alone time with mom
		With siblings/mom
		Special bedtime stories
	Communicating through arts	Child draws pictures
		Child writes poetry

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Theme 3: Parenting challenges in dealing with your child(ren's) behavior

Parenting challenges	Acting out behaviors	Tantrums
		Throwing a fit
		Time outs
		Screaming with dad
		Acting abusive toward me
		Acting abusive toward family
		Kids want to be in charge
		I yell/scream
		Acting stressed
		Being a fussy infant
		Not listening`
		Say mean things to siblings
		Over attachment to mom
	Healthy modeling	Teaching him to walk away
		Anger issues
		Testing me
		Drawing about their feelings
		Writing about their feelings
		Respecting my child's needs
		Not seeing fighting
		Respect their needs
	Bonding with others	Bonding with safe adults
		Afraid of dad
		Want only me
		Adapting to them in time
	Misunderstanding	Wonder what is going on
		Doesn't get it
		Feeling lost
		It's hard
		Abuser/dad conflict
		Prays about us
		New place to live
		Dad is in jail
		Step-mom confusion
		Texted comments by abuser
		Fear of the courts intervening
	Visits with dad	Hates seeing her dad
		Worried he'll abuse child
		His partner causes trouble
		I end up texting their dad
		Dad threatens me with kids
		Need help from social worker
		Told wrong information/lies
		Dad not complying with

		court
Theme 4: Personal learning from focus group experience		
Personal learning	Family individualization	Creating a bond by reading
		Spending time together
		Special time with parent
	Personal viewpoints	Reading with parent is power
		Mother/Child focused
		Adapt to each child's needs
		Older ones stay up a bit later
		Make them feel awesome

Conclusion of Findings

The findings resulted in the development of three main themes. The themes were developed out of the question areas the focus group discussion featured. They included: 1. Participant current practices to maintain positive connections with child(ren); 2. Talking about mother/child relationships with your child(ren); 3. Parenting challenges in dealing with child(ren)'s behaviors; and 4. Personal learning from focus group experience.

Participants in the focus group discussed a variety of aspects if maintaining a healthy relationship with their children after family domestic violence. Although many identified with specific avenues of building mother/child attachment such as talking and playing together, all were open to the idea of reading to or with their children. However, the actual strategy of using a book as a way to open communication in their relationship and strengthen it, appeared to be a new insight for the groups.

Within the theme of mother-child relationships were four subthemes of spending quality time, verbalizing feelings of love with the child, developing bedtime rituals, and communicating through art and written stories. In the theme of parenting challenges in dealing with behavior there were five subthemes of handling children's acting out, providing a healthy role modeling, bonding, misunderstandings and visits with dad. The

personal learning theme provided the subthemes of family individualization of

information and personal viewpoints.

Discussion

The research examined the experience of domestic violence on mother-child relationships through the eyes of the mothers involved and discusses the family issues that they are struggling with. The participants of this study, through two different focus group organizations, supported the current literature theories on domestic violence and attachment connections. This section will examine the consistencies between the recent studies and indications from this research and its emerging themes.

The specific areas of inquiry in this study include: (1) How do mothers attempt to reform damaged attachment with their children? (2) Would a psychoeducational focus group on bibliotherapy assist mothers in bonding? : and (3) What does research literature indicate on the topics of attachment, domestic violence and bibliotherapy that can inform current social work practice? The themes from the study will be further examined in relation to the literature review.

Although a relatively small sample was included to present this study, the findings offer a complex picture in the ways that mothers approach staying connected to their children after the shared trauma of family domestic violence.

Maintaining Positive Connections with Children

With the first focus group question in mind: *"What do you currently do to maintain positive relationships with your children(?)"*, respondents in both groups reported a varied list of things they do to support mother/child relationships. This ability to connect with their children is a strongly supported mother-child necessity according to current research. Focus group members

listed many strategies they had to employ to put this attachment maintenance in place with their children. More specifically, they noted that the activities they were engaged in were directly tied to the age and developmental stage of their child. For example, one mother of an infant reported playing peek-a-boo games with her baby, while the mother of an eleven year old joined in playing video games with her son and the mother of a young adult took her son to a live theater performance. Of note, mothers with more than one child, indicated that "family time" was also an important component of re-bonding with children in their household. While on a more individual note, a bilingual mother also mentioned that conversing in her native language, to her son, promoted a unique and special bonding time for her mother-child relationship.

Within domestic violence research, empirical evidence suggest that growing up in home environments that include domestic violence can critically jeopardize developmental progress and personal ability among children and the cumulative effect may be carried into adulthood (Holt, Buckley, & Whalen, 2008). Therefore, it is imperative that mother's use strategies to recreate positive relationships. Attachment Theory, as developed by John Bowlby (1969) proposes that all humans are hardwired to form relationships with others and to continue a desired level of accessibility. In secure attachments, the child uses the parent as a secure base. However, in this research project it is proposed that children who have lived in situations of domestic violence have compromised secure attachment development. Compromised family structures, such as those including domestic violence, will make it difficult for a child to find the necessary

attachment needed for healthy development. Therefore, as exemplified in this study, it is essential for mothers to create specific strategies that will create positive relationships with her children after the trauma of domestic violence. Findings from this research add to the previously established data collected on the importance of mother-child relationships in families who have experienced domestic violence.

Talking About the Importance of the Mother-Child Relationship

With the second focus group question in mind: "*How do you talk about the importance of mother-child relationships with your children (?)*", respondents again reported a wide range of responses that were directly related to their children's ages and developmental stages. Within this theme, four subthemes arose from the comments of mothers in focus group: quality time, verbalizing, bedtime rituals and communicating through the arts. Again, multiple research studies strongly support the need for children to recognize and have in place a solid relationship with their primary caregiver, after the trauma of domestic violence (Onyskiw, 2003; Humphreys, 2008; Moore & Pepler, 1998).

In this research the majority of mothers spoke of verbalizing their feelings to their children to insure the children understand that they are loved and cared about, despite the need to separate from the abuser/father figure.   Specific bedtime rituals appeared to be a common way of connecting and communicating with children in a safe and loving way at the end of a day. The mother of teen-agers also spoke of her children expressing themselves in poetry and artistic drawings. She then spoke to her children about the relationship using the writing

and drawing as a means for opening the conversation about the mother-child relationship.

The literature review revealed that children's subjective experience of domestic violence for children may be especially frightening because it involves the two people they rely on for stability and safety (Young, 2008). Other research by Wolak and Finkelhor (1998) established that abusive behavior has been found to undermine mother-child relationships. It is also generally accepted theory that children's short and long-term development is impacted by exposure to domestic violence (Anderson, 2012).

It is with this baseline research information that the focus group using a psychoeducational model was established. Literature review research indicators portray that mother-child relationships are in peril because of the history of family violence. The key question of this research study was*: Could bibliotherapy and shared books experiences between victims of domestic violence be a positive vehicle for mother-child healing?* Through the group comments and shared experiences of the mothers who are living in this situation, the answer appears to be that shared reading can positively affect damaged relationships between mother and child. Findings from this research project support previously established data related to mother-child attachment and its importance in the family that has experienced domestic violence.

Parenting Challenges with Children's Behaviors

Using the third focus group question: "*What have been the challenges for you and your child(ren) to be able to maintain a positive relationship (?)*",

mothers were open about their struggles with children's behavior issues. Five subthemes arose in response to this discussion as the mothers shared their thoughts with the focus group: acting out behaviors, healthy modeling, bonding with others, misunderstanding, and visits with dad. Focus group findings are directly in correlations with the current research on behavioral issues for children who have experienced domestic violence in their homes.

Again, the behavior concerns were strongly correlated to the ages and developmental stages of the children. Mothers reported assorted levels of "acting out" such as, screaming, kicking, and tantrums. The mothers also shared the need to have healthy modeling of appropriate ways to handle anger available for their children such as, respecting the child's needs or teaching a child to walk away from a potential fight, and finding ways to express anger without violence. Mothers spoke hopefully of their children's need to have other positive adult influences in their lives to assist with the stress of single parenting issues.

Of great concern to the group participants in this study was the level of "misunderstanding" their children faced over the trauma and ramifications of domestic violence. As well, mothers expressed being in a constant quandary over the visitation time the children had to endure with their abuser. Many levels of trepidation were voiced about the dysfunction these visits caused for their children and the outcomes they produced.

A review of the literature found that there are many studies relating domestic violence in the family and behaviors issues of the children involved. In this regard, the literature review and focus group findings were strongly

correlated. Findings from Edelson's (2007) research found that childhood exposure to domestic violence has been associated with significantly more behavioral, emotional, and cognitive problems, as well as adjustment difficulties. Another study by Onyskiw (2003) also found that children exposed to domestic violence have more emotional and behavioral problems, less social and cognitive competence and exhibit more health problems. Yet another study by Buckley (2007) established that mothers themselves revealed that they struggled with their children's behavior after the family left the violent relationship and impacted the mother ability to develop authority and control over her children.

Personal Experiences

The fourth question: "*Do you have any examples of experiences/situations you have had previously that affected your relationship with your children that you would be willing to share (?)*", allowed women to tell their own stories and gain feedback from other group members. This line of questioning appeared to be especially empowering for the participants and also created a bond among group members.

The mothers' comments related to their experiences affecting their mother-child relationships mirrored the literature review in that they viewed positive parenting skills as critical in raising their children. Findings from a study by Samuelson (2012) concurs in reporting that mothers who are caring and supportive, refrain from criticizing, yelling or physically punishing children are more likely to provide an organized and cohesive environment. While other findings from McCluskey's (2010) work with domestic violence clients showed

that mother's interactions with their children and ability to nurture them as appearing "insufficient", while in fact it was not. In actuality it was the collision of biological, psychological, and sociological factors, with the addition of personal trauma that caused the mother to appear insufficient. The focus group research project confirmed this theory.   Focus group comments shared with the participants illustrate that Mothers are capable and sufficient in relating to their children and moreover, they are sincerely trying to repair relationships to the best of their abilities. The impact of family domestic violence has left them to fix the emotional damage done to themselves and their families. Focus group participants shared that this is an arduous task due to family trauma, financial restrictions, and family insecurities.   Findings from this research support previous studies that reviewed common experiences that mothers have faced in their relationships issues with children after the family has experienced domestic violence.

Personal Learning to Share

The fifth and final question: "*What suggestions would you have for mothers who wish to promote a positive connection with their children through reading to their child or generally?"*, provided insights the focus group members could share, after their session on sharing books with children. Mothers who participated in the focus group research project expressed views that individual time with their mother was crucial to the relationship and needed to be adapted to the child's specific needs. Findings were in full support of multiple reviewed research studies that spoke to the power of spending time reading to/with a child.

After the shared reading experience held in the focus group sessions, mothers began to mention the use of reading books to their children. The focus group research involved using the book *The Invisible String*, the story of the invisible yet strong connection between mother and child (Appendix F). Comments such as 'Reading with a child makes them focus on the moment' and 'Reading with a parent is powerful in engagement with your child' began to emerge in the group conversation. The high point of the focus group was when a mother stated:

> *I think that just the act of reading to the child can create a bond, because you know…You're sitting there, they're snuggled up against you, their engaged and you are using your voices. I can imagine how powerful that would be if a parent does that on a regular basis.*

Golding (2006) stated that the power of stories in working with children is that 'these stories are vital tools for helping kids understand some of life's most difficult experiences' (p.3)   and that children who have witnessed violence between adults in their home, need to feel safe, to know that violence is inappropriate, to learn how to express their ager appropriately, to learn to care for themselves, and to know that violence is not their fault. Sharing a book with a safe adult can provide an opportunity for discussion about traumatic events in safe limits. Books can be used to help facilitate dialogue between a parent and a child in a safe and caring environment. The enthusiasm by the focus group for the concept of shared reading appeared to exemplify this possibility for the families involved in the study. Findings support the previously reviewed research reinforcing the strengths of bibiotherapy and shared reading between mother and child in building stronger relationships. As well, the research again supported the

data that mothers have the desire to use strategies to engage with their children after family domestic violence .

Strengths and Limitations

  Strengths. This quantitative study examined the relational challenges that domestic violence brings to the mother-child dyad and the potential of repair through the use of mother-child reading time. A meaningful research project did develop with implications for use with mothers and children who are victims of family domestic violence. Participants in the focus group experience were positive about the possibility of trying book sharing at home, which involved encouraging mothers to spend time reading at home with their children, as a way to reconnect with their children. They recognized it as a powerful way to renew damaged attachments with their children. The research found the focus group with book sharing as the theme to be a possible concept to share with other domestic violence shelters to use in their parenting groups.

  A further strength of this project was the emphasis on the open ended nature of the focus group. Participants were asked to share what works in their families. They were treated and viewed as the experts on relationships with their children. This approach exemplifies the empowerment model at its best. Women were strengthened and the group process expanded their personal list of coping strategies through new ideas shared by other group members who were victims of domestic violence.

  Finally, the mother-child book sharing experience that was the main theme of this project, was introduced to a variety of women with a plethora of family

situations. However, the book sharing strategy is easily conformed to the individual situation each mother was personally in. It added a simple and inexpensive tool to each mother's "toolbox" of ways to reconnect with her children in a loving and nurturing way.

Limitations. There were multiple limitations to this study. The central limitation was the difficulty in gaining program participants from agencies assisting victims of domestic violence. The researcher was met with a good share of resistance by agency directors in their willingness to participate in a research study. The reason for this is unclear, but may be simply the fact of overwork and lack of interest in adding one more responsibility to an already overtaxed non-profit organization schedule. Perhaps with a longer period of time allowed for study in a future endeavor, this limitation could be overcome.

A second limitation was the fact that the ability to fully explore the clinical intricacies of damaged parent/child relationship was somewhat limited due to the Institution Review Board strict adherence to policy that protects the vulnerable client population of victims of domestic violence. IRB policies differ greatly from the domestic violence community in that domestic violence shelters encourage women to speak freely and frankly during group meetings. Within the rules of group confidentiality and safety, domestic violence groups do not control what is appropriate to talk about in the healing journey. The academic rules governed much of the dialogue that was permitted to the researcher while interviewing group participants on the basis of protecting the victims. This strict adherence to policy dampened deeper levels of questioning that may have added

more content to the research. Allowing the true spirit of shared stories and all they entail would encourage the honest acceptance of the real experiences woman have had.

A third limitation to acknowledge is that more cultural diversity in the participating focus group members would have created more comprehensive findings. The hosting agencies in outstate Minnesota were comprised of white, non-Hispanic women almost exclusively. Further exploration in shelters with a more diverse clientele would certainly bring some other perspectives to the study, as it relates to all cultures. This research was unfortunately skewed toward the women who happened to have relationships with the host shelters and in this case was not a cultural mix. A more holistic approach toward gaining diversity in the study participation of the focus group would be ideal. Respecting the reattachment strategies as they relate to domestic violence, in all cultures and their attitudes toward attachment, would bring a benefit to all victims who share this trauma.

Lastly, the seasonal effects of life in Minnesota made promoting group attendance somewhat difficult. Weather is a concern in outstate areas and lead hosting shelter staff to question holding focus groups during the winter months. Unfortunately, this is when the research focus group had to take place to meet graduate school deadlines. Further study on this topic would warrant more opportunities for focus groups year round to make them easier to attend for the participants.

Recommendations for Future Research

Along with the previous research in many areas of domestic violence, there are a variety of ways future research could develop. While there is a large amount of research of the impact of domestic violence, there seems to be little information on specific strategies mothers can use to promote family healing after domestic violence. This study proves that mothers are interested in furthering their skills in this area. However, there needs to be a delivery model in place to assist more women in this journey.

This study focuses on the mothers, their beliefs and experiences related to family domestic violence through maternal eyes exclusively. Future studies should focus on more in depth study of the children themselves. What do they need? How are they feeling? What do the children feel has worked in helping them maintain positive relationships with their mothers? These are the themes we need to know more about in order to assist both the mothers and children in their journeys to find their connections again, in a healthy purposeful way that will meet the needs of mothers and their children.

Lastly, a qualitative research survey of mothers who are victims of domestic violence to establish their needs would be an ideal baseline for creating meaningful programing that is specifically geared toward the mother-child dyad and the healing process. It is through the survivors that we should ask the questions to establish the need for empowering future research in the area of domestic violence.

Implications for Future Social Work Practice

Obviously, domestic violence is a serious problem within our society. Domestic violence shelters and safe houses are of high need for the safety of women and their children. However, programming needs to be broadened to meet the specific needs of families who have been damaged. Programming could then be created with the client(s) in mind and lead toward a more individualized programming within a group model. The ramifications of using the topic of mothers communicating about domestic violence with children in a focus group, with victims connected with a shelter, would be an excellent way to develop pertinent programming to address this need. Women who have been victims have many barriers to reclaiming their lives and leading their families. Indications of the literature and review of shelter programming have shown a void in the area of assistance in the area of damaged family communication for family victims of domestic violence. More research and shelter programming should be developed in the area of helping mother communicate with their children about family domestic violence.

Social workers must be aware of the implications and family stressors related to family violence. (Humphries, Thiara, & Skamballis, 2011). Domestic violence affects all races, cultures, and socioeconomic backgrounds. As a vulnerable and oppressed population in need, victims of domestic violence and their children need to be able to access the appropriate services that will foster empowerment and healing. It is extremely important to recognize the signs and symptoms that women and children exhibit, as well as to have a variety of therapy approaches, assessment tools and conceptual frameworks with which to assist

clients in their journey towards recovery and healthy communication within the family.

Within the practice of social work, clinicians will need to be aware of as many tools as possible to assist domestic violence victims in the Person in Environment (PIE) lense. Each victim and her family are should be considered unique and require specific individualized assistance. As well, the standard theories on domestic violence and practices for empowerment may be effectively implemented. Continued education through workshops and reading are both essential in promoting through clinical work with women and their children.

Conclusion

The current research provided further information on strategies mothers who are victims of domestic violence can use to strength their relationships with their children by using the research model of a psychoeducational focus group. With the incidents of family violence in 2014 being estimated at 5.3 million female victimizations (Center for Disease Control), a large number of women and children are impacted by the trauma of family domestic violence. Helping children and their mothers is a much needed area of concern in today's society.

The knowledge acquired through this study has the ability to promote mother/child bonding through literature as an empowering resource for victims of domestic violence. It is the researcher's hope that helping mothers and children bond through the sharing of children's books after domestic violence will become a focus group theme in all domestic violence shelters.   In this study, the mothers as a focus group, appeared to almost breathe a collective sigh of relief, as if to say

"Ah, finally we have a tool to reach our troubled children. We can do this. There is hope for my family."

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Dear (Name),

Thank you so much for agreeing to be part of my research study. I am a graduate student at the School of Social Work at St. Catherine University/University of St. Thomas. I am writing a clinical research paper of the topic of communication between mothers and children that have experienced family domestic violence.

Your case manager has given me your name because you are a parent and a domestic violence survivor. I will be putting together a focus group where women, such as yourself, can meet with other mothers to discuss reading with children, share children's book selections, and have discussion with other mothers in a focus group. The project will take place on _____, during a one and half hour session at the shelter.

Your interview and initial meeting is completely voluntary. For participating in the focus group you will have the opportunity to share your book experiences with other mothers who have been victims of domestic violence. You will also receive a $10 card to Dairy Queen as a thank you for your participation. I am including a copy of the consent form that you will need to sign if you should decide that you wish to participate in this research study. We will also review the consent form at our first focus group meeting on   Please review the information and contact   , the   shelter director if you have immediate questions. You may also may reach me at dstjostelson@stthomas.edu or 612-978-1222. Dr. Kari Fletcher, faculty chair for this project, is also available to answer questions at flet1660@stthomas.edu or 651-962-5807.
Sincerely,

Debbie Stone Nelson
MSW Candidate and Researcher

Ground Rules for Support Groups

This is a mutual self-help group, not a therapy group. Hopefully, this group will provide emotional, psychological, and moral support for its members. Each of us is encouraged to participate to whatever extent we feel comfortable. The following ground rules facilitate the development of trust in the group and enable us to share our thoughts and feelings with each other.

1. Because confidentiality is essential, we expect that each person will respect and maintain the confidentiality of the group. What is said in the group is not to be repeated or discussed at any other time or place.
2. We are here to share our own feelings and experiences; we try not to give advice.
3. We each share the responsibility for making this group work.
4. We try to accept people, just as they are, and we avoid making judgments.
5. We try to give everyone an opportunity to share.
6. We have the right to speak and the right to remain silent.
7. We give supportive attention to the person who is speaking and avoid side conversations.

CONSENT FORM
UNIVERSITY OF ST. THOMAS

Helping Mothers Communicate With Their Children After Domestic Violence Through Children's Literature

558938-1

I am conducting a study about using shared reading experiences with your children after incidents of domestic violence. I invite you to participate in this research. You were selected as a possible participant because you are a mother and have been involved in family domestic violence. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Debbie Stone Nelson (researcher/graduate student), Dr. Kari Fletcher, (research chair), and the University of St. Thomas Department of Social Work.

Background Information:

The purpose of this study is: To create positive mother/child relationships for victims of domestic violence through the use of parent/child reading of children's literature.

Procedures:

If you agree to be in this study, I will ask you to do the following things: Participate in a focus group discussion about your experiences with parenting roles and your ideas for using shared reading with your child(ren). Watch an example of a shared reading experience and share your ideas for using the strategies with other group members. The discussion will be tape recorded so it can be transcribed, however all participants are anonymous and no names will be associated with the discussion. The discussion will be used as information to promote strategies that victims might use with their children.

Risks and Benefits of Being in the Study:

The study has several risks. First: You will be sharing your private family information with the group, if you wish, Second: Discussing issues may feel uncomfortable. The shelter will have advocates available for you to speak with twenty-four hours a day and you can reach them at _____. You may also reach the National Abuse Hotline twenty-four hours a day at _____, if you feel you need assistance after you leave the focus group session.

The direct benefits you will receive for participating are: the opportunity and experience of participating in a focus group that may help you maintain positive relationship with your child(ren).

Compensation:

You will receive payment: As a thank you for participating, you will receive a $10 gift certificate to Dairy Queen.

Confidentiality:

The records of this study will be kept confidential. In any sort of report I publish, I will not include information that will make it possible to identify you in any way.   The types of records I will create include a tape recording that will remain in my possession in a locked briefcase until it is transcribed to written text on my personal password protected home computer and no one will have access except my research chair/UST faculty (Kari Fletcher) and myself. explain what will happen to each item (where it will be stored, who will have access, when it will be destroyed).   The tape and the written transcript will be destroyed on May 20, 2015.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with this shelter agency or the University of St. Thomas. If you decide to participate, you are free to withdraw at any time up to and until February 28th, 2014. Should you decide to withdraw data collected about you will not be used. You are also free to skip any questions I may ask during the focus group session.

Contacts and Questions

My name is Debbie Stone Nelson. You may ask any questions you have now. If you have questions later, you may contact me at 612-978-1222. My advisor is Dr. Kari Fletcher and she can be reached at 651-962-5807 at the University of St. Thomas You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age.

_____   _____

Signature of Study Participant   **Date**

_____

Print Name of Study Participant

_____   _____

Signature of Parent or Guardian   **Date**
      (If applicable)

_____

Print Name of Parent or Guardian
      (If Applicable)

_____   _____

Signature of Researcher   **Date**

*Domestic Violence Agency Used for Study 24 hour crisis number:

1-800-933-6914

*Other recommended agencies:

National Domestic Abuse 24 hour hotline- 1-800-799-7233

211/First Call for Help:

Minnesota Coalition for Battered Women- 1-800-289-6177

Sexual Violence Crisis Line- 1-800-522-2055

*Counseling Agencies in your area providing walk-in care:

Domestic Abuse Project- 1-866-223-1111

Cornerstone- 952-884-0330

Riverwood Centers- 320-396-3333

*Agencies Providing Assistance in your county: Family Violence Prevention

Administrator – 320-630-2426

24 Hour Crisis Line- 1-866-867-4000

Parenting Assistance that is free or has a low cost program:

Local School district parenting classes through community education

Local School (elementary or secondary)- ask for the school social worker

Parents Without Partners (PWP meetings)- check meetings in your area

Your child's teacher

Places of worship

Teachers' Top 100 Books for Children

National Education Association

The following list was compiled from an online survey in 2007. Parents and teachers will find it useful in selecting quality literature for children.

1. **Charlotte's Web** by E.B. White
2. **Where the Wild Things Are** by Maurice Sendak
3. **The Giving Tree** by Shel Silverstein
4. **Green Eggs and Ham** by Dr. Seuss
5. **Good Night Moon** by Margaret Wise Brown
6. **I Love You Forever** by Robert N. Munsch
7. **Because of Winn Dixie** by Kate DiCamillo
8. **Oh! The Places You Will Go** by Dr. Seuss
9. **The Little House** by Virginia Lee Burton
10. **The Polar Express** by Chris Van Allsburg
11. **Skippyjon Jones** by Judy Schachner
12. **Thank You Mr. Falker** by Patricia Polacco
13. **The Cat In The Hat** by Dr. Seuss
14. **The Lorax** by Dr. Seuss
15. **The Miraculous Journey of Edward Tulane** by Kate DiCamillo
16. **The Mitten** by Jan Brett
17. **Crunching Carrots, Not Candy** by Judy Slack
18. **Don't Let the Pigeon Drive the Bus** by Mo Willems
19. **Harry Potter Series** by J.K. Rowling
20. **A Wrinkle in Time** by Madeleine L'Engle
21. **Alexander and the Terrible, Horrible, No Good Very Bad Day** by Judith Viorst
22. **Are You My Mother?** by P.D. Eastman
23. **Corduroy** by Don Freeman
24. **Lilly's Purple Plastic Purse** by Kevin Henkes
25. **Stellaluna** by Janell Cannon
26. **Tacky the Penquin** by Helen Lester
27. **The Lion, the Witch and the Wardrobe** by C.S. Lewis
28. **The Velveteen Rabbit** by Margery Williams
29. **Chicka Chicka Boom Boom** by Bill Martin Jr.
30. **Click Clack Moo: Cows That Type** by Doreen Cronin
31. **Harold and the Purple Crayon** by Crockett Johnson
32. **Horton Hatches the Egg** by Dr. Seuss
33. **Junie B. Jones** by Barbara Park
34. **Little House in the Big Woods** by Laura Ingalls Wilder
35. **Make Way For Ducklings** by Robert McCloskey
36. **The Phantom Tollbooth** by Norton Juster
37. **Piggie Pie** by Margie Palatini
38. **The Little Engine That Could** by Watty Piper
39. **The Monster at the End of this Book** by Jon Stone
40. **The Tale of Despereaux** by Kate DiCamillo
41. **A Bad Case of Stripes** by David Shannon
42. **Cloudy with a Chance of Meatballs** by Judi Barrett
43. **From the Mixed Up Files of Mrs. Basil E. Frankweiler** by E.L. Konigsburg
44. **Inkheart** by Cornelia Funke
45. **Maniac Magee** by Jerry Spinelli
46. **Officer Buckle and Gloria** by Peggy Rathmann

47. **Olivia** by Ian Falconer
48. **The BFG** by Roald Dahl
49. **The Kissing Hand** by Audrey Penn
50. **The Secret Garden** by Frances Hodgson Burnett
51. **The Sneetches** by Dr. Seuss
52. **The Very Hungry Caterpillar** by Eric Carle
53. **Tikki Tikki Tembo** by Arlene Mosel
54. **A Little Princess** by Frances Hodgson Burnett
55. **Bark, George** by Jules Feiffer
56. **Bunnicula** by James Howe
57. **Charlie and the Chocolate Factory** by Roald Dahl
58. **Charlie the Caterpillar** by Dom DeLuise
59. **Chrysanthemum** by Kevin Henkes
60. **Dear Mr. Henshaw** by Beverly Cleary
61. **Frederick** by Leo Lionni
62. **Frindle** by Andrew Clements
63. **Frog and Toad** by Arnold Lobel
64. **Guess How Much I Love You** by Sam McBratney
65. **Harris and Me by** Gary Paulsen
66. **Harry the Dirty Dog** by Gene Zion
67. **Hop on Pop** by Dr. Seuss
68. **How the Grinch Stole Christmas** by Dr. Seuss
69. **I Love You, Stinky Face** by Lisa McCourt
70. **Is Your Mama A Llama?** by Deborah Guarino
71. **Jan Brett's books**
72. **Knots on a Counting Rope** by Bill Martin Jr.
73. **Little Women** by Louisa May Alcott
74. **Mike Mulligan and His Steam Shovel** by Virginia Lee Burton
75. **Miss Rumphius** by Barbara Cooney
76. **My Father's Dragon** by Ruth Stiles Gannett
77. **My Many Colored Days** by Dr. Seuss
78. **My Side of the Mountain** by Jean Craighead George
79. **No David!** by David Shannon
80. **One Fish, Two Fish, Red Fish, Blue Fish** by Dr. Seuss
81. **Where the Sidewalk Ends** by Shel Silverstein
82. **Stephanie's Ponytail** by Robert Munsch
83. **Swimmy** by Leo Lionni
84. **The Hundred Dresses** by Eleanor Estes
85. **The Boxcar Children** by Gertrude Warner
86. **The Dark Is Rising** by Susan Cooper
87. **The Empty Pot** by Demi
88. **The Five Chinese Brothers** by Claire Huchet Bishop
89. **The Giver** by Lois Lowr
90. **The Grouchy Ladybug** by Eric Carle
91. **The Hobbit** by J.R.R. Tolkien
92. **The Important Book** by Margaret Wise Brown
93. **The Last Holiday Concert** by Andrew Clements
94. **The Napping House** by Audrey Wood
95. **The Quiltmaker's Gift** by Jeff Brumbeau
96. **The Snowy Day** by Ezra Jack Keats
97. **The Story About Ping** by Marjorie Flack
98. **The True Story of the Three Little Pigs** by Jon Scieszka
99. **Tuck Everlasting** by Natalie Babbitt
100. **The Wide-Mouthed Frog: A Pop-Up Book** by Keith Faulkner

Focus Group Agenda

Introductions and IRB approved participant information about study and participation. *5 minutes*

Explanation of study and time for questions. *5 minutes*

Review and signing of participation form. *5 minutes*

Prior to presenting the book sharing model, I will ask these questions of the group: *15 minutes*

1. What do you currently do to maintain positive connections with your child? (describe)

2. How do you talk about the importance of mother-child relationships with your child?

3. What have been the challenges for you and your children to be able to maintain a positive relationship?

4. Do you have any examples of experiences/situations you have had previously that affected your relationship with your child(ren) that you would be willing to share? Examples: behaviors, arguing, tantrums,etc.

Book Sharing with the Group- Book used- *The Invisible String*. Researcher will stop and make comments and direct the discussion of the book and the thoughts it inspires. *10 minutes*

After presenting the books sharing model, I will ask these questions of the group: *30 minutes*

5. Has our parenting session today provided any strategies that you think you might use in the future? (Yes, No, Undecided)

6. If so, what strategies will you try?

7. What suggestions would you have for other mothers who wish to promote a positive connection with their child(ren): (through reading to their children or generally?)

8. Do you have any parting comments for the group?

9. Do you have any parting questions for the group?

Thank you. If you need to discuss anything with me after group, that you need to discuss privately, please let me know.
Participants will receive a $10 Dairy Queen.

Appendix G: Book Summary

The Invisible String By Patrice Karst

"That's impossible", said twins Jeremy & Liza after their Mom told them they're all connected by this thing called an Invisible String. "What kind of string"? They asked with a puzzled look to which Mom replied, "An Invisible String made of love." *That's where the story begins.* A story that teaches of the tie that really binds. The Invisible String reaches from heart to heart. Does everybody have an Invisible String? How far does it reach, anyway? Does it ever go away? Read all about it! THE INVISIBLE STRING is a very simple approach to overcoming the fear of loneliness or separation with an imaginative flair that children can easily identify with and remember. Here is a warm and delightful lesson teaching young and old that we aren't ever really alone and reminding children (and adults!) that when we are loved beyond anything we can imagine. "People who love each other are always connected by a very special String, made of love. Even though you can't see it with your eyes, you can feel it deep in your heart, and know that you are always connected to the ones you love."

Thus begins this heart-warming and reassuring story that addresses the issue of "separation anxiety" (otherwise known as the sense of existential 'aloneness') to children of all ages.

Specifically written to address children's fear of being apart from the ones they love, The Invisible String delivers a particularly compelling message in today's uncertain times that though we may be separated from the ones we care for, whether through anger, or distance or even death, love is the unending connection that binds us all, and, by extension, ultimately binds every person on the planet to everyone else. Parents and children everywhere who are looking for reassurance and reaffirmation of the transcendent power of love, to bind, connect and comfort us through those inevitable times when life challenges us!

Let's tell the whole world know that we are all connected by Invisible Strings!

Adopted by
Military Library Services & Foster Care Agencies

Recommended by
Bereavement Support Groups and Hospice Centers

From Amazon.com