Homeless Young Mothers’ Experiences of their Relationship with their Children: An Interpretative Phenomenological Study

Thesis submitted by

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DECLARATION

I, Trisha Boodhoo, confirm that the research contained within this thesis is my own work and has not been submitted for any other academic award.
HOMELESS YOUNG MOTHERS' EXPERIENCES OF THEIR RELATIONSHIP WITH THEIR CHILDREN: AN INTERPRETATIVE PHENOMENOLOGICAL STUDY

Trisha Boodhoo

THESIS ABSTRACT

Literature Review: There is a common assumption that histories of disadvantage repeat across generations, especially among high risk populations such as adolescent mothers. The first section of this thesis synthesises evidence on the impact of a maternal history of maltreatment on relationship outcomes between adolescent mothers and their children. The review reveals mixed findings, both supporting and challenging intergenerational continuities of negative relationship outcomes among this target group. It indicates the value of moving beyond linear causal explanations to use bolder methodological designs that attend to mediating and moderating processes in the lives of these young women, including the meanings they give to social support. It also highlights the need to shed more light on adolescent mothers' individual experiences, strengths and resilience within the context of adversity.

Research Report: Stigmatising discourses on homelessness and young parenthood, and the predominance of quantitative research studies assessing negative outcomes in these areas present a bleak picture of the fate of homeless young mothers and their children. The current qualitative paper is the first of its kind in the UK to use Interpretative Phenomenological Analysis (IPA) to explore in depth the lived experiences and meanings homeless young mothers give to their relationship with their children. Four overarching time-related themes emerged: ‘no end to losses in the past and the present’, ‘distancing the past to make things right in the present and the future’, ‘living in the challenges of the present’ and ‘facing the future with resilience’. Implications for practice and future research are also discussed.

Critical Appraisal: This third section of the thesis is a reflective account of the challenges, decision-making processes and learning opportunities as experienced by the author throughout this research journey.
ACKNOWLEDGEMENTS

I would like to express my heartfelt thanks to everyone who has contributed in any way in supporting my research journey. I am particularly grateful to the eight participants of this study who so willingly shared their experiences and the profound meanings they attached to their relationship with their children. This research would not have been possible without them. I specially thank all the staff members of participating homeless organisations for their enthusiasm and commitment in facilitating the recruitment process.

The input from my academic and field supervisors has been pivotal to this research. I am thankful to Dr Arabella Kurtz for her invaluable commitment to supporting my personal and professional development in various ways. She helped me ‘step back’ and expand my horizons when I needed it the most. I am also grateful to Dr Vicki Edwards for being a source of inspiration and motivation in my engagement with this research area.

I am truly indebted to my parents in Mauritius for their unfailing emotional and financial support during my clinical training in the UK. I would also like to thank all my well-wishers and friends for believing in me and encouraging me throughout this process.
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**ADDENDA:**

Mandy
Tara
Elena
Sally
Natasha
Gemma
Susan
Jessica

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1 Mandatory appendices

2 Transcripts for research interviews have been provided separately on a CD-ROM.

3 Pseudonyms have been used to maintain anonymity.
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SECTION A: LITERATURE REVIEW

The impact of a maternal history of maltreatment on the relationship between adolescent mothers and their children: A systematic review

(Guidelines to authors of journal targeted for Literature Review available in Appendix A)
LITERATURE REVIEW ABSTRACT

Introduction: Adolescent mothers are generally considered as a high risk group of young people who face complex socio-cultural adversity. They usually experience continuity of poor physical, educational and psychological outcomes for both them and their children. Nevertheless, this target group seemed to have received little attention from the wider research community. The current review aimed to synthesise evidence on the impact of a maternal history of maltreatment on relationship outcomes between adolescent mothers and their children.

Method: Four electronic databases (PsycINFO, Medline, Web of Science and ASSIA) were searched for peer-reviewed journal articles published between 1995 and 2015. Out of a total of 598 articles, 13 were selected for inclusion in the current review on the basis of relevance to the topic and methodological quality.

Results: The review demonstrated mixed support for intergenerational continuity of maltreatment or negative relationship outcomes among adolescent mothers and their children. Adolescent mothers with maltreatment histories were more likely than mothers without such a history to face individual, family and community risks; to display poorer caregiving and attachment behaviours; to have negative parenting attributions and expectations; and to potentially or actually maltreat their children. However, in particular studies some maltreated adolescent mothers displayed resilience by not abusing and neglecting their children. Social support seemed to decrease the likelihood of adverse relationship outcomes, although this varied by type and frequency.

Conclusions: Most of the findings were in line with the current state of knowledge in the literature. Intergenerational maltreatment continuity rates in adolescent mothers’ samples were reported to be much higher than in the general population. However, these results should be interpreted with caution in light of the heterogeneity and methodological weaknesses of the reviewed studies. Limitations of the current review were also highlighted followed by implications for future research and practice.
1. INTRODUCTION

1.1. Background

Over the last few decades, adolescent pregnancy and parenthood have been an ongoing matter of concern in international public health and social policy debates. Every year about 16 million girls aged between 15 and 19 years old give birth and approximately 90 per cent of them are from developing countries reporting high levels of early marriage such as many parts of Asia, sub-Saharan Africa and Latin America (Lloyd, 2005). In the developed world, the United States (US) had the highest rate of teenage births followed by the United Kingdom (UK), which topped the list in Western Europe (United Nations Children’s Emergency Fund (UNICEF), 2001). A cross-cultural review highlighted that attitudes towards teen motherhood in developing and developed societies were less influenced by maternal age, but more so on mothers’ relative developmental maturity and availability of support networks around childcare, which were more prevalent in traditional and collectivist contexts (Kramer & Lancaster, 2010).

Adolescent mothers are known to face complex and challenging social circumstances such as poverty, homelessness, different forms of maltreatment, substance misuse and lack of social support (National Collaborating Centre for Women’s and Children’s Health (NCCWCH), 2010), which then feed into cycles of socio-economic disadvantage (Swann et al., 2003). A large proportion of those mothers and their children are reported to experience childhood abuse, single parenthood, social isolation, low educational achievement and exposure to unsafe neighbourhoods (Leadbetter & Way, 2001; Meade et al., 2008).

1.2. What is currently known on relationship outcomes among adolescent mothers and their children?

Adolescent parenthood has generally been associated with poor physical, social, educational, mental health and relationship outcomes for both the parents, especially the mother, and their children (Duncan et al., 2010; Jutte et al., 2010; UNICEF, 2001). Some researchers found that, compared to adult mothers, young mothers display less flexibility, sensitivity, patience, affection and empathy towards their children (Goldman & Salus, 2003; Slack et al., 2004; Sommer et al., 1993; Stier et al., 1993), and they are more likely to abuse their children (Dhayanandhan et al., 2015). These studies and other conceptual frameworks on adolescent development (Dahl, 2004) propose that young
mothers might be less cognitively mature, and more overwhelmed in facing the dual challenges of their own development and that of their children.

One of the most commonly researched relationship outcomes between parents and their children is intergenerational maltreatment. The view that maltreated children are likely to become maltreating parents is widely accepted by many professionals and the general public. A recent report suggested that in 2013/14 nearly half of the children identified to be in need of support from a public authority in England and Wales were due to abuse or neglect (Jutte et al., 2015). So far there exists no single database that can provide reliable national child maltreatment estimates in the UK (Harker et al., 2013). In the US, the national prevalence rate of supported child maltreatment cases in 2014 was 9.4 per 1000 children, with infants under 12 months being the most vulnerable (US Department of Health and Human Services (USDHHS), 2014). According to this report, neglect was the most common form of maltreatment (75%) followed by physical abuse (17%) and sexual abuse (8.3%). Parental figures, mainly mothers, were more likely to be reported as the perpetrators than non-parental figures (USDHHS, 2014).

Over the past two decades, the intergenerational literature seems to have moved beyond linear causal explanations of child maltreatment. Many researchers have expanded their focus to considering the compounding factors that impede young mothers’ ability to provide adequate care to their children. Belsky (1993) proposed a developmental-ecological model in studying the etiology of child maltreatment, in that interactions among multiple levels – individual, family, community and broader cultural and ecological contexts – can better explain the processes underlying intergenerational abuse and neglect. This theoretical framework has been extensively used and adapted by many studies investigating the phenomenon of child maltreatment among adolescent mothers (e.g. Bartlett & Easterbrooks, 2012, 2015; Lounds et al., 2006; Valentino et al., 2012). In addition, attachment models aid in understanding maltreatment cycles, in that the quality of maternal childhood care, both positive and negative, seems to affect mothers’ own parenting styles and behaviours (Ainsworth & Wittig, 1969; Bowlby, 1977).

Although there is considerable support for the cycle of maltreatment hypothesis, a systematic review pointed out that many maltreatment studies have methodological weaknesses, and that the more robust studies report mixed findings (Thornberry et al., 2012). There is growing evidence that, despite histories of maltreatment and other disadvantages, some adolescent mothers do not carry on maltreating their children.
(Easterbrooks et al., 2011; Egeland, Jacobvitz et al., 1988; Whitman et al., 2001). In addition, based on US national estimates, young parents between the age of 18 and 24 years were slightly less likely than adult parents aged between 35 and 44 years, and significantly less likely than 25- to 34-year olds, to abuse and neglect their children (USDHSS, 2014). The examination of mediating and moderating mechanisms of both intergenerational continuities and discontinuities of risks using stronger study designs is being increasingly recommended in research (Kaufman & Zigler, 1987, 1989; Rutter, 1987, 1998). Researchers have emphasised recognition of individual variations in people’s reactions to stress and adversity, including psychosocial resilience, especially at key turning points in their lives (Egeland, Carlson et al., 1993; Rutter, 1987).

1.3. **Rationale and aims of the current review**

Only two previous reviews which critically evaluated studies on the mother-child relationship in the context of experiences of maltreatment and negative relationship outcomes were identified (Records, 2007; Thornberry et al., 2012). None of them focussed specifically on adolescent mothers with maltreatment histories, although one paper had systematically reviewed 47 studies out of which three included mothers under the age of 21 (Thornberry et al., 2012). These reviews have not paid particular attention to mediating and moderating factors reported in the literature. In an attempt to address these identified gaps in the evidence base, the current review concentrates on the following three questions:

1. What is reported in the international literature over the past two decades on the impact of a maternal history of maltreatment among adolescent mothers on relationship outcomes with their children?
2. Are there other factors that interact with a history of maternal maltreatment to influence relationship outcomes between adolescent mothers and their children?
3. How might these research findings inform future research and services targeted for adolescent mothers with a history of maltreatment and their children?
2. METHOD

2.1. Search strategy

An initial scoping search was carried out in October 2015 to determine the range of literature on the adolescent mother-child relationship in the context of maltreatment and poor care experiences. This area appeared to be of interest to a variety of disciplines, mainly medicine, psychology, nursing and sociology. The search strategy for the present review was then implemented as detailed in Appendix B. Four databases, namely PsycINFO, Medline, Web of Science and Applied Social Sciences Index and Abstracts (ASSIA), were searched using the same combination of terms relevant to the review’s questions. Searches were limited to peer-reviewed journal articles published in English. Articles obtained seemed to predominantly use quantitative methodologies.

Only papers published between January 1995 and November 2015 were searched. The year 1995 was chosen based on the publication of a paper which was the ‘first prospective study to use an ecological model of child abuse and neglect’ (Kotch et al., 1995, p.1124), and which identified other predisposing and moderating factors in a cohort of low-income mothers, including adolescent mothers, and their children.

2.2. Inclusion and Exclusion Criteria

In total, 598 articles were retrieved from the database searches. Forty-seven duplicate papers were removed using RefWorks, an online reference manager program. After screening titles and abstracts for relevance, 539 studies were excluded for one or more of the following reasons:

- They were review articles or qualitative studies.
- They assessed the effectiveness of parenting or intervention programmes for adolescent mothers.
- The participants did not include adolescent mothers.
- Some studies which included adolescent mothers did not distinguish between this group and other groups of mothers in their final sample and analyses.

Out of the 25 full-text articles retrieved, 12 met the inclusion criteria for the present systematic review:

- They used quantitative methodologies.
- They included adolescent mothers who gave birth for the first time by the age of 21 years old.
• Adolescent mothers were differentiated from other comparable groups (if any) in the final samples and/or statistical analyses.
• The studies assessed at least one aspect of a history of maltreatment among adolescent mothers.
• The studies measured at least one relationship outcome between adolescent mothers and their children.

Among six potentially relevant studies identified through searching reference lists and forward citations, only one met the inclusion criteria. A final count of 13 studies is reviewed in the current paper. Of note, the current review contains two studies (Lounds et al., 2006; Zuravin et al., 1996) already used in a previous review (Thornberry et al., 2012). They were not excluded because of the present paper’s specific focus on adolescent mothers with maltreatment histories and the paucity of studies within this population. A flow diagram summarising the process of study selection is provided in Appendix C.

2.3. Data Extraction and Quality Assessment

Relevant information on the aims, methodology, analyses and key findings of the 13 included studies were extracted using the pro-forma provided in Appendix D. The studies’ quality was evaluated using a checklist of 12 methodological areas as given in Appendix E. This list was adapted from a quality appraisal tool (see Appendix F) developed by Downs and Black (1998), which was found to be valid and reliable both when used with randomised and non-randomised quantitative studies. The reviewer’s overall ratings of the studies ranged from 67 to 92 per cent, indicating an overall moderate to good quality. However, it is acknowledged that the use of an overall rating might conceal basic methodological flaws of apparently good quality studies. These are addressed later in the discussion section when appraising the studies’ findings.

2.4. Data Analysis

A meta-analysis was considered to be unsuitable because of the methodological variations of the included studies. A ‘narrative synthesis’ (Booth et al., 2012, p.146) approach including tables was therefore used to summarise the research findings, and describe their heterogeneity, strengths and limitations.
3. RESULTS

The 13 studies included in the current review were all published in the period from 1996 to 2015. Eleven of them were conducted in the US, one in the UK and one in Spain. The samples used in all studies contained adolescent mothers, either as their only participants or in comparison with other groups of mothers. Adolescent mothers’ ages at the birth of their first child were all under 21 across the 13 studies. The papers all reported at least one way of assessing the presence of a maternal history of maltreatment and focussed on at least one relationship outcome between adolescent mothers and their children. Tables 1 to 5 in Appendix G provide summaries of the key characteristics, measures and findings of the 13 studies. The following sections present a narrative synthesis of the key findings on intergenerational continuities and discontinuities; other factors interacting with maternal maltreatment histories to influence relationship outcomes; and how maternal histories and adolescent mother-child relationship outcomes were assessed.

3.1. Evidence regarding continuity and discontinuity of a cycle of maltreatment or negative relationship outcomes between adolescent mothers and their children

Different forms of child maltreatment including abuse, neglect or both were found to be the most common relationship outcomes studied among adolescent mothers with a maltreatment history and their children across the 13 papers. A few studies also focused on negative relationship outcomes such as perceived relationship difficulties or poor quality of adolescent mother-child interactions. Five papers found evidence both for and against an intergenerational continuity of maltreatment or negative relationship outcomes. Five studies reported evidence solely in support of this continuity, while three other studies found no significant results. The studies’ findings are categorised below into those supporting and not supporting an intergenerational continuity of maltreatment or negative relationship outcomes.

3.1.1. Evidence for intergenerational continuities

Ten of the 13 included studies reported results supporting intergenerational continuity of maltreatment or negative relationship outcomes among children born to adolescent mothers. Eight papers focused on the intergenerational continuity of maltreatment only (Bartlett & Easterbooks, 2012, 2015; Bartlett et al., 2014; Dixon et al., 2005; Easterbrooks et al., 2011; MacKenzie et al., 2011; Putnam-Hornstein et al., 2015; Valentino et al., 2012). They found that adolescent mothers with a history of at least one type of maltreatment were more likely to have children who experienced at least one
form of maltreatment than adolescent mothers with no such history. In all these studies except one (Putnam-Hornstein et al., 2015), mothers were reported as the main perpetrators of child maltreatment. Only one paper also included non-parental perpetrators, but did not specify who they were (Bartlett & Easterbrooks, 2012). Child neglect was the most common form of maltreatment reported (Bartlett & Easterbrooks, 2012, 2015; Bartlett et al., 2014; Easterbrooks et al., 2011; MacKenzie et al., 2011). One study proposed that the cases of substantiated maltreatment among children before the age of five was three times more likely among adolescent mothers with a substantiated maltreatment history than among mothers lacking such a history (Putnam-Hornstein et al., 2015).

Two studies highlighted that a history of less positive care from primary caregivers also increased the odds of mothers neglecting their children (Bartlett & Easterbrooks, 2012; Bartlett et al., 2014). Maternal childhood histories of physical abuse and less positive care together accounted for 29 per cent of variance in child neglect (Bartlett & Easterbrooks, 2012). When controlling for other risk factors in their study, MacKenzie et al. (2011) observed that a maternal history of abuse significantly predicted child maltreatment by children’s fourth birthdays.

Relationship outcomes other than reported child maltreatment were used by two studies. One of them found that adolescent mothers’ history of maltreatment had a significant association with their perceptions of relationship difficulties with their children (Milan et al., 2004). The other study reported that mothers’ neglect histories significantly predicted nine per cent of the variance in their potential to neglect their children (Lounds et al., 2006).

3.1.2. Evidence against intergenerational continuities

Eight studies proposed findings which did not support an intergenerational continuity of maltreatment or negative relationship outcomes among adolescent mothers and their children. It is noteworthy that five of them presented results both for and against the intergenerational hypothesis (Bartlett & Easterbrooks, 2012, 2015; Bartlett et al., 2014; Easterbrooks et al., 2011; Valentino et al., 2012). Results of three studies showed that three quarters (Bartlett & Easterbrooks, 2012, 2015) and half (Valentino et al., 2012) of the adolescent mothers with a maltreatment history in their samples did not abuse or neglect their children. Another study reported that about 11 per cent of their sample clustered into a ‘resilient’ (Easterbrooks et al., 2011, p.46) group of mothers with high family and ecological risks, including abuse and poor caregiving histories, who did not maltreat their children. Bartlett et al. (2014) did not find any significant results
predicting an increased risk of infant neglect due to a maternal history of neglect or other maltreatment.

Three papers only presented evidence for an intergenerational discontinuity of maltreatment or negative relationship outcomes. Zuravin and Diblasio (1996) found that children who were abused or neglected were not more likely than non-maltreated children to have mothers with abuse or neglect histories respectively. One study found no interaction between childhood memories of severe physical punishment with physical damage and emotional withdrawal, and adolescent mothers’ potential to abuse their children (De Paul & Domenech, 2000). Another study reported that mothers with abuse histories were not significantly different from non-abused mothers on the observed interactional quality of their relationship with their children (Lesser & Koniak-Griffin, 2000).

3.2. Other factors known to interact with a maternal history of maltreatment to influence adolescent mother-child relationship outcomes

As outlined below, six out of the 13 studies suggested other risk, mediating or moderating factors in combination with a maternal history of maltreatment that affected relationship outcomes between mothers and their children.

3.2.1. Risk factors

Three papers highlighted additional risk factors that influenced relationship outcomes between adolescent mothers and their children. Dixon et al. (2005) found that a maternal age of 21 years at first child birth and a maternal history of abuse together significantly predicted child abuse and neglect, accounting for 53 per cent of the total effect. Zuravin and Diblasio (1996) observed that maternal experiences of having lived with different caretakers in childhood and having been in trouble with the law distinguished abusive adolescent mothers from non-maltreating counterparts. The authors also compared neglectful and non-maltreating mothers and found that having a mother with emotional problems and preferring to be alone in childhood discriminated between these two groups. Furthermore, Valentino et al. (2012) proposed that mothering styles characterised by low control and high warmth, and children’s increased exposure to community violence were both associated with intergenerational continuity of abuse among adolescent mothers and their children.
3.2.2. Mediating factors

Two studies found variables which increased the likelihood of maltreated adolescent mothers to maltreat their children compared to non-maltreated adolescent mothers. Dixon et al. (2005) reported that negative attributions and unrealistic expectations of children’s behaviours, and poor quality of caregiving partially mediated the intergenerational continuity of maltreatment. Milan et al. (2004) found that the adolescent mothers’ perceived relationship with their caretaker and prenatal feelings about motherhood mediated the association between a maltreatment history and the quality of the relationship between the mothers and their infants, accounting for 15 percent of the variance.

3.2.3. Moderating factors

Three studies proposed mixed findings on social support, when hypothesised as a moderating variable which decreased the likelihood of intergenerational continuity of maltreatment or negative relationship outcomes. Bartlett and Easterbrooks (2015) found that frequent social support was associated with higher levels of empathy towards children among adolescent mothers with neglect histories. Interestingly, in this study’s sample younger maternal age was found to be a moderating factor too. Milan et al. (2004) reported that adolescent mothers with the highest levels of childhood physical abuse who also had high partner support did not have more mother-child relationship difficulties than non-maltreated mothers.

The characteristics of a ‘resilient’ group of mothers in another study (Easterbrooks et al., 2011, p.46) highlighted other types of support which could moderate a cycle of maltreatment. Compared to mothers with no maltreatment history, ‘resilient’ mothers were less likely to rely on housing support from parental figures and had lower amounts of caregiving and emotional support from their own mothers. In comparison to maltreated mothers who abused or neglected their children, this ‘resilient’ group had more frequent contact with their broader social networks. Nevertheless, those mothers who broke the cycle of maltreatment were found to have higher depressive symptoms than mothers with no maltreatment history.

3.3. How a history of maltreatment among adolescent mothers was assessed

Out of the 13 articles, 10 relied only on retrospective self-report measures to assess a maternal history of maltreatment including abuse, neglect or both. Two studies solely used official state-wide child protective services’ (CPS) maltreatment records and
another paper combined this data with adolescent mothers’ self-reports of their parents’ attitudes. All the measures used in the studies are listed in Table 3 in Appendix G. Only two papers specified participants’ mothers as the main perpetrators of maltreatment (Bartlett & Easterbrooks, 2012; Easterbrooks et al., 2011). The remaining articles did not report or differentiate between parental and non-parental perpetrators. There was notable variation in the timeframe of maltreatment reports across studies, which ranged from adolescent mothers’ birth to one year following the birth of their own child (see Table 4 in Appendix G).

Adolescent mothers’ reports of different forms of childhood abuse, neglect and poor parental care were assessed in varied ways across 10 selected papers of this review. Three studies (Lesser & Koniak-Griffin, 2000; MacKenzie et al., 2011; Milan et al., 2004) measured adolescent mothers’ childhood experiences of physical maltreatment using the Conflict Tactics Scale (CTS; Straus, 1979). The CTS contains items indicating a range of non-abusive and abusive adult-to-child acts of physical violence such as being slapped or stabbed. These authors adapted the CTS to measure the presence or absence of physical abuse (Lesser & Koniak-Griffin, 2000), its degree of severity (MacKenzie et al., 2011; Milan et al., 2004) and its frequency (Milan et al., 2004). Two studies (Bartlett & Easterbrooks, 2012; Easterbrooks et al., 2011) employed a later version of the CTS, the Conflict Tactics Scale – Parent-child version (CTS-PC; Straus et al., 1998), which focused on childhood incidents related to psychological and physical abuse from primary caretakers. Another study employed the Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998) and indicated separately the presence or absence of a maternal history of physical, sexual and emotional abuse (Valentino et al., 2012).

In terms of neglect, only one study (Lounds et al., 2006) assessed adolescent mothers’ recollection of being deprived of their emotional, cognitive, supervision and physical needs by their parents using the Neglect Scale (NS; Straus et al., 1995), complemented with a social desirability measure. Moreover, poor quality of parental care including perceptions of neglectful behaviours from caregivers was assessed by the Parental Bonding Instrument (PBI; Parker et al., 1979) in three studies (Bartlett & Easterbrooks, 2012; Bartlett et al., 2014; Easterbrooks et al., 2011). Instead of using questionnaires, one study employed an open-ended self-report approach, the Maternal History Interview (MHI; Altemeier et al., 1994), where adolescent mothers were asked questions about their memories of physical abuse and emotional withdrawal in childhood.
(De Paul & Domenech, 2000). All the above-mentioned standardised measures were reported to have adequate reliability and validity in their respective studies.

Nevertheless, a few studies relied on less robust self-report assessments. Two papers evaluated the presence or absence of abuse or neglect in maternal histories using unstandardised dichotomous questions (Dixon et al., 2005; Zuravin & Diblasio, 1996). Two other studies directly asked mothers about their memories of childhood sexual incidents (Lesser & Koniak-Griffin, 2000; MacKenzie et al., 2011).

Regarding official CPS data, three studies used substantiated and/or unsubstantiated records of physical abuse, sexual abuse or neglect to determine the presence of a maternal maltreatment history (Bartlett & Easterbrooks, 2015; Bartlett et al., 2014; Putnam-Hornstein et al., 2015). Only one of them limited its data to substantiated CPS reports (Putnam-Hornstein et al., 2015).

3.4. How adolescent mother-child relationship outcomes were assessed

Among the 13 studies, eight used official CPS records of maltreatment to assess relationship outcomes between adolescent mothers and their children. Nine studies relied on single measures including either CPS data, maternal self-reports or clinicians’ observations. Four papers instead used different combinations of those measures. Except one study (Putnam-Hornstein et al., 2015), all papers specified the adolescent mother as being the main perpetrator of child maltreatment. The timeframes for maltreatment reports and poor care data varied widely from children’s birth to their 18th birthdays. The forms of maltreatment reported also differed among studies. Tables 3 and 4 in Appendix G summarise the outcome measures and child maltreatment information for each study.

3.4.1. Studies involving CPS data

Four papers focussed on state-wide CPS records as their main source of data for assessing child maltreatment. Three of them used both substantiated and unsubstantiated records (Bartlett & Easterbrooks, 2012; MacKenzie et al., 2011; Putnam-Hornstein et al., 2015), while one study only used substantiated cases of maltreatment by mothers (Easterbrooks et al., 2011). It is of note that, in one study (Putnam-Hornstein et al., 2015), substantiation of CPS records was conducted by only one CPS investigator.

CPS data in combination with other measures were used by four studies. Two studies used both substantiated state-wide CPS maltreatment information and the Adult-Adolescent Parent Inventory-2 (AAPI-2; as cited in Bartlett & Easterbrooks, 2015;
The AAPI-2 is a standardised self-report questionnaire, known to have good reliability and validity, which assesses parent’s attitudes and beliefs towards their children’s developmental needs, feelings and behaviours. Another study used a rating scale applied to CPS data to differentiate between mothers with no child maltreatment reports, and mothers who had maltreated their children, before the mothers turned 20 years old (Zuravin & Diblasio, 1996). Moreover, in addition to CPS referrals of suspected or actual maltreatment, Dixon et al. (2005) measured mothers’ attributions and expectations of infant behaviour. They also used clinicians’ observational ratings of caregiving quality and early attachment behaviour and the internal consistencies of these behavioural indicators varied over a wide range from .59 to .89. Among these eight studies involving CPS data, only two focussed on child neglect (Bartlett & Easterbrooks, 2012, 2015) and the rest did not differentiate among maltreatment subtypes.

### 3.4.2. Maternal self-reports and observational measures

Three studies used self-report measures to assess mothers’ perceptions of their relationship with their children. Two of these papers (De Paul & Domenech, 2000; Lounds et al., 2006) used adapted versions of the Child Abuse Potential Inventory (CAPI; Milner, 1986) to assess adolescent mothers’ risk for physically abusing their children. Higher scores suggested an increased risk for child physical abuse as characterised by high parental distress, rigidity, unhappiness and conflicts within the family. De Paul and Domenech (2000) collected this data from adolescent mothers at four follow-ups over 18 months, while Lounds et al. (2006) did so when the children turned three and five years respectively. The latter study (Lounds et al., 2006) also used the Mother-Child Neglect Scale (Lounds et al., 2004) to assess mothers’ potential of being unresponsive and neglectful towards their children by their eighth birthdays. Both these papers argued that CPS data underestimate the actual extent of maltreatment and that the focus on abuse or neglect potential might address this gap.

Milan et al. (2004) developed a measure of mother-infant relationship difficulty which included items about parenting stress and perceived competence, and negative evaluations of parent-child interactions reported six months following child birth. In contrast, Valentino et al. (2012) was the only study in this review to have assessed children’s perceptions on their own abuse at the age of 18, using the same measure, CTQ (Bernstein & Fink, 1998), administered to their mothers.

In relation to observational measures, two studies (Lesser & Koniak-Griffin, 2000; Lounds et al., 2006) video recorded mother-child interactions during structured
play tasks. They rated relationship quality in terms of dimensions such as control, affection and stimulation using the Nursing Child Assessment Teaching Scale (Koniak-Griffin et al., 1992) and Maternal Interaction Scale (Sommer et al., 1993) respectively. These assessments were performed by trained staff member in both papers. The authors of one study specifically documented their inter-rater agreement, blinding procedures, and the reliability and validity of the scales used (Lounds et al., 2006). They also assessed children’s attachment styles at age one using the Strange Situation procedure (Ainsworth & Wittig, 1969).
4. DISCUSSION

The main aim of this review was to synthesise evidence on the impact of adolescent mothers' histories of maltreatment on their relationship with their children. Other risk, mediating and moderating factors, which were found to interact with maternal childhood maltreatment and poor caregiving experiences and to affect adolescent mother-child relationship outcomes, were also included. The following sections summarise and discuss the review's key findings and methodological issues. The limitations of the current review are then considered, followed by implications for future research and practice.

4.1. Summary and discussion of key findings

The predominance of child maltreatment as the most common relationship outcome among adolescent mothers and their children in the present review's studies reflected the available literature on maltreatment cycles across generations (Dhayanandhan et al., 2015; Kaufman & Zigler, 1987; Rutter, 1987, 1998; Thornberry et al., 2012). Ten studies reported findings supporting the continuity of maltreatment or negative relationship outcomes. The adolescent mothers who were maltreated or received poor care in their childhood were more likely than their non-maltreated counterparts to abuse or neglect their children, to display poor quality of caregiving, and to perceive more relationship difficulties between them and their children. Two studies reported the prevalence of intergenerational continuity of maltreatment in their samples of adolescent mothers as 44 per cent (Bartlett & Easterbrooks, 2012; Putnam-Hornstein et al., 2015), which was much higher than the average national US child maltreatment rate of 0.94 per cent (USDHHS, 2014).

These findings seem to align with a general recognition that adolescent mother populations are a high risk group with a tendency towards adverse outcomes among their children (Duncan et al., 2010; Goldman & Salus, 2003; Jutte et al., 2010; Leadbeater & Way, 2001; Meade et al., 2008; NCCWH, 2010; Stier et al., 1993; Swann et al., 2003; UNICEF, 2001). Nevertheless, many studies in the current review challenged linear causal explanations and identified different ecological factors at individual, family and community levels (Belsky, 1993), which combined with maternal poor care histories and contributed to intergenerational maltreatment and negative relationship outcomes among adolescent mothers and their children. Some examples were mother’s preference to be alone as a child, living with different carers and being in trouble with the law. It was also found that adolescent mothers’ negative feelings and attributions, regarding their own caregiving and their children’s behaviours, mediated
these cycles (Dixon et al., 2005; Milan et al., 2004). Both attachment (Ainsworth & Wittig, 1969; Bowlby, 1977) and developmental explanations (Dahl, 2004; Sommer et al., 1993; Dhayanandhan et al., 2015) support these findings in terms of understanding the influence of early disruptive caregiving experiences on the adolescents’ negative appraisals regarding motherhood and their lack of cognitive preparedness to parent.

In contrast, eight studies found support for intergenerational discontinuity, reporting on a significant number of maltreated adolescent mothers who did not abuse, neglect or provide poor care to their children. Three studies, including two randomised controlled trials (RCTs), suggested maltreatment discontinuity rates ranging from 68 to 77 per cent (Bartlett & Easterbrooks, 2012, 2015; Bartlett et al., 2014). Another study found a cluster of adolescent mothers who appeared to show resilience by not perpetuating maltreatment in the context of high family and ecological risks (Easterbrooks et al., 2011). These results corroborate the growing body of empirical (Egeland, Jacobitz et al., 1988; Whitman et al., 2001) and statistical (USDHSS, 2014) evidence challenging the cycle of maltreatment hypothesis. It is possible that these mothers might be consciously attempting not to repeat their own maltreatment experiences with their children (Kaufman & Zigler, 1989). First-time parenthood could also be acting as a positive key turning point for these young women and promoting their psychosocial resilience in the context of adverse circumstances (Egeland, Carlson et al., 1993; Rutter, 1987).

Three studies in the current review found that higher partner support, lower parental support and more frequent access to broader social networks moderated the cycle of maltreatment and poor relationship outcomes among adolescent mothers and their children. However, these studies did not consistently investigate the type, frequency and dependability of these sources of support. It is noteworthy that less support from parental figures seemed to be associated with discontinuity of maltreatment among some resilient adolescent mothers. In light of the study which proposed this finding (Easterbrooks et al., 2011), it could be possible that these young women experienced a higher sense of parental autonomy and less stress outside potentially conflictual parental relationships (Buckingham-Howes et al., 2011; Larson, 2004). However, the study’s participants were all beneficiaries of a home visiting program whose effects were not controlled in the analyses. This might have facilitated mothers’ access to wider sources of support resulting in a lower dependence on parental support. Moreover, the resilient mothers also reported depressive symptoms, which might suggest that managing their
dual roles with limited support could be detrimental to their own psychological wellbeing (Easterbrooks et al., 2011).

It is important to mention that five studies of moderately good quality presented results both for and against the intergenerational hypothesis (Bartlett & Easterbrooks, 2012, 2015; Bartlett et al., 2014; Easterbrooks et al., 2011; Valentino et al., 2012). This was similar to a previous systematic review which observed that more methodologically robust studies reported mixed findings on the cycle of maltreatment (Thornberry et al., 2012). It is plausible that the increased emphasis on mediating and moderating mechanisms (Kaufman & Zigler, 1987, 1989; Kotch et al., 1995; Rutter, 1987, 1998) within broader ecological frameworks has promoted the emergence of more nuanced explanations on this multi-faceted phenomenon.

4.2. Summary and discussion of methodological issues

All the above-mentioned findings should however be interpreted with caution in light of the key methodological issues identified among the included studies, as discussed in the following sections.

4.2.1. Operationalisation of terms

There was considerable variability in how maltreatment and relationship outcomes were conceptualised across the selected studies. Some papers focussed only on abuse, some on neglect and others on both. Very few studies using CPS data differentiated between substantiated and unsubstantiated maltreatment. Physical and sexual abuse were most commonly assessed in maternal histories. In line with official reports (USDHHS, 2014), neglect was most popularly investigated among children. Maltreatment subtypes, severity, frequency and complexity were not routinely provided in the included studies, except in one paper (Valentino et al., 2012). All studies focused on mothers as the only perpetrators, and very few studies additionally looked at other parental or non-parental perpetrators.

4.2.2. Assessment of maternal maltreatment history

There was an over-reliance on the use of self-report methods in assessing a maternal history of maltreatment across most studies. Mothers’ responses could have been affected by biased (Zeitlin & McNally, 1991) or no recall (Williams, 1984) of maltreatment or traumatic incidents; or an unwillingness to disclose such information. Many adolescent mothers across the studies were interviewed in their own homes and their answers could have been influenced by the presence of their children, partners or
family members. Only one study controlled for social desirability (Lounds et al., 2006) when assessing maternal reports on childhood neglect. Although questionnaires are considered as objective measures, they obviously limit the possibility of capturing mothers’ lived experiences. One study attempted to use an open-ended question format with mothers (De Paul & Domenech, 2000), but responses were eventually categorised into different maltreatment types. Only one RCT study used a combination of official maternal maltreatment records and self-report measures on poor caregiving (Bartlett et al., 2014). Many studies in the current review used adapted versions of standardised questionnaires and did not commonly report their internal consistencies, thus limiting the reliability of their findings.

4.2.3. Assessment of relationship outcomes

In more than half of the studies in this review, the measurement of child maltreatment was based on CPS records. This method has the advantages of being reliable, objective, available through official sources, and less affected by response bias and loss of participants. However, CPS data is influenced by the under-reporting of less severe cases, which might not easily come to the attention of authorities. Substantiation by only one CPS investigator in a study (Putnam-Hornstein et al., 2015) raises questions on the reliability, validity and the level of bias in this procedure. When CPS data were used in combination with other self-report and observational measures (e.g. Dixon et al., 2005), this seemed to produce results of better quality, which can provide a more informed understanding of adolescent mother-child relationship outcomes.

4.2.4. Study procedures

Firstly, most of the studies in this review had relatively small sample sizes, besides a population-level longitudinal study which included a sample of 85,084 adolescent mothers (Putnam-Hornstein et al., 2015). This might have influenced the statistical power of the studies and explained why 11 studies did not report effect sizes between a history of maternal maltreatment and relationship outcomes with the children. In addition, information about the identity, professional background and level of training of interviewers were not consistently stated across studies.

In general, mothers were categorised based on whether or not they had a maltreatment history. With the exception of the two RCTs in this review (Bartlett & Easterbrooks, 2015; Bartlett et al., 2014), studies had used non-randomised allocation to assign participants to different groups without controlling effects of the intervention programs mothers benefited from. These papers’ findings might have been affected by
unacknowledged or unidentified confounding factors. Twelve of the studies used prospective longitudinal designs. Although this methodology decreases reliance on retrospective information, it is largely affected by loss of responses and participants over time. Some statistical procedures were used by a few studies to treat missing cases by deleting or replacing them with average values in the main analyses, and to improve the normality of their data so that most scores were likely to be distributed around the samples’ means (Field, 2009). Despite these, the studies’ conclusions remain questionable. Another issue which limited comparisons among studies was the use of varied time frames for assessing maternal maltreatment history and relationship outcomes. In addition, one study did not consider practice effects associated with administering the same measures to the same participants over time (De Paul & Domenech, 2000).

4.2.5. Generalisability

Although searches for this review were not restricted to any specific country, the majority of relevant studies were based in the US. This raises questions on the generalisability of these studies to other Western countries and non-Western societies. Participants were also mainly recruited from health care centres, educational settings, home visiting programmes or other state-wide projects, and were therefore not representative of the wider population. This procedure missed out on more at-risk or hidden populations of adolescent mothers who did not access those services.

4.3. Limitations of the current review

Although this review provides a comprehensive account of intergenerational research among adolescent mothers and their children, it has some key limitations. Firstly only studies published in the years 1995 onwards were included. Secondly, searching for publications in four databases does not necessarily represent the wider literature available on the review’s topic in other search engines. Publication bias was also present in selecting articles published in English only. Thirdly the heterogeneity in aims, sampling, methods and analyses of the included studies made it difficult to compare among them. Finally, due to constraints of time and resources, the literature search, selection and quality appraisal of the included studies were conducted by a single reviewer. Although these processes were performed under academic supervision, it cannot adequately mitigate the potential for subjective bias.
4.4. Implications for future research and practice

Despite the methodological limitations of the included studies and the current review, this report's key findings can still point to possible avenues for future research and service considerations. The prime focus on maltreatment among adolescent mothers might overshadow other relationship outcomes between them and their children. More methodologically robust studies (large-scale longitudinal prospective designs including randomised controlled trials; matched comparison groups; combined assessments including official records, self-report and observational measures; multiple informants for maltreatment incidents) can aid in understanding other indicators of this relationship.

The use of ecological, developmental and attachment frameworks are encouraged to expand knowledge on moderating and mediating mechanisms which affect intergenerational maltreatment and poor relationship outcomes among adolescent mothers and their children. Intergenerational research could also focus on individual variations among adolescent parents, especially in understanding those who do not perpetuate negative relationship cycles. More clarity and consistency in the conceptualisation (definition, type, frequency, intensity, duration or source) of maltreatment and social support could increase the possibility of comparisons in the literature. This review also recommends an increased focus on cross-disciplinary and cross-cultural research to gain a better understanding of contextual issues in different populations of adolescent mothers across different countries. More qualitative studies among young women with maltreatment histories could also help in capturing the idiosyncrasies of motherhood experiences.

Although there are numerous programmes designed for adolescent mothers and their children (Barlow et al., 2011), the findings of this review emphasise the need to shift focus from individualised interventions to wider systemic and contextual levels in which adolescent mothers and their children grow up. Interventions should not be targeted to single risk factors only, they need to be designed to consider multiple factors, which increase and decrease the likelihood of vulnerable young parents maltreating or providing poor care to their children. Attachment-focused programmes can enable more flexible, empathic and effective ways of parenting. History taking and assessing psychological wellbeing of adolescent parents and their children could become a routine part of frontline services, such as health, social care and educational institutions, for the prevention of possible adverse outcomes and the implementation of early intervention strategies.
5. REFERENCES


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4 Studies included in the present review are marked with an asterisk (*).


SECTION B: RESEARCH REPORT

Homeless young mothers’ experiences of their relationship with their children: An interpretative phenomenological study

(Guidelines to authors of journal targeted for Research Report available in Appendix A)
RESEARCH REPORT ABSTRACT

Introduction: Understanding of homelessness and young parenthood occurs in a context of stigmatising discourses within society. Homeless young parents and their children are known to be at greater risk of multiple adversities and negative family, health and social outcomes. Qualitative research on homeless young mothers’ experiences of their relationship with their children is surprisingly sparse in the UK literature, despite the UK ranking first in Western Europe in its rate of teenage pregnancies. The current study attempted to address this gap.

Method: Interpretative Phenomenological Analysis (IPA) was used to allow for an in-depth exploration of homeless young mothers’ sense-making of the mother-child relationship. Semi-structured interviews were carried out with eight participants recruited from local statutory and voluntary sector homeless accommodation services. Emergent themes were derived from each mothers' lived experiences and deeper levels of interpretation were sought across all transcripts.

Results: The final analysis generated nine subthemes which were then positioned within a time-related frame of four superordinate themes. These were 'no end to losses in the past and the present', 'distancing the past to make things right in the present and the future', 'living in the challenges of the present' and 'facing the future with resilience'.

Conclusions: The current study is the first of its kind to have been conducted in the UK with a focus on the mother-child relationship, as represented in the life-worlds of homeless young mothers. The mother-child relationship evoked a variety of experiences for the participants including a sense of loss, failure, reparation of the past, an exclusive relationship with the child, identity redefinition, hope and resilience. Strengths and limitations of the study as well as some implications for practice and future research are also discussed.
1. INTRODUCTION

1.1. Background

Homelessness is widely accepted as not just the absence of a roof over one’s head, but a host of overlapping adverse circumstances including personal, family, educational and socio-economic vulnerabilities. According to the UK’s Homelessness Act 2002, families with dependent children, pregnant women, 16 and 17 year olds, care leavers aged between 18 and 20 years old, and people who are vulnerable because of violence are considered as some of the priority groups requiring prompt attention from statutory services. Within the current context of austerity, political reforms and cuts in housing and welfare benefits, a recent report on homeless young people highlighted that 16 to 24 year olds represent nearly half of residents in homeless accommodation services in the UK, of which 46 per cent are young women (Homeless Link, 2015). The main cause of homelessness in this target group is reported as conflicts and relationship breakdown with parents or carers who are no longer willing to accommodate them.

Adolescent pregnancy and parenthood are yet other phenomena that have been investigated among socially disadvantaged young people. The UK is known to have the highest rate of teenage pregnancies in Western Europe (UNICEF, 2001; Local Government Association (LGA), 2016). The Office for National Statistics reported that almost 21 per cent of all live births in the UK in 2014 were from mothers under the age of 25 (2015). Child rearing is commonly experienced as very difficult by many young parents, and children of teenage parents usually face a higher incidence of low birth weight, infant mortality and developmental delays (LGA, 2016).

It comes as no surprise that populations such as homeless young mothers and their children are more at risk of unstable living conditions, different forms of maltreatment, poor physical and mental health outcomes, all of which could be accentuated by limited social support (National Collaborating Centre for Women’s and Children’s Health (NCCWCH), 2010; Swann et al., 2003; UNICEF, 2001). Intergenerational continuity of adversities such as homelessness and abuse are also very likely to occur (Kaufman & Zigler, 1987; Rutter & Madge, 1976).

Early parenthood is predominantly viewed as a social threat in political and public discourses, and young parents are often portrayed as inexperienced and incompetent, especially by the media (Duncan et al., 2010; SmithBattle, 2000). However, some studies suggest that young parenthood can be a positive and transforming experience, does not always lead to poor family outcomes, and might be a source of psychosocial resilience (Easterbrooks et al., 2011; Egeland, Carlson et al.,
Understanding young women's perspectives are important because 'experts' or professional views cannot tap into the meanings these individuals attach to their experiences and practices (Lloyd-Smith & Tarr, 2000). Yet policy development and interventions in this area are mainly based on statistical data and outcome-oriented findings, which could propagate a problematized picture of young motherhood (Duncan et al., 2010).

1.2. Conceptual frameworks for young parenthood

A literature review synthesised five frameworks which dominated research on adolescent parenthood over more than 30 years (Moore & Brooks-Gunn, 2002):

- a normative life challenge whereby young people redefine their roles, relationships and identities;
- a focus on sociological and demographic differences among young parents;
- a life course and developmental perspective to measure the long-term effects of adolescent parenthood on the young people and their children;
- comparisons between young mothers and their older counterparts; and
- effects of adolescent parenthood on the wider family.

Furthermore, an attachment-focused review reported that adolescent mothers with histories of poor caregiving, maltreatment and violence, were comparatively less responsive, sensitive and cognitively mature, and more intrusive in their parenting attitudes than their non-maltreated or older counterparts (Flaherty & Sadler, 2011).

However, these papers also point to methodological considerations in the literature such as predominance of quantitative studies and lack of well-designed qualitative research. One of the reviews concluded that 'the adolescent experience [was] missing from much of the work' (Moore & Brooks-Gunn, 2002, p.202), whereby little was known on young parents' appraisals of how they managed their feelings, autonomy and sense of identity.

1.3. What are known on the experiences of homeless young mothers?

Research on the experiences of young women within the context of social disadvantage has gained momentum over the past two decades. In this regard, two meta-syntheses reviewing qualitative evidence on the life experiences of adolescent mothers were found in the literature (Clemmens, 2003; Meadows-Oliver, 2006), with the later paper focussing on homeless adolescent mothers. Both studies reported some broadly similar
themes: the multiple roles and demands of being a young mother; a sense of social isolation; conflicts and feelings of competitiveness with family members and partners over childcare; sources of support experienced as helpful and discriminatory; motherhood as an opportunity for change, redefining identities and significant relationships; and mothers’ vision for a better future with their children. Nevertheless, experiences of childhood histories of physical and sexual abuse, emotional neglect, living with different carers and parental substance misuse emerged more specifically among the homeless mothers. In addition, a descriptive phenomenological study on eight adolescent mothers’ experiences of caring for their child while homeless contributed new themes to the existing evidence: a sense of remorse and guilt about being homeless, regret towards previous life choices and the shelter’s environment as stressful (Meadows-Oliver, 2009). The literature recommended further research on the multiple facets of the mother-child relationship within the context of homelessness, including how mothers’ psychological states of mind affect their feelings and impressions of their children (Averitt, 2003; David et al., 2012).

1.4. The present study: Rationale, aim and objectives

Young motherhood has mainly been studied using a quantitative research lens, which looks for an objective reality that exists independently from consciousness and experience (Crotty, 1998). This can reduce to empirical terms an otherwise complex phenomenon. In response, qualitative research provides richer descriptions and in-depth understanding of context-specific human experiences, which cannot be accessed through quantitative methods (Creswell, 2013).

The life experiences of vulnerable young mothers have been extensively researched in the US. In contrast, there is a lack of such research in the UK, despite having the second highest rate of teenage births after the US (UNICEF, 2001). Regarding available literature on adolescents’ mothering experiences while homeless, only one descriptive qualitative US study (Meadows-Oliver, 2009) and no UK-based papers were identified by the researcher at the time of writing. This could imply that more qualitative research could provide access to unexplored accounts of homeless young mothers in a different geographical context.

The present study therefore aims to address the lack of qualitative data on homeless young mothers and their children in a UK-based context. The research concentrates on those aged between 16 and 25 to reflect the youth population in homeless accommodation services in the UK (Homeless Link, 2015). It seeks to interpret
how a sample of homeless young mothers makes sense of their relationship with their children. Given the possible adverse outcomes for young mothers and their children within the context of homelessness, it is potentially very useful to explore the subjective understanding of their parenting experiences, with a focus on applying this in a clinical context. This study also attempts to identify links between the mothers’ experience of homelessness and their sense-making of their relationship with their children. This paper could contribute to informing the practice of professionals working with homeless young mothers and their children across disciplines.
2. METHOD

2.1. Research design

A qualitative design for the current study allowed for in-depth understanding of homeless young mothers’ experiences of their relationship with their children. Phenomenological perspectives which look at ‘the quality and texture of experience’ (Willig, 2013, p.16) can contribute in flexibly generating rich accounts of under-researched human experiences. In contrast to descriptive qualitative research, an interpretative phenomenological approach can attempt to explore the deeper meanings an individual gives to their feelings and cognitive inner world in relation to the phenomenon under study (Biggerstaff, 2012).

For the present paper, the researcher chose to use the ‘Interpretative Phenomenological Analysis’ (IPA) approach (Smith & Osborn, 2008; Smith et al., 2009). It involves a double hermeneutic process whereby researchers interpret the individuals’ attempts of making sense of their personal and social world, with the assumption that it is impossible to gain direct access to people’s actual experiences. Purposive homogenous sampling is used in IPA, based on the selection of people who share characteristics of the phenomenon of interest (Smith et al., 2009; Willig, 2013). IPA offers an idiographic sensibility which focuses primarily on the individual and does not seek generalisability to a group or population (Smith et al., 2009). IPA does not apply a priori theoretical frameworks to the phenomenon under study; rather it is an inductive approach based on people’s idiosyncrasies. Interpretive phenomenological methods including IPA have also been effectively used by previous studies on adolescent mothers’ life and parenting experiences (Aparicio et al., 2015; SmithBattle, 1995; SmithBattle & Leonard, 1998).

2.2. Epistemological position

The research was carried out from a contextual constructivist position, which is detailed in Appendix H.

2.3. Ethical considerations

The research proposal was peer reviewed by staff members in the Department of Clinical Psychology at the University of Leicester and a service-user reference group. Full ethical approval was then obtained from the University’s Psychology Research Ethics Committee (PREC). Approval from the local National Health Service (NHS) Research and Development department through the Integrated Research Application System (IRAS)
was also required because of the honorary status of the researcher. All correspondence is provided in Appendices I and J.

The above-mentioned processes ensured that the research complied with essential human research ethics, as set out by PREC and the British Psychological Society (2010). The researcher ensured that potential participants were not coerced into getting involved with the research by providing them with all necessary information and time for questions before informed consent was taken. In terms of confidentiality, the participants were assured that their interview data would be securely stored, anonymised, held for six years for review and publication purposes, and destroyed thereafter. Staff members were also bound by a confidentiality statement on not divulging participants' identities to any third party. It was agreed that the researcher may have to talk to another professional if there is any serious concern about participants' safety or that of others, although this situation did not arise in the current study. Given the potential vulnerabilities of these young participants and sensitivity to the study’s topic, the mothers were informed that they could ask for breaks or withdraw from the study at any time. Participants were also given a list of support agencies if they experienced any distress at a later stage.

2.4. Participants

2.4.1. Sample size

Reid et al. (2005) stated that ‘less is more’ (p.22) in IPA research and argued that in-depth qualitative exploration of what an experience is like can be achieved with a small sample size. Six to eight participants were considered to be within a reasonable range for professional doctorate research (Smith et al., 2009).

2.4.2. Inclusion criteria

The inclusion criteria for the present study were mothers

- aged between 16 and 25 years old;
- currently living with at least one child under the age of 12 at the time of the interview;
- who could speak in English at an acceptable level for the interview; and
- who were currently or recently (within the last six months) homeless while parenting.
2.4.3. **Exclusion criteria**

Potential participants were excluded if they were deemed by accommodation managers and staff, the researcher or her supervisors as being

- too distressed, for instance, due to considerable physical or mental health difficulties;
- unable to consent such as lacking capacity according to the Mental Capacity Act 2005; or
- a possible significant risk to the researcher.

2.4.4. **Final sample**

Eight homeless young mothers currently living with at least one child in a homeless accommodation constituted the study’s final sample. None of them met the exclusion criteria. Table 1 summarises some relevant demographic details of the participants, with fictitious names used to protect their identities.

**Table 1. Summary of participants’ demographics**

<table>
<thead>
<tr>
<th>Fictitious name</th>
<th>Age (mother)</th>
<th>Ethnic background (all British)</th>
<th>Number of children living with mother</th>
<th>Age/age range (children)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandy</td>
<td>22</td>
<td>White</td>
<td>1</td>
<td>4 years</td>
</tr>
<tr>
<td>Tara</td>
<td>25</td>
<td>White</td>
<td>2</td>
<td>5-6 years</td>
</tr>
<tr>
<td>Elena</td>
<td>18</td>
<td>White</td>
<td>1</td>
<td>1 year</td>
</tr>
<tr>
<td>Sally</td>
<td>19</td>
<td>White</td>
<td>1</td>
<td>2 years</td>
</tr>
<tr>
<td>Natasha</td>
<td>24</td>
<td>White</td>
<td>1</td>
<td>3 years</td>
</tr>
<tr>
<td>Gemma</td>
<td>22</td>
<td>Black/African</td>
<td>1</td>
<td>2 months</td>
</tr>
<tr>
<td>Susan</td>
<td>22</td>
<td>White</td>
<td>1</td>
<td>2 months</td>
</tr>
<tr>
<td>Jessica</td>
<td>17</td>
<td>White</td>
<td>1</td>
<td>1 month</td>
</tr>
</tbody>
</table>

2.5. **Procedure**

2.5.1. **Recruitment**

The study was advertised using the research poster (Appendix K) and information leaflet (Appendix L), which were distributed by staff members to young mothers residing in local statutory and voluntary sector homeless organisations. Young mothers who volunteered to participate were given a full-length participant information sheet (PIS) (Appendix M) and they requested staff to pass on their contact details to the researcher. The researcher arranged suitable dates and times with each participant for an interview.
in a meeting room at the accommodation service during staff working hours. Nine mothers volunteered to participate. Only eight of them were interviewed for this study because one mother had to leave the accommodation before her interview date. Three mothers were interviewed with their infants due to childcare constraints.

2.5.2. Interviews

Before meeting potential participants, the researcher conducted a pilot interview with another trainee who is a mother of a young child. This aided in removing or rephrasing some ambiguous and leading questions in the interview guide (Appendix N). The resulting guide had two sections. The first part contained three questions aimed at easing the participants into a conversation about their current situation such as living in a hostel. The second section comprised six questions focussing on the mother-child relationship. Its first two questions were adapted from a questioning technique in the Adult Attachment Interview (George et al., 1996) such that participants were encouraged to propose, illustrate and elaborate on three separate descriptors of the mother-child relationship. The interview guide was used flexibly during the interviews following the course of the participant. In the first couple of participants’ interviews, the experience of support in relation to the mother-child dyad seemed a naturally emerging topic for mothers and was subsequently added to the interview guide. This was in line with the iterative and inductive nature of IPA which encourages the evolution of questions as ideas develop (Smith et al., 2009).

The researcher carried out one-to-one semi-structured interviews ranging from approximately 45 to 80 minutes with homeless young mothers. Staff confidentiality agreements (Appendix O) were signed by the on-site staff members. Prior to the interview, the researcher talked through the PIS to account for any mothers’ potential reading difficulties, and to make sure that they understood the purpose of the research, how the interview data would be securely stored, handled and used, and limits to confidentiality. This was also an opportunity to build rapport with the mothers (Reid et al., 2005) and address any remaining questions. The participants then signed the informed consent form (Appendix P), including agreeing to audio record the interviews.

At the end of the interviews, participants were given a list of support agencies (Appendix Q) in case they needed further assistance. Seven of the eight mothers provided their contact details on a request form (Appendix R) to receive a summary report of the research. All participants accepted an optional gift voucher of £20 each as a recognition for their time and participation by signing a receipt form (Appendix S). Reflective process notes were written by the researcher after each interview. Three of
the interviews were transcribed verbatim, coded and anonymised by the researcher. Due to time constraints, the remaining five interviews were typed by a professional transcriber, who signed a University's confidentiality statement (Appendix T). They were then reformatted, coded and anonymised by the researcher.

2.6. Analysis

The researcher employed the guidelines outlined by Smith et al. (2009) to analyse the complexity of the qualitative data and reach a deeper level of interpretation, along with a degree of flexibility when indicated (Reid et al., 2005). Each of the six steps involved is briefly elaborated in Table 2. Appendix U provides illustrations of an anonymised transcript page and a master table grouping emergent themes for an individual participant. Some of the researcher’s reflexive notes were also used as an aid to interpreting the data as exemplified in Appendix V.

2.7. Quality issues

Researchers argue that qualitative research needs to be evaluated against criteria which are more adapted to its complexity (Smith, 2011; Smith et al., 2009). The current research used four essential criteria developed by Yardley (2000, 2008) as a guide to maintaining high quality standards and validity at different stages of the research process: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. These were reflected in various ways in the research process, mainly in setting up this study in an ethical and practically sensitive manner, deriving deeper levels of interpretations without losing sight of participants’ context-specific lived experiences, documenting and evidencing the whole process and making recommendations for future research and practice. As part of her research skills development, the researcher attended a training course on IPA and joined an IPA peer support group.

In qualitative research, researchers’ personal experiences, expectations and values invariably influence the process of meaning-making and the study’s outcomes (Willig, 2013). Throughout the current study, the researcher engaged in a self-reflective process of bracketing preconceptions in relation to the phenomenon under study (Tufford & Newman, 2010). This was done in different ways including discussing dilemmas and reflexive issues in supervision and keeping reflective records. A chronology of the research process is given in Appendix W.
Table 2. Six steps used to analyse data within an IPA approach

<table>
<thead>
<tr>
<th>Steps</th>
<th>Description of the process</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reading and re-reading</td>
<td>The first transcript was thoroughly read once by the researcher and read again while listening to the recording. This enhanced the researcher’s immersion in the data and attention to non-verbal cues such as pauses, hesitations and nuances in voice tones, laughs and cries. The researcher also attempted to notice her own thoughts and feelings towards the data or visualisations of the interview situation, and bracket them off temporarily.</td>
</tr>
<tr>
<td>2. Initial noting</td>
<td>Exploratory comments were typed in the left hand margin of the transcript. Three font styles were used to differentiate between descriptive (regular), linguistic (italics) and conceptual (underlined) notes. Descriptive comments reflected content-related information such as key events and experiences which seemed to matter to the participant. Linguistic notes were taken selectively when participants’ language use appeared distinct from their non-verbal communication such as laughs. Conceptual comments related to participants own metaphors of their experiences. The researcher also included her thoughts, questions and hypothesised meanings within the context of participants’ interpretations.</td>
</tr>
<tr>
<td>3. Developing emergent themes</td>
<td>In this step, the researcher searched for patterns of meaning emerging at a more concise and abstract level from the initial notes. This allowed for the researcher to part analytically from the original transcript and introduce her own interpretations of the participants’ sense-making, also referred to as double hermeneutic (Smith et al., 2009). Possible emergent themes were noted in the right hand margin in the transcript.</td>
</tr>
<tr>
<td>4. Making connections among the patterns and themes</td>
<td>The emergent themes in the previous step were organised in a master table of overarching themes including line number codes of relevant quotations in the original transcript. Several strategies such as identifying patterns, making comparisons, polarised experiences, contextualisation and functional meanings underlay this process which represents a second interpretive level of the data (Smith et al., 2009).</td>
</tr>
<tr>
<td>5. Repeating the process with the next transcript</td>
<td>Steps 1 to 4 were repeated with the second and subsequent transcripts. The researcher maintained her commitment to the idiographic experiences of each participant by adopting an open-mindedness and flexibility to the emergence of themes different from the first case.</td>
</tr>
<tr>
<td>6. Searching for patterns across transcripts</td>
<td>At this stage, the researcher grouped the overarching themes for each transcript into a second master table and derived potential subordinate themes cutting across participants. This process was marked by re-labelling and sorting themes within a meaningfully satisfactory whole. At a third level of interpretation, four superordinate themes emerged which captured the temporal references participants made in their accounts.</td>
</tr>
</tbody>
</table>
3. RESULTS

Eight participants were interviewed for the present study. The analysis generated four superordinate themes, which are presented here: (1) No end to losses in the past and the present (2) Distancing the past to make things right in the present and the future (3) Living in the challenges of the present (4) Facing the future with resilience. Overall there seemed to be a temporal frame to the young mothers’ lived experiences of their relationship with their children, as illustrated in Appendix X. Within the context of homelessness and young motherhood, the participants did not want their difficult past to become the future of their children. In trying to prevent this, they were faced with present challenges which appeared to influence their expectations for the future. These themes are not mutually exclusive because they inevitably overlap in different ways with each other. The superordinate themes originated from nine subthemes which recurred across at least half of the transcripts as presented in Table 3.

3.1. No end to losses in the past and the present

3.1.1. Homelessness as a representation of losses and failure

It seemed evident across seven out of the eight participants’ accounts that the material losses associated with being homeless and living in temporary accommodation reflected profound psychological losses within the mothers’ relationship with their children. There were several instances of mothers talking about how losing their house, personal belongings, physical space and social support impacted on how they perceived themselves as a mother and the way they interacted with their children. For some participants, homelessness meant that they had failed as parents and it placed further barriers to compensating their sense of guilt. Some mothers appeared helpless and powerless in instances of conflicts within hostels and avoided confrontation to prevent further losses.

It was striking that three mothers associated their loss of stability and control due to homelessness to strong feelings of failure and guilt as a parent. Mandy described her loss of self-control while homeless as her “head [being] a mess” (p.22). She did not want to show her emotional vulnerability to her son who was temporarily living with his grandmother. She experienced this separation as a “[failure] as a parent” (p.22). Tara interpreted homelessness as a sense of inadequacy in her mothering role, which she highlighted in the following comment:
Table 3. Superordinate themes and subthemes and their recurrence across participants

<table>
<thead>
<tr>
<th>Super-ordinate themes and subthemes</th>
<th>Mandy</th>
<th>Tara</th>
<th>Elena</th>
<th>Sally</th>
<th>Natasha</th>
<th>Gemma</th>
<th>Susan</th>
<th>Jessica</th>
<th>Present in at least half of the sample?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No end to losses in the past and the present</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>1.1 Homelessness as a representation of losses and failure</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>1.2 There but not there: A pervasive sense of isolation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Distancing the past to make things right in the present and the future</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>2.1 Repairing a difficult past through the mother-child relationship</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2.2 The mother-child relationship as merged, problem-free and powerful</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Living in the challenges of the present</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>3.1 Not qualified to be a mother?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>3.2 No space for anything other than being a mother</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>3.3 Motherhood as a hard but worthwhile experience</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Facing the future with resilience</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>4.1 Stability and support: A starting point for the future</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>4.2 “It is what you make it”: Searching for meaning in adversity</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

5 Pseudonyms have been used to maintain participants’ anonymity.
I felt like nothing on earth, like the worst mother. I failed my children because they’re in a hostel. (Tara, p.34)

Tara and Natasha felt emotionally drained when their children insisted on having their own homes. Although they acknowledged their lack of control over their circumstances, they both experienced guilt in their inability to fulfil their children’s wish. Natasha was in tears when she described her difficult feelings:

[Child] always asks when can we go back to our normal house, when’s our normal house coming…? It is hard. If it was me, it would be fine. But when it’s your kids you feel like you’re to blame sort of thing (cries). I’m to blame, that’s what I feel. Like I can be to blame, I didn’t put my daughter in this situation, I didn’t put myself in this situation. It was circumstances that we couldn’t be where we was [sic]. (pp.5-6)

Some mothers also expressed how the lack of space and privacy in hostels affected their relationship with their children. Natasha described her frustration as “fighting a losing battle” (p.27) whereby she was unable to provide her daughter with a routine within the unstable context of sharing a flat with another homeless family. Elena used the word “prison” (p.2) as a metaphor to describe the appearance of her accommodation, which could potentially refer to ideas of confinement and lack of freedom for herself and her child. Tara conveyed a sense of feeling trapped with her children in the hostel through the use of expressions such as having “no escape” (p.1). The lack of space also appeared to inhibit opportunities for Tara to spend quality time with each of her children:

[T]hey don’t get, no independent bonding time with both of them, like I don’t [get] me and [son] time or my me and [daughter] time, it’s all of us together all the time, I can’t like separate it individually (…) (p.3)

All hostels where the mothers lived restricted overnight visitors for security reasons. Gemma, Natasha, Tara and Jessica shared the common perception that this rule limited support from significant people including the children’s fathers to help with child care at night and morning times. Most mothers also experienced external barriers to accessing support outside the hostel. For example, Tara described the occasional week-
end breaks of her children at their father’s place as “next to nothing” (p.5) due to his work shifts.

A sense of lack of power and choice within hostel environments was also identified in some mothers’ accounts. Elena felt that whatever she planned never went right, while Natasha shared that she would “take whatever [the hostel threw] at [her]” (p.15) for the sake of living there. Some of them avoided confrontations with other hostel residents by fear of losing their child to authorities or their accommodation. For example, Elena explained why she did not argue with a noisy neighbour:

*I would not like my kid [to] see that, getting into an argument. Plus, I would not risk losing my house, like my flat for someone who’s rude. (p.5)*

### 3.1.2. There but not there: A pervasive sense of isolation

Across the participants, there were common instances of mothers feeling cut off from their parents, especially their own mothers, and sometimes by the father of their children. Some mothers identified this feeling of isolation as present from very early on in their past. Isolating themselves was at times a way for some participants to manage rejection from and conflict with others.

Having an emotionally unavailable parent was a prominent feature in many mothers’ accounts. They seemed to experience a constant feeling of loneliness both when they were growing up in their family home, and while they were caring for their child in the context of homelessness. The expression, “I was on my own”, appeared in many mothers’ transcripts and was associated with several subjective reasons. Mandy experienced a constant lack of physical affection and reassurance from her mother. She described her as not being “the kind of mum” who would “give [her] a hug and a kiss” and a “shoulder to cry on” (p.28). Tara and Susan had both lost their grandparents in their childhood whom they considered as their only emotional support. Gemma experienced her father as being “just a father” (p.22) with whom she never felt an emotional connection. In the following quote, Jessica painfully expressed her unfulfilled relationship with her mother:

*[M]y mum’s attitude was always, well I’m not your friend, I’m your mum, like that’s how, that’s how it is. I’m not meant to be your friend (...) Whereas that’s all I wanted. I wanted my mum to be a friend as well so that I could talk to her. I could never talk to my mum. (p.24)*
Six of the eight mothers described the onset of their homelessness as being "kicked out" of their mothers’ houses. For four of them this happened following arguments with their mothers’ boyfriends and their mothers rejecting them for their boyfriends. One participant attributed the reason for being kicked out to having treated her mother badly while being postnatally depressed. Another mother shared that she "brought shame to the family" (Gemma, p.9) by breaching their religious belief of not having a child out of wedlock and was not allowed back home. Participants also used terms such as “pushed out”, “let down” and “attack” to convey a sense of imposed physical and emotional distancing from their family members, especially their mothers.

Most mothers continued to experience isolation in caring for their children while being homeless. For example, Elena received only minimal support from her mother in the first week following child birth and had no contact with her partner. Sally and Susan described having been in controlling and abusive relationships with the fathers of their children who they no longer contacted. Gemma shared her regret of not being able to offer a family atmosphere to her son:

If I was at home, yeah (...) like there would be people caring for him as well, and it wouldn’t just be by myself (...) [I]t’s just me and him (...) [S]ometimes I feel sorry for him. (pp.44-45)

Interestingly, some mothers appeared to push people away as a way of coping with their feelings of isolation. Gemma seemed to minimise the emotional unavailability of her father by saying, “it’s not like I needed him” (p.22). Mandy’s mother and family members had not visited her since she had been at the hostel. She thought about doing the same to them:

So I just think I’m not going to bother going down to theirs no more. If they can’t make effort with me then that’s their business. It’s not mine. (p.37)

Some mothers “kept [themselves] to [themselves]” as a way of managing around other hostel residents. For instance, Gemma shared her hostel flat with another mother and her children. Gemma stayed in her room most of the time and avoided interactions with her flatmate because she did not know “where to start, or what [they could] talk about” (p.13). This way of coping seemed to create a pattern of isolating relationships
for these young women which also seemed to reinforce their sense of loneliness while mothering.

3.2. Distancing the past to make things right in the present and the future

3.2.1. Repairing a difficult past through the mother-child relationship

All participants shared their fears and hopes on the future of their relationship with their children. There was a general sense of them not wanting their past to repeat itself with their children. Some mothers were distressed at already seeing this happening while others were trying different ways to prevent the recurrence of their past.

Tara and Natasha both felt that their own past was being reflected to them through their daughters. Tara considered herself as having “inherited” the destructive anger of her father and she became apprehensive when she witnessed the “unreal” (p.43) intensity of her daughter’s anger.

And she’s just so like me, I don’t, I hope and I pray, touch wood, that she doesn’t live the life that I led growing up because people say that children can inherit personalities. (Tara, p.45)

Natasha said that she had “rebelled against change” while growing up within the inconsistent context of the care system. She painfully shared her experience of observing a similar rebellion in her daughter:

So I like rebelled against change and then in here I see [child] rebel against change (cries) so it’s like, I don’t know, I suppose it’s like looking at me as a child. I hated it. (pp.34-35)

Elena did not want her son “to be like [her]” (p.33). She wanted him to go to school like a “normal person” (p.33), unlike she did. She emphasised that she would experience a feeling of failure as a mother if her son did “something wrong” (p.33) including getting a girl pregnant. It was possible that her own teenage pregnancy had been a traumatic experience which she did not want her own son to put another girl through in the future.

Gemma and Sally did not want their children to suffer from the emotional and physical absence of their fathers like they did in the past. Gemma wanted her son to “tell [her] anything he want[ed]” (p.46), unlike the uncommunicative relationship that she
had with her own father. She seemed determined to teach him to be stronger than her and not “keep everything bottled in” (p.51). Gemma anticipated to indiscriminately support her son “even if he [got] a girl pregnant” (p.46) as a way of not repeating her rejection from her family. Moreover, Sally wanted to protect her daughter from being the “kid without no dad” (p.45) that she was. She was desperate to involve her daughter’s father in her life, but with no success. As an exception, Sally was prepared to “hold [the] hand” (p.55) of her daughter, like her mother did with her, if she was to get pregnant at sixteen, thereby repeating this positive aspect of her past in the future if necessary.

Some mothers powerfully articulated that adopting an opposite parenting approach to that of their own parents, especially their mothers, would be a way to distance the past. Expressions such as “I’m not doing what my parents did to me” (Susan, p.57) and “I’ve learnt from my mum’s mistakes” (Jessica, p.24) conveyed this idea. Susan stated the following: “I didn’t have a very good childhood, having children was the making of me” (p.55). This statement could be showing a sense of repairing her own difficult past through her children. Moreover Jessica had never found a friend in her mother and she was determined to “make sure that [the] relationship [with her child was] more like a friendship” (p.28). Tara had grown up in a family context of emotional avoidance and lack of communication. She reflected on how not acting like her own mother could give a “better chance” to her children:

So that’s what my kids do, they’ve been brought up, they can talk to me about what it is and how it is and we’ll deal with it. We’ll take it on and deal with it together rather than be shying out and push it away. So, hopefully with a different outlook and a different mum to, obviously, I had, they’ll be, they might have a better chance hopefully. They’ll be alright. (pp.50-51)

3.2.2. The mother-child relationship as merged, problem-free and powerful

Different views of the mother-child relationship were shared across participants. Exclusively positive and all-powerful perspectives of this relationship appeared to emerge from the analyses of six out of the eight transcripts. In some accounts, the mother seemed to point to an image of the mother and the child as a fused entity. Problem-free and uncritical terminologies were used by over half of the sample to describe their relationship with their children.

The sense of being inseparable from their children was described differently by mothers. Mandy powerfully verbalised the merged experience with her child as “you’re
mine in the sense that like you are me” (p.35). Susan’s metaphor of “the making of me” (p.55) could infer that her three children were holding her sense of self together. Sally and Elena expressed a sense of exclusivity and power in the relationship with their children. For example, Elena felt “it [was] just [her] and [her child], like there’s no one else” (p.13) and argued that “nothing will break the bond” (p.27).

The choice of words of over half of the mothers in presenting an overly positive and problem-free view of their relationship with their children was noteworthy. Tara described her daughter as “absolutely piece of cake” (p.21) and her having been a “normal, calm and placid baby” (pp.43-44). Susan experienced her relationship with her new born baby as “love and affection all the way through” (p.18). Elena and Gemma used terms such as “affectionate”, “awesome”, “amazing”, “no trouble at all” and “blessing in disguise”. Sally emphasised on this relationship being “the best feeling in the world” (p.33) and conveyed a problem-free image in her quote below:

It’s like everything’s right. It’s, it’s, [child]’s happy, I’m happy and my mum’s happy. (p.24)

In two mothers’ accounts, their babies were represented as possessing the power to obliterate their distress. Susan’s infant daughter acted as the “calmer” (p.23) of her anger when she held her in her arms. In the following extract, Gemma shared the healing effect of her two-month old son’s relationship on her:

[H]e shows me the love that I’ve never seen (...) especially when he, he smiles it’s just like makes you feel better. Makes you forget about all the bad things that’s happened. (p.27)

A few participants appeared to confer an ‘adult’ position to their children, who seemed to sometimes fulfil the role of a ‘supportive partner’ to their mothers. For example, Mandy “had proper conversations [with her son] like he’s an adult...like [her] right hand man” (p.18). Tara described her six-year old daughter as being “very protective” (p.37) of her and her unborn sibling and would remind her to take rests and not to get upset.

Furthermore, the idea of being an all-powerful mother originated mainly from two mothers’ accounts. Mandy shared that she wanted her son to see her as “the strongest woman in the world” (p.21) and affirmed the higher status of being the birth
mother by saying that she “should make the rules” (p.9) and not the grandmother. Tara presented herself as “the mother figure” (p.31) of the hostel. There was a strong undertone of power and altruism in her words when she said how she ‘completely’ altered the life of another mother in the hostel through sharing her experiences:

She [another resident] didn’t care about no one, no repercussions or nothing. And I completely turned her around and she’s just this loving, caring, docile mum now. She’s completely different. (p.31)

3.3. Living in the challenges of the present

3.3.1. Not qualified to be a mother?

In some interviews, participants highlighted the role of people’s judgments on their motherhood experiences. Some mothers voiced their feelings about instances when they were scrutinised by various people. Some of them sounded cautious in talking about their parenting abilities. A few participants also put forward the view that parenting was a matter of experience and not qualification.

Mandy and Sally had both undergone court processes in regaining custody of their children. The father of Mandy’s son had accused her of not feeding their child properly, which led to an investigation from Social Services who confirmed that she had appropriate food in her cupboards. Mandy’s frustration was apparent when she said that she was “not the kind of mum to be cooking fish fingers and chips” (p.27). Sally shared her feelings of being constantly ‘watched’ by her social worker and her fear of the unexpected ‘slip’ that could challenge her capacity to parent:

I was feeling like I’m really scared like what if I really do something wrong. I don’t know, like her, I didn’t know her cry when she got hurt or stuff like that and it was, it felt like everyone was watching me and what I was doing cos she’d just come back here I felt like the social worker was just on my back like waiting for me to slip up with [child]. (p.23)

Two mothers talked about times when they felt negatively judged by people offering support to them. Tara was struggling with her son’s behavioural issues. Social Services intervened to assess how they could support her, but Tara feared that her parenting ability would be challenged and that they would “take [her son] away from [her]” (p.29). Susan once needed advice about her baby and she felt patronised by
being asked to speak to a staff member who was referred to as an “expert” (p.42) on parenting. She expressed her annoyance in the following words:

[E]verything with a child is trial, like trial and error (...) bearing in mind I’ve had two previous [children] it sounded like they were trying to say that you’re not qualified sort of thing (...) I was like hang on you don’t have to be a professional to be a mum. And it really did upset me. (pp.42-44)

When other people did not make the mothers feel judged, they seemed to appreciate the support given. Gemma talked about “a very non-judgmental” (p.35) family friend who helped her throughout her pregnancy and child birth. Interestingly this pattern seemed to have played out in an interview where a mother described the reason for consenting to the study as the researcher’s non-judgmental attitude:

Like you came here, like with a positive attitude, that’s why I spoke to you. If you come in here and you looked like you’d gonna judged me or something like that, I won’t come in here. Well I would but I won’t tell you things. I’d be like my life’s so great (laughs). (Elena, p.35)

Moreover it was striking to hear the reactions of some participants’ towards people’s judgments on young mothers. Gemma experienced her pregnancy before marriage as “the only fault [she] had” (p.20), taking in the blame from her parents that she had breached their religious beliefs. Elena shared that she once could not stop her son from crying on a bus journey. She said she felt “bad in herself” when she heard someone criticising her, “I don’t know why people have kids if they don’t know how to look after them” (p.22). Sally pointed out in her interview that, unaware of the “story behind” (p.51), society is quick to “judge young mums” (p.6) on the basis of that one mother who might have maltreated her child. Elena seemed to be critical towards mothers who regretted having had their child young. She disagreed in the following quote with society’s view that older mothers have better parenting skills:

I think it’s horrible. Because they chose to have a child that young. It wasn’t even about being young, because I know like twenty-five year olds are failing to be a mum, and like some young parents are doing better than they are, so it’s not about their age, and it’s just about if you can cope. (pp.20-21)
3.3.2. No space for anything other than being a mother

A clear theme that emerged from six participants’ experiences was the negotiation of their identities as mothers, friends, students and young people. For most of them motherhood seemed to overtake their other roles. Some mothers shared a sense of narrowing social circles. It became increasingly challenging for them to stay involved with people who were not associated with their role as a mother. Interestingly, a few mothers chose to interpret their relationship with their children differently to manage their feelings of isolation and attempt reconciliation between their other identities and the sense of themselves as a mother.

Sally’s case was a striking example of how she lived through those conflicting identities during her pregnancy and after her daughter’s birth. She first expressed her fear of motherhood taking over her student identity:

I found out I was six months’ pregnant so it was a bit like I’m really scared and when, when I had her everything just went wrong. I was like I can’t go back to college, I’ve got a baby. I felt like my life was on hold (…) (p.13)

Following the birth of her daughter, Sally was postnataally depressed. In the following statement, the juxtaposition of Sally’s feelings of depression and her friends enjoying themselves showed a sense of regret of not fulfilling her adolescence: “I felt like I had to choose and cos I didn’t want to hold her and I didn’t want to be near her, I was only sixteen, like my friends are having fun (…)” (p.9)

Sally initially chose to leave her baby with her mother and integrate once again with her friends. On seeing other people with their children, she realised that she became less able to tolerate the separation with her baby. She expressed that she “wanted to be a mum” (p.9). In the process of regaining her child’s custody from her own mother, she experienced social isolation by saying that “most of [her] friends disappeared” and that “they just didn’t want to know [her]” (p.13). However this time Sally no longer perceived her relationship with her daughter as a barrier to her friendships, but rather as a source of complete enjoyment: “It’s like knowing that I don’t need to go out and have fun, I can have fun with my child and it beats everything.” (p.37)

Similarly, Jessica shared her experience of losing friends while prioritising her baby because she could no longer get involved with teenage activities such as night-outs or spending money for fun. She attributed a new meaning to motherhood by explaining
that rather than having “people walking in and out of [her] life”, she preferred to focus on her child who would “always be a friend” (p.23).

Across some transcripts, mothers seemed to prefer relating to those who were mothers themselves or who showed concern towards their children. Sally expressed that her “child [came] first before anybody” (p.25) and she considered those who genuinely cared about her baby’s and her needs as “true friends” (p.27). The following quote illustrates the process of how Gemma’s social circles shifted since becoming a mother:

It’s just cos they’re, we’re still young. We used to like a good party, we’d just talk about boys and that. But I’m a mum now. And that’s an experience they haven’t experienced yet, so I can’t really share it, so cos they can’t relate to it. But my aunty, she’s had five kids, I can talk to her about anything, so she can relate, she give me advice, you know. Anything I want to know about being a parent, I ask her. (pp.33-34)

Furthermore some participants seemed to experience their maternal identity as a way of recovering from previous ways of being. Motherhood helped Susan affirm an adult identity which she expressed as “a chance to grow up and act more of [an] adult than [a] child” (p.57). Tara described motherhood as a turning point away from the impulsive lifestyle she led in the past: “(...) when I had [my first child], it just stopped instantly, completely like it was never part of my life” (p.42).

### 3.3.3. Motherhood as a hard but worthwhile experience

All participants unanimously described at least one aspect of their motherhood as hard to manage, especially when they were alone caring for their child and when the child’s behaviours presented as challenging to them. They shared their stories on how they struggled but coped with their parenting tasks, by trying everything they could and by learning through personal experience. Despite these ongoing challenges, half of the mothers verbalised how much they valued their relationship with their children.

Tara and Sally both had sons with behavioural issues and they used metaphors such as “nightmare”, “time bomb” and “the hyper one” to describe their difficult experiences of managing their children. Tara’s son was very sensitive to changes in his routine and would become physically aggressive towards his mother when this happened. She shared a sense of disillusionment following the birth of her son:
I was always so excited to have my own children, but then it just puts up a cap on it when I had [my son], like [that] children really can be painful (…) (p.21)

Many mothers expressed how daunting and exhausting their roles as mothers were. Four mothers had children of less than a year old. Waking up constantly at night to calm their children down was experienced as physically draining. Elena expressed how difficult and fear-provoking it was for her to cope with this situation as a first-time mother:

Like obviously, I wasn’t used to having a baby and I wasn’t used to like waking up at three o’clock in the morning (…) and I was scared. When I’m tired, I always obviously go to sleep (laughs), but yeah, like when you have a baby, you can’t just do that, you have to wake up until they are sleeping, so you can sleep. (p.29)

In some mother’s accounts there was a sense that they struggled to have their own space from their children. Natasha used the term “twenty-four seven” (p.48) to describe her “full-time” (p.49) responsibility as a mother. She described at times her daughter getting “on [her] nerves” and she would want her to “clear off” (p.43). Natasha and Tara clearly prioritised their children’s needs over their self-care. Natasha put her “general and mental wellbeing” (p.41) to one side, while Tara did not eat at times and would go straight to bed after her children out of exhaustion.

After regaining the custody of their children, Mandy and Sally described the transition of their children to their care as a hard experience. For instance, Mandy clashed with her mother on the upbringing of her son and she felt frustrated when her son made comparisons between her parenting approach and that of his grandmother. However, both mothers seemed to increase in confidence when they received positive feedback on their roles. Mandy was “slowly making up” (p.17) for the lost time with her child and she was happy when her son expressed that he enjoyed being with her. Sally appreciated the encouragement from hostel staff members that she was “doing great” (p.8) with her child.

Most of the mothers seemed to have used a trial-and-error approach where they attempted everything they could until their children calmed down. Some mothers talked about getting used to their children’s sleep times, which developed their patience and decreased their stress levels. Elena and Natasha used their children’s non-verbal communication, which Elena called “signals” (p.7), to guess what they needed. When her
son was having a bad day, Tara adopted a more loving approach by lowering her tone of voice and touching him affectionately.

It was noteworthy that half of the mothers verbalised the value of their relationship with their children in different ways despite hardships. Tara expressed her love for her son by saying that she would not “change him for the world” (p.19) and that she became “wise with him” (p.28). Sally admitted that coping with her child’s developmental changes would not be “a walk in the park” (p.54), but she was looking forward to having this worthwhile experience. Jessica shared her commitment towards her child in the following quote:

It’s hard but I suppose it’s worth it. Like at the end of the day it’s your child and it’s something that you have to do (…) [It] doesn’t matter whether I was seventeen or thirty, I’d still have to do it. (pp.7-8)

3.4. Facing the future with resilience

Living in a hostel was challenging in different ways for the participants. Some of them also shared their gratitude for having this temporary accommodation. Despite the limitations in staff time and capacity in the hostels, nearly all the mothers acknowledged the support they had received. Interestingly, half of the sample wanted to support others in the future as helping professionals. Some mothers shared different lessons they learnt from their struggles using metaphorical language. Other participants adopted a more practical tone in evaluating what they had, what they wanted to achieve and how they would like to bring about those changes.

3.4.1. Stability and support: A starting point for the future

It was clear that most of the mothers appreciated the housing and staff support provided to them. Despite the temporary nature of this accommodation, some mothers experienced a sense of stability and security while waiting for their own tenancy. For example, Mandy was reassured that she was “not sleeping from one sofa to the other sofa with a child” (p.1) and Elena expressed that it was “better than having nowhere to live” (p.1). Sally felt that the hostel was a “starting point” (p.7) to getting her own house and building her relationship with her child.

“Helpful”, “nice”, “encouraging” and “there for you” were examples of words used by some mothers to describe the administrative and emotional support from hostel staff members. Sally expressed that the help she received with budgeting contributed to
“building her confidence” (p.1) in self-managing her finances in the future. Jessica expressed her appreciation in the following terms:

So it’s good to know that you’ve got your own space, but you’ve also got somebody to talk to if you need them. (p.1)

Half of the mothers wanted to become helping professionals such as support workers and counsellors. They felt that they could genuinely relate to people who had been through similar difficult experiences. For instance, living in the hostel with other young mothers “completely opened [Tara’s] eyes” (p.33) and she wanted to work with them in the future through sharing her experiences. Jessica talked about having attended group counselling for young people at risk of offending at the age of thirteen. She realised that she was not alone in her difficulties and that it was “okay to open up” (p.32). She wanted to work with youth offenders because she knew she could understand their issues.

3.4.2. “It is what you make it”: Searching for meaning in adversity

Across interviews, mothers seemed to convey a sense of coming to terms with the present and optimism towards the future. Mandy and Natasha both perceived that crying pointlessly would not get them a house and improve their future. Natasha’s statement, “it is what you make it” (p.1), appeared to highlight the importance of personal actions in making changes for her family. Mandy realised that she could not “wait around and expect things to be given to [her]”, and that she had to “go out and get them” (p.33). Elena wanted to “take [things] one by one and do [them] slowly” (p.33). Sally “kept [herself] busy with going to college (...) to make a better future for [her daughter]” (p.12).

Furthermore, some mothers seemed to adopt resilient positions in relation to their present experiences and hopes for the future. Gemma and Natasha both expressed their commitment to thinking positively towards building a future for their children in the face of adversity. Gemma believed that “God won’t give [her] something that He knows [she] can’t handle” (p.53). She stood up for her child by saying that she did not get rid of her pregnancy because her parents did not approve of it. Natasha mentioned an “inner strength” that she had (p.37) and her belief that everything had “a purpose…a reason” (p.36). She felt that this difficult situation would be an eye-opener for children who would realise that “life’s not handed to [them] on a plate, it’s not all a bed of roses” (p.56). Both these mothers placed an emphasis on living day-by-day with their children
and improving their lives together. Natasha wanted to be able to say the following to her daughter in the future:

[W]e hit rock bottom, we lived in a homeless hostel but I want to be able to say to [her] in ten years' time, when we're in our family home, that it was all worth it, you know, that we done it, and we succeeded. It was hard, we didn't want to be there but we got where we got. (p.38)
4. DISCUSSION

The current study explored eight young mothers’ experiences of their relationship with their children while living in homeless accommodation services. The main objectives were to make sense of mothers’ perspectives and to identify links between their experiences of homelessness and the mother-child relationship. Four overarching time-related themes emerged from the review of mothers’ lived experiences, whereby participants continuously made connections between the past, present and future.

4.1. An overview of the four superordinate themes

The young mothers felt strongly the influence of the past on the present, regarding homelessness as a mark of their isolation and failure to provide for their children. Most of them had experienced a sense of being unwanted and rejected by their parents, especially by their own mothers, which continued throughout their pregnancy, after childbirth and while being homeless. Some of them managed this pervasive feeling of isolation by pushing people away, including family members, which appeared to maintain an ongoing experience of loss. Many mothers saw living in a homeless hostel as having failed their children both materially and emotionally. At the same time they felt powerless and unable to influence their circumstances.

The majority of the participants did not want difficult experiences from their past to be repeated for their children, focussing in particular on wanting to be more available to their children than their parents were for them. They tended to see their relationship with their children in opposite terms to the relationships they had had with their parents. The former was often described in exclusively positive, problem-free and all-powerful ways.

In trying to break a negative cycle all participants faced the challenges of being immersed in the hard work of the present in caring for small children, and of being cut off from previous sources of support. The mothers’ sense of self seemed overtaken by their maternal identity. Many of them could see their social circles narrowing as a consequence. Some of the participants were sensitive to society’s negative judgments of young mothers and felt scrutinised by family, friends, professionals and the public regarding their childcare responsibilities. In the context of low levels of support from significant people, some mothers talked about daunting experiences of coping with the overwhelming demands of their young children. Despite these hardships, half of the participants shared how much they positively valued their relationship with their children and were unconditionally committed to caring for them.
All the mothers also felt resilient and strong, looking for the positive in situations of adversity and finding hope and meaning in their relationships with their children. Most of them viewed the temporary stability and support from the housing staff members as a start to planning for the future. Some participants realised the need for personal actions to find a suitable home for their families. A few mothers also aspired to help other young people with similar experiences as a professional in the future.

4.2. Key discussion areas in the current research

In the following sections, the researcher discusses her interpretations of the homeless young mothers' complex lived experiences of their relationship with their children in the context of the wider literature. Less common narratives are also discussed using existing evidence and tentative inferences. Limitations of the current study and implications for future research and practice are also presented.

4.2.1. Mothering while homeless: Stories of adversity

The leading cause of youth homelessness in the UK (Homeless Link, 2015) was clearly reflected in the accounts of most participants who were asked to leave their homes following conflicts with their primary caregivers, mainly their own mothers. There was an overall sense of them feeling emotionally and physically distanced from their parental figures. Some mothers also experienced loss of other emotionally supportive figures, inconsistent upbringing within the care system, exposure to parental substance abuse and domestic violence. Such accounts have been reported in other studies among vulnerable youth populations (David et al., 2012; Homeless Link, 2015; Meadows-Oliver, 2006; Swann et al., 2003; UNICEF, 2001).

In the current research, participants' dual experiences of being homeless and a young mother placed considerable limits on the perceived quality of what they could achieve within the relationship with their children. The unpredictable nature of homelessness on parenting young children has been well documented (David et al., 2012; Homeless Link, 2015; LGA, 2016; Meadows-Oliver, 2009; NCCWCH, 2010). Some participants attributed their lack of control over their circumstances to a profound sense of failure as a parent, which is elaborated in a later section. Living in a homeless hostel also added further challenges to the mothers' perceived capacity to parent adequately. Limited shared physical space, restrictions on overnight visitors and conflicts with other residents were emotionally distressing for both the mothers and the children. Elena’s expression ‘prison’ (p.2) metaphorically conveyed feelings of lack of privacy,
choice and freedom experienced by mothers. Multiple demands such as catering for
their child’s basic necessities and controlling children’s behaviours within residential
regulations led to feelings of powerlessness and regret at not being able to engage
fully at an emotional level with their children. These experiences corroborate previous
research findings (Averitt, 2003; David et al., 2012).

Furthermore, motherhood appeared to have impacted in different ways on
participants’ overall wellbeing and sense of self. Dealing with their young children on a
daily basis was experienced as physically strenuous and emotionally demanding. It was
also very hard for some mothers to establish routines for their children in constantly
changing living conditions. Some participants felt unable to negotiate personal space
from their small children, sometimes to the detriment of their own health. Continuously
attending to the distress of infants, and containing young children’s developmental
changes such as their needs for free exploration, feedback, attention, and structured
and stimulating environments, are likely to be compromised within the context of
homelessness (David et al., 2012).

Most of the participants felt that their experiences of homelessness and being a
mother left little space for other social roles as daughters, students, partners, friends or
simply young people. Adolescence is generally described as a period, arguably
extending up to the age of 25 (Arnone, 2014), which involves multiple bio-physiological,
cognitive and socio-emotional changes in young individuals who are experimenting with
different ways of being. The current participants’ time and energy seemed consumed
with their maternal responsibilities and the challenges of finding a home, with little
resources left to engage with their education and broader social networks, a ‘twenty-
four seven’ (p.48) experience as powerfully described by Natasha and also reported
elsewhere (Clemmens, 2003; Meadows-Oliver, 2006).

Some children in the sample, who were experienced by their mothers as
behaviourally challenging, interestingly also stayed for different periods with their
grandmothers. As reported in another paper (Clemmens, 2003), the young mothers
sometimes faced conflicts with grandmothers on deciding what was better for the child.
A multigenerational longitudinal study proposed that high levels of adolescent mother-
grandmother psychological conflict during early parenting predicted externalising
behaviours in children at age seven (Buckingham-Howes et al., 2011). Another study
found that criticisms on adolescent mothers’ childrearing were significantly related to
their perceived parenting stress (Larson, 2004). This was also communicated by some
mothers in the current sample when they felt negatively judged by other people and scrutinised by Social Services.

4.2.2. Building confidence in the context of limited support

Amidst these identity and parenting struggles, some mothers offered positive narratives of an emerging sense of mastery and competence in their new role. They parented using a trial-and-error method; that is, attempting everything they knew until the child calmed down. Some mothers talked about becoming more confident at noticing their children’s behaviours and facial expressions, and varying their approach when needed. From a developmental-attachment perspective, it is possible that the mothers were becoming more attuned and responsive to their children’s non-verbal cues with experience (Bowlby, 1977; Slade, 2005). Although it is proposed that on average young mothers display poorer sensitivity and responsiveness towards their children than older mothers (Flaherty & Sadler, 2011), the current study flags the importance of considering individual variations.

It is widely accepted that social support has a positive influence on parental functioning and parent-child relationship outcomes (Belsky, 1984; Flaherty & Sadler, 2011). It is not surprising that homeless young mothers have limited availability and access to sources of support. Some mothers in the sample expressed their satisfaction on achieving parenting tasks independently, but also communicated their regret for not having regular childcare and emotional support from family members and partners. An empirical paper similarly reported that a group of resilient young mothers, who had histories of childhood adversity but did not maltreat their own children, displayed less dependence on housing, emotional, caregiving and financial support from parents, but had higher levels of depressive symptomatology, than young mothers without such a history (Easterbrooks et al., 2011). The current study however suggests that lower parental support is not solely the mother’s choice and can also be imposed by cycles of rejection from the family and resulting circumstances such as homelessness, all of which have an impact on mothers’ psychological well-being.

Nevertheless the study’s participants did appreciate the helpfulness of staff members in advising them on housing and budgeting. Belsky (1984) argued that although such support is instrumental in facilitating parenting, direct or indirect forms of emotional support characterised by ‘love and interpersonal acceptance an individual receives from others’ (p.87) play an integral role. Far too often participants talked about suppressing their difficult feelings and not expressing them as ways of coping. As
exceptions though, three mothers said that they felt validated by staff’s positive feedback on their parenting; emotional encouragement from a non-judgmental family friend; and a helpful counselling experience in their early teenage years respectively. These examples highlight the value of trustful relationships in promoting emotional expression among these young people.

4.2.3. ‘The story behind': The mother-child relationship as represented in the life-worlds of homeless young mothers

It was mentioned earlier that mothers experienced a sense of failure and guilt while parenting in the context of homelessness. Two aspects of their accounts could potentially contribute in formulating this mental state. Firstly, negative evaluations of their parenting by other people might have undermined their sense of maternal autonomy and competence, which might have been experienced as a failure. Although it is typically reported that younger mothers and their children tend to have poorer outcomes than their adult counterparts (Flaherty & Sadler, 2011), an 18-year-old participant in the study posited that parenting was not about age, but experience, and that she felt she cared better for her child than the older mothers she knew. One mother evocatively said that society is unaware of the ‘story behind’ (Sally, p.51). This could possibly refer to the complex and invisible circumstances of homeless young mothers, which are usually overshadowed by society’s prejudice and stigmatising discourses on young parenthood and homelessness (Duncan et al., 2010; SmithBattle, 2000). A second possibility could be related to some mothers’ fear-provoking accounts of perceiving aspects of their pasts being repeated with their own children. It is commonly suggested that cycles of disadvantage are likely to be maintained across generations, especially among high-risk populations (Kaufman & Zigler, 1987; Rutter & Madge, 1976). Witnessing the continuity of negative events could potentially be stirring traumatic and unresolved early caregiving experiences that could possibly increase feelings of being inadequate as a mother (David et al., 2012; Smolen, 2003). Homelessness also creates an uncontained context which might increase mothers’ sense of loss and poor self-efficacy (Boydell et al., 2000).

Contrary to popular belief, intergenerational discontinuities are more frequent than continuities (Rutter, 1998). It is suggested that these processes need to be understood within the context of individual differences such as resilience, environmental influences, and mediating and protective mechanisms (Egeland, Carlson et al., 1993; Egeland, Jacobvitz et al., 1988; Rutter, 1987). In the present study as well as in previous research (Clemmens, 2003; Hurley, 2010), most participants wanted to break cycles of
adversity for their children, in particular not repeating their poor caregiving history. This is termed in family therapy as a ‘corrective script’ (Byng-Hall, 1985, p.302), where individuals try to repair what they experienced as their parents’ mistakes through attempts to act in an opposite way with their children. As an exception, one participant wanted to repeat her mother’s supportiveness during her teenage pregnancy if this happened with her daughter in the future. This example prompts for more research on intergenerational continuity of positive experiences within the context of disadvantage. Nevertheless, an empirical study suggested that, despite holding sensitive beliefs in fulfilling their infants’ attachment needs, ‘preoccupied’ (Fonagy et al., 1991, p.892) mothers with negative childhood histories parented inconsistently. The sense of repairing a difficult past by being an available parent would obviously be challenged for homeless young mothers and impact on their family’s wellbeing. This needs to be considered when working clinically with this target group.

A theme which did not emerge in previous qualitative research (Clemmens, 2003; Meadows-Oliver, 2006, 2009) was what could be thought of as an idealisation of the mother-child relationship. Idealisation is a psychoanalytic term defined as ‘a mental process by means of which the object’s qualities and value are elevated to the point of perfection’ (Laplanche & Pontalis, 1988, p.202), which can fulfil a defensive function against destructive feelings towards the same object. This was apparent in participants’ use of overly positive descriptors which stood in stark contrast to the challenges they experienced with their children. Some participants’ sense of being completely merged and all-powerful with their children could be understood by Margaret Mahler’s psychoanalytic concept of Separation-Individuation (as cited in Colarullo, 1992). In the first few months of life, the mother and the infant are physically and emotionally dependent on each other, and they act like ‘an omnipotent system, a dual entity with a common boundary’ (Colarullo, 1992, p.33). One aim for the mother-child dyad is to attain a healthy physical and psychological distance from each other to facilitate interactions with the wider environment. It is of note that some participants were referring to their 4- and 5-year olds, which might mean that their sense of being one with them persisted longer. Housing instability might also make it more difficult for the mother and child to separate safely, and this mental state might represent protection and comfort. This could raise a potential challenge for these mothers in tolerating their children’s increased autonomy through to adolescence (David et al., 2012; Valentino et al., 2012). Promoting the notion of good enough parenting (Winnicott, 1960) and normalising ambivalent maternal feelings, both positive and negative, towards their
children could help mothers develop a less idealised and more integrated picture of themselves and their children (Parker, 1995).

Finally, the idea of coming out of homelessness represented a fresh start for the mothers and their children and an opportunity to build a better future. Their children appeared to be a source of motivation for seeking change, as found in previous studies (Clemmens, 2003; Meadows-Oliver, 2006, 2009). Despite the constraining experience of being in a homeless hostel, some mothers regarded this environment as providing temporary stability until they moved to their future homes, in a similar way to a secure base (Bowlby, 1977) from which they could explore their possibilities and return for staff’s guidance when needed. Commonly reported in the literature (Clemmens, 2003; King et al., 2009; Rutter, 1987), becoming a mother acted like a positive turning point for some participants. Motherhood became a time to let go of superficial relationships and hold on to people who were meaningful to them and their children. Some mothers believed in personal actions including continuing their education or finding a job, and one participant particularly expressed her deep faith in God. These could be indicators of psychosocial resilience (Egeland, Carlson et al., 1993; Rutter, 1987), whereby the mothers were developing ways of maintaining hope and responding to stress and adversity. The underlying processes of resilient functioning within homeless young populations warrant more research attention.

4.3. Strengths and limitations of the current study

The present study is the first of its kind to have been conducted in the UK in the area of homeless young mothers’ experiences. Although some proposed themes resembled those in the wider literature, this paper distinguishes itself through its rigour and commitment in interpreting the perceived phenomenon of the mother-child relationship while homeless amidst the myriad complex experiences shared by individual participants. Mothers’ idealised representations of their child and the use of a temporal frame that brought together higher levels of meaning of the mother-child relationship were novel contributions to existing research. Another strength of this study is the transparency of its methodological process, and the consideration of the researchers’ reflexive and epistemological influences in engaging with the participants and the data. The researchers’ interpretations are inevitably open to further discussion and elaboration.

Nevertheless, this study has some key limitations. Although the idiographic and hermeneutic approach in the study do not ascribe to the objective truthfulness of participants’ verbatim accounts, it is acknowledged that these perceived experiences
might be subject to memory biases (Zeitlin & McNally, 1991), no recall (Williams, 1984) or an unwillingness to disclose sensitive topics. Participants who chose not to volunteer for the research could have potentially offered other unexplored aspects of the mother-child relationship. Given that homeless young mothers are usually scrutinised regarding child protection, it is possible that mothers who were concerned about their parenting were less likely to volunteer compared to those who might be more resilient. Finally, interpretations are limited to the eight study participants and do not offer empirical generalisability. However, these findings are discussed in relation to wider literature and they can be theoretically transferable to people in more, or less, similar contexts through the subjective evaluations of readers (Smith et al., 2009).

4.4. Implications for practice and recommendations for future research

Some interesting avenues that might inform the practice of professionals working with homeless young mothers could be inferred from this study. It will be important for services to ensure that giving instrumental information and advice to the mothers is coupled with non-judgmental and emotional support (Belsky, 1984). Histories of adversity, past unresolved conflicts and stigmatising discourses can all contribute in dampening these young women’s confidence, attachment behaviours and emotional expression. Increasing opportunities for mothers to tell their stories and aspirations and to share their difficult feelings, and normalising access to individual or group therapies might be helpful in promoting their sense of parental adequacy and their families’ well-being. Attachment-based parenting programmes tailored to the needs of homeless young mothers could contribute in encouraging good enough parenting and understanding some mothers’ feelings of failure and guilt within the limits imposed by homelessness. More on-site childcare support and child-friendly indoor or outdoor communal spaces within homeless accommodation services could provide a more positive parenting experience and less stressful transition out of homelessness for the mothers and their children. Socio-political and health strategies must incorporate the specific contextual needs, strengths and voice of homeless young parents and their children, and shift away from over-generalised and unhelpful practices.

This present paper recommends more research on the varied experiences of homeless young parents, including fathers of homeless children, across different socio-cultural contexts, ethnic backgrounds and periods in child development. Children’s presence during some interviews in the current study allowed the researcher to observe mother-child interactions which helped in achieving deeper levels of interpretations.
Future similar qualitative studies can be more formally designed to collect observational data in addition to interviews. Individual variations among homeless young people in response to stress and adversity, including psychosocial resilience, deserve further attention. Mediating and protective processes involved in the intergenerational continuity and discontinuity of positive and negative experiences within the context of homelessness merit additional investigation, with the use of more robust mixed methodologies and prospective longitudinal study designs.
5. REFERENCES


SECTION C: CRITICAL APPRAISAL

1. Introduction
Conducting doctoral research is not merely the fulfilment of an academic competency, but it is a whole journey characterised by multiple personal and professional challenges, achievements and invaluable learning opportunities. Adopting a reflexive attitude is an important part of doing qualitative experiential research, which involves ‘reflecting [one's] thinking back to [oneself]’ (Shaw, 2010). This section is based on my reflexive notes, observations, electronic correspondence and supervision records taken throughout the research process. It summarises key events and reflections on my experience as a researcher in relation to my participants, other people and the different stages involved in this study. It also demonstrates my attempt to bracket my own assumptions, beliefs and values as part of maintaining a ‘phenomenological attitude’ (Finlay, 2008, p.2). I also include some instances of inter-subjective experiences (Thompson, 2005) with my participants, which became resources for the final work.

2. The research journey
2.1. Choosing a research topic
To start with my background, I am a self-funded international student of Asian ethnic origin, currently in my mid-twenties, doing a doctoral training in the UK. Prior to this course, I worked in a voluntary sector organisation offering residential care services to looked-after children and young people who had suffered different forms of maltreatment. I also conducted a quantitative study on teachers’ attitudes towards working with children who had special educational needs. In choosing a research topic, I was initially very motivated to draw on my previous work and research experiences and conduct a study in the area of caregivers’ understanding of attachment and trauma among looked-after children and young people in the UK. To my disappointment, this idea met with several obstacles including potential access and feasibility issues, and the constraints of time and resources for a doctoral study.

At the time, I was in my first year of training at a mental health service for homeless adults aged 16 or over. I had the opportunity of working with two homeless adolescent mothers with psychological difficulties within a narrative framework (Freedman & Combs, 1996). Their stories of powerlessness marked me deeply and I felt privileged in adopting a non-expert position, taking a non-blaming approach to collaboratively notice and build narratives of unexplored strengths with these mothers. I was particularly struck by the profound life-changing meanings that they attributed to their young children within the context of homelessness. After conversations with potential
supervisors, this clinical experience translated into the present research topic: the exploration of homeless young mothers' experiences of their relationship with their children. My dampened enthusiasm rekindled and I felt motivated to embark on this new idea, which also fed into my first interest in researching vulnerable groups of young people. With increased support from both my field and academic supervisors, I shadowed specialist health visitors working with first-time teenage mothers and homeless families. I contacted statutory and voluntary sector homeless accommodation services to map the extent of homeless young mothers living in a UK city. While some organisations understood the potential clinical value of such research and were willing to allow my access to their young residents where possible, a few others did not express an interest, mainly because of their limited administrative capacity and uncertainty around possible service closures.

These encounters gave me a richer understanding of the transient circumstances faced by both this target group and homeless services within a climate of austerity and funding cuts. It also made me more aware of the considerable level of negative scrutiny that homeless young mothers face from local authorities, especially in relation to child protection concerns. This made me think again about the sensitive nature of my research topic and the implications of being an external researcher who would be enquiring into mothers' relationship with their children. I therefore knew that my approach would necessitate thorough ethical review and I would need to use my clinical skills to establish trust with housing organisations and potential participants. Despite possible practical barriers, I was determined to listen to the voices of individual young mothers, which could be so easily silenced within contexts of unequal power structures.

2.2. Choosing a methodology
My scoping searches of relevant literature on homelessness and young motherhood revealed that these areas have been mainly studied through quantitative and objective methods. Many of these papers focus on a relatively bleak picture of the multiple negative outcomes among homeless young mothers and their children. Socio-political actions are usually overgeneralised and discount individual experiences within this target group. Qualitative research with homeless young mothers had received sparse attention in the UK literature and I wondered whether this might be due to the hard-to-reach and transient nature of this population. I could find no studies focusing on how these mothers represented their relationship with their children.

Prior to selecting a research methodology, I engaged in a process of adopting an epistemological position (see Appendix H). I was drawn to a contextual constructivist
stance, which views the young mothers as active creators of the meanings they attribute to their relationship with their children in different contexts (Cobern, 1993; Mogashoa, 2014; Neimeyer & Stewart, 2001). This standpoint allowed me to keep an open mind on contexts that mattered to these mothers and not to presuppose that dominant societal discourses on homelessness and young motherhood shaped their lived experiences. The use of phenomenology made me more aware of the need to bracket off my pre-conceptions, for instance the cultural stigma associated with having a child out of wedlock within my Asian community, and to acknowledge the role of such assumptions in interpreting participants’ perspectives (Finlay, 2008).

This fore-structure for the research indicated a qualitative methodology. This also meant that I had to step away from my comfort zone with quantitative approaches, which admittedly made me feel uncomfortable at first. As I started reading on different qualitative methods, I found myself better able to differentiate approaches based on my epistemological stance and research aim. I firstly wondered about narrative research (Murray, 2003), which originated from my aforementioned clinical experience of using Narrative Therapy (Freedman & Combs, 1996) with homeless mental health service users. This approach was embedded in a social constructionist paradigm (Willig, 2013) of exploring life stories within broader socio-cultural contexts as mediated through language. However, I realised that this linguistic emphasis might undermine the articulation of experiences by some homeless young mothers who might have difficulties in verbal and emotional expressiveness. A life-story approach might also diverge from my focus on the particular phenomenon of the mother-child relationship.

I then contemplated Grounded Theory (GT; Glaser & Strauss, 1967), an approach which assumes that meanings are developed and shaped within social structures, and which aims to generate an explanatory theory of social processes. For the present research, a restriction on homelessness as the main social structure would have limited flexibility in mothers’ sense-making of their relationship with their children in other contexts of subjective importance. In addition, my aim was not to develop theoretical understanding of mothering while homeless, but explore at an idiographic level what it was like for these young women. GT also uses the principle of theoretical saturation which involves adding participants, typically ranging from 10 to 60 people, until the multiple dimensions which constitute a theory is almost fully represented (Glaser & Strauss, 1967; Starks & Trinidad, 2007). This would have been practically impossible to achieve within a limited and hard-to-reach population.
I eventually came across a few qualitative studies in the area of teenage motherhood which used a methodology called *Interpretative Phenomenological Analysis* (IPA; Smith & Osborn, 2008; Smith *et al.*, 2009). I also decided to choose IPA for my study based on five main reasons: its focus on individuals’ sense-making of a particular phenomenon within contexts that matter to them, its bottom-up approach where interpretations of participants’ experiences are grounded within their accounts, its non-reliance on a priori theoretical frameworks, its use of the reflexive ‘dance’ (Finlay, 2008, p.1) in suspending pre-conceptions when engaging with participants’ life-worlds, and its purposive homogenous sampling, emphasising depth of experience rather than sample size. Although IPA findings cannot be generalised outside the study sample, it has the merit of bringing forth a rich pool of untested hypotheses and unexplored accounts to inform future research and service development. Being a first-time IPA user, I endeavoured to familiarise myself with the method by reading books and articles, attending a one-day IPA training course, joining an IPA peer support group and staying up-to-date with an online forum used by IPA researchers internationally.

### 2.3. Designing the research

Researching a vulnerable group of homeless young people would obviously raise ethical issues. Ethical clearance at the University typically takes a month and it was not surprising that I was given final approval after three months. The ethics committee had concerns about obtaining consent from 16/17 year olds, managing breaches in confidentiality, the possibility of coercion from staff members in research participation and the safeguards in place at the participating organisations. After several amendments and clarifications, I reassured the committee on my adherence to the *BPS Code of Human Research Ethics* (BPS, 2010), my understanding of the *Mental Capacity Act 2005* in determining consent, my certification of *Enhanced Disclosure and Barring Service* (DBS) and my professional ethical obligation with regards to confidentiality in the *BPS Code of Ethics and Conduct* (BPS, 2009). The participating organisations also had established health and safety policies and their employees were trained in assessing and managing risk. The staff members working with the mothers were aware of their support needs and had good rapport with them. I was told by the housing managers that all the young mothers in their organisations made their own independent choices for themselves and their children and accessed further support and advice when they required so. It was therefore unlikely that the mothers would be pressurised by staff to get involved in research in which participation was voluntary. Although this phase of the research process was challenging and time-consuming, it also enabled me
to demonstrate commitment, rigour, transparency and sensitivity to the context of my participants (Yardley, 2000, 2008).

Advertising the research was an interesting period in this project where I arranged meetings with the managers of some homeless accommodation services to discuss the purpose of my research and possible recruitment strategies. Above all, these were opportunities for me to learn from the staff members’ experience of working with homeless young mothers, to display my motivation in furthering knowledge of this group and to showcase the potential clinical implications of this research. However, the recruitment period was marked by a few setbacks: the closure of two housing projects that were initially willing to be involved, a change of manager in one organisation with the new person not being aware of my research, no referrals for sometimes more than a month, and a willing participant opting out between the time of referral and the interview date because she had to move out of the accommodation. At times I felt frustrated and worried about not fulfilling my research requirements on time. Perhaps this reflects partly what it is like for homeless young mothers to face uncertainty regarding their capacity to provide for their children within constantly changing service environments. Supervision allowed me to debrief on these thoughts and I renewed my efforts to maintain regular contact with the remaining organisations. At the end of seven months, all the patience and hard work paid off and I achieved my sample target of eight participants.

2.4. The process of collecting data

A practical issue during data collection was that of obtaining childcare for the duration of the interview if this facility was not provided by the homeless organisations. Initially I thought that this might present a barrier to achieving a homogeneous sample and the in-depth exploration of the mothers’ experiences. Consultation with my supervisors allowed me to see that this actually might be an interesting aspect to the study, whereby the child might act like a ‘natural prompt’ during interviews and I could witness the mother-child dyadic interactions. I also discussed this point at the IPA training course with M. Larkin (personal communication, 14 July 2015) who is one of the theorists of this approach, and he also suggested that the presence of the child is not irrelevant to the primary research question which concerned the mother-child relationship.

Consequently, potential participants from organisations without onsite childcare were given the option of having their child with them if they wanted to. This resulted in a total of three interviews carried out with children aged two months and under. It was indeed striking to see some powerful moments of mothers imitating their infants’ babbles,
cuddling and gently rocking their babies to soothe their cries, or peacefully looking at their sleeping infants. These images came to me during the analysis when I was attempting to come up with deeper levels of interpretation on what the children meant to the mothers. Although these are common mother-baby interactions, they appeared to impress me as images of an all-powerful dyad inhabiting a ‘perfect bubble’ in which nobody else was allowed in. I sometimes wondered whether I might be ‘intruding’ this relationship with my presence and questions. I remember one mother asking me after an interview whether I had a child of my own, and when I told her that I did not have one, she said that I would not understand what it was like. This comment stirred up important reflections in my research journey and made me more aware of my being a single unmarried woman who had not yet lived the experience of becoming a mother. This might have influenced my perception of the young mothers’ interactions with their children as being special in some way and my impression of ‘being not allowed’ in this experience. However, it became apparent from the analysis that the mothers also made sense of their relationship with their children in overly positive, problem-free and exclusive terms. In light of the research material and literature in support of these experiences, my personal impressions became a resource to interpreting mothers’ lived experiences. I also became more motivated to be genuinely curious in interviews and naively expose the ‘obvious’ by asking stupid sounding questions (Smith et al., 2009).

Conducting interviews within an IPA approach also required the participants to be willing to talk in depth about their lived experiences. To achieve this, I was mindful that I had to try to establish an adequate level of rapport with the mothers within this one-off semi-structured interview. Before the interviews, I therefore verified whether the participants needed anything for themselves or their babies and ensured that the room was not too hot or cold. My interview guide was also designed in such a way that it started with a here-and-now conversation on the mother’s current situation and relationships and proceeded flexibly with relevant areas of questioning. I used descriptive elements in relation to the mother-child relationship as and when they came up from the participants to probe further into their thoughts, feelings and sense-making. Throughout the interviews, I did my best to actively listen and engage with the mothers in an empathic manner. I remember one mother saying to me that she agreed to share her experiences because I came with a ‘positive attitude’ and she did not feel that I ‘judged’ her. Furthermore, I fully respected mothers’ wishes if at times they did not want to elaborate on certain aspects of their experiences. Although I felt a tension between my clinical and research skills, I consciously tried to focus on expanding mothers’ narratives.
within interviews, rather than reflecting and interpreting their perspectives. I also observed that I was improving at tolerating occasional silences during interviews and following the mothers' lead, instead of filling these gaps with other questions.

The interview process was demanding and my attention and capacity to listen dwindled at times, especially when trying to remember potential cues for further exploration. I would like to share a particular interview moment when I misheard a word from a mother. She was talking about her experiences of sharing her homeless accommodation with a family from a different ethnic and linguistic background. Her daughter usually said to her that they 'talked funny'. The mother also later said that she was a 'friendly' person. I instead seemed to have heard 'funny person' and asked her what she meant. She chose not to clarify my misunderstanding and acknowledged that she was funny and would have a good laugh sometimes. My academic supervisor and I listened to this piece of audio recording and we had two hypotheses. From a psychoanalytic perspective, we wondered whether this was a counter-transference reaction (Alain De Mijolla, 2005), that is, being Asian and a non-native English speaker, I unconsciously identified with the mother's narrative of those people from a different ethnic origin who 'talked funny' and projected my discomfort through apparently hearing the mother describing herself as 'funny'. Secondly, the mother did not challenge this error and this could indicate a potential sense of powerlessness in her interactions with other people who might be perceived as possessing more authority, such as myself in the position of a researcher. These ideas informed my interpretations on the experience of homelessness as a loss of power, control and autonomy in the final analysis.

After each interview, mothers had the option of accepting a £20 gift voucher in recognition of their time and participation. This incentive was considered as a modest amount, which would not be classed as 'bribery' under the Bribery Act 2010 because research participation was voluntary. All the young mothers chose to take the voucher and many of them said that they wanted to spend it on care products or toys for their children. I felt humbled by their immediate intention of putting their children's needs first.

2.5. Transcribing and analysing
At first, I had decided to transcribe all my interviews on my own. It took me around four week-ends to complete the first interview. I noticed that the reasons I was taking so much time were not only my attempts to listen to every word and immerse myself in the data, but also occasional difficulties in understanding some audio-recorded sections when participants talked very fast or with a strong accent. On reflection, English is my second
language and typing fast is not my forte. My supervisor and I agreed that approaching a transcription service would be an appropriate way forward. I gave five interviews to the professional transcriber and completed the remaining two on my own. When the transcripts were returned, I read them again while listening to the recording to feel closer to the data and recollect the interview experience.

If I had to summarise the experience of the analysis, I would say it was 'an exhaustingly exciting adventure of melting a chaotic whole and welding its pieces back into a coherent form'. I felt amazed at the richness of emerging data from each transcript, but also overwhelmed by its volume. When trying to reduce and thematise this data, I sometimes experienced this process as being no longer 'faithful' to my participants’ accounts and as 'corrupting the data'. My supervisor helped me normalise these feelings as common in qualitative research and encouraged me to develop a personalised way of navigating from the original text to the superordinate themes. I preferred carrying out the whole process on the computer. At the initial stages, both my supervisor and I observed that I was taking an overly systematic and summative approach with my emergent themes. I could see my pull towards quantitative research playing out here and this appeared to influence my capacity to be flexible and creative with my interpretations. I also felt tired and quite saturated by the whole process.

Supervision played a key role in helping me visualise my analysis as a ‘funnel’ and actively reflect on what struck me from the data. After taking a week-long break from my research, I was able to engage afresh with searching for patterns across all the transcripts. I finally came up with four superordinate themes which situated my interpretations of the participants’ sense-making of the mother-child relationship within a temporal frame connecting the past, present and future. While writing up, I was constantly aware of my tendency towards over-inclusivity and I worked hard to present my arguments in a concise manner. ‘Don’t let the perfect be the enemy of the good’, this quote from Voltaire, a French writer and philosopher, resonated with me throughout this research journey as a helpful reminder of focussing on achieving a ‘good enough’ piece of work.

3. Dissemination
The present research offers important insights into homeless young mothers’ lived experiences of their relationship with their children, which can potentially inform the practice of professionals working with them. I intend to send a summary of my research report to all participating homeless accommodation services, relevant NHS professionals working with homeless young people, the local Trust's Research and Development
department, and other statutory and voluntary sector organisations who were contacted while preparing for this research. I will write the research report up as an article for submission to a peer-reviewed journal (see Appendix A). I also plan to publish my literature review on the impact of a maternal history of maltreatment on the adolescent mother-child relationship, which might be a potential resource for other researchers, policy makers and health and social care professionals. Moreover, I will disseminate the research findings through poster and oral presentations at a trainee research conference in September 2016. I will also organise a smaller interactive forum with participating housing organisations and other stakeholders of this research to present the results and discuss the study’s implications.

A briefer version of this report will be written in lay language and sent to participants who expressed an interest in receiving a copy. I will ensure that participants can contact me if they have further thoughts regarding the findings which will be valuable in reviewing the analysis at a later stage. Future qualitative research in this area might benefit from bolder designs, such as the use of follow-up interviews with each participant (Smith et al., 2009) and ‘member checking’ (Creswell & Miller, 2000), which involves showing the analysis to participants to obtain their reflections before finalising the report. These were not used in the current study due to the transient nature of my sample and the limitations on time and resources.

4. Reflections on personal and professional development

Navigating this research journey was a truly transformative experience both at a personal and professional level. I realised that being a researcher and a clinician were not mutually exclusive roles but they drew from each other’s skillset to create a rich combination in the exploration of human experience. Designing this research made me more aware of the multi-faceted epistemologies and methodologies of what can we know and how. The present study reminded me of my pursuit in wanting to contribute to the construction of useful and purposeful knowledge which can inform and translate into beneficial actions for vulnerable children and young people. Talking with these homeless young mothers also revealed a need to challenge unequal systems and negative social discourses and to recognise individuals’ strengths in the context of adversity. Throughout this research, I felt that I gathered an increased sense of autonomy within unfamiliar systems, and confidence and creativity in expressing my ideas.

Undertaking intensive doctoral training and research for three years in the UK while being away from my family who live in a different country has been an emotionally challenging time. At moments I have felt the need of wanting my parents
and other significant people in my life to be around me and share this load with me. However, this distance was key in developing my independence and resilience in novel situations. My peers helped me feel that I was not alone in this journey. I will not forget our enlivening sense of humour on the process, especially when joking on our ‘sore thesis brain’! Finally, my supervisors have been pivotal in furthering my reflexivity and in supporting my personal and professional growth. They showed me how crucially important self-care is in the process of becoming an effective scientist-practitioner.
REFERENCES


Appendix A¹: Guidelines to authors of the target journal for the Literature Review and Research Report

Name of Target Journal for Literature Review and Research Report:

GUIDE FOR AUTHORS
Introduction
The Journal is an international, broadly based, cross-disciplinary, peer-reviewed journal addressing issues of professional and academic importance to people interested in adolescent development. The Journal aims to enhance theory, research and clinical practice in adolescence through the publication of papers concerned with the nature of adolescence, interventions to promote successful functioning during adolescence, and the management and treatment of disorders occurring during adolescence. We welcome relevant contributions from all disciplinary areas.

For the purpose of the Journal, adolescence is considered to be the developmental period between childhood and the attainment of adult status within a person’s community and culture. As a practical matter, published articles typically focus on youth between the ages of 10 and 25. However, it is important to note that JoA focuses on adolescence as a developmental period, and this criterion is more important than age per se in determining whether the subject population or article is appropriate for publication.

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Types of contributions
Specific instructions for different manuscript types
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publication outlets and bring the work to the attention of a wider audience. International Briefs would be published as a very brief summary in the Journal (up to 1000 words in length), with a fuller version available as on-line supplementary material (see above). They are likely to focus on local replications of well-known phenomena or findings.

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**Acknowledgements**
Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

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- Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar.
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• Full postal address
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• Keywords
• All figure captions
• All tables (including title, description, footnotes)
Further considerations
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• References are in the correct format for this journal
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• Permission has been obtained for use of copyrighted material from other sources (including the Internet)

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• Indicate clearly whether or not color or black-and-white in print is required.

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Appendix B: Search terms used for the literature review’s database searches

Table 1. Combinations of search terms

<table>
<thead>
<tr>
<th>Search Terms</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>mother*</td>
<td>To retrieve articles focussing on mothers and motherhood</td>
</tr>
<tr>
<td>AND teen* OR adolescen* OR young*</td>
<td>To focus on articles looking at adolescents, teenagers or young people</td>
</tr>
<tr>
<td>AND child* OR infan* OR toddler*</td>
<td>To capture papers focussing on infant, toddlers or children</td>
</tr>
<tr>
<td>AND trauma* OR abus* OR maltreat* OR violen*</td>
<td>To obtain articles specifically referring to any form of trauma, abuse, violence or maltreatment</td>
</tr>
<tr>
<td>AND depriv* OR neglect* OR disadvantag* OR vulnerab*</td>
<td>To obtain papers specifically highlighting any form of deprivation, neglect, disadvantage or vulnerabilities</td>
</tr>
<tr>
<td>AND relation* OR attach* OR connect* OR interact*</td>
<td>To focus on articles looking at some form of relationship, attachment, connection or interaction</td>
</tr>
</tbody>
</table>

*This is a truncation symbol that can retrieve all words starting with the letters preceding it.

Table 2. Database search information

<table>
<thead>
<tr>
<th>Database searched</th>
<th>Search period</th>
<th>Limiters applied</th>
<th>Articles returned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medline</td>
<td>02.11.2015 – 08.11.2015</td>
<td>Peer-reviewed</td>
<td>147</td>
</tr>
<tr>
<td>Applied Social Sciences Index and Abstracts (ASSIA)</td>
<td>02.11.2015 – 08.11.2015</td>
<td>Peer-reviewed</td>
<td>110</td>
</tr>
</tbody>
</table>
Appendix C: Flow diagram of studies for inclusion in the literature review

Articles identified from PsycINFO, Web of Science, Medline & ASSIA online databases search
Total before deduplication = 598
Total after deduplication = 551

Screened title for relevance
N = 551
Excluded 419 records

Screened abstract for relevance
N = 132
Excluded 107 records

Full-text retrieved and inclusion/exclusion criteria applied
N = 25

Quality criteria applied
N = 12
13 full papers excluded

Studies identified from search of references and forward citations
N = 6

Studies included in the final review
N = 13

Screened abstract for relevance
N = 6
Excluded
N = 5

Included based on matching inclusion/exclusion and quality criteria
N = 1
Appendix D: Data extraction pro-forma

<table>
<thead>
<tr>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authors:</td>
</tr>
<tr>
<td>Publication Date:</td>
</tr>
<tr>
<td>Journal:</td>
</tr>
<tr>
<td>Volume:</td>
</tr>
<tr>
<td>Keywords/Definitions:</td>
</tr>
<tr>
<td>Aims:</td>
</tr>
<tr>
<td>Sampling/Participants: (total number of participants? Age range, who was studied, how was the sample recruited? Response rate?)</td>
</tr>
<tr>
<td>Study type/ Design: (randomised allocation? Is a control group used?)</td>
</tr>
<tr>
<td>Outcomes and Measures: (What outcomes are being measured? What measurements are used? Are measures validated? At what time points are measures completed? Self-report or clinician rated?)</td>
</tr>
<tr>
<td>Intervention (if any): (Type of intervention? Control group comparable? Format of the intervention? Who is delivering it?)</td>
</tr>
<tr>
<td>Analysis: (What statistical methods were used? Was power calculated? Intention-to-treat?)</td>
</tr>
<tr>
<td>Findings:</td>
</tr>
<tr>
<td>Controls/Validity/Reliability:</td>
</tr>
<tr>
<td>Conclusions: (What do the findings mean? Generalisability? Implications &amp; Recommendations?)</td>
</tr>
<tr>
<td>Additional Comments:</td>
</tr>
</tbody>
</table>
Appendix E: Quality checklist adapted from Downs and Black (1998) and ratings for the 13 included studies

<table>
<thead>
<tr>
<th>Methodological Feature</th>
<th>Articles as numbered in Appendix G</th>
<th>Number of articles with full score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aims/objectives/hypotheses clearly described?</td>
<td>2 2 2 2 2 2 2 2 2 2 2 2 2 2</td>
<td>13</td>
</tr>
<tr>
<td>Details of method and design given?</td>
<td>2 2 2 2 2 2 2 2 2 2 2 2 2 2</td>
<td>13</td>
</tr>
<tr>
<td>Details of sample demographics given?</td>
<td>2 2 2 2 2 2 2 2 2 2 2 2 2 2</td>
<td>13</td>
</tr>
<tr>
<td>Representativeness of sample stated?</td>
<td>0 2 0 0 0 0 0 0 0 0 2 0 0</td>
<td>2</td>
</tr>
<tr>
<td>Reliability of outcome measures stated/reported?</td>
<td>2 2 1 2 1 2 2 2 2 1 1 2 1</td>
<td>8</td>
</tr>
<tr>
<td>Validity of outcome measures stated/reported?</td>
<td>2 2 1 2 2 2 2 2 2 1 1 2 1</td>
<td>9</td>
</tr>
<tr>
<td>Appropriate statistical tests used?</td>
<td>2 2 2 2 2 2 2 2 2 2 2 2 2 2</td>
<td>13</td>
</tr>
<tr>
<td>Significance levels/confidence intervals provided for results?</td>
<td>2 2 2 2 2 2 2 2 2 2 2 2 2 2</td>
<td>13</td>
</tr>
<tr>
<td>Effect size calculated and clearly reported?</td>
<td>2 2 0 0 0 0 0 0 0 0 0 0 0</td>
<td>2</td>
</tr>
<tr>
<td>Main findings of the study clearly described and linked to study questions/hypotheses?</td>
<td>2 2 2 2 2 2 2 2 2 2 2 2 2</td>
<td>13</td>
</tr>
<tr>
<td>Limitations of the study acknowledged?</td>
<td>2 2 2 1 2 2 2 2 2 2 2 2 2 2</td>
<td>12</td>
</tr>
<tr>
<td>(e.g. adverse events, principal confounders, response rate, missing data or loss of participants)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generalisability of the study considered?</td>
<td>0 0 2 2 1 2 2 2 2 0 2 2 0</td>
<td>8</td>
</tr>
<tr>
<td>Total score (out of 24)</td>
<td>20 22 20 17 18 20 20 20 16 20 20 16</td>
<td>0</td>
</tr>
<tr>
<td>Overall quality percentage (%)</td>
<td>83 92 83 71 75 83 83 83 83 67 83 83 67</td>
<td>0</td>
</tr>
</tbody>
</table>

1Score descriptions for each feature: Yes (2); Partially (1); No/Unable to determine (0)
Appendix F: Quality appraisal tool (Downs & Black, 1998)

Appendix

Checklist for measuring study quality

1. Is the hypothesis/aim/objective of the study clearly described?
   - yes 1
   - no 0

2. Are the main outcomes to be measured clearly described in the Introduction or Methods section?
   If the main outcomes are first mentioned in the Results section, the question should be answered no.
   - yes 1
   - no 0

3. Are the characteristics of the patients included in the study clearly described?
   In cohort studies and trials, inclusion and/or exclusion criteria should be given. In case-control studies, a case-definition and the source for controls should be given.
   - yes 1
   - no 0

4. Are the interventions of interest clearly described?
   Treatments and placebo (where relevant) that are to be compared should be clearly described.
   - yes 1
   - no 0

5. Are the distributions of principal confounders in each group of subjects to be compared clearly described?
   A list of principal confounders is provided.
   - yes 2
   - partially 1
   - no 0

6. Are the main findings of the study clearly described?
   Sample outcome data (including denominators and numerators) should be reported for all major findings so that the reader can check the major analyses and conclusions. (This question does not cover statistical tests which are considered below).
   - yes 1
   - no 0

7. Does the study provide estimates of the random variability in the data for the main outcomes?
   In non-normally distributed data the inter-quartile range of results should be reported. In normally distributed data the standard error, standard deviation or confidence intervals should be reported. If the distribution of the data is not described, it must be assumed that the estimates used were appropriate and the question should be answered yes.
   - yes 1
   - no 0

8. Have all important adverse events that may be a consequence of the intervention been reported?
   This should be answered yes if the study demonstrates that there was a comprehensive attempt to measure adverse events. (A list of possible adverse events is provided).
   - yes 1
   - no 0

9. Have the characteristics of patients lost to follow-up been described?
   This should be answered yes where there were no losses to follow-up or where losses to follow-up were so small that findings would be unaffected by their inclusion. This should be answered no where a study does not report the number of patients lost to follow-up.
   - yes 1
   - no 0

10. Have actual probability values been reported (e.g. 0.035 rather than <0.05) for the main outcomes except where the probability value is less than 0.001?
    - yes 1
    - no 0

External validity

All the following criteria attempt to address the representativeness of the findings of the study and whether they may be generalised to the population from which the study subjects were derived.

11. Were the subjects asked to participate in the study representative of the entire population from which they were recruited?
    The study must identify the source population for patients and describe how the patients were selected. Patients would be representative if they comprised the entire source population, an unselected sample of consecutive patients, or a random sample. Random sampling is only feasible where a list of all members of the relevant...
Appendix F (continued) – Quality Appraisal Tool (Downs & Black, 1998)

12. Were those subjects who were prepared to participate representative of the entire population from which they were recruited?
The proportion of those asked who agreed should be stated. Validation that the sample was representative would include demonstrating that the distribution of the main confounding factors was the same in the study sample and the source population.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>0</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>no</td>
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<tr>
<td>unable to determine</td>
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</tbody>
</table>

13. Were the staff, places, and facilities where the patients were treated, representative of the treatment the majority of patients receive?
For the question to be answered yes the study should demonstrate that the intervention was representative of that in use in the source population. The question should be answered no if, for example, the intervention was undertaken in a specialist centre unrepresentative of the hospitals most of the source population would attend.

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<tbody>
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<td>unable to determine</td>
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</table>

14. Was an attempt made to blind study subjects to the intervention they have received?
For studies where the patients would have no way of knowing which intervention they received, this should be answered yes.

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<tbody>
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<td>unable to determine</td>
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</table>

15. Was an attempt made to blind those measuring the main outcomes of the intervention?

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<tbody>
<tr>
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<td>unable to determine</td>
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</table>

16. If any of the results of the study were based on “data dredging”, was this made clear?
Any analyses that had not been planned at the outset of the study should be clearly indicated. If no retrospective unplanned subgroup analyses were reported, then answer yes.

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<tr>
<td>unable to determine</td>
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</tbody>
</table>

17. In trials and cohort studies, do the analyses adjust for different lengths of follow-up of patients, or in case-control studies, is the time period between the intervention and outcome the same for cases and controls?
Where follow-up was the same for all study patients the answer should be yes. If different lengths of follow-up were adjusted for by, for example, survival analysis the answer should be yes. Studies where differences in follow-up are ignored should be answered no.

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<tbody>
<tr>
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<tr>
<td>no</td>
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<tr>
<td>unable to determine</td>
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</tbody>
</table>

18. Were the statistical tests used to assess the main outcomes appropriate?
The statistical techniques used must be appropriate to the data. For example non-parametric methods should be used for small sample sizes. Where little statistical analysis has been undertaken but where there is no evidence of bias, the question should be answered yes. If the distribution of the data (normal or not) is not described it must be assumed that the estimates used were appropriate and the question should be answered yes.

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<tr>
<td>unable to determine</td>
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</tbody>
</table>

19. Was compliance with the intervention’s reliable?
Where there was non compliance with the allocated treatment or where there was contamination of one group, the question should be answered no. For studies where the effect of any misclassification was likely to bias any association to the null, the question should be answered yes.

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<tr>
<td>unable to determine</td>
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</tbody>
</table>

20. Were the main outcome measures used accurate (valid and reliable)?
Appendix F (continued) – Quality Appraisal Tool (Downs & Black, 1998)

For studies where the outcome measures are clearly described, the question should be answered yes. For studies which refer to other work or that demonstrate the outcome measures are accurate, the question should be answered as yes.

<table>
<thead>
<tr>
<th>yes</th>
<th>1</th>
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<tbody>
<tr>
<td>no</td>
<td>0</td>
</tr>
<tr>
<td>unable to determine</td>
<td>0</td>
</tr>
</tbody>
</table>

Internal validity - confounding (selection bias)

21. Were the patients in different intervention groups (trials and cohort studies) or were the cases and controls (case-control studies) recruited from the same population?

For example, patients for all comparison groups should be selected from the same hospital. The question should be answered unable to determine for cohort and case-control studies where there is no information concerning the source of patients included in the study.

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<tr>
<th>yes</th>
<th>1</th>
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</thead>
<tbody>
<tr>
<td>no</td>
<td>0</td>
</tr>
<tr>
<td>unable to determine</td>
<td>0</td>
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</tbody>
</table>

22. Were study subjects in different intervention groups (trials and cohort studies) or were the cases and controls (case-control studies) recruited over the same period of time?

For a study which does not specify the time period over which patients were recruited, the question should be answered as unable to determine.

<table>
<thead>
<tr>
<th>yes</th>
<th>1</th>
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<tbody>
<tr>
<td>no</td>
<td>0</td>
</tr>
<tr>
<td>unable to determine</td>
<td>0</td>
</tr>
</tbody>
</table>

23. Were study subjects randomised to intervention groups?

Studies which state that subjects were randomised should be answered yes except where method of randomisation would not ensure random allocation. For example alternate allocation would score no because it is predictable.

<table>
<thead>
<tr>
<th>yes</th>
<th>1</th>
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<tbody>
<tr>
<td>no</td>
<td>0</td>
</tr>
<tr>
<td>unable to determine</td>
<td>0</td>
</tr>
</tbody>
</table>

24. Was the randomised intervention assignment concealed from both patients and health care staff until recruitment was complete and irrevocable?

All non-randomised studies should be answered no. If assignment was concealed from patients but not from staff, it should be answered no.

<table>
<thead>
<tr>
<th>yes</th>
<th>1</th>
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<tbody>
<tr>
<td>no</td>
<td>0</td>
</tr>
<tr>
<td>unable to determine</td>
<td>0</td>
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</tbody>
</table>

25. Was there adequate adjustment for confounding in the analyses from which the main findings were drawn?

This question should be answered no for trials if the main conclusions of the study were based on analyses of treatment rather than intention to treat; the distribution of known confounders in the different treatment groups was not described; or the distribution of known confounders differed between the treatment groups but was not taken into account in the analyses. In non-randomised studies if the effect of the main confounders was not investigated or confounding was demonstrated but no adjustment was made in the final analyses the question should be answered as no.

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<tr>
<th>yes</th>
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<tbody>
<tr>
<td>no</td>
<td>0</td>
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<tr>
<td>unable to determine</td>
<td>0</td>
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</tbody>
</table>

26. Were losses of patients to follow-up taken into account?

If the numbers of patients lost to follow-up are not reported, the question should be answered as unable to determine. If the proportion lost to follow-up was too small to affect the main findings, the question should be answered yes.

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<thead>
<tr>
<th>yes</th>
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</thead>
<tbody>
<tr>
<td>no</td>
<td>0</td>
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<tr>
<td>unable to determine</td>
<td>0</td>
</tr>
</tbody>
</table>

27. Did the study have sufficient power to detect a clinically important effect where the probability value for a difference being due to chance is less than 5%?

Sample sizes have been calculated to detect a difference of x% and y%.

<table>
<thead>
<tr>
<th>Size of smallest intervention group</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
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<td>n0</td>
<td>m, m</td>
<td>m, m</td>
<td>m, m</td>
<td>m, m</td>
<td>m, m</td>
</tr>
<tr>
<td>Power</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Appendix G: Key characteristics, measures and findings of the 13 included studies

Table 1. Key characteristics of the included studies 1 to 7

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Study design</td>
<td>PL</td>
<td>PL (RCT)</td>
<td>PL (RCT)</td>
<td>PL</td>
<td>PL</td>
<td>PL</td>
<td>PL</td>
</tr>
<tr>
<td>Data collection points</td>
<td>- Baseline - 6 months - 12 months - 18 months</td>
<td>- Baseline - 1 year</td>
<td>- Baseline - 1 year - 3.5 years</td>
<td>- Baseline - 1 month - 6 months - 12 months - 18 months</td>
<td>- Baseline - 3-5 weeks - 4-6 months - 13 months - 18 months</td>
<td>- Baseline - 6 months - 12 months - 6 months</td>
<td>- Baseline - 6-6 weeks - 12 months</td>
</tr>
<tr>
<td>Number of adolescent mothers in sample</td>
<td>92</td>
<td>447</td>
<td>383</td>
<td>48</td>
<td>NR</td>
<td>361</td>
<td>95</td>
</tr>
<tr>
<td>Maternal age range at first child birth (in years)</td>
<td>14.0-16.9</td>
<td>16.0-20.0</td>
<td>16.0-20.0</td>
<td>≤ 20.0 (in analyses only)</td>
<td>&lt; 21.0</td>
<td>14.0-21.0</td>
<td>14.0-19.0</td>
</tr>
<tr>
<td>Comparison group(s)</td>
<td>Neglectful vs non-maltreating</td>
<td>Neglectful vs non-maltreating</td>
<td>Neglectful vs non-maltreating</td>
<td>Adolescent vs adult mothers</td>
<td>Abused vs non-abused</td>
<td>Non-maltreating vs resilient vs maltreating</td>
<td>Abused vs non-abused</td>
</tr>
<tr>
<td>Intervention (if any)</td>
<td>HV</td>
<td>HV vs RIO</td>
<td>HV vs RIO</td>
<td>HCCSU</td>
<td>None</td>
<td>HV</td>
<td>EIP vs TPHNC</td>
</tr>
<tr>
<td>Effects controlled?</td>
<td>Yes (number of home visits)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes (sociodemographic matching)</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Key: EIP: Early Intervention Programme; HCCSU: Health Care Centre Service Users; HV: Home Visiting; NR: Not Reported; PL: Prospective Longitudinal; RCT: Randomised Controlled Trial; RIO: Referrals and Information Only; TPHNC: Traditional Public Health Nursing Care; UK: United Kingdom; US: United States
### Table 2. Key characteristics of the included studies 8 to 13

<table>
<thead>
<tr>
<th>Study ID: Authors (Year)</th>
<th>Country</th>
<th>Study design</th>
<th>Data collection points</th>
<th>Number of adolescent mothers in sample</th>
<th>Maternal age range at first child birth (in years)</th>
<th>Comparison group(s)</th>
<th>Intervention (if any)</th>
<th>Effects controlled?</th>
</tr>
</thead>
<tbody>
<tr>
<td>8: Lounds et al. (2006)</td>
<td>US</td>
<td>PL</td>
<td>- Baseline</td>
<td>100</td>
<td>14.2-19.2</td>
<td>Neglected vs non-maltreated</td>
<td>None</td>
<td>No</td>
</tr>
<tr>
<td>9: MacKenzie et al. (2011)</td>
<td>US</td>
<td>PL</td>
<td>- 1 year</td>
<td>243</td>
<td>&lt; 18.0</td>
<td>Maltreating vs non-maltreating</td>
<td>HPIP vs Non-HPIP</td>
<td>No</td>
</tr>
<tr>
<td>10: Milan et al. (2004)</td>
<td>US</td>
<td>PL</td>
<td>- 4 years</td>
<td>203</td>
<td>14.0-19.0</td>
<td>Maltreated vs non-maltreated</td>
<td>None</td>
<td>No</td>
</tr>
<tr>
<td>11: Putnam-Hornstein et al. (2015)</td>
<td>US</td>
<td>PL</td>
<td>- 6 months</td>
<td>85,084</td>
<td>15.0-19.0</td>
<td>Maltreated vs non-maltreated</td>
<td>None</td>
<td>No</td>
</tr>
<tr>
<td>12: Valentino et al. (2012)</td>
<td>US</td>
<td>PL</td>
<td>- 12 months</td>
<td>70</td>
<td>14.5-19.5</td>
<td>Abused vs non-abused</td>
<td>NDAPP</td>
<td>No</td>
</tr>
<tr>
<td>13: Zuravin &amp; Diblasio (1996)</td>
<td>US</td>
<td>CR</td>
<td>- 16 years</td>
<td>119</td>
<td>&lt; 18.0</td>
<td>Maltreated vs non-maltreated</td>
<td>None</td>
<td>No</td>
</tr>
</tbody>
</table>

**Key:** CR: Cross-sectional Retrospective; HPIP: High Priority Infant Program; NA: Not Applicable; NDAPP: Notre Dame Adolescent Parenting Project; PL: Prospective Longitudinal; US: United States
## Table 3. Summary of the theoretical frameworks and outcome measures used by type across the 13 studies

<table>
<thead>
<tr>
<th>Study ID: Authors (Year)</th>
<th>Theoretical Framework</th>
<th>Measure (Maternal history of maltreatment)</th>
<th>Outcome Measure (Adolescent mother-child relationship)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3: Bartlett et al. (2014)</td>
<td>X X X</td>
<td>X [PBI]</td>
<td>X [AAPI-2]</td>
</tr>
<tr>
<td>5: Dixon et al. (2005)</td>
<td>X X</td>
<td>X [SA]</td>
<td>X [SAEIB] [OQCG &amp; OEAB]</td>
</tr>
<tr>
<td>6: Easterbrooks et al. (2011)</td>
<td>X</td>
<td>X [CTSPC &amp; PBI]</td>
<td>X</td>
</tr>
<tr>
<td>8: Lounds et al. (2006)</td>
<td>X X</td>
<td>X [NS &amp; SDS]</td>
<td>X [CAP &amp; MCNS] [SSP &amp; MIS]</td>
</tr>
<tr>
<td>10: Milan et al. (2004)</td>
<td>X X</td>
<td>X [CTS]</td>
<td>X [MIRD (PSISF, RPSC, NPCI)]</td>
</tr>
<tr>
<td>12: Valentino et al. (2012)</td>
<td>X X</td>
<td>X [CTQ]</td>
<td>X [CTQ]</td>
</tr>
</tbody>
</table>

Key: AAPI-2: Adult-Adolescent Parenting Inventory-2; AT: Attachment; CAPI: Child Abuse Potential Inventory; CPSR: Child Protective Services Records; CST: Childhood Sexual Trauma (3 questions); CTS: Conflict Tactics Scale; CTSPC: Conflict Tactics Scale–Parent-child; CTQ: Childhood Trauma Questionnaire; DEV: Developmental; ECO: Ecological; MCNS: Mother-Child Neglect Scale; MENM: Michigan Emotional Needs Met (subscale); MHI: Maternal History Interview; MHS: Maternal Interaction Scale; MIRD: Mother-Infant Relationship Difficulty; MMPS: Magura-Moses Physical Discipline Scale; MRAT: Maternal Role Attainment Theory; NCATS: Nursing Child Assessment Teaching Scale; NPCI: Negative Parent-Child Interactions (2 study-specific items); NR: Not Reported; NS: Neglect Scale; OEB: Observed Early Attachment Behaviour; OM: Observational Measures; OQCG: Observed Quality of Care Giving; PBI: Parental Bonding Instrument; PSISF: Parenting Stress Index-Short Form; RPSC: Revised Parenting Sense of Competence; RRPB: Retrospective Report of Parental Behaviour; RSC: Retrospective Self-report on Childhood (intact family; continuity of care; natural mother with emotional problems; ran away from home; trouble with the law; preference for being alone vs with others); SA: Self-report on Abuse (physical and/or sexual); SAEIB: Self-report of Attributions and Expectations of Infant Behaviour; SAN: Self-report on Abuse and Neglect; SDS: Social Desirability Scale; SRM: Self-report Measures; SSP: Strange Situation Procedure.
Appendix G (continued):

Table 4. Reported percentages and time frames of maternal maltreatment history of maltreatment and child maltreatment

<table>
<thead>
<tr>
<th>Study ID</th>
<th>Authors</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:</td>
<td>Bartlett &amp; Easterbrooks</td>
<td>2012</td>
</tr>
<tr>
<td>2:</td>
<td>Bartlett &amp; Easterbrooks</td>
<td>2015</td>
</tr>
<tr>
<td>3:</td>
<td>Bartlett et al. (2014)</td>
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<tr>
<td>4:</td>
<td>De Paul &amp; Domenec h (2000)</td>
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<tr>
<td>5:</td>
<td>Dixon et al. (2005)</td>
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<tr>
<td>6:</td>
<td>Easterbrooks et al. (2011)</td>
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<tr>
<td>7:</td>
<td>Lesser &amp; Koniak-Griffin (2000)</td>
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<tr>
<td>8:</td>
<td>Lounds et al. (2006)</td>
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<tr>
<td>9:</td>
<td>MacKenzie et al. (2011)</td>
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<tr>
<td>10:</td>
<td>Milan et al. (2004)</td>
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<tr>
<td>12:</td>
<td>Valentino et al. (2012)</td>
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</table>

1. Focussing on maternal maltreatment history

1.1 Percentage (%) of adolescent mothers with a maltreatment history (where reported)

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<td>Physical</td>
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<td>Sexual</td>
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<td>Emotional</td>
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<tr>
<td>Neglect</td>
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<tr>
<td>Both</td>
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1.2 Timeframe of maternal maltreatment history reports (if reported)

<table>
<thead>
<tr>
<th>Lower limit</th>
<th>Upper limit</th>
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</thead>
<tbody>
<tr>
<td>Birth</td>
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1.3 Identity of perpetrators (mothers)

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2. Focussing on child maltreatment and negative relationship outcomes

2.1 Percentage (%) of child maltreatment or poor care cases (potential or actual) in studies’ samples (if specified)

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<td>Both</td>
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2.2 Timeframe of child maltreatment or poor care data (if specified)

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2.3 Identity of perpetrators (children)

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Key: M: Mother’s age used as an upper age limit for CPS data collection; MM: Mainly mothers; NR: Not Reported; NS: Not Specified; R: Reported; RM: Reported as mothers; S: Substantiated.
Appendix G (continued):

Table 5. Reported percentages on intergenerational continuity and discontinuity of maltreatment and negative relationship outcomes among adolescent mothers and their children

|-------------------------|-----------------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

1.1 Studies which found evidence for and/or against an intergenerational continuity

| For | X | X | X | X | X | X | X | X | X | X | X | X | X |

| Against | X | X | X | X | X | X | X | X | X |

1.2 Reported percentages (%) intergenerational continuity of maltreatment among maltreated adolescent mothers

| Abuse | 12 |
| Neglect | 44 | 60 | 74 |
| Both | 61 | 7 | 53 | 36 (U) | 54 | 44 (S) |
| Other | 58 (PC) |

1.3 Reported percentages (%) of intergenerational discontinuity among maltreated adolescent mothers

| No abuse | 73 | 68 |
| No neglect | 77 | 11 |

Key: PC: Poor care (includes abuse, neglect and other poor childhood caregiving experiences); S: Substantiated; U: Unsubstantiated
Appendix H1: Statement of epistemological position

Epistemology is generally referred to as ‘the theory of knowledge’ (Willig, 2013, p.2) or simply how and what people can know. This concerns thinking about the nature and extent of knowledge, and enquiring as regards its claims through methods of research. Over a history of ongoing philosophical and scientific debates, realism and social constructionism are two paradigms commonly regarded as irreconcilable ends of an epistemological continuum (Guba & Lincoln, 1994; Willig, 2013). The former position claims a reality that exists independently of human perceptions and constructions, and aims to produce objective knowledge including cause-and-effect explanations of people’s relation to the external world. Social constructionism argues that there is no such thing as an objective truth and that all human experience represent multiple realities constructed through social interactions as mediated through language, history and socio-cultural practices.

In the process of adopting an epistemological position to research homeless young mothers’ experiences of their relationship with their children, the current author was not interested in looking for objective or causal accounts of those perspectives. At first, she contemplated a social constructionist paradigm, with the assumption that these individuals’ use of language to articulate their experiences would be embedded within two influential societal discourses, homelessness and young motherhood. She then realised that she did not want to pre-empt the dominance of these psychosocial narratives on mothers’ perspectives. She was rather interested in viewing these young women as ‘active creators of constructions’ (Neimeyer & Stewart, 2001, p.125) in making sense of the mother-child relationship within contexts that mattered to them. This led the researcher to espouse a contextual constructivist stance, whereby perceptions and sense-making of an event may vary in similar or different contexts across people who can apply them differently to their life situations (Cobern, 1993; Mogashoa, 2014).

The study of mothers’ experiences from this position could be achieved through phenomenology, which is characterised by how people’s perceptions and meaning-making are a function of their engagement with and relationship to the world (Smith et al., 2009). Phenomenologists such as Husserl (1913/1983) suggested that, by bracketing off one’s own culture, context and history, the essential features of a given experience that transcend contexts come to the fore. In contrast, other philosophers such as Heidegger (1953/1996) argued that Husserl’s approach to understanding experience was reductionist, and emphasised a hermeneutic shift, whereby people are ‘thrown’ into the world with prior conceptions and their engagement with it happens
through interpretation. The ‘phenomenological attitude’ (Finlay, 2008, p.2) would therefore require the researcher to reflexively suspend her own taken-for-granted understanding and values to be able to maintain an openness to people’s sense-making of a given situation. Before embarking on this research journey, the researcher was aware that she was influenced by her past experience of having worked with homeless adolescent mothers in a clinical context in the UK, her upbringing in an Asian culture valuing marriage before having a child, and English being her second language. These experiences could impact in different ways on her engagement with participants and understanding of their perspectives, a concept known as intersubjectivity (Smith et al., 2009; Thompson, 2005). She therefore sought to continuously notice and reflect upon these assumptions in writing and through supervision.

Overall, the author assumed that doing research from a contextual constructivist position would benefit from a flexible qualitative methodology which could employ several aspects, such as the mother’s sense-making of their relationship with their children within contexts of subjective importance to them, an acknowledgement of the researcher’s intersubjective and reflexive role in engaging with the data, and an emphasis on interpretations instead of merely the use of language as a way of constructing understanding of a phenomenon. The underpinnings of the Interpretative Phenomenological Analysis (IPA; Smith & Osborn, 2008; Smith et al., 2009) approach seemed to link with these considerations and allow the researcher to attempt an open and in-depth exploration of the life-worlds of homeless young mothers, without applying a priori theoretical or conceptual frameworks to understanding the mother-child relationship.

References


Appendix I: University of Leicester's PREC ethical approval

To: TRISHA BOODHOO

Subject: Ethical Application Ref: tb208-e7c2

(Please quote this ref on all correspondence)

12/02/2015 21:25:59

Psychology

Project Title: Homeless young mothers' experiences of their relationship with their children: An interpretative phenomenological study

Thank you for submitting your application which has been considered.

This study has been given ethical approval, subject to any conditions quoted in the attached notes.

Any significant departure from the programme of research as outlined in the application for research ethics approval (such as changes in methodological approach, large delays in commencement of research, additional forms of data collection or major expansions in sample size) must be reported to your Departmental Research Ethics Officer.

Approval is given on the understanding that the University Research Ethics Code of Practice and other research ethics guidelines and protocols will be compiled with:

- [http://www2.le.ac.uk/institution/committees/research-ethics/code-of-practice](http://www2.le.ac.uk/institution/committees/research-ethics/code-of-practice)
- [http://www.le.ac.uk/safety/](http://www.le.ac.uk/safety/)
Appendix I (continued): University of Leicester's PREC ethical approval

University of Leicester Ethics Review Sign Off Document

The following is a record of correspondence notes from your application th208-e7c2. Please ensure that any proviso notes have been adhered to:-

Nov 18 2014 9:49PM
My research supervisor, Dr Arabella Kurtz, Senior Clinical Tutor, DClinPsy, has agreed on 18th November 2014 that I have addressed the ethical issues involved and that my application is complete and ready to submit to PREC.

Nov 19 2014 12:44PM
For full review

Jan 7 2015 5:47PM
Please consider the comments by the ethics committee below and amend the application accordingly. Please make a list of the amendments undertaken and summarise them in the Notes page of the application.
Please discuss if there are any safety concerns for the experimenter and how they may be addressed.
Will the interviews be recorded?
The application states that you will target 16-25 year olds. If 16/17 year olds are to be included then you will need DBS and parental or in loco parentis consent. Please clarify.
The application outlines exclusion criteria relating to distress/inability to consent/risk to the researcher. Please give more detail on how these will be assessed.
Please make clear that you will explain to your participants the limits to confidentiality in case they disclose criminal activity and you need to contact the appropriate organizations.
Protocol for if the participant becomes distressed the application states that "the researcher will access the support of the housing staff in the first instance". Has this been agreed? Are they qualified to provide such support?
The participants are identified through the keyworker. How will the researcher ensure that participants do not feel coerced into taking part?
The Information sheet contains too much detail - this should be cut down as important information has been buried in the detail.
You suggest that if the participant takes part in the research then there will be a direct beneficial effect on the participant and their child. PREC thought that this phrase needed changing as it seemed to be overstating the outcomes of the research.
You also state that if during interview the participant provides any information about the wellbeing of an individual being at risk then the researcher would need to report it but that the participant could choose which member of staff the researcher reported it to. Please explain why the participant will need to be consulted in this case. Surely the experimenter will have a duty to report any such risks regardless of the participant's opinion.
Consent form needs to be in lay person's language. Contact details for PREC are required.
Staff Confidentiality Agreement - how can one person sign this on behalf of all staff? It asks that all staff keep participation confidential one person cannot undertake the responsibility for every member of staff.
Leaflet needs to be in lay person's language and the statement on the bottom of the cover page requires amendment (as in the information sheet).

Jan 26 2015 3:28PM
I thank the ethics committee for its comments. I have attached a document named ‘Response to Ethics Amendments (28.01.2015)’ in the ‘Attachments’ section which contains all my responses to PREC. I have consulted with my supervisor, Dr Arabella Kurtz, about those changes. I would like to point out that I received the amendment notification by email from PREC on 13 Jan
Appendix I (continued): University of Leicester’s PREC ethical approval

University of Leicester Ethics Review Sign Off Document

2015 and not on 07 Jan 2015, possibly due to a technical issue on the online system. As requested, I have summarised below my responses in order of the Committee’s list of amendments:
- No significant safety concerns for the researcher - reasons have been outlined and copies of the organisations’ policies and job specification sheets can be provided upon request to PREC.
- Yes, the interviews will be audio recorded.
- Information about the mothers aged 16/17 year old, a BPS guideline, a UK law and the research literature have been provided. The researcher already has an Enhanced DBS certificate.
- Details have been provided on how the exclusion criteria will be assessed.
- The limits to confidentiality have been clarified on the basis of the BPS Code of Ethics and Conduct.
- A brief description of the job tasks of the housing staff has been given. For more information, copies of the health and safety policies and job specification sheets can be provided to PREC if required.
- The researcher has described how she will ensure that the mothers are not coerced to participate.
- The information sheet has been simplified and details cut down (the amended version has been uploaded in the attachment list).
- As suggested by PREC, this phrase has been changed in the participant information sheet, information leaflet and poster (the amended documents have been attached).
- The researcher has explained this point in relation to her duty to report any risks.
- The consent form has been changed to lay person’s language and the contact details for PREC were added (document attached).
- The Staff Confidentiality Agreement will now be signed by all individual staff members who may be involved at any point in the research process. It has been simplified and PREC’s contact details have been added to it (document attached).
- The language in the leaflet (as in the information sheet) has been simplified to lay person’s language and the statement has been revised where appropriate (documents attached).

Feb 12 2015 9:25PM
Dear Trisha, thank you for your patience with this application. Here are a couple of final comments from the ethics committee. From an ethical point of view we are happy with the application, but you should make sure that any knowledge of criminal behaviour imparted by the participants doesn’t make you accessory to a crime after the fact. Secondly, given that you intend to test 16/17 year olds, you should recognize the sensitivity of working with this age group and should take particular care to ensure that appropriate consent is given and ensure the avoidance of coercion.

--- END OF NOTES ---
Appendix J: Sponsorship’s automated confirmation from IRAS

Electronic Authorisation Request Accepted
IRAS [mailer@myresearchproject.org.uk]
Sent: 15 December 2014 15:54
To: Boodhoo, Trisha

Dear Miss Trisha Boodhoo,

Dr David Clarke has accepted your request to give electronic authorisation as Sponsor’s representative for Project “Mothering while homeless: The experiences of young women (Version 1)”. The requested form section is now under review.

If you need further help or assistance please e-mail us at: helpdesk@myresearchproject.org.uk or phone 0207 043 0734.

Regards
Integrated Research Application System
https://www.myresearchproject.org.uk/

This is a system-generated e-mail. Please do not reply.

Electronic Authorisation Given
IRAS [mailer@myresearchproject.org.uk]
Sent: 15 December 2014 15:54
To: Boodhoo, Trisha

Dear Miss Trisha Boodhoo,

Dr David Clarke has given electronic authorisation as Sponsor’s representative for Project “Mothering while homeless: The experiences of young women (Version 1)”.

If you need further help or assistance please e-mail us at: helpdesk@myresearchproject.org.uk or phone 0207 043 0734.

Regards
Integrated Research Application System
https://www.myresearchproject.org.uk/

This is a system-generated e-mail. Please do not reply.

NOTE: Due to the word limit in inputting the title and the version number of the current study on the IRAS system, a short version of the title was used, “Mothering while homeless: The experiences of young women (Version 1)”.
Appendix K: Research Poster

ARE YOU A YOUNG MOTHER AGED BETWEEN 16 AND 25 AND CURRENTLY LIVING WITH YOUR CHILD WHO IS UNDER 12? WOULD YOU BE HAPPY TO SHARE YOUR MOTHERHOOD EXPERIENCES WITH SOMEONE?

If yes, we would like to invite you to our study for a short conversation about your experiences 😊

For more information or if you wish to participate:
You may ask your keyworker or a housing staff member to pass on your contact details to Trisha Boodhoo.

OR

You may phone, text, email or write to Trisha directly on the given contact details.

Copies of the leaflet and information sheet are available at your accommodation’s office.

In recognition of your time, we will offer you a £20 gift voucher.

CONTACT DETAILS
Miss Trisha Boodhoo
Clinical Psychology Department
University of Leicester
104 Regent Road, Leicester, LE1 7LT
Email: ************
Research mobile phone number: ************

Research contact hours:
Monday - Friday
(08:30-17:00)

Help us increase our understanding of young mothers and their children who are homeless.

You know yourself and your child best.

We hope to hear from you soon 😊

Note: The background image was removed – Unable to locate the right’s holder on the web.
Appendix L: Research Information Leaflet (Front page)

Is it safe for me to participate in this research?
Yes, this research has been reviewed by a group of independent people and approved by the University of Leicester Psychology Research Ethics Committee.

I would like to participate in the study. What should I do next?
You may:

➢ Ask a staff member to pass on your contact details to Trisha;

OR

➢ Phone, text, email or write to Trisha directly on the given contact details and let her know the best way to contact you.

If you have any questions about the study at any time, please feel free to contact Trisha directly.

How to contact us?

Miss Trisha Boodhoo
Clinical Psychology Department
School of Psychology
University of Leicester
104 Regent Road
Leicester
LE1 7LT

Email address: **********
Research mobile phone number: **********
Research contact hours:
From Monday to Friday (08:30-17:00)
Note: If your call is not answered, please leave a text or voicemail message for Trisha who will get back to you as soon as possible.

Where can I find more information about the study?
Copies of participant information sheets and consent forms are available at your accommodation’s office.

We hope to hear from you soon! 😊

University of Leicester

Are you a young mother aged between 16 and 25, and currently living with your child who is under 12?

Would you like to share your motherhood experiences with someone?

If yes, we would like to have a short conversation with you about your experiences. This brief information leaflet will tell you more about the study and on how to participate.

You know yourself and your child best.

Help us increase our understanding of young mothers and their children who are homeless. In recognition of your time, we will offer you a £20 gift voucher.
Appendix L: Research Information Leaflet (Back page)

Why doing this study?
We currently know very little about young mothers and their children who are homeless in the United Kingdom (UK). We believe it is important to hear and value the voices of these young women who can help us increase our understanding.

What is the purpose of the study?
We are interested to find out how young mothers who are homeless experience their relationship with their children. We hope that this understanding could help influence the way services work and support both the mothers and their children.

Do I have to take part?
It is up to you to decide to join the study. We are happy to answer any questions you may have to help you make a decision. If you do not wish to take part, you do not have to and this will not affect the services that you receive in any way.

What will happen if I agree to take part?
Trisha, the main researcher, will meet you in person at the accommodation’s office at a suitable date and time. She will explain the study to you and you will sign a consent form to show that you are agreeing to participate. You will then have a conversation about your experiences for about 45-60 minutes. You are encouraged to share things that you feel comfortable talking about.

It will be important to record our conversation so that we do not miss anything that has been said. You are free to ask to leave the study at any time.

Will my information remain confidential?
Yes, all information that you provide will be kept safe and confidential. Any information that can identify you, your child, another person, organisation or place such as names and addresses will be removed from your interview.

The only exception when it might be necessary to talk to somebody else would be if you share any serious concern about your safety or that of other people.

What will happen when the study is completed?
The final report of this study will be available in autumn 2016. You may request Trisha to send you a summary of this report.

The results of the study will also be shared with different people including professionals and members of the public through publications and presentations. Your name will not be used in any research reports.

Who is responsible for this research?
This study is being funded by the University of Leicester and sponsored by the NHS Trust. It is being organised by the researcher and her supervisors.
We would like to invite you to take part in our research study. To help you decide, we would like you to understand why the research is being done, and what it would involve for you. If you have any questions, please contact Trisha, the main researcher.

**What is the purpose of the study?**

We are interested to find out how young mothers who are homeless experience their relationship with their children. We hope that this understanding could influence the way services work and support these mothers and their children.

**Why am I being invited to participate?**

You have been invited to participate in the study because:

- you are a young mother aged between 16 and 25 years and you have at least one child under the age of 12, and
- you are currently living or have lived within the last six months at a temporary accommodation (e.g. family hostels, supported housing or refuges).

**Do I have to take part?**

It is up to you to decide to join the research study. We are happy to answer any questions you may have to help you make a decision. You may wish to participate in the study at any time until approximately October 2015. If you do not wish to take part, you do not have to and this will not affect the services that you receive in any way.

**What will happen if I say yes?**

The researcher will meet you individually at your accommodation’s office at a suitable date and time. She will explain the study to you and have a conversation about your experiences for approximately 45-60 minutes. You will be asked to sign an informed
consent form to show that you have agreed to participate. You may ask any questions about the study at any time. You are free to withdraw from the study at any point without giving a reason and we will delete all information collected from you.

**What will you do with the information I provide?**

The information you provide will be recorded on a secure audio device because every bit of information that you share will be important for our study. The researcher will then type up the interview and remove all details identifying you, your child, other people, organisations or places. Some quotations from the interviews will be used in the final research report, but it will not be possible to identify who took part.

**Will my information remain confidential?**

Yes, all information that you provide will be kept safe and confidential and stored securely at the University of Leicester. Your personal details will be kept separately from your interview transcript. Only the main researcher and her research supervisor will have access to them. The only exception when it might be necessary to talk to somebody else would be if you share any serious concern regarding your safety or that of other people. The researcher will discuss this with you first.

**Are there any disadvantages to me taking part?**

It is possible that personal experiences might be upsetting for some people and it is important that you only tell us information that you feel comfortable sharing. If you were to feel distressed, the researcher and a staff member will do their best to attend to your needs.

**Are there any potential benefits to taking part?**

The study is an opportunity for you to share your experiences of being a mother. This knowledge can help influence the way people and services understand young mothers and their children who are homeless. In recognition of your time, you will be offered a £20 gift voucher and you are free to choose whether you would like to accept it or not.

**What will happen when the study is completed?**

The final report will be available in autumn 2016. You may request the researcher to send you a summary report. The findings will be made available to a wide range of people including professionals and members of the public through publications and presentations.

**Who is responsible for this research?**

This research has been reviewed by the University of Leicester Psychology Research Ethics Committee (PREC). It is being funded by the University and sponsored by the [local] NHS Trust. It is being organised, as part of a Doctorate in Clinical Psychology.
programme, by Trisha Boodhoo, the main researcher; supervised by Dr Arabella Kurtz, Senior Clinical Tutor; and facilitated by Dr Vicki Edwards, Clinical Psychologist.

I would like to participate in the study. What should I do next?

- You may tell your keyworker or a housing staff member at your accommodation to pass on your contact details to Trisha; or

- You may phone, text, email or write to Trisha directly on the contact details given below and let her know the best way to contact you.

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<td>Clinical Psychology Department</td>
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<td>School of Psychology</td>
</tr>
<tr>
<td>University of Leicester</td>
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<tr>
<td>104 Regent Road</td>
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<td>Leicester</td>
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<td>LE1 7LT</td>
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Email address: ***************
Research mobile phone number: ***********
Contact hours: From Monday to Friday (08:30-17:00)
Note: If your call is not answered, please leave a text or voicemail message for Trisha who will get back to you as soon as possible.

Some additional contact details:
If you have any specific query for the University of Leicester regarding this study, you may phone Dr Arabella Kurtz on *********** or email her (***************).

If you have any question in relation to any ethical aspect of the study, please contact Joy Kocik (***************), or Professor Mark Lansdale, Chair, PREC, ***************.

Thank you for spending time to read this information sheet. Please retain this document if you would like to refer to it again in the future.
Appendix N: Interview Guide

Interview Guide

Homeless young mothers’ experiences of their relationship with their children

Main researcher: Trisha Boodhoo, Trainee Clinical Psychologist, University of Leicester

Section A:
1. How do you find it here (in the hostel)?
2. What brought you here?
3. Who are you living with?

Section B:
1. Now I’d like to ask you to choose three ways (words or phrases) of describing your relationship with your child. I know this may take a bit of time, so go ahead and think for a minute...then I’d like to ask you why you chose them. I’ll write each down as you give them to me.
   Note: If the mother has more than one child, the researcher will request her to focus on the one who is most on her mind at the moment.
   Possible prompts: You’ve mentioned [way(s)] already. Are/Is there a second and/or third word/phrase on your mind?

2. You described your relationship with your child as [ways mentioned in the previous question]. Please can you tell me about a time when you were [way(s)] as a mother?
   Possible prompts: How do you feel/cope?

3. Has being homeless influenced the way you relate to your child? If so, in what way way(s) do you think the homelessness has changed your relationship with your child? Can you give me examples that illustrate this/these change(s)?
   Possible prompts: How do you feel/cope?

4. How do you perceive the future of your relationship with your child?
   Possible prompts: What are your hopes and fears? How do you think the relationship might change? Can you imagine an example of what might be happening between you two at that time?

5. What has been your experience of support so far for yourself and your child?
   Possible prompts: How do you feel/cope? Can you tell me a bit more on what is/was helpful/unhelpful about the support you receive/d?

6. How has it been talking about these things today?
Appendix O: Staff Confidentiality Agreement

STAFF CONFIDENTIALITY AGREEMENT

Title of the research: Homeless young mothers’ experiences of their relationship with their children: An interpretative phenomenological study
Main researcher: Trisha Boordho, Trainee Clinical Psychologist (Email: **************; Research mobile number: **************)
PREC approval number: th208-e7c2 (For any questions about the ethics of this study, contact Professor Mark Lansdale, Chair, PREC, **************)
Organisation ID: ........................................

Please read each statement below and INITIAL the corresponding boxes. Thank you.

1. I confirm that I have read and understood the information sheet and that I have had my questions answered satisfactorily as to what the research involves for the participants.

2. I agree to keep confidential the name and identity of mothers who participate in the study.

3. I understand that all information identifying the participant, the organisation, other people, institutions or places will be removed from the study and not produced in any report or publication.

4. I understand that the researcher may require assistance from me if the participant raise any serious concern about her safety or that of others.

5. I understand that all identifiable information will be kept securely for one year at the University of Leicester, after which they will be deleted. All coded information will be kept for at least six years for associated publication purposes.

6. I know how to contact the main researcher if I need to.

Name (Staff member): ____________________________

Designation: ____________________________

Signature: ____________________________ Date: ____________________________

Name (Researcher): ____________________________

Signature: ____________________________ Date: ____________________________

Staff Confidentiality Agreement – Please sign two original copies of this form.
Appendix P: Informed Consent Form

Clinical Psychology Department  
School of Psychology  
104 Regent Road, Leicester, LE1 7LT  
T. ***********  P. ***********

INFORMED CONSENT FORM

Title of the research: Homeless young mothers’ experiences of their relationship with their children: An interpretative phenomenological study

Main researcher: Trisha Boodhoo, Trainee Clinical Psychologist (Email: **************,  
Research mobile number: ***********)

PREC approval number: tb208-a7c2 (For any questions about the ethics of this study, contact  
Professor Mark Lansdale, Chair, PREC, **************)

Participant ID: ____________________________

Please read the statements below and INITIAL the corresponding boxes. Thank you.

1. I confirm that I have read and understood the contents of the information sheet and have had my questions answered to my satisfaction.

2. I confirm that I have volunteered to participate in this study and I understand that I may choose to withdraw at any point, without giving a reason.

3. I agree to my interview being recorded and I understand that all information identifying me, other people, organisations or places will be removed.

4. I understand that the researcher may have to talk to another professional if there is any serious concern about my safety or that of others.

5. I understand that the housing staff members will be aware of my participation and that they will keep this information confidential.

6. I understand that my personal information will only be accessed by Trisha Boodhoo, the researcher, and Dr Arabella Kurtz, her supervisor, and they will be kept securely at the University of Leicester for one year, after which they will be deleted. All other research information will be stored at the University for at least 6 years for publication purposes.

7. I agree that some of the information I give will be produced into a final report and the overall results may be published in a psychology journal. My name and other identifying details will not be shared with anyone.

8. I know how to contact the main researcher if I need to.

I, ____________________________ (Participant’s name), agree to take part in this study.

Signature: ____________________________ Date: ____________

Name (Researcher / Person taking consent): ____________________________

Designation (if not the researcher): ____________________________

Signature: ____________________________ Date: ____________

Informed Consent Form – Please sign two original copies of this form.
Appendix Q: List of support agencies

University of Leicester

Clinical Psychology Department  
School of Psychology  
104 Regent Road  
Leicester  
LE1 7LT  
T: **************  
F: **************

LIST OF NATIONAL AND LOCAL SUPPORT ORGANISATIONS

*Homeless young mothers’ experiences of their relationship with their children: An interpretative phenomenological study*

Main researcher: Trisha Boodhoo, Trainee Clinical Psychologist, University of Leicester

Thank you for your invaluable participation in the above named study. If you have any further questions or concerns after the interview, please feel free to contact me on the research mobile number (**************) and I will try my best to deal with the matter. Sometimes sharing personal experiences might be upsetting for some people. If you are still worried about how you are feeling, please talk to your keyworker at the temporary accommodation or contact your GP. You may also wish to contact any of the organisations from the list below which may be able to advise and support you, or redirect you to other organisations which may better address your needs.

<table>
<thead>
<tr>
<th>Support Type</th>
<th>Organisation Name</th>
<th>Contact numbers</th>
<th>Contact times</th>
</tr>
</thead>
</table>
| General      | Samaritans (telephone and face-to-face support for anyone who is experiencing any distress and want someone to talk and listen to them) | National helpline: 0845 790 9090  
Local helpline: ****** ****** | Every day, 24 hours |
| Housing      | ************** (help and advice with housing related matters) | Local advice line: ****** ****** | Mon, Wed & Thu (09:00 – 17:00)  
Tue (13:00 – 17:00)  
Fri (09:00 – 16:30) |
|              | Shelter (housing advice) | National helpline: 0808 800 4444 | Mon–Fri (08:00 – 20:00)  
Sat & Sun (08:00 – 17:00) |
| Mental Health| SANE (emotional support and information to anyone affected by mental health issues) | National helpline: 0845 767 8000 | Every evening (18:00 – 23:00) |
### Appendix Q (continued): List of local support agencies

<table>
<thead>
<tr>
<th>Alcohol &amp; Drugs</th>
<th>MIND (information on mental health issues and where to access help)</th>
<th>Infoline: 0300 123 3393</th>
<th>Mon – Fri (09:00 – 18.00), except bank holidays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinkline (advice on alcohol issues and where to access help)</td>
<td>Tel: **** ****</td>
<td>Mon, Thu &amp; Fri (09:00 – 17:00) Tue (08:00 – 19:00) Wed (09:00 – 20:00) Sat (09:00 – 13:00)</td>
<td></td>
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<tr>
<td><strong>Domestic Violence &amp; Abuse</strong></td>
<td>**(support for anyone affected by domestic violence in ***<strong>)</strong></td>
<td>Local helpline: **** **** ****</td>
<td>Mon – Fri (08:00 – 22:00) Sat (10:00 – 18:00) Sun (12:00 – 16:00) Bank holidays (09:00 – 17:00)</td>
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<tr>
<td></td>
<td>**(support for victims and survivors of rape, sexual assault and abuse in ***<strong>)</strong></td>
<td>Helpline: **** **** ****</td>
<td>Mon, Wed &amp; Fri (09:00 – 17:00) Tue &amp; Thu (09:00 – 21:00) Sat (09:00 – 14:00)</td>
</tr>
<tr>
<td><strong>Rape &amp; Sexual Abuse (women &amp; girls only)</strong></td>
<td>Rape Crisis (telephone and face-to-face counselling and support to female survivors of sexual violence, sexual abuse and rape from the age of 13+)</td>
<td>National helpline: 0808 802 9999</td>
<td>National: Every day (12:00 – 14:30 &amp; 19:00 – 21:30) Local: Mon, Tue &amp; Fri (10:00 – 16:00) Wed &amp; Thu (10:00 – 20:00)</td>
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<td><strong>(telephone and face-to-face counselling to support women (16+) in ***** who are recovering from the trauma of childhood sexual abuse)</strong></td>
<td>Local helpline: **** **** ****</td>
<td>Mon (17:30 – 19:30) Tue (10:00 – 12.30; 18:00 – 20:00) Wed (19:00 – 21:00) Thu (12:00 – 14:00)</td>
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</tbody>
</table>
Appendix Q (continued): List of local support agencies

| Crime                | Victim Support (help and support for victims and witnesses of crime) | National supportline: 0845 30 30 9000 | National: Mon – Fri (08:00 – 20:00)  
Sat & Sun (09:00 – 19:00)  
Bank holidays (09:00 – 17:00)  
Local: Mon – Fri (08:00 – 20:00)  
Sat (09:00 – 17:00) |
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<tr>
<td></td>
<td>Local supportline: **** **** ****</td>
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<tr>
<td>Non-emergency</td>
<td>NHS 111 (non-emergency health information or advice)</td>
<td>Helpline: 111</td>
<td>Every day, 24 hours</td>
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</table>
|                      | You can access support from your GP, through the Accident & Emergency Department at ********** or from other emergency services. | GP out-of-hours services (if your GP surgery is closed) and A&E: **** **** ****  
For serious and life-threatening emergencies, dial 999. | Every day, 24 hours |  

**MY PERSONAL SUPPORT NETWORK:**

You may also wish to fill in this section for information specific to your current support network:

Name (GP / GP surgery): .................................................................

Contact number (GP / GP surgery): ................................................

Other people who I can rely on for support (friends, family, keyworker or other professionals) and their contact numbers (if available):

........................................................................................................

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SUMMARY REPORT REQUEST FORM

Title of the research:
Homeless young mothers’ experiences of their relationship with their children: An interpretative phenomenological study

Main researcher:
Trisha Boodhoo, Trainee Clinical Psychologist, University of Leicester

Declaration:
I, the undernamed, would like to be sent a copy of the summary report of the study results using the contact details I provide below. I am aware that the report will be available from the researcher as from autumn 2016.

Name (Participant): ……………………………………………………………………………………………………………………………...

Contact telephone/mobile number: …………………………………

Contact address (if any):

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Email address (if any): …………………………………………………………….

Date: ……… / ……… / ……… (dd/mm/yyyy)

Note:
If you do not have a current contact or email address, the researcher will phone you on the contact number you provide to check how you would like to receive the report. This form will be kept separately from all your research data (i.e. audio recording and interview transcript) and your name will not be used in any research report.
Appendix S: Voucher Receipt Form

VOUCHER RECEIPT FORM

Title of the research:
Homeless young mothers’ experiences of their relationship with their children: An interpretative phenomenological study

Main researcher:
Trisha Boodhoo, Trainee Clinical Psychologist, University of Leicester

Declaration:
I, the undersigned, hereby declare that I have received a £20 gift voucher in recognition of my time for taking part in the above named research study.

Participant ID: ........................................................................................................

Signature: ........................................................................................................

Date: ............ / ............ / ............ (dd/mm/yyyy)

Note:
This form will be kept separately from all your research data (i.e. audio recording and interview transcript).
Appendix T: Signed confidentiality statement by the professional transcriber

Confidentiality Statement for Transcribers

The British Psychological Society has published a set of guidelines on ethical principles for conducting research. One of these principles concerns maintaining the confidentiality of information obtained from participants during an investigation.

As a transcriber you have access to material obtained from research participants. In concordance with the BPS ethical guidelines, the Doctorate in Clinical Psychology Research Committee requires that you sign this Confidentiality Statement for every project in which you act as transcriber.

General

- I understand that the material I am transcribing is confidential.
- The material transcribed will be discussed with no-one.
- The identity of research participants will not be divulged.

Transcription Procedure

- Transcription will be conducted in such a way that the confidentiality of the material is maintained.
- I will ensure that audio-recordings cannot be overheard and that transcripts, or parts of transcripts, are not read by people without official right of access.
- All materials relating to transcription will be returned to the researcher.

Signed ___________________________ Date 15/9/15

Print Name JOANNA R. WELCH

Researcher TRISHA BOODHOO (Trainee Clinical Psychologist, 2013-2016 Cohort, University of Leicester DClinPsy)

Project Title HOMELESS YOUNG MOTHERS' EXPERIENCES OF THEIR RELATIONSHIP WITH THEIR CHILDREN: AN INTERPRETATIVE PHENOMENOLOGICAL STUDY
Appendix U: Illustrations of the analytic process

Example of initial noting and emergent themes on one page of an anonymised transcript for one participant

<table>
<thead>
<tr>
<th>Initial Noting</th>
<th>Line</th>
<th>Original Transcript</th>
<th>Emergent Themes</th>
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<tbody>
<tr>
<td>Mother did not feel depressed — she was aware of the changes that might entail once she became a mother</td>
<td>148.</td>
<td>I’ve not even, not once, kind of felt down or anything, I suppose when you’ve got a baby you kind of have to cope with changes. And like</td>
<td>An exhausting experience (150-159)</td>
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<td>Mother struggling with sleep: 'the worst thing I'm coping with' Emotional and physical pressure on young mother?</td>
<td>149.</td>
<td>the worst thing for me is sleep, like at night, because she wakes up every three hours. Like</td>
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<td>that’s probably the worst thing I’m coping with, because I kind of just hope that she will settle</td>
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<td>down a little bit (laughs). I kind of leave her for a few minutes hoping she will settle down, but obviously she doesn’t (laughs). But that’s the only thing really that I’m not coping with very well. I’m starting to now, because I’m starting to get used to, because she wakes up like the same time every night. So I’m starting to get used to waking up at that time through the night. I’m coping a little bit better now. But to start with I really weren’t coping (laughs).</td>
<td>Coping better with experience (159-168)</td>
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## Searching for overarching patterns across emergent themes for one participant

**Participant number / Pseudonym: 32 / Jessica**

### Table of overarching patterns/themes

<table>
<thead>
<tr>
<th>S/N</th>
<th>Overarching patterns/themes</th>
<th>Associated emergent themes in original transcript (line number codes)</th>
</tr>
</thead>
</table>
| 1   | Homelessness as an experience of confusion and helplessness | The unstable search for a roof (289-305)  
'Ve was constantly getting lost': A frightening journey through uncertainty and change (318-338; 338-344)  
'You've got to do this, you've got to do that': A sense of being everywhere (856-862; 761-764)  
Homelessness: Somewhere to sleep at any cost (779-785) |
| 2   | Child's presence as a bridge to support and relationships | A reassurance of support for baby:  
A balance between access to privacy and support (9-15)  
'I've always got somebody': A reassurance of support in a context of rejection (384-389)  
Child as a reason for continued support (414-422)  
Availability of support as reassuring (429-432)  
Distance as a barrier to support from family and friends (433-434)  
'That little break': A temporary respite for mother (466-471; 472-490)  
**Baby as a common ground for conversation:**  
Safety in similarity? (39-41)  
Nothing about a baby without a baby (60-64; 78-82)  
Arrival of child as a prompt for conversations (67-73)  
Talking from experience (75-77)  
Having a child as a way of fitting in (220-230; 264-247) |
| 3   | Motherhood and friendship: Isolation across identities | An outsider without a baby:  
'The odd one': A pregnant woman among mothers (16-22)  
'Out of place': A sense of isolation (41-45; 56-60)  
A restricted circle within an unfamiliar context (32-39)  
A sense of not fitting in (240-249)  
A reserved living context (247-249)  
**An outsider with a baby:**  
Narrowed social opportunities and networks (585-586)  
A feeling of isolation from friends (601-604)  
A feeling of loss of social networks (673-674)  
'I refuse to explain myself': Anger towards inconsideration (632-636)  
A sense of feeling deserted and unimportant to her friends (552-559) |
| 4   | Motherhood as a journey of dedication and suffering | **Dedicated to motherhood:**  
A sense of being inseparable (503-510)  
Child's clinginess as a need for comfort, warmth and security (520-541)  
A mother as a baby's safety cover: A constant state of vigilance (80-105)  
'Keep on top of things': Mothering as demanding care, timing and precision (127-140)  
Mothering is literally about trying everything (189-191)  
A sense of commitment (902-904)  
Planning around a new born: A state of high awareness and responsibility (578-583)  
Growing in confidence as a mother (146-150)  
Coping better with experience (159-163)  
**The stresses of a single homeless mother:**  
Motherhood and homelessness: A financially challenging combination (105-118)  
A drastic lifestyle change: from an unorganised young person to an organised mother (118-123)  
An exhausting experience (150-159)  
A single mother: The challenge of multi-tasking (473-478)  
A sense of desperation in a new role (182-187; 195-194)  
Regret in stressful times with child: 'I could do just being at my mum's' (445-452)  
A struggle for own space from child (518-523)  
Physical constraints as impacting child care (562-560)  
Motherhood as a self-sacrificial experience (630-632)  
An unmarried father (411-414) |
### Searching for overarching patterns across emergent themes for one participant (continued)

**Participant number / Pseudonym: 32 / 'Jessica'**

| 5 | It's all about attitude change: A resilient person | A sense of resilience:  
A capacity to reflect under stress (168-180)  
A hard but worthwhile experience (200)  
A sense of duty irrespective of age (200-209)  
'Difficult but...worth doing': An attitude of resilience? (352-356)  
'I've got there': A sense of accomplishment through adversity (362-366)  
A rational approach to understanding own mother's unavailability (455-465)  
Lack of understanding due to lack of experience: Rationalising losses (688-692)  
A sense of resilience: Building an identity through adversity (937-939)  
A transformed person who can move on (986-992) |
| 6 | 'I wanted more than just a mum': A mother who could never be a friend to her daughter | Losing the superficial for the essential:  
Promising motherhood over friendship (586-595)  
A new identity, a new set of priorities (604-620)  
Baby as a newfound friend (676-679)  
A permanent friendship with child (680-682; 694-696)  
Loss as a way of sorting important relationships (683-687)  
Using personal experiences to help others:  
An empowering counselling experience: 'It's okay to open up' (919-930)  
Group counselling as a normalising experience for mother (981-986)  
Aspiration: help young people with own experiences (986-994) |
| 7 | 'I've learnt from my mum's mistakes': An opposite approach to own parenting | A rejecting and distancing mother (259-265)  
A sense of being unimportant to one's mother (272-277)  
An isolating relationship from mother (715-724)  
A physically absent role model (454-458)  
'I wanted my mum to be a friend as well': The pain of an unfilled relationship (698-705)  
Suffering from mother's failure to be a friend (709-715)  
'She was literally just a mum and I kind of wanted more than just a mum': An unfilled friendship (740-743)  
The powerful influence of a mother on the self image of their child (955-960)  
Escape from a confined relationship (738-739)  
Made homeless by own mother (272-277) |

**A difficult beginning:**  
A history of unstable relationships (256-259)  
Experience of abuse as a child (260-272)  
A controlling partner (279-289)  
A past of drinking (629-630)  
A past of stealing to fulfil material needs (831-834)  
A harsh and restrictive upbringing (842-846; 889-892)  
A culture of secrecy in the family (947-955)  
A past not to be repeated:  
A past not to be repeated (697-698; 724-728; 885-889)  
A fearful hope: not letting her down (875-883)  
Resolving conflicts in the relationship: A different approach to own mother (756-771)  
A mother-child relationship with a friendship quality: An act of reparation (705-709; 804-805)  
Repairing past hurts (810-812)  
**Protecting child as best as she can:**  
Protecting child from future homelessness (764-766)  
Protecting child from negative influences (826-828)  
Promising child's safety before everything (946-956)  
A more careful approach to relationships (772-774)  
**A sense of freedom and trust:**  
The mother-child relationship as bounded but flexible (806-810)  
Giving the freedom of choice to her child (896-900)  
Openness with daughter (834-841)
Appendix V: Extracts from the researcher’s reflexive notes

The following are three examples of the researchers’ reflexive notes typed after each interview, which helped her in the process of making interpretations about the data.

**Example 1:**

**Superordinate theme:** No end to losses in the past and the present

**Theme:** Homelessness as a representation of losses and failure

**Subtheme:** A sense of lack of power and choice

**Relevant extract from the researcher’s reflexive notes:**

“Natasha spoke about her experiences of sharing a homeless accommodation with a family from a different ethnic background who her daughter described as ‘talking funny’. I seemed to have heard Natasha saying that she was ‘funny’. When I asked her what she meant about being ‘funny’, she looked confused but acknowledged that she was a funny person. I did sense a slight discomfort at that moment, but I could not figure out what this was about. When I listened back to the recording, I felt a bit annoyed at myself at mishearing her words during the interview. Could I have unconsciously reacted to the fact that I was from a different ethnic and linguistic background myself and she might be perceiving me as ‘talking funny’? Interestingly, she did not challenge my misunderstanding when it happened. Could this be showing a sense of disempowerment and lack of choice in relation to people she perceived as being in authority?”

**Example 2:**

**Superordinate theme:** Facing the future with resilience

**Theme:** Stability and support: A starting point for the future

**Subtheme:** Aspiring to become a helping professional

**Relevant extract from the researcher’s reflexive notes:**

“Before starting the interview, I thanked Mandy for agreeing to be part of this study. I introduced myself as a researcher in Psychology at the University of Leicester. She suddenly exclaimed, ‘That’s what I want to do too! I want to be a counsellor.’ I acknowledged that it was interesting she had similar interests. Internally I wondered whether my presence had prompted her statement. Later in the interview, she told me that she was looking for counselling courses. She was convinced that she could relate to the experiences of women who had been through similar circumstances as her. I

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6 All names used are fictitious to protect participants’ identities.
understood that her earlier statement was a sense of purpose she derived from her own lived experiences, although it might have been precipitated by her knowing my background.”

Example 3:

**Superordinate theme:** Living the challenges of the present

**Theme:** Not qualified to be a mother?

**Subtheme:** Parenting as a matter of experience and not qualification

**Relevant extract from the researcher’s reflexive notes:**

“I was in the meeting room arranging the paperwork and audio recorder while waiting for Susan to come downstairs. The keyworker came into the room to let me know that she was getting ready and would be arriving in a few minutes. She paused and then told me that, although Susan volunteered to be part of the research, she was not convinced that she would easily talk about her experiences. I knew that this comment was playing on my mind knowing that thin accounts could make it more difficult to interpret the data. I thought that I had to draw on my clinical skills as much as I could to build rapport and make her feel comfortable during the interview.

Susan walked in the room with her new born baby. I introduced myself and explained the research process emphasising that she could pause or withdraw from the study at any time if she wished so. Susan consented to go ahead. To my surprise, she eased into the conversation within the first few minutes and gave me a lot of details about her experiences. In the interview, Susan said that it upset her when professionals considered themselves as ‘experts’ in parenting when she was herself the mother of three children. After the meeting, I reflected on the keyworker’s comment and Susan’s experience. It appeared that there might be existing tensions between this mother and the hostel staff, which could have made them defensive towards each other. I was glad that I did not act upon the keyworker’s assumption by, for example, using prompts when not necessary or being overly reassuring to the mother, which she could have experienced as patronising.”
### Appendix W1: Chronology of the research process

<table>
<thead>
<tr>
<th>Research stage</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Research proposal (first submission)</td>
<td>19 May 2014</td>
</tr>
<tr>
<td>• Panel review and internal peer review (feedback and amendments)</td>
<td>June 2014 to August 2014</td>
</tr>
<tr>
<td>• Preparation for ethics application</td>
<td>September 2014 to November 2014</td>
</tr>
<tr>
<td>• Service User Reference Group (lay summary review and feedback)</td>
<td>November 2014</td>
</tr>
<tr>
<td>• Application to the University of Leicester Psychology Ethics Committee (PREC)</td>
<td>November 2014</td>
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<tr>
<td>• NHS Research &amp; Development sponsorship approval</td>
<td>December 2014</td>
</tr>
<tr>
<td>• Final PREC approval</td>
<td>12 February 2015</td>
</tr>
<tr>
<td>• Participant recruitment and data collection</td>
<td>March 2015 to September 2015</td>
</tr>
<tr>
<td>• Preparation for the Literature Review</td>
<td>Mid-September 2015 to mid-October 2015</td>
</tr>
<tr>
<td>• Data transcription and analysis</td>
<td>October 2015 to December 2015</td>
</tr>
<tr>
<td>• Write up of the thesis</td>
<td>January 2016 to May 2016</td>
</tr>
<tr>
<td>• Thesis submission</td>
<td>May 2016</td>
</tr>
<tr>
<td>• Research article preparation for submission in a peer-reviewed journal for publication</td>
<td>June 2016 to September 2016</td>
</tr>
<tr>
<td>• Research viva</td>
<td>8 July 2016</td>
</tr>
<tr>
<td>• Preparation of a research poster</td>
<td>August 2016 to September 2016</td>
</tr>
<tr>
<td>• Trainee research conference and dissemination of findings to relevant people and services</td>
<td>September 2016</td>
</tr>
</tbody>
</table>
Appendix X: Super-ordinate themes and subthemes

- **(1)** No end to losses in the past and the present
  - (1.1) Homelessness as a representation of losses and failure
  - (1.2) There but not there: A pervasive sense of isolation

- **(2)** Distancing the past to make things right in the present and the future
  - (2.1) Repairing a difficult past through the mother-child relationship
  - (2.2) The mother-child relationship as merged, problem-free and powerful

- **(3)** Living in the challenges of the present
  - (3.1) Not qualified to be a mother?
  - (3.2) No space for anything other than being a mother
  - (3.3) Motherhood as a hard but worthwhile experience

- **(4)** Facing the future with resilience
  - (4.1) Stability and support: A starting point for the future
  - (4.2) “It is what you make it”: Searching for meaning in adversity

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Appendix X: Super-ordinate themes and subthemes