



Post-separation Child Contact and Domestic Violence and Abuse: The Experiences of Children with a Disability

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Abstract

Purpose This article addresses a gap in empirical knowledge on post-separation contact in the context of domestic violence and abuse (DVA) for children with disabilities. The intersection of disability and DVA is explored through the mother's perspective and brings to the fore the unique experiences of children with disabilities in the post-separation contact space.

Methods Known to be a difficult to reach population, the experience of disabled children were captured through in-depth qualitative interviews with a sample of eight victim/survivor mothers. Mothers were recruited through gatekeepers from a voluntary children's organization and specialist DVA services. Autism spectrum disorder (ASD) was the most common disability occurring in the sample.

Results Three major themes relating to the disabled child's experience were identified: (i) Courts' (lack of) consideration of children's disability in post-separation child contact decision-making; (ii) Disruption to routine; and (iii) Quality of contact. Participating mothers reported that these experiences caused serious emotional distress for the children; distress that was heightened and compounded by their disability status.

Conclusion Applying an intersectional lens to the experiences of children with a disability who live with DVA, this study simultaneously illuminates children's vulnerability and marginalization in this context, whilst also identifying gaps in policy and practice responses to identify and address the individual needs of these children. Lastly, given the nascent evidence base on this topic, research which directly elicits the voice of the child is urgently needed.

Keywords Domestic Violence and Abuse · Children · Disability · Post-separation Child Contact · Intersectionality

Introduction

The impact on children of living with domestic violence and abuse (DVA) has been recognized in policy and law in many jurisdictions as reaching the threshold of 'significant harm', with children's exposure included in definitions of abuse and neglect that require mandatory reporting (Morgan & Coombes, 2016). In more recent years, an appreciation of the centrality of coercive control to the experience of domestic violence and abuse has also gathered momentum (Robinson et al., 2018; Stark & Hester, 2019) with Evan Stark's, 2007 publication recognizing coercive and controlling behaviors as 'ongoing rather than episodic', and the

effects as 'cumulative rather than incident-specific' (2007, p. 12). These coercive and controlling behaviors and tactics which permeate the everyday lives of children, create what Katz (2019) describes as 'hostile contexts' of control, fear, anxiety, isolation and denial of basic needs. Building on this point, Noble-Carr et al.'s (2020, p. 182) meta-synthesis of the literature on children's experiences and needs in relation to DVA, found that children describe DVA as being 'a complex, isolating, and enduring experience that often results in disruption, losses, and challenges to their significant relationships'. Regardless of whether children described the violence as being "subtle and insidious [or] explicit and explosive," a unifying theme across children and across studies is that violence and abuse "was always there" (Berman, 2000, p. 117) and had a 'relentless and enduring presence in children's lives' (Noble-Carr et al., 2020, p. 186).

Children with disabilities are first and foremost children: However, they are also faced with extraordinary needs that are not universal to all children. Children with disabilities

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are recognized to be at a ‘substantially greater risk’ of experiencing violence (Jones et al., 2012, p. 899). Due to heightened dependency on caregivers for economic, physical, emotional and medical needs; children with disabilities are at an increased risk of experiencing both individual and systemic abuse (Radford & Hester, 2006). These experiences are perpetuated for disabled children subject to isolation, poorer communication skills, difficulty in recognizing abuse, reduced access to supports and discrimination (HSE, 2018). Consequently, the barriers and risks posed to disabled children, and their perceived vulnerability increases the risk of violence and abuse, yet there remains very sparse information on their experiences (Octoman et al., 2022).

Concurrent concern with the impact of divorce and separation on children, specifically a concern with the absence of father involvement in children’s lives (Lamb, 2018), has led to a predominant emphasis on and a presumption that contact arrangements post-separation are automatically in the child’s best interest. Notwithstanding the promotion of children’s rights for such contact, the rationale underpinning the presumption of contact includes that opportunities are provided for children to maintain and sustain relationships with both of their parents (Birnbaum & Saini, 2015). Whether from a fathers’ rights, children’s rights or child welfare perspective, Michael Lamb’s work has been very influential in highlighting research evidence which stresses the importance of good quality continuing bonds with both parents for children’s development. There are, however, other perspectives, particularly when we consider the particular context of DVA. One such perspective is underscored by Jaffe et al.’s assertion (2003, p. 29) that far from ‘separation providing a vaccine against domestic violence’, the risk of ongoing abuse of women and children continues post-separation. With children considered the ‘tie that binds parents together long after they cease to be partners’ (Elizabeth, 2017, p. 186), child contact arrangements can provide court authorized opportunities for abuse to continue. Importantly, the literature cautions against any assumption that generic policies about non-DVA perpetrating fathers can be assumed to apply to DVA perpetrating fathers without consideration of the potential negative impact on children (Tubridy, 2022). Rather, as Featherstone and Peckover (2007, p. 189) assert, father involvement needs to be ‘located contextually’ and that context involves domestic abuse. Taken together, this evidence raises obvious but difficult questions about both risks associated with such contact and how quality contact can be achieved in the context of a prior history of DVA.

The above evidence on the risks associated with post-separation contact comes into sharp focus when we consider the elevated risks for children with disabilities, who represent one of the most vulnerable groups in societies globally (UNICEF, 2013). These children may not be able

to recognize, resist, or indeed disclose abuse (Chenoweth, 2002) and their responses to the trauma associated with domestic violence may be confused with the effects of a particular impairment or their disability (Baldry et al., 2006). They also may be limited in their opportunities and capacity to communicate their knowledge of the violence and consequent fear. The available and limited evidence suggests that not a lot is known about either the prevalence rates for children with disability who live with DVA and/or the risk of harm for those children (Octoman et al., 2022). Responding to that gap in the evidence base, the focus of this study is on how children with disabilities are reported to experience post-separation contact in the context of a prior history of DVA. We begin firstly with a discussion on definitions, setting out the parameters of what we mean by ‘disability’ and ‘domestic violence and abuse’. A review of the available and relevant literature is then followed by an outline of the methodology employed for this study. Findings of qualitative interviews with mothers of children with a disability in Ireland are presented, with those findings critically reviewed against the available research evidence. The paper concludes with some recommendations for policy, practice and further research.

A Note on Terminology

Disability is a contested term that holds unique and varied meanings to individuals that experience disabling conditions or environments (WHO, 2011a). The understanding of the term ‘disability’ has shifted throughout the latter half of the 21st century from viewing disability as a medical condition experienced at an individual level, to recognizing disability as ‘part of the human condition that will affect everyone at some point in their lives’ (WHO, 2011a, p. 7). Disability is now considered a human rights and social justice matter and public health issue (WHO, 2011a; Mikton, Maguire & Shakespear, 2014). Disability is recognized by the WHO as a ‘complex, dynamic, multidimensional and contested’ concept evolving from an experience of a person with impairments encountering factors in society which disable their full participation in society (WHO, 2011a, p. 3).

The United Nations (UN) Convention on the Rights of Persons with Disabilities (CPRD) is a landmark global treaty which recognizes ‘disability’ and ‘persons with disabilities’ as social concepts that are flexible and multifaceted (UN, 2006). The CRPD defines the term ‘persons with disabilities’ as;

those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective

participation in society on an equal basis with others (UN, 2006, p. 4).

The World Health Organization (WHO, 2012) describes disability in childhood as a ‘unique and complex interaction between a health condition or impairment and environmental and personal factors’ (2012, p. 7). Children with disabilities are defined as;

children with health conditions such as cerebral palsy, spina bifida, muscular dystrophy, traumatic spinal cord injury, Down syndrome, and children with hearing, visual, physical, communication and intellectual impairments (2012, p. 5).

Throughout this paper, we use the term ‘domestic violence and abuse’ (DVA) to refer to the global issue of violence against women and girls, described by the World Health Organization (WHO) as a ‘violation of human rights’ and a ‘public health problem’ rooted in gender inequality and discrimination (WHO, 2019, p. 6). The WHO estimates that over 35% of women globally experience either physical and/or sexual intimate partner violence or non-partner sexual violence each year (WHO, 2011b). The European Union Fundamental Rights Against Women Survey (FRA, 2014) reported that one in five women have experienced physical and/or sexual violence from either a current or previous partner. Globally an estimated 852 million women aged 15 and older have experienced at least one incident of intimate partner violence across their lifetime suggesting high prevalence rates placing women and their children at risk (WHO, 2021). There is also increasing attention globally to the ways in which violence against children and intimate partner violence intersect (WHO, 2024).

Literature Review

Prevalence and Intersections

Women and children with disabilities are at a higher risk of experiencing DVA than their non-disabled counterparts (Campo, 2015; Chan et al., 2016; Robinson et al., 2021). Children with disabilities are three to four times more at risk of experiencing violence (Jones et al., 2012), often at times by virtue of their impairment (Turner et al., 2011). More recently, Octoman and colleagues (2022) suggested that prevalence rates of DVA for children with a disability were double the rate for those without a disability. The directionality of disability and violence is complex and fluid however (Gür & Albayrak, 2015), with Jones et al. (2012, p. 905) advising caution when interpreting findings as there

is the potential for ‘reverse causation’, making it difficult to ascertain if violence or disability precedes the other.

From their review of the literature on abuse and young children with disabilities, Corr and Santos (2017) assert that children who are abused are more at risk of developing a disability, while children with a disability are considered to be more at risk of being abused. Importantly however, Dababnah et al.’s (2018, p. 539) systematic review of DVA and intellectual and developmental disabilities (IDD), highlights the difficulty in drawing any firm conclusions on how IDD and DVA intersect due to the ‘wide variations in the conceptualization and measurement of these constructs, as well as in methodological strengths and weaknesses’. Notwithstanding Dababnah et al.’s (2018) concerns, children with disabilities are overrepresented in the rates of filicide by three to one when compared with their non-disabled peers (Jones et al., 2012). Lucardie’s (2003) review of almost two thousand homicides of persons with developmental disabilities found that 48% of murders were carried out by family members; 88% of whom were parents. Moreover, studies exploring homicide and maltreatment related deaths of children highlight elevated risks for disabled children relative to non-disabled children (Chance & Scannapieco, 2002; Jonson-Reid et al., 2007; Koenen & Thompson, 2008).

In a recent assessment of 25 systematic reviews (including 12 on intimate partner homicide, eight on child homicide, and five on familicide) conducted between 2010 and 2020 investigating domestic homicide (Kim & Merlo, 2023), one study specifically examined disabled child victims (Frederick et al., 2019). While no prevalence data was reported, common risk factors related to the death of disabled children include the type of disability, family mental health and stress, and environmental factors (lack of services). The type of disability and lack of services were identified as distinct risk factors contributing to the death of disabled children. Perpetrators motivations in disabled child killings were reported as caregiver stress, altruistic intent, maltreatment, lack of child-parent bonding, child’s challenging behavior, and cultural beliefs about children with disabilities (Frederick et al., 2019).

Furthermore, the presence of multiple adversities in the lives of children who live with DVA is also evident in the research evidence. For example, Stover et al. (2019, p. 365) found that children who lived with DVA in the first two years of life were most likely to be exposed to multiple forms of adversity, concluding that polyexposure of adverse childhood experiences (ACEs) was a ‘robust predictor of problems in functional impairment and psychiatric symptoms’. Included in this polyexposure is a higher prevalence rate for children who experience DVA reporting to mental health services (Silva et al., 2019); accessing mental health services (Stover et al., 2019); and diagnosed with psychiatric

disorders (Benarous et al., 2017). Research also identifies the misuse of alcohol in the family home associated with DVA in families with children with disabilities (Baldry et al., 2006; Berg, Shui & Nguyen, 2015), with high-risk psychosocial factors including unemployment, poverty and one-parent households associated with heightened levels of violent victimization of children with disabilities (Chan et al., 2016). Echoing earlier WHO (2011a) assertions of the relationship between disability and poverty, Octoman et al.'s (2022) more recent Australian study, found that almost two in every three children with a disability whose mother had been hospitalized following an assault, were from the two most socio-economically deprived areas in the study. With the intersection of multiple adversities that children and young people with disabilities present from these findings, taking an intersectional perspective in research can offer new insights into how the multiple positions and power inequalities that exist within an individual's social experience compound to create unique forms of oppression (Thiara et al., 2011; Crenshaw, 2013). First coined by American feminist Kimberlé Crenshaw, intersectionality refers to the multiple identity axes such as class, race, sexual identity, gender and ability at which individuals and groups can be subject to discrimination, and specifically how these interconnected forms of oppression intersect and influence the lives of individuals (Corus & Saatcioglu, 2015; McCall, 2005). Intersectionality allows an understanding of how individual social positions are constructed in the context of social, economic, political and cultural environments to create "positionalities" (Harley et al., 2002, p. 216).

Impact of Living with DVA for Children with Disabilities

Noble-Carr and colleagues (2020) meta-synthesis of thirty-two qualitative studies across the UK, North America and Australia, highlighted domestic violence as an experience that can result in significant impacts on children's health, development and well-being. Focusing specifically on children with intellectual disability, Dababnah et al. (2018, p. 540) conducted a systematic review to assess the directionality of intellectual disability and DVA and concluded that the 'the extant literature does not provide clear answers regarding directionality; that is whether IPV or IDD cause or predict the other'. Considering Dababnah et al.'s (2018) comments, what is clear is that when children experience DVA, their development is disrupted, with Gilbert et al. (2013) study highlighting a clear association between exposure to DVA and children missing development milestones within their first 72 months of infancy. Furthermore, Torrissi et al. (2018) suggest that the frequency and severity of DVA creates highly stressful home environments that impede

on the 'complex integrative developmental processes' that occurs in early childhood (p. 69).

Ravi and Black (2022) highlighted that children living with DVA were more likely to have an emotional-behavioral disability when compared with other disabilities including an intellectual, learning, hearing, speech or language disability. However, the research findings in this regard are not consistent. Vameghi et al. (2016) for example report language to be the least affected developmental domain in a study of 750 children in Iran, of whom 35.3% reported experiencing DVA. By contrast, Zeng and Hu (2018) found speech disorders followed by developmental delay to be the most prevalent form of child disability, in their study using data from the 2016 National Survey of Children's Health in the USA (NSCH).

Rizo et al. (2020) paper on the intersection of intellectual and developmental disabilities (IDD) with children's experience of living with DVA, provides some further findings of relevance to this paper. Describing IDD as a 'heterogeneous group of disabilities originating in childhood' that 'include both developmental disabilities (DD) and intellectual disabilities (ID) (Ibid, p. 908), this group of disabilities includes Down syndrome, Autism Spectrum Disorder (ASD) and cerebral palsy. Rizo et al. (2020) identify the common challenges associated with IDD to include behavioral difficulties such as depression, aggression and hyperactivity. Specifically, they conclude from the research reviewed that almost 75% of children with ASD present with attention deficit or hyperactivity disorder and that about one third of children with ASD also have intellectual disability. Focusing on the intersection between IDD and DVA, Dababnah et al.'s earlier (2018) study identified a robust correlation between DVA and IDD, including ASD specifically as a form of IDD. Children who have been diagnosed with autism may experience difficulties with communication (Wilkinson, 1998). While some children may have no language at all, for others, their language development may be delayed or characterized by echolalia, or the repetition of words and phrases. Indeed, for many ASD children comfort is found in repetition, routine and ritual, with the child's need for routine found to be elevated during periods of change or stress (Attwood, 1998). While planning and routine is important for the calm functioning of most families, the strict adherence to pre-ordained schedules necessary to minimize distress or sensory overload for the ASD child, may be challenging for family life and parenting.

Indeed, the parenting practices of men who use violence against their partners is an emerging area of research raising significant cause for concern (Stover & Morgos, 2013), with little 'positive evidence about the ability of this group of men to be constructive fathers' (Smith & Humphreys, 2018, p. 157). Thompson-Walsh et al. (2021, p. 2) conclude that

the evidence on fathers' impact on children shows 'associations between hostility in men's parenting and child maladjustment, including deficits in child self-esteem and emotion regulation' (see also meta-analysis by Khaleque, 2017). This evidence, Humphreys et al. (2019, p. 322) suggest, leads to a conclusion that domestic violence is a form of child abuse, one that is primarily perpetrated by the child's father (biological or social).

Notwithstanding the significant barriers to leaving abusive relationships when mothers have a child with a disability, as Baldry et al.'s (2006) seminal study illustrated, many women and children find themselves, post-separation, dealing with the many challenges inherent in such contact. As we turn our attention now to reviewing those challenges, however, we caution that the evidence base on how children with a disability experience post-separation contact where there has been a prior history of DVA is nascent. Conducting a robust search for research for this evidence across nine databases, yielded no results. As such, it would appear that there is no published research in either academic journals or grey literature focused on this specific experience. To provide empirical evidence for children's experience of contact in this context, we draw briefly on the broader literature on child contact.

Children's Experience of Post-separation Contact with a Prior History of DVA

A robust and growing evidence base draws attention to the complex, problematic and potentially dangerous risks of post-separation contact for both children and their mothers, suggesting that these risks possibly outweigh any possible benefits for those involved (Holt, 2015, 2016, 2017; Katz et al., 2020; Morrison, 2015). Far from being 'All over now?', Morrison's (2015, p. 274) qualitative research highlighted evidence of continued abuse of women and children, associated with contact. Thiara and Gill's (2012) research with South Asian and African-Caribbean women and children illuminated the specific challenges experienced by minoritized communities when DVA continued in the post-separation period.

Commonly cited examples of poor post-separation fathering include arriving late or not at all for contact, not spending time with their children and rigidity around arrangements that are unresponsive to children's changing needs. Katz et al. (2020, p. 317) concluded from their qualitative research with children across the UK and Finland, that 'dangerous fathering could make children's lives frightening, constrained and unpredictable', thus denying children opportunities they should have for continuity and reliability in their young lives.

Reported also is the continued manipulation and coercive control of children by their fathers through contact, particularly in relation to seeking information about their mother's movements and relationships, continued attempts to undermine the child's mother by, for example, coaching the child to repeat negative comments or relay abusive messages to their mother (Holt, 2017; Katz et al., 2020). Research conducted with children and young people in Ireland (Holt, 2018), Scotland (Morrison, 2015) and Australia (Lamb, 2018), consistently identifies children's exposure to the verbal and emotional abuse of their mothers associated with contact and their distress associated with this experience. Interestingly however, the research struggles to identify violent fathers who can understand that their violence and abuse of mothers is experienced as abuse by their children (Harne, 2011), with Heward-Belle's Australian research (2016, p.162) highlighting how fathers attending a DVA perpetrator program moved 'in and out of accountability and responsibility in relation to their children'.

Thiara and Humphreys (2017) call for practitioners to recognize that domestic abuse can continue even in the abuser's absence, arguing that an 'absent presence' framework may be a useful concept to assist workers understand problems in the mother-child relationship which emerge when living with, and separating from a violent partner. This ongoing abusive presence post-separation, Thiara and Humphreys (2017, p. 141) argue contributes significantly to the erosion of women's sense of self, their confidence in their mothering and the undermining of the mother-child relationship. This ongoing abusive presence may result in the emergence of a 'conspiracy of silence' between mothers and their children, where each believes they are protecting the other by not talking about their fears. Katz et al. (2020, p. 319) referred to children's experience of 'omnipresent fathering' which the authors asserted resulted in a mental state for children where fear was ever-present.

Acknowledging the important and significant role that positive fathering plays in the lives of children, Humphreys et al. (2019, p. 327) nonetheless caution that the evidence suggests that fathers who use DVA may in fact create more vulnerability than resilience in the lives of their children (Katz, 2016; Heward-Belle, 2016). Notwithstanding this evidence, an enduring distinction remains between violent men and good (enough) fathers, particularly when decisions about contact are being made (Hester & Harne, 1996; Humphreys et al., 2019). Utilizing Bourdieu's (1989) theorizing on the 'habitus' of groups, Hester's (2011, p. 837) three planet model provides an interesting lens through which to understand these enduring distinctions, where particular foci and approaches of different professional groups may inadvertently create unhelpful divides between the professional practices of those groups. Hester explains that while

on the domestic violence ‘planet’, women and children’s safety is prioritized and abusive men are held accountable for their actions, the focus on ‘planet’ child contact shifts to ‘good enough fathering’ and continued contact with children (Hester, 2011). In child contact proceedings however, these opposing discourses collide. Mothers find themselves in the invidious position of needing to be good mothers and protect their children, while simultaneously expected to be good mothers who actively promote ongoing contact for their children with abusive fathers. Despite the extensive research evidence regarding the risk to children and mothers of ongoing and escalating abuse post-separation, the international practice of the presumption of contact continues to trump this evidence in the overwhelming majority of cases (Hunter et al., 2018). Adhering to ‘deeply embedded ideologies’ (MacDonald, 2016, p. 847) regarding the role of fathers in children’s lives, the planets pull in different directions. The result Hester (2011, p. 850) concludes is a ‘black hole’ that mothers and children may fall through’.

Responding to the Needs of Children with Disabilities in the Context of DVA and Post-separation Contact

The literature reviewed above has clearly highlighted awareness of the increased vulnerability for children with disabilities who also live with DVA (Robinson et al., 2022). However, Robinson et al. (2022) also caution that it is unclear how this increased awareness and recognition translates into collaboration across those sectors. While the challenges inherent in achieving such an integrated response have been well documented over the last two decades (for example see Baldry et al., 2006), those challenges nonetheless persist (Robinson et al., 2022).

Octoman et al. (2022, p. 12) remind us of the multiple systems and services that children with a disability enter during a period of DVA crisis. These systems/services could involve any combination of ‘disability, child protection, criminal justice, health, housing, youth crisis or education-focused’. While this multi-service involvement would seem to demand cross-sectoral engagement, the authors conclude from the research evidence that disability services specifically tend to be absent from that cross-sectoral response. Octoman et al. (2022) also highlight the lack of what they term ‘disability literacy’ amongst non-disability services, with Rizo et al. (2020) asserting that DVA services are generally not trained to deal with or respond to the unique service needs of children with complex needs such as IDD. Concurring with this, both Fraser-Barbour et al. (2018) and Robinson et al. (2021, p. 318) concluded that DVA services are both under-resourced and ill-equipped to respond to the needs of families at the intersection of DVA and disability.

Similarly, disability services are found to lack expertise around DVA. Both the absence of ‘disability literacy’ in DVA services and the absence of disability services at this intersection can result in risks for families; Robinson et al. (2020) caution that families’ needs are either unmet or responded to inappropriately. Urging both sectors to engage in a process of ‘connecting the dots’, Robinson et al. (2022), concluded that integrated service responses that recognize and can engage skillfully at the intersection of disability and DVA, are critical if we are to keep children with disability safe.

Methods

There is a dearth of research in the Irish context which explores the intersectionality of DVA and disability, specifically how DVA is experienced by children with a disability. This study goes some way to addressing this gap in knowledge by capturing the experiences and perceptions of mothers of a child with a disability. Due to the lack of existing research, an exploratory qualitative study was the most appropriate approach (Braun & Clarke, 2022). In this study, eight interviews were conducted with mothers of children with a disability who also experienced DVA. This current analysis draws on these interviews to explore these children’s experiences of access and post-separation contact with perpetrator fathers from their mothers’ perspective.

Recruitment and Data Collection

The research project originally set out to explore the experience of women with a disability and/or who had a child with a disability and had sought support from DVA services. Recruitment of this group has been recognized in the literature as challenging for a number of reasons (Robinson et al., 2021). An underrepresentation of women with disabilities accessing specialist DVA services and/or not self-identifying as having a disability was identified as a major barrier for the original focus of this study. Proving to be a hard-to-reach population, the study changed focus to look solely at the intersection of disability and DVA from the perspective of mothers with a child with a disability. Owing to such challenges, recruitment and data collection was slow and took place over a two-year period. Recruitment was facilitated primarily by gatekeepers from a service that works with children and their families, with two participants recruited through specialist DVA services. Gatekeepers were given information and consent material to inform them of the aims and scope of the study and were also given participant information and consent forms to discuss the study with potential participants. Informed consent was obtained

from the participants by the gatekeepers in advance of the interviews and was re-confirmed by the interviewer prior to commencing the interview. At the point of interview, none of the mothers were living with their abusive ex-partners and all participants had been accessing ongoing support from a DVA worker or specialist service for a minimum of 12 months prior to participation.

Semi-structured interviews were conducted, guided by an interview schedule developed to be intentionally brief and non-prescriptive to allow participants the freedom to discuss what was important for them and their children, as well as honoring the participants' unique lived experiences. Interviews ranged in length from 40 min to 3 h, with the average interview 1 h and 15 min long. The interviews were mainly conducted in the services' offices at various locations around the country, with one interview conducted in a participant's home, at her request. Interviews were conducted between December 2021 and March 2023.

Data Analysis

All interviews were audio recorded with participants' consent and transcribed verbatim. Transcripts were pseudonymized at the earliest possible opportunity to remove names, places, and any other potentially identifying details. As part of the pseudonymization process participating mothers and their children were given alias names. To create an obvious relationship between the mothers and children in each family, each individual family member was assigned a name which began with the corresponding letter from the alphabet, e.g., participant 1 = names beginning with 'A'; participant 2 = names beginning with 'B', and so on (see Table 1 below). A strength of this approach is that each individual family is easily perceptible which assists the reader

to assimilate the findings. All transcripts were reviewed by the first two authors independently to garner an initial sense of the broad themes emergent from the data. Following this step, the research team agreed on preliminary codes. Regular online and in-person team meetings were held to compare and refine codes, sub-themes, and themes. This sorting and coding continued until clear hierarchical themes emerged (Braun & Clarke, 2022), which were then corroborated via team consensus. Qualitative data analysis software NVivo 12 was used to code and sort the data.

Dual ethical approval was sought and received from the Research Ethics Committee in the higher education institution of the research team and by the Research Ethics Committee of the national Child and Family Agency.

This research was guided by the following research question: How does a child with disabilities experience post-separation contact with an abusive father?

Findings

The sample comprised of eight mothers of children with a disability who had experienced domestic violence and abuse (Table 1). Two of the mothers in the sample had two children with disabilities and the remaining six had one child with disabilities. Four of the mothers and their children had remained living in the family home post-separation and four had moved into rented or other alternative accommodation leaving their abuser living in the family home, where access [contact] continued to take place for some children. One abuser left the family home but continued to live close by in a semi-permanent dwelling beside the house. Three major themes in relation to post-separation contact emerged from the data collected at interview, these are explored in detail in the following section.

Table 1 Characteristics of mothers and their child(ren) with disabilities

Participant Number	Pseudonym Mothers	Pseudonym / Gender of Child With Disability	Disability / Impairment	Child's Position in Family	No. Siblings in the Family	Current Location (Urban/Rural)
1	Audrey	Adam (son)	<ul style="list-style-type: none"> • Autism Spectrum Disorder (ASD) • Visually impaired 	Eldest	2	Rural
2	Beverly	Brian (son)	<ul style="list-style-type: none"> • ASD 	Second eldest	4	Urban
3	Caroline	Carl (son)	<ul style="list-style-type: none"> • ASD • Selective mutism • Command avoidant 	Eldest	2	Rural
4	Deborah	Cora (daughter)	<ul style="list-style-type: none"> • Asperger's/ADHD 	Youngest	3	Urban
		David (son)	<ul style="list-style-type: none"> • ASD 	Youngest		
5	Eva	Evan (son)	<ul style="list-style-type: none"> • Chronic degenerative illness 	Eldest	1	Urban
6	Frances	Frank (son)	<ul style="list-style-type: none"> • Chronic illness 	Only child	3	Rural
7	Georgina	Grace (daughter)	<ul style="list-style-type: none"> • Learning disability 	Middle	3	Urban
8	Hilary* *physically impaired	Howard (son)	<ul style="list-style-type: none"> • ASD 	Youngest	3	Urban
			<ul style="list-style-type: none"> • ASD (non-verbal) • Hearing impaired 	Eldest	2	Rural

Sample Characteristics

Theme: Courts' (Lack of) Consideration of Children's Disability in Post-separation Child Contact Decision-making

The participating mothers' narratives identified unique challenges emerging for their children at the intersection of disability and DVA in the context of post-separation contact. Seven of the mothers indicated that they had experience of contact being ordered by the court. These mothers articulated their perception that the courts did not adequately consider their children's disability, their children's individual needs arising from their disability or take account of the dynamics of DVA, when making decisions on contact orders, as Caroline explains:

"The default position of the justice system is 'ahh they'll cry a bit, but they'll get used to it'. You know like they're like dogs or something, they have to, just have to get trained into this new system. I mean there would seem to be no thought process behind travel - a three-year old [with ASD] on a Friday evening heading off to [place name], on a two-hour car trip, to a different bed." (Caroline).

The rigidity of court orders, and the potential implications for the mothers of not adhering to the orders, were highlighted as being in opposition to the adaptability and responsiveness that is required when parenting a child with a disability. The unanticipated or unpredictable aggravation of symptoms relating to the disability, such as changeable temperament, psychological or physiological symptoms, were often understood to be exacerbated by having to fit in with the strict parameters of contact orders. Some mothers indicated that they believed that forcing their children to comply with contact orders was in contravention to their needs and often a source of considerable distress for their children. One mother revealed that her child, Cora, with an (undiagnosed at the time) ASD condition, had experienced and attempted to act on suicide ideation while on overnight court ordered contact which took place in the original family home where her father resided. Caroline explains in the following quote:

"...my child rings me [from overnight contact] and tells me she wants to die, and she basically tried to stab herself in [place name], with a knife." (Caroline).

Caroline went on to articulate what she saw as the trauma caused by imposing access [contact] on her child who was not ready was a factor in this situation:

"I know Cora, to this day, it made a mark on her. Because she wasn't ready. Like they just had so much on. All I said was they're not ready yet. You know they're not ready for overnights yet." (Caroline).

Overnight contact orders were similarly raised as being problematic by many mothers in the study, as illustrated by the following quote from Hilary:

"There was a court order. It was bad at the start with him where I actually didn't feel safe sending the kids to him. I honestly didn't and hoped that they would be looked after. [...] ... there was overnights. I didn't agree with it in court and I was trying to explain that he has a farm, he's gone out - he's gone back to that farm, the kids are left alone on their own, within the house, while he's doing his farming." (Hilary).

Another mother, Eva, raised the issue of specialized equipment for her son Evan's disability and how the court ordered contact did not recognize that this essential equipment was only available in one home:

"I think the legal system was the biggest issue, from the point that basically nobody understands like in the court it's just days off, days on, with you and nobody put in the picture that he's disabled and he needs to have equipment and he can't have that equipment in both houses because you're only provided that for the one place and you know, because he needs a hoist, he needs a wheelchair, he needs chargers, he needs a special bed. [...] They allowed him to see his dad three days a week. [...] I would send things with him that I could and he bought some stuff as well but like that was really concerning" (Eva).

Theme: Disruption to Routine

Post-separation contact with DVA perpetrating fathers, whether court ordered or not, was generally perceived by mothers as being disruptive to the children and their routines and was highlighted as a significant challenge for both the children and mothers involved in this study. It is accepted that most children need routine to thrive, but routine and predictability are particularly important for children with an ASD diagnosis or intellectual disability, as can be seen in these quotes from Beverly and Georgina:

"Brian has certain rituals in the morning and you have to call him a certain time before he needs to leave otherwise he doesn't like being rushed, if I call him I know

that he likes me to call him 10 minutes before he needs to get up so I can come back and call him 10 minutes later so he feels like he's had a little snooze, small things like that, you know, he has a certain breakfast in the morning, he has to spend a certain amount of time doing different things and I know all of these things so if something is out of sync with the way he normally does things, he gets agitated..." (Beverly).

"... you have to kind of tell Grace if there's any changes and stuff like that beforehand, otherwise she kind of gets upset - now, she's fine, she's fine if she knows beforehand, almost all of the time." (Georgina).

However, as this next quote from Eva illustrates, children with severe physical disabilities can also crave routine:

"... kids with chronic disabilities they need routine. They're mad about routine. That's the only thing that they can control. They can't control their disease, but daily tasks. That's why we live like we are autistic, like every day's completely the same. Same things in the same time are done and I don't know that brings safetiness [sic] in my son's life. I know he feels better when things are done in that way. So I'm kind of giving him control wherever he can have it to make it easier." (Eva).

Further disruption was reported to be caused by fathers not adhering to arrangements or changing plans with little notice, turning up late, or not turning up at all. Additionally, mothers frequently perceived sinister undertones or even blatant tactics of abuse in the actions of their former partners. Once such example is presented below:

"...the problem is that their dad is, I would say 80% of the time he is late and so like there was one of the days where Brian had said to me, 'you've done something', and I said what do you mean I've done something, 'dad told me if he doesn't turn up for access [contact] then it's because you've done something and he's probably in jail'." (Beverly).

Furthermore, travelling to and from contact was referenced by Beverly and Caroline as being disruptive to their children. In both these situations contact was court ordered and so was mandated. Beverly highlights in the next quote how she would often bear the brunt of Brian's agitation because of the stress he experienced by having to travel to contact for a set time:

"So the car journey in terms of getting to [agreed place] for 11 o'clock is incredibly stressful... I can't

have the music on in the car, I can't have the air con even if it's roasting hot I can't have the air con on, if [younger daughter] is in the back and she's on maybe her device, the noise needs to be off so like he's [Brian] incredibly irritable." (Beverly).

Meanwhile Caroline described how the stress of travel impacted on her two disabled children, Carl and Cora:

"We also had two children that couldn't cope with even sitting on a train. Carl and Cora are the whole time on the train spinning around in circles. Now, didn't have any diagnosis at that time but they found it difficult to be on the train. And Carl would just like eat the tops of his T-shirts, he was always stressed. Well actually the train journey alone was distressing if you get me?" (Caroline).

Three of the mothers (Beverly, Caroline and Deborah) explicitly raised the issue of fallout in the days following contact visits as being disruptive for the family. These mothers described behavior changes, mood changes or being withdrawn for a period of days following each visit with their fathers:

"David comes back and he's quite withdrawn and he doesn't want to talk to me and you know I'm like 'what's up?' and he's like 'dad wasn't saying nice things. I don't want to tell you mum', and he won't tell, and I don't want to push him to tell me. But it does affect him... But you know trying to explain it to him, because he's just black and white, the way he sees things and it's hard." (Deborah).

"But sometimes when you're living in it you don't even realize it's so serious, do you know what I mean? So the kids are coming back every weekend pure traumatized..." (Caroline).

Theme: Quality of Contact

Meanwhile, some of the mother's narratives suggested that contact can be ordered or executed without any consideration of whether it is quality time together or a 'tick-the-box' exercise. Children were reported by several participating mothers to have negative experiences of contact. In fact, four of the mothers explicitly asserted that they did not believe their children were enjoying the contact or having their needs met by the arrangements with their other parent. In the next quote, Caroline articulates her insights on the contact between her daughter Cora [ASD] and her father:

“She’s 11 and a half now and they still don’t take her own views into consideration. It’s pissing her off to be honest with you. She wants to kill every judge in the countryside. She’s up in arms so she is. She’s really cross about the whole situation because kids nowadays, they’re not like us. They’re given a voice. They’re not - they’re asked what they want in school. They’re asked whether they’d like to partake. They’re encouraged to give their views. But then something as important as how you want to spend your weekends and giving up your party, giving up your horse-riding activities is what she has to do for him to have an hour in [fast food chain]. So it pisses her off, because he doesn’t put any effort in. It’s just [fast food chain] every time. He doesn’t even ask them what they want to eat, he just goes up and orders them a kid’s meal. She’s 11 and a half now. She wants like a chicken, sweet and sour feckin wrap because she’s able to eat that now. She’s not a child like she’s getting old. There’s no consideration. They play eye spy. She’s like - it’s just baby stuff, he just looks at his phone, she gets nothing out of it.” (Caroline).

In some cases, children were reported at times to be left unsupervised during contact. Frances reported that her children’s father insisted on having the children to stay with him as per the court order yet he would go out, allegedly leaving the children at home unsupervised:

“Yeah you see he continued to do his own thing and they were just based in his house. Like he would leave on a Saturday morning and be gone all day Saturday and all-day Sunday. So he wouldn’t let me have them now. They’d have to stay in the house on their own.” (Frances).

Georgina raised concerns that her former partner was unavailable to their child, which she claimed was causing the child distress as her need for connection was left unfulfilled:

“Grace said to me - it was during last week - she said four things. She started crying going to bed and she said - and she caught me by surprise - and she said that she was upset because she doesn’t see Daddy as much, he’s unavailable, that type of thing she would say, she can’t get a hold of him, you know, that kind of stuff.” (Georgina).

The perception that children with disabilities were being used as pawns in the context of contact was implicit throughout the narratives shared by mothers participating in

the research. However, there were several explicit examples about how their children were used as pawns during interactions with their ex-partners to fulfil contact obligations. Beverly described how her son Brian’s presence and his lack of understanding of the dynamics of the abusive relationship had been exploited to target her:

“it’s just like it’s stressful because like previous access [contact] times like he’s done things like one of the times he came and gave me a hug, went to give me a hug and I pulled away and said please don’t hug me and he does it in front of the kids so I end up looking bad and then Brian would say to me, ah mam why are you like that but I’m not gonna say to Brian I don’t want him coming near me because he has raped me, he has abused me for years, I’m not gonna say that to him but that’s the reason I don’t want him hugging me but this man, like I wouldn’t have gone and gotten a barring order if I wasn’t in fear of what he could potentially do, I don’t need him hugging me and so he is doing that...” (Beverly).

Meanwhile Eva described how she arrived at her decision to finally sever contact between her son and his father when he used contact time to try to malign her to their son who has a chronic and degenerative disability, which had a negative outcome for his wellbeing:

“I allowed him to speak over videophone, but then on the last time they spoke and he was yelling at my son ‘your mum put me in prison’ and he - Evan was vomiting and I took him to hospital, how upset he was, he couldn’t stop vomiting and I just said to myself like I gave him so many opportunities, I wanted to co-parent, I didn’t want him out of his life and he just ruined every one of them and just I decided I’ll try to build a safe space for him now and it was tough, tough decision and I’m still struggling with that decision that I’m not allowing my son.” (Eva).

Conversely, Audrey was in the more unusual situation where her severely disabled son who had lived with her when she had first moved out of the family home was now back in the primary care of his father, as his care needs were too great for Audrey to manage alone for various reasons. Unlike other participants, contact was arranged outside of the court system yet did involve input from the child’s social worker in the disability service. Audrey shared her insight that her former partner used his ability to control access [contact] to penalize her:

“...he’s still very much, I suppose, using my son [Adam] as a pawn to get back at me in terms of let’s say visits and that sort of thing. Recently I was having more visiting with my son, I have nowhere to bring my son, I can’t really bring him here [...] I only see my son twice a week for about an hour. And you know I’m always on edge. Because you know, I kinda feel afraid to do anything that is going to upset my husband in case he kicks up a fuss and tries to stop the visits all together.” (Audrey).

Audrey described how her husband had exerted his control to disrupt and put an end to an informal contact arrangement in the family home that had been made between them:

“I’d bring [Adam] to the shop, get some treats, watch a DVD and so on and then we ended up myself and my husband having a bit of a disagreement because he wanted to sit in and watch football, which meant that I couldn’t play the DVD with [Adam] which was part of the routine and part of what he expected so, em he ended up cancelling those Sunday visits.” (Audrey).

The [findings](#) section concludes with a final quote from Audrey which illustrates how she perceives that her son Adam’s disability is used as a mechanism of control; a sentiment which was echoed by many mothers in this study:

“... he still has quite a bit of power over me, because of my son...” (Audrey).

Discussion

The absence of any empirical evidence on how children with disabilities experience contact in the context of a prior history of domestic abuse is a significant gap in the knowledge base, particularly when we consider the evidence that women and children with disabilities are at a higher risk of experiencing DVA than their non-disabled counterparts (Campo, 2015; Chan et al., 2016; Robinson et al., 2021). The testimonies of participating mothers presented in this paper, nonetheless reflect all of the concerns in the broader literature about children’s safety and well-being arising from contact with abusive fathers. These concerns include the invisibility of children’s voice in decisions made around contact with an abusive parent (Kastendieck, 2021), the exclusion of safety and welfare concerns in that decision making process (Radford & Hester, 2015), anxiety and emotional upheaval experienced by children when fathers arrive late or not at all (Holt, 2015), and rigid unresponsiveness to

the child’s changing needs as they grow (Morrison, 2015; Thiara & Humphreys, 2017). Against the backdrop of the increased risk of experiencing DVA for children with disabilities, the findings of this study bring new perspectives to the contact debate, illuminating an additional layer of complexity that exacerbates how children with disabilities experience these concerns. Notwithstanding Dababnah et al.’s (2018, p. 540) conclusion that the ‘the extant literature does not provide clear answers regarding directionality; that is whether IPV or IDD cause or predict the other’, the findings of this paper nonetheless raise concern for the welfare and safety of children with disabilities arising from contact with abusive fathers.

The literature informs us of the importance of predictable daily routines, familiar environments and consistent parenting responses for establishing feelings of well-being and safety for children with intellectual disabilities (Attwood, 1998). However, this need for repetition, ritual and routine was not achievable for the children reported on in this study, when court ordered contact resulted in disrupting those routines, inducing heightened emotional states and agitation. While quality parent-child engagement on contact could potentially offset some of the disruption if the child’s relational needs are being met (James-Hanman & Holt, 2021), this did not appear to be present for the children in this study. Appreciating the concern that parental separation can physically lead to the loss of a permanent father-figure in a child’s life, the literature reviewed underscores the assertion that the presence of DVA often means that fathering is compromised, a deficit that separation alone cannot rectify. While the children reported on in this study had ‘father presence’ in their lives, the lack of consideration for the child’s need for routine, certainty and security call into question both the quality of the father-child relationship and whose needs contact was serving. In their 7-Point Plan for Safe[r] Contact, James-Hanman and Holt (2021) point to the need to look at men’s parenting critically and the quality of the father-child relationship to ensure contact is meaningful and for the right reasons. Such scrutiny of parenting practice and capacity is always important but perhaps has particular significance for children with disabilities. While the international practice of the presumption of contact has been extensively critiqued elsewhere (Hunter et al., 2021), it is of critical importance to this paper to emphasize that those presumptions can prove problematic and dangerous as they limit the decision-making process of deciding what is in the best interests of each individual child, considering their unique circumstances. For children with disabilities, rigid adherence to universally held assumptions of best interests, with simultaneous disregard for the unique circumstances that accompany a disability, cannot realistically achieve a decision that is safe and in the child’s best interests. The

findings of this study challenge whether the risks of contact actually outweigh the benefits of such contact for children with disabilities and further question whose needs contact in this context is meeting.

Hester's (2011) 'three planet model' is particularly relevant for the findings of this study. As highlighted in the literature review, Hester asserts each of the three planets in the model – domestic violence, child protection and child contact - have their own "*distinct 'cultural histories' underpinning practices and outcomes with different elements to the fore in each one*" (2011, p. 839). The findings of this paper lead us to propose, perhaps somewhat audaciously, that there is an argument for including another planet, or planets, in Hester's model. These additional planets can illuminate the layers of complexity which accompany intersecting issues, potentially adding, increasing, or creating new risks for both mothers and children post-separation. Applying an intersectional lens, it is easy to envisage how other '*positionalities*' such as poverty or race (Harley et al., 2002, p. 216) could compound adversities, and further marginalize those already at risk from a legal system that is not fit for purpose in terms of dealing with DVA in contact cases.

Based on the evidence presented in this study, we suggest that 'planet disability' is another '*habitus*' with unique circumstances requiring specific responses that do not appear to be considered by the court or legal system when deciding on post-separation contact in the context of a history of DVA. The apparent invisibility of children's needs relating to their disability in the decisions made by the court about contact arrangements in this study demonstrate this. It has been argued that the history of the abusive relationship is overlooked in decisions made by the court for child contact arrangements, and furthermore, that contact with the abusive parent is an inevitability (Hester, 2011; Morrison, 2015). While this in and of itself is problematic, for children with a disability these issues can be further intensified. To illustrate, many participants in this study believed that the courts did not consider the impact of basic logistical issues on their child, for example the stress of travel or public transport, or being in unfamiliar surroundings without usual routines or rituals, which are recognized as vital for the wellbeing of children with disabilities (Attwood, 1998). Our findings reveal the disruption, and consequent fallout, from the lack of acknowledgement or consideration by the legal system for the child's disability. Indeed, for the seven mothers who had experience of court ordered contact, these decisions were overwhelmingly experienced as having a negative impact on their children because of the intersection of disability and DVA. The literature reviewed highlighted the absence of what Octoman et al. (2022) term 'disability literacy' in DVA services and the absence of disability services at the intersection of disability and DVA. The findings

of this study lead us to question if family law is also lacking disability literacy and is absent from that critical intersection in the lives of children with a disability who have lived with DVA.

Limitations

The findings of this study need to be interpreted in light of a number of possible limitations. Notwithstanding the established challenges of engaging with lived experience at the intersection of disability and DVA (Robinson et al., 2021), the small sample size of eight mothers who participated in this study nonetheless means that the findings cannot be generalized to a broader/similar population. Similarly, while the existing research evidence draws attention to the intersection of disability, DVA and other adversities including poverty (Octoman et al., 2022), our sample of mothers who self-selected to participate, did not reflect this socio-economic status.

The absence of any research evidence on how post-separation contact is experienced by children with a disability who have also lived with DVA, presents considerable challenges to how services can respond, and policy be developed in an evidence informed manner. A clear next step for research would be to engage directly with children with a disability, to understand from their perspective, what quality contact in this context might look like, what they enjoy about contact, what they find more challenging, and how they can be supported in this space. Eliciting answers to these questions is important to inform practice and to ensure that the voices of children with disabilities are included in the processes which impact on their lives. However, this is not without its challenges. While the issue of engaging with children and involving them in research more generally, has developed considerable impetus in recent years (Øverlien & Holt, 2018), the same cannot be said for children who have lived with DVA. Concerns about re-traumatizing children has more often rendered those children as passive victims whose engagement in research about these experiences is rare (Elliffe et al., 2020). Brien (2018) surmises that this marginalization or invisibility of children in the research agenda on DVA, is potentially more pronounced for children with a disability, with Robinson et al. (2023, p. 1192) questioning if this is possibly influenced by 'co-mingling ideologies of dis-ableism and vulnerability'. While the research evidence concerning how children with a disability experience DVA is limited (Robinson et al., 2020), the evidence on how children with a disability experience post-separation contact in the context of a prior history of DVA, is non-existent. To that end we concur with Robinson et al.'s (2023, p. 1202) call to researchers to 'open and hold a space'

where children's expert views on their own experiences can be recognized and respected.

Conclusion

While there is already mounting evidence that the inflexibility of contact orders is an issue for mothers and children (Hunter et al., 2021), the intersections between DVA and disability identified in this study present an additional layer of complexity and risk not yet acknowledged within the legal system. The current approach to post-separation contact which is mandated by the court does not reflect an adaptive, responsive and child-centered approach that is required to accommodate for the additional needs of children with disabilities who have experienced DVA. The findings from this study certainly corroborate this assertion and recommend a more joined up response by practitioners working across sectors to increase opportunities for 'connecting the dots' as suggested by Robinson et al in their 2022 report. The position taken that contact is in the best interests of the child at any cost goes against the need for more child-centered decision making that takes account of child's voice and other factors such as disability. These findings underscore that children with a disability urgently need a mechanism within the legal system for assessing and deciding post-separation contact which recognizes and responds to the unique circumstance of disability and DVA in an individualized, fluid, and responsive manner.

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Declarations

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Competing Interests N/A.

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