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## **Imagining care ethics: disability, violence, and caring spaces – Trudy's mothering story**

### **Introduction**

*People talk about care in the community, care in society, it doesn't bloody exist! It's some utopia that doesn't exist. (Trudy, 2016). Because my son is now being treated in a hospital that cares for him as a person. I can relax now, knowing he's being taken care of, and it now gives me time to have cancer! I relaxed. (Trudy, 2017). He has totally come back to me. During the time he was in the hospital, he had a very good named nurse. Eventually she facilitated a meeting where my son apologised to me. But I got very emotional then, even though he was very unwell at the time it happened (the violent attacks). But by the time we had the session, it remarkably happened in an unremarkable way. He apologised and I accepted it. (Trudy, 2020).*

Who is Trudy? What is Mother? Lalvani (2019: 2) describes, 'Mother is often understood in dominant discourse as a person without further identity, or as existing without context; however, motherhood is a relational identity' [emphasis in original]. In 2016, England, UK, I met Trudy, a 63-year-old mother, when she responded to my call for research participants about disability and criminal justice. We met again in 2017 for a follow-up, and then remotely via telephone and email in 2020, 2023 and 2024. She had a lot to say, as her autistic son Mathais had been so violent towards her, she was hospitalised on more than one occasion. The final time she was attacked, Mathais was arrested, charged, and incarcerated. I discovered on listening to her story she will always be Mother and will always be caring.

Mathais was in his 30s when Trudy first responded to me. She told me, although he displayed some aggressive behaviour as a young child, he became increasingly violent, withdrawn, and paranoid as he entered his 20s. Trudy, over the years had been to her local general practitioner to log bruises, but never officially went to the police to press charges for these attacks - he was her son. She cared for and about him. As Trudy recalled, it was in 2013 when her neighbours witnessed a life changing attack on her, and Mathais was arrested and charged. He then spent almost 8 months *on remand*, in prison, and was subsequently sentenced under section 37/41 and was transferred to hospital (secure services).<sup>1</sup> Seven years after his arrest, in 2020, Mathais was released from hospital, to supported housing, some distance from Trudy. When I had an update from Trudy in 2023, she told me, Mathais now lives 'independently', in his own flat, in their hometown. As we hear about the caring story of Trudy in more detail below, we can only imagine her life, her caring spaces, both care-less and care-full; as disability, mothering, violence, and care practices are woven throughout her narrative.

This chapter is about Trudy, The Mother - the one caring - about disability and violence, and about the micro-politics of everyday life. Significant to this story are care ethics in relation to mothering, responsibility and neurodivergence, as well as mental health and criminal justice processes. None of these can be fully understood without contemplating history, biography and social structure; that is personal troubles, and the public issues of society (Wright Mills 1959, Rogers 2020a), and what it means to care relationally.

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<sup>1</sup> Section 37 is a hospital order. Section 41 can only be added via the Crown Court and places restrictions to freedom, if it thinks it necessary for the protection of the public from serious harm.

### **Care ethics of disability and caring spheres**

In my research, sons who have been physically or emotionally abusive towards their mothers are over the age of 18, but due to being neurodivergent and ‘disabled’, extended mothering and therefore caring work is apparent, whether their son lives at home or elsewhere in the community. Furthermore, whilst abuse is both seen and unseen, and physical and emotional, evident is interdependent caring, love and support. When it comes to mothering adult children, some consider their ‘job’ is such that they must take care of their son/daughter whatever the circumstances and consequences, and however damaging (Bouvard 2013). The small number of researchers who have carried out qualitative studies with prisoner’s families do offer insight into everyday life (Codd 2008, Comfort 2008, Condry 2007), yet remarkably there is limited research that engages with the caring and the emotional health of mothers with criminalised disabled sons (Talbot et al. 2015).

When reflecting upon mothering, disability, and what it means to be human, I previously developed a care ethics (model) of disability<sup>2</sup> (Rogers, 2016). Largely because although the social model of disability has had a transformative impact for disabled people, it is not wholly satisfactory when it comes to understanding interdependency, relationality and care, especially for disabled people with additional impairment effects, such as learning difficulties (Oliver and Barnes 2012). In my research, I propose three spheres of caring: the emotional caring sphere, where love and care are psychosocially experienced; the practical caring sphere, where day-to-day care is carried out, and the socio-political caring sphere, where social intolerance and aversion to difficult differences are played out. It is within these spheres of caring we find people inhabit care-less and care-full spaces (and perhaps something in-between). Specifically, a care ethics of disability is about trust and webs of relationships, and the focus is on both the receiver and the giver of care, within an interdependent relationship.

Understanding interdependence, disability and caring is pertinent when considering Trudy’s story, as a mother who has an adult autistic son who has been violent towards her. Namely because Trudy has experienced exclusion and discrimination, directly and vicariously (Comfort 2008, Talbot et al. 2015) via the caring spheres – emotionally (her mental health), practically (her daily care practices for and about Mathais), and socio-politically (external responses to her experiences). Notable is prisoner’s families are cumulatively deprived of support (Condry et al. 2016). Indeed, in the UK, the Prison Reform Trust and POPS (partners of prisoners) found that for those caught up in the criminal justice system (CJS), desistance from crime ‘can be a long, difficult and complex process, and that strong family relationships can help to reduce the likelihood of reoffending’ (Talbot et al. 2015:3).

In addressing therefore care ethics *and* socio-legal structures, if we shift how we comprehend autonomy, as people are interdependent, and ‘vulnerability’ is considered part of the human condition (Gilson 2014, Mackenzie et al. 2014), perhaps we can contemplate changes in the way we understand families, violence, caring and disability practices, particularly Trudy’s, in this case. What can a care ethics of disability do here? Arguably, it can help us to identify care-less and care-full spaces, via the emotional, practical and socio-political caring spheres and offer understanding. Particularly as people ‘need to be cared for and nurtured throughout their

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<sup>2</sup> I have called it a care ethics model of disability, in my previous work (e.g., Rogers 2016), but as I reflect, I do not consider ‘model’ as helpful, or indeed see it as a model. More is that I think of it as a care ethics of disability.

lives by other people, at times more urgently and more completely than at other times' (Kittay 2005: 1).

For Trudy's caring story, I would suggest, feminist care ethics critiques established ways of thinking about care, ethics, justice, morality, security and vulnerability (Held 2006, Mackenzie et al. 2014, Tronto 1993, Robinson, 2011) and a care ethics of disability interrogates caring, just, political and relational implications for disabled people and their families (Rogers 2016). Significantly, for Trudy, a feminist care ethics prioritises relationality, as Held (2006: 10) asserts, '[M]oralities built on the image of the independent, autonomous, rational individual largely overlook the reality of human dependence and the morality for which it calls'. Moreover, an 'ethics of care that is political and critical must be grounded in the concrete activities of real people in the context of social relations' (Mahon and Robinson, 2011: 2) and key in the telling of Trudy's story.

### **Research and storytelling with care**

#### *Care-full storytelling and the sociologist*

Research, according to Brannelly and Barnes (2022:149), 'leaves a legacy that extends beyond that of which we are aware', and that once 'you have embraced feminist care ethics it feels like you have tried to live it throughout your life'. Furthermore, when it comes to storytelling, Baglieri (2019: 167) suggests, 'Memory work is slippery work' and that 'stories are shaped in the moments of their remembering, imagining, and telling, as much as they are formed in relation to events originally ordered in space and time'. Also in her work, Baglieri (ibid) creatively weaves mothering in the panopticon, and as others have done before her, suggests, 'we are always in the moment of becoming' as each moment in life, comes into play as a combination of the past and present. These recollections, in that instant when talking, moulds the way we perform, respond to, and merge our experiences into the stories we tell, 'the narratives we construct to give order to our lives'. Trudy, in the opening of this chapter, Brannelly and Barnes (2022) and Baglieri (2019), are all talking about care, relationality and stories, explicitly or not. Remembering, recalling, listening, and researching with care, are part of doing feminist care ethics; are all part of being feminist.

I try to do research with care. Perhaps I am not always successful, but I present stories that are told to me through a caring lens, and via a sociological imagination (Wright Mills, 1959) to make meaning of social life. It is pertinent moreover, to see the difference in stories and narratives, as they are not quite the same. 'All stories are narratives, but not all narratives are stories. Power feature in both' (Plummer, 2019: 5). Apposite in my research is how Plummer (2019) discusses narrative power. He suggests that,

*stories* direct us to *what* is told, while *narratives* tell us *how* stories are told. I take stories to be the skeleton of 'who, what, where, when and why' of *what* we tell and narratives to be the underlying ways we tell and communicate *how* a story is deeply fashioned by apparatus of telling (ibid 4-5) (emphasis in original).

My research explores life-stories with criminalised disabled people, particularly those who are neurodivergent and/or learning disabled, mothers who have a criminalised disabled son, and those who work within education or the CJS (Rogers 2024, forthcoming). Stories I tell are viewed and told through a particular narrative, and like narrative criminologists Presser and Sandberg (2015:1-2), I do not view 'offender's narratives as accurately – or inaccurately – describing events.' Furthermore, and in response to Sykes and Matza's neutralisation, I too recognise, unlike 'narratives, neutralisations attend only to the offense, not to a lifetime of criminal and non-criminal actions' (Presser and Sandberg, 2015: 6). It is the lifetime I am

interested in, despite the fact the offence for Trudy, that led to Mathais' incarceration, is obvious.

Critically, all the stories I tell, and specifically in this chapter for Trudy, are personal and traumatic. Yet more often the story is rooted in broader socio-political structural and systemic violence, and always with a history, personal or otherwise (Schiff et al., 2023, Wright-Mills, 1959). In total I carried out over 40 life-story interviews with 15 criminalised 'disabled' adults, five mothers with criminalised disabled sons, and 10 professionals who work in education with disabled young people or in the community with criminalised disabled adults (Rogers 2018, 2020b, 2024, forthcoming). All interviews lasted between one and a half to two and a half hours. This chapter is based on one part of one story alone – Trudy – this is her story.

### *Ethics*

In the UK, social science research generally requires ethical approval when involving human participants (BSA 2017). In the case of this research regarding ethics, I asked,

- What claims can be made in addressing ethics for the purpose of exploring 'new' knowledge around the diverse lives of these families and individuals?

As I understand, I cannot make 'truth' claims, as my participants are not a homogenous group. Yet, it is important to understand from the beginning of research into such areas of injustice, crime, disability, inequalities, and social life, that doing, or at least attempting to do ethical and care-full research, is vital (Brannelly and Barnes 2022, Rogers and Ludhra, 2012). I needed to be flexible, empathetic, caring and responsive as I listened to stories. I gained university ethical approval to carry out the research in 2016, and as I changed institutions, and continued to maintain research connections, I further gained ethical approval via subsequent amendments in 2018 and 2020. All participants had the capacity to consent, but it was a negotiated and ongoing process. No real names are used in any work I present.

### *Data analysis and the story*

In my research, I amassed qualitative data that included fieldnotes (handwritten, voice recorded and typed), voice recorded face to face life-story interviews, letters to and from prison, and photographs. I write in more detail about my data gathering elsewhere and especially life-stories and fieldnotes as they

expose a range of emotional and practical responses to a chaotic data collection process, and more often a moment in time, a moment that perhaps is continuous and bound up with the micro-politics of a domestic environment and embedded in the socio-political sphere of the criminal justice system. (Rogers 2018: 4).

Evidently data collection and analysis are interwoven and identify a feminist and reflexive process that is often wrought with 'ethical dilemmas and personal costs, where moral judgements are conceivably suspended' (Rogers 2018). Moreover, I would like to think as a feminist, in all troubled stories there ought to be hope (Nussbaum, 2021). The stories I tell and relationality between the participant (Trudy) and the researcher (me), are of no exception.

## **Extreme violence, extreme caring**

### *Introduction*

Thinking broadly about violence against parents, Condry and Miles (2014: 270) caution us not to get caught up in the criminalisation and blaming of young people and particular families but say it 'is important to understand family violence in all its forms and how these forms may be interconnected. Family violence is relational and requires a different understanding to individual isolated incidents of violence between strangers.' They also highlight that in March

2015, the Serious Crime Act introduced a new criminal offence of ‘coercive or controlling behaviour in an intimate or family relationship’ (Miles and Condry, 2015: 1077). Important, not least because it can be applied to anyone over the age of criminal responsibility (10 years old) and could lead to the ‘prosecution of adolescents who are abusive towards their parents’ (*ibid*). (See also Holt, 2013). However, prisoner’s families generally, and specifically Trudy, are cumulatively deprived of support due to familial/mother-son relationships and caring practices.

For this chapter, the strength of care ethics is ‘its capacity to address everyday lives, politics and policymaking as well as offering a perspective on specific care practices’ (Barnes, 2019: 27). The potency of a care ethics of disability, builds upon this, and facilitates the interrogation of caring spheres – emotionally, practically, and socio-politically, whilst identifying care-less and care-full spaces. As I have said, I interviewed and communicated with Trudy a number of times between 2016 and 2024. Trudy, in 2020 said to me in our third interview about Mathais, ‘well as a parent you are always, always affected by what’s going on with your “child”, aren’t you? I am not a victim; I am a survivor. The difference between surviving and not surviving is about finding what it is to survive’. This becomes even more pertinent as we hear Trudy’s story that speaks about lifelong caring for and about, in the context of violence and resolve. Below, we see just where Trudy had been, and what she has survived. We explore how Trudy has negotiated a darker side of life: physically and emotionally, and her responses to it. Not all mothers with criminalised disabled sons experience physical violence, abuse, or emotional trauma, but it is an area that warrants discussion due to caring practices, care-full and care-less implications on the carer, social processes, and everyday support needs.

Caring and love, is evident within Trudy’s story as she vividly describes and reflects upon two episodes of violence she experienced at the hands of her son, but critically, those bits beyond the violence. Her story gives us a glimpse not only into the physical violence, but also how Trudy acknowledges Mathais’ autism and then her own maternal role, during and after his arrest and incarceration. The first excerpt of violence is an incident when she did not press charges, despite the police becoming involved. The second, in the subsequent section, shows the violence she experienced which led to the arrest and incarceration of Mathais. As we move through her story, we uncover the sheer caring and care-full work involved in the first stages of Mathais’ arrest, charge, and incarceration. Not least of all the toll it takes on her, but also perhaps how Mathais is, sometimes unknowingly, being held, being cared for and about, emotionally and practically, so much so, that by 2023, after years of institutionalisation he lives independently in his hometown; still cared for and about, by his mother, Trudy.

*Caring for and about the self and (an)Other - ‘I wasn’t prepared to risk him going to prison’*  
When I first met Trudy, she told me about her life, her upbringing and how she lost her husband, Mathais’ father, when he was only young. Later in the interview she moved on to reflect upon Mathais, and said that in his early 20s he had managed to get his own place to live, not too far from the family home, and she had helped secure a care-coordinator to support with his mental health, but said, ‘I don’t think she (the support worker) understood mental health, she certainly didn’t know anything about autism’. Trudy, at that point in her life was becoming more concerned about Mathais, as she said, he was ‘just sitting on his sofa, just looking, looking really weird’. She said that he seemed to have a problem with electricity, and she assumed it was something to do with ‘being psychotic’, as ‘he wasn’t using the heating, he wasn’t cooking anything. He wasn’t in a fit state to know whether it was night or day to be honest’ and basically told me Mathais was not managing everyday life terribly well.

Wanting to tell me about the first ‘significant’ attack, Trudy recalled that the weather had turned cold, and because Mathais was not using the fire or other electrical gadgets, ‘he wasn’t making hot drinks as that involved using the kettle’. Trudy would therefore visit often, taking him cooked meals daily, and said, ‘he accepted me going round’, but revealingly she told me that taking food round was a useful way to gain access to his flat. This was her way of caring; of making sure other aspects of his life were managed without being overly intrusive, and said, for example, ‘I was trying to keep an eye on what letters he had, and if he had any outstanding bills’. This seemingly mundane caring work was crucial, because if Trudy were not to visit and support domestic life for Mathais, it could have led to minor criminalisation, or at the very least a loss of fuel to the house, and a build-up of further anxiety and financial chaos if bills were left unpaid. Arguably, in considering caring spheres, Trudy was in a care-less space, for several reasons, not least as she was spending significant parts of her day managing her adult son’s affairs, yet Mathais was in a care-full space, as he experienced displays of practical and emotional caring work.

Over a short period of time, it got to a point where Trudy was scared to visit Mathais. She told me, ‘I would come away from his flat, close the front door and take a deep breath. It was almost like I was holding my breath in there. Because it was getting quite scary’. Then, on the occasion described below, we begin to understand why, as Trudy had visited within the usual routine and was washing up, and said,

I was at the sink. He was rolling a cigarette ready to go out and I was just thinking ‘I’m making too much noise here, I better just leave this, till after’, and I don’t quite know what happened next as he lashed out because of the noise. I was knocked unconscious, I fell into the kitchen door, and my head was impaled on the glass in the kitchen door, and as my head hit the glass, I became conscious again and the rest of my body followed, and in a split second I slumped down on the kitchen floor and bruised all my coccyx and laying there on the floor with my head impaled in the glass, and my son said, ‘and don’t make that noise again’, and got his coat on and went for a walk! And I felt very vulnerable laying there, and I wrenched my head from the glass and there was blood and I dialled 999, there was blood pouring out, there was cuts just above my ears, where that had severed, and eventually an ambulance came and they stitched and stuck my scalp back together, and I had 14 stitches in one place on its own. They kept me in overnight, um, discharged me the following day.

Trudy went on to tell me the police did arrest Mathais because of this violent attack, but there were no witnesses, and she would not press charges, because she was ‘terrified of him ending up in prison’. She paused at this point in the interview, as she recalled such a harrowing memory, and then emphasised, ‘*I wasn’t prepared to risk him going to prison*’.

Trudy’s injuries and relationship with her son, display vulnerability. Yet regardless of police and health professionals’ involvement in this attack, no systematic (legal, health or otherwise) follow-up occurred in response to the violence against Trudy and her unmistakably volatile position. Critically, as Trudy said, she did not want to press charges, as she assumed this would mean Mathias was criminalised, and therefore go to prison. However, simply because she did not want to press charges, it did not follow that she was free from fear, indeed safe or without need for support, care and intervention. Or, that Mathais was not in need of further support from the care coordinator or other health professionals. The concern with asserting the relevance of care to issues of justice is one that is fitting in feminist care ethics and political philosophy. Robinson (2011) has articulated it in terms of ‘human security’. Broadly speaking she refers to a “‘freedom from want” and “freedom from fear”” (Robinson 2011: 47). Robinson (2011) is dissatisfied with the way human security has been developed broadly within

scholarship, as everybody would want to feel secure but very few people understand what it means.

In the context of Trudy's mothering, I asked, 'did you live in fear?' Trudy's response was twofold, as it included fear from Mathais, but also fear of him going to prison, as she said, 'I was very cautious after that! But that's an autistic person's response to emotion; it's always about them (sic) and I had upset him, by making that noise'. Trudy's reaction to this event was about Mathais, their relationship and how she needed to better deal with, or indeed manage his behaviour. But then said to me about *not* pressing charges and fear, 'it is the fear of what could happen [...] and not being able to protect him'. For Trudy, the fear of not being able to protect Mathais if he were arrested and incarcerated was greater than fear of her own safety. Despite Trudy living in fear, I agree with Robinson (2011: 28) in her approach to an ethics of care, as she makes an ontological shift, 'one that allows us to see moral subjects as relational and to recognize ethics as fulfilling responsibilities through practices of care'.

The deeper into Trudy's narrative, the more complicated, relational and blurred care-less and care-full spaces become. Not least because she cares for and about her son yet requires care and safety herself. Clearly recognising and accepting relational vulnerabilities is key, and as Bridgeman (2014: 214) suggests with regards to law,

Unless our relational vulnerabilities are articulated we cannot identify ways in which the law can foster and support those partnered with family members in the provision of care to respect their caring relationship. Or the ways in which causing relational harm may be remedied.

By focusing on stories, such as Trudy's, change making, for social and legal, local and global care practices must be identified, by for example, listening to mothers or carers, without judgement and with care. Through this, we can recognise how the legal processes respond to safeguarding against distress and suffering, and then ascertain how to realise care-*full* spaces and practices. We can also contemplate, methodologically the 'importance of hearing histories and experiences of trauma in human-to-human connection that breaks down the barriers of the "researched" versus the researcher' (Brannelly and Barnes, 2022: 117).

*Beyond caring - 'I had to survive as there were things I needed to do'*

Care-fullness (safeguarding) and therefore keeping Trudy free from danger did not adequately happen, as she went on to tell me about a subsequent violent attack. Again, Trudy was visiting Mathais, and told me she had taken his 'tea round', which he ate, and he then asked, 'if they could go to the coast soon'. Trudy positively responded to his request, but said Mathais just walked over to her, as if to give the tray back and said, 'he started punching me full in the face and he was shouting questions at me about up the coast, and I didn't have a clue what he was on about'. She went on to describe, 'I think he did say how many punches he had to give me. I think he had a set number in mind'.

The storytelling was intense, as Trudy's description was graphic, and she said, 'at one point his thumbnail got my skin, [...] and, and you can see there' and she pointed to a scar and continued, 'So, every time he punched me, his fists, were coming into contact with this blood spurting out'. Trudy managed to get to the kitchen, but then,

Every time he hit me it [blood] went over the ceiling, over the tiles in the kitchen, it was across the cupboards, it was puddled on the floor, because it was pouring out. It was everywhere. And then, he hit me again, and looked at his fist, and he shook his head, opened the door and motioned for me to go out and I was thinking 'don't let your legs crumple, you can walk', and he motioned for me to go outside and he told the



police officer after, I was making too much mess, in his kitchen, with my blood, and that's why he had to get me outside. And so, I went down the stairs, there were imprints of blooded hands down the stairs.

Trudy went on to say, 'I got outside, and he hit me again and I had screamed to alert the neighbours, and they came, and they restrained him'. She said she crawled underneath a trampoline that was in the front garden, 'like a wounded animal, just working on instinct, thinking I'd be safer'. Her storytelling continued as she said, 'I can remember looking back and seeing him screaming at me, and I thought "why can't I hear anything"'. Trudy recalled then, the neighbours lifted the trampoline, and they told her the police and ambulance were on their way. However, still thinking about and caring for Mathais, she said they arrested him, and exclaimed 'apparently he told the policewoman he was an inside out jumper!' Trudy went on to say,

I was in hospital overnight with suspected concussion, and my face swelled up so much I couldn't see out of my eye. [...] so, I was lying there thinking I was going blind. He went to court, and from there went on remand. They said for my safety he had to go to prison until it was sorted out.

Trudy did say, on thinking about Mathais and the situation, 'I knew it was a mental health problem and not a domestic violence one'. She was saying that Mathais was ill, and not that he had a problem with her.

At this point, as a researcher, and a human, I was in a bit of shock, as to what I was hearing, and blurted out, 'I'm just trying to get my head around what sort of emotion one goes through when...', especially as doing caring research 'involves emotion work for ourselves and others we involve in this process. Sometimes the emotions generated are unexpected' (Brannelly and Barnes, 2022:121), but Trudy wanted to continue with her story, and despite being in intensive care at that point in her narrative, interrupted me, emphatically saying,

...*I had to survive*. In order to protect us both. I had to survive as there were things I needed to do. So, they arrested my son, because the neighbours had called the police, and they took him off to the police station. [...] I just wanted to protect him. As his mother, I just wanted to put my arms around him and say nobody's going to hurt you'.

Significant is, that in October 2020, when I interviewed Trudy for the third time, as I said earlier, but worth repeating, she said 'I am not a victim; I am a survivor. I have faced danger before. The difference between surviving and not surviving is about finding what it is to survive'. In this violent attack above, Trudy was reflecting upon this, in our first interview in 2016, but again, repeats the survivor narrative a few years later.

Trudy in our early interviews, continued to talk about the lack of care and responsibility from Mathais' care team, rather than his violent behaviour as the problem, as we hear below, even after such an horrific event that left Trudy hospitalised and scarred, physically and emotionally. This caring work carried out by Trudy is astonishing, as clear here, when she told me that while she was waiting for the ambulance, a policewoman arrived, and 'I gave her my mobile and I said, "can you phone Mathais' care co-coordinator and tell her what's happened"'. Trudy assumed that the care-coordinator would come and visit. Despite the police officer passing on this information, the care-coordinator 'didn't even tell anybody, she took the phone call, put the phone down, and four days later, the supervisor got in contact and said what on earth has happened to you?' Trudy told me that no one had passed on the information beyond the care-coordinator, because 'she said, "ooh, I've not bumped into her this week."!' Trudy's words evidence violence, caring, and a care lack. I did ask at this point, if she broke down at all, in the hospital, when her brother came to visit, and her retort was, 'no, no I had things to do', and then laughed. Despite Trudy's humour, she revealed, on discharge from hospital, 'My brother

stayed that night coz every time there was a noise, I jumped thinking somehow, Mathais got out from the police station, and he was coming back to finish me off', and went on, 'I've still got a certain amount of post-traumatic stress disorder'. When we spoke in 2020, Trudy revealed she was still having counselling for her post-traumatic stress, and that it was incredibly useful, especially during Mathais' transfer in 2020, from secure hospital, into supported living.

After hearing about such attacks from Trudy when we spoke in 2016, I did venture this question, 'but did you ever feel anything but love?' and Trudy responded with 'I was very shaky, and I didn't want to see him. I needed to put space between us, so I could sort my head out really, and after that, it was more concern about the situation he was in rather than the one I was in, and so that took over'. Glimpses of Trudy's story show us that she inhabits care-less, frightening spaces, inside *and* outside the home, but too that her caring for and about Mathais is palpable. As in these moments, we hear that she was on the receiving end of significant violence, but she did not stop caring. It is relational. It also highlights, rightly or wrongly, or something in-between, that 'acceptance of responsibility' (Herring 2013: 25), as care-fullness within a care ethics of disability *does not necessarily* compel us to love or be affectionate, but it does commit us to care-full practices and policies. Leaving aside the care lack from the professional bodies expected to care, it seems that as a mother, Trudy, might love and fear her 'child' at the same time. Trudy sensed danger at times, yet felt obliged to care *for* her son, still always caring *about* him.

Trudy, along with other mothers of disabled adult children (Kingston 2013, Rogers 2013, forthcoming,) are arguably obliged to care, but the battle between 'I must do something' (caring for) and 'something must be done' (caring about) is perhaps critical in attempting to understand a complicated relationship (Noddings, 1995: 11). 'I must' carries with it obligation' (Noddings, 1995: 11); *I must* is different to *I want*. It could be suggested that some of Trudy's motivations and narrative are driven by 'I must' and others by 'I want' yet they seem care-full. Furthermore, relationships can be open to abuse, and are not without power inequalities. The inequalities here between a mother and her son are complicated. There are, embroiled in these narratives, legal and social responses to caring relationships, and Herring suggests, not all are the same nor reducible to a 'single set of principles' (2013: 26). He suggests that we are all 'ignorant, vulnerable, interdependent individuals, whose strength and reality is not our autonomy, but our relationships with others' (Herring, 2013: 46). However, this is not wholly satisfactory to the extent that the violence described by Trudy, is also bound up with extended mothering and care-full and care-less spaces that are difficult to unravel, because of this interdependent relationship and lack of external socio-political caring.

*Creative and pragmatic caring practices - 'I wasn't allowed to go and see him or to have contact with him'*

For Trudy, mothering is beyond demanding. This is due to several factors that include, expectations around mothering and additional practical and emotional care labour, staying alive and care for herself, as well as a lack of care from other external sources. Clearly, in her case, Trudy felt the pressure to take care of her adult son, as she said, 'I had to survive in order to protect us both' and 'I just wanted to put my arms around him and say nobody's going to hurt you'. Evidently, Trudy was not going to stop caring *for* and *about* her son, even after his arrest and incarceration, despite being unable to visit while he was on remand for 8 months because she was the victim, and said,

because I was a victim I wasn't allowed to go and see him or to have contact with him, but as his mother I was desperately worried about him. This is where the law just

doesn't allow for this type of situation. I was not allowed to visit him or have any contact with him'.

The socio-legal system and the law were a care-less space, as Trudy straddled a complicated mother/victim position. For Trudy, it took a lot of thought and planning to work around some of these legal and procedural barriers to 'display' to her son she was there for him - caring. Some of these barriers were because she was the victim, as well as being a family member, and said, 'I had no right to be involved in his case'. Mathais spent 8 months on remand in prison, so this caring work went on for some time.

Listening to Trudy there were multiple ways of caring – she was indeed incredibly 'creative' and pragmatic. For example, Trudy said, she would meet the police van when going to court. She got to know the registration plates of the vans that took Mathais to court and told me she 'would contrive to be there when the vans came in' and would say 'hi and wave to him' so he would notice her. But she said she would also be very careful not to say too much and told me 'As far as they (the officers escorting Mathais) were concerned, I was just a relative who happened to see him on the way in'. This was her way of monitoring, of caring, similar to when she was visiting his home, and keeping an eye on his domestic affairs. She went on to say, there were many court appearances. Each time, 'I go to the crown court and see Mathais in the dock and assess him and see if he looked like he was being beaten up or abused in prison'. I asked if she thought this was the case, and Trudy said she did not think he was, yet said 'He was very vulnerable, because he wasn't receiving any treatment while he was in there'. To compound this position, Trudy said, 'it seemed the details that the probation officer and others supplied on his state of mind and health, didn't get through'. This is pertinent for several reasons, but not least because as Mathais' mother, she knew him and how he would respond in certain situations. More important even, she was adamant Mathais would not fully understand why he was incarcerated, and told me, 'He didn't think he had done anything bad'. Trudy's caring was not simply to survey the situation with her son, but also to display to him that he is cared for and about. She did this by turning up to the court wearing 'same jumper every time, so he was aware and had some sense of continuity and he'd know I'd be there' and she would also send cards from other family members to let him know he was cared about. Her caring and care-full performativity, as far as she was concerned was crucial for Mathais, yet she also gained a sense of relief from doing the caring work.

Mothering and caring work in this case, is not only extended and creative, but also, all-consuming, and deeply care-full - emotionally, and practically. As we have learned Mathais was on remand in prison for months and as Trudy told me, 'It was only the last two weeks that the in-reach team knew of his existence', and work on how Mathais 'would be managed began'. Trudy did reveal that some judges *did* understand autism and neurodivergence. She said she had 'written a letter outlining the struggles Mathais had with mental health, and I wanted him to get treatment, and they took a copy and handed it over to the defence and the judge read the letter in court. And I think that helped', as Mathais was eventually 'given a section 37/41, which meant effectively he went to hospital rather than prison'. However, Trudy also said, about the solicitors and probation officers, that 'every step of the way I had to teach them about autism'. It was in 2013 and Trudy was talking about how if one was injured, a person would have immediate medical intervention, yet, she said her son was 'held in prison without any treatment', and continued, 'but because it's mental health it doesn't matter. So, Mathais was getting worse, to the point he was almost mute, being unable to communicate, so locked into his psychosis'. Trudy told me although Mathais was referred and admitted to a secure hospital, after being in an adult prison for 8 months, it was two and a half years before he was 'transferred to a hospital nearer to where we live' taking its toll on both Trudy and Mathais. He was then

finally transferred into supported living in 2020 about an hour's round trip away, which was better for Trudy.

As we have heard from Trudy, family and caring support can be crucial for a healthy life for anyone released from prison or secure hospital (see also, Farmer 2017, Saunders 2020, Talbot et al., 2015). Remarkably, Trudy, after years of caring, still has the tenacity, cultural capitals and caring capacity to advocate for her son, as I continued to hear in 2020, when she was very much involved in Mathais' transfer into the community. For Trudy, throughout her caring work, there was clearly a lack of systematic and caring support and intervention that caused mental health decline as she existed within care-less spaces. Trudy, however, was incredibly stoic and focussed on Mathais, during our interviews. Yet by the time Trudy and I had our follow up interview in 2017, she did reveal to me she was going to 'the mental health group' but caveated that with, 'but it's one for generic carers'. By the time we met up in 2020, she was having one-to-one post-traumatic stress counselling. Trudy has had experiences of violence and caring and has managed some of her journey via 'doing' tasks, as well as being a vehement advocate for her son. Her caring work is palpable. The inhabitation of caring spheres, both care-less and care-full is obvious.

### **Concluding remarks**

Shifts toward family responsibility, autonomy and agency have gripped the social and political landscape, whereas dependency, and care (need), particularly on the state, is stigmatised and abhorred (Herring, 2016), and vulnerable others are repeatedly positioned as victims (Diduck 2014). Certain groups are seen as 'vulnerable', such as learning-disabled and/or neurodivergent adults, and considered to sometimes lack responsibility. According to Diduck (2014: 98), 'It is as though the vulnerable subject embodies a different subjectivity from the autonomous subject'. In telling Trudy's story, and in the context of caring work, and caring spheres, discourses around vulnerability, responsibility, and obligation are pertinent. Trudy, cares for and about Mathais, who was violent towards her, criminalised and incarcerated. She straddles care-less and care-full spaces, within the emotional, practical and socio-political caring spheres. Her experiences of the criminal justice process, health and social care is largely care-less, yet it is also complex, as she did not want to press charges against her son.

Trudy's story tells us about resolve and caring work, but sometimes at the cost of her mental and physical health. She wants to be heard, to be supported, to be cared about, to be informed: she wants social justice. As Brannelly and Barnes (2022:109) say about telling stories, it is important to have a critical lens, because there are normative research processes that are a better fit for some groups and communities, and it is not a surprise that 'dominant communities are better served'. It is important to acknowledge Trudy's caring story, as she gives a *care-full* portrait of love that is unknowable, inconceivable even for the recipient of that care and love – Mathais - and doubtless Trudy, shows that mothering in certain circumstances can cause suffering. The suffering, disquiet and reflection talked about manifests in emotional and physical cruelty and systemic violence and is socio-politically based on care-less and inhumane legal and moral positions, but Trudy too is clear in her own relationality with Mathais and her decision making around care practices, that do not always take care of herself. It might be Mathais as an incarcerated disabled adult was/is vulnerable and therefore unable to necessarily care for himself. Nevertheless, the mother, Trudy, is also vulnerable during her maternal journey. Bureaucratic processes, and in particular how violence is managed in or by the CJS or health and social care, do not mitigate this suffering, indeed they are care-less, and it is a socio-political matter where health, social care, and the CJS are reconceptualised by, in this case

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recognising the mother - Trudy - as an interdependent relationship that necessitates care as part of broader care-full practice, because maternal resolve is evident, but is not enough.

Care-full-ness, resolve and survival are obvious in hearing Trudy's story. Caring and care-full-ness ought to be privileged and positioned as not simply about the practical day-to-day aspects of caring (although these are important) but about how practical caring and emotional caring co-exist within the socio-political sphere and through our sociological imagination and care full storytelling. It is hard to hear how someone experiencing physical and emotional pain can continue to care for and about, and so deeply. Yet beyond Trudy's personal troubles, this story tells us about the bigger picture. A dominant story of care is one that we want to hear, one that we are comfortable with, however, it often works to exclude. As Plummer (2019) suggests about narrative exclusion; symbolic violence is committed as we displace, stigmatise and scapegoat certain groups. Human beings, in this case, Trudy and Mathais, are only autonomous *and* interdependent, if they are safe and in beneficial relations of care. Fundamentally, as Noddings said thirty years ago, '[i]f caring is to be maintained, clearly, the one - caring must be maintained' (Noddings, 1995: 26). This is certainly the case for Trudy, as ethical caring is nuanced, and care full practices ought to involve everyone via relational and interdependent responsibility.

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