

1-1-2012

Lifting the domestic cloak of silence: Resilient Australian women's reflected memories of their childhood experiences of witnessing domestic violence

Kristy O'Brien

Lynne Cohen
Edith Cowan University

Julie Ann Pooley
Edith Cowan University

Myra Taylor
Edith Cowan University

Follow this and additional works at: <https://ro.ecu.edu.au/ecuworks2012>



Part of the [Child Psychology Commons](#)

10.1007/s10896-012-9484-7

This is an Author's Accepted Manuscript of: O'Brien, K., Cohen, L. , Pooley, J. , & Taylor, M. F. (2012). Lifting the domestic cloak of silence: Resilient Australian women's reflected memories of their childhood experiences of witnessing domestic violence. *Journal of Family Violence*, 28(1), 95-108. *The final publication is available at link.springer.com here*

This Journal Article is posted at Research Online.
<https://ro.ecu.edu.au/ecuworks2012/460>

Lifting the domestic violence cloak of silence: Resilient Australian women's reflected memories of their childhood experiences of witnessing domestic violence

Kristy L. O'Brien, Lynne Cohen, Julie Ann Pooley & Myra F. Taylor

Edith Cowan University

Abstract

Recognition is growing that childhood witnessing of domestic violence is tantamount to child abuse due to the damage the experience may have on the witnessing child's long-term emotional and social wellbeing. This paper helps to lift the cloak of silence that surrounds the child witnessing phenomenon by presenting the recollected adult memories of six female former child witnesses. Utilising a mixed case-study and consensual qualitative research design, the study's findings reveal that the potential threat to a child witness's immediate and long-term wellbeing can be mediated through the progressive development of a range of adaptive coping strategies. Of these, the strategy of establishing a safe place and a supportive relationship outside of the abusive nuclear family home seems pivotal to the witnessing child's resilient ability to move on and lead a 'rewarding' adult life. The paper closes with a discussion on how the research findings can be progressed.

Key words: Domestic violence, child witnessing, resilience, case study research

Word count = Abstract 122 words; manuscript 10,360 words (including references and tables).

Introduction

In approximately 44% of all reported cases of domestic violence within Australia, parental incidents of adult on adult abuse are witnessed by the dyads' children (Bartels, 2010). Despite this widespread occurrence little is known about the long-term (adult) impacts of childhood witnessing. For instance, concerns are now being raised about the long-term psycho-social wellbeing of individuals who as children witnessed domestic violence in the family home, particularly, in instances where they were placed in positions of parental side-taking (Browne & Winkelman, 2007; Commonwealth of Australia, 2009; Morgan & Chadwick, 2009; Zerk, Martin & Proeve, 2009). To help lift the cloak of silence that surrounds the child witnessing social phenomenon, the present exemplar study documents the recollected memories of six non-clinical female former child witnesses. Moreover, their narratives are used to propose future avenues for both debate and empirical investigation.

Domestic violence overview

The domestic violence act is defined as occurring when an abused person within a dyadic intimate or intergenerational relationship is intimidated, threatened and/or controlled by their abusing partner (Bartels, 2010; Tjaden, & Thoennes, 2000). Characteristically, domestic violence is depicted as being male-on-female abuse, however, female-on-male abuse, male on male abuse and female-on-female abuse also occurs (Holt, Buckley, & Whelan, 2008). The literature describes the typical manifestations of domestic violence as being *physical abuse* (e.g., punching, kicking, choking), *verbal abuse* (e.g., insults, shouting, screaming), *emotional abuse* (e.g., mind games, humiliation, manipulation), *sexual abuse* (e.g., sexual denial, forced involvement in sexual acts, rape/sodomy), *financial abuse* (e.g., stealing or limiting access to money) *social abuse* (e.g., stopping the controlled individual from socializing with family and friends) and, more recently, *legal-administrative abuse* (e.g. where one parent uses legitimate services in a way that abuses the

rights of the other person) (Tilbrook, Allan & Dear, 2010). In general, men perpetrate the most frequent, the most continuous and the most physically and sexually injurious forms of abuse, while women tend to be more adept at emotional abuse (Bartels, 2010; Tjaden & Theonnes, 2000).

Despite the existence of an extensive body of literature detailing the causes and extent of domestic violence, the literature component dealing with child witnessing is comparatively small (Diamond & Muller, 2004). Within this small pool, childhood witnessing is described as being a traumatized watching of a fight between their parents that has both elements of physical and verbal abuse (Kantor & Little, 2003). However, the clinical nature of this definition has raised calls for the invention of a broader more encapsulating term such as, 'living with violence', 'being exposed to violence' or 'being affected by violence' (Humphreys, 2010, Powell & Murray, 2008). It has also been argued that even these expanded definitions do not go near to capturing the totality of the horror and shame child witnesses typically experience. It is not surprising then that Richards (2011) and others (Bedi & Goddard, 2007; Gewirtz & Medhanie, 2008; Kantor & Little, 2003) have called for a new conceptual definition of childhood witnessing. A definition that captures the entirety of the childhood experience of hearing violence; seeing violence, being forced to spy on a parent; being made to participate in an assault; being used as a weapon or hostage; attempting to intervene in order to defend a parent and/or to stop an assault. In addition, in the aftermath of the abuse, patching up an injured parent's wounds, having to telephone for emergency assistance, and dealing with the abuser's oscillation between a caring parental role and a perpetrator role.

Domestic violence is on the rise globally. It is currently estimated that 133-275 million children witness domestic violence incidences each year (Gil-Gonzalez et al., 2007; Pinheiro, 2006).

Worryingly, this figure is thought to be a gross underestimation of the true extent of the problem as many domestic violence incidents are never dealt with by Police and, even those that are, do not often record whether the dyads' children witnessed the abuse (Bartels, 2010; Edleson, 1999; Richards, 2011). Despite these record keeping limitations, the nation's Police domestic violence

incidence reports reveal that 6-9% of all Australian households currently experience one or more occurrence of domestic violence each year (People, 2005). Moreover, that one in four of these events is witnessed by children, with the rate of Indigenous witnessing being significantly higher (Indermaur, 2001).

The findings from many domestic violence studies clearly suggest that domestic violence incidents initially tend to occur in families with children under the age of five, thus, placing very young child witnesses at a prolonged risk for negative cognitive, behavioural and emotional developmental outcomes (Bedi & Goddard, 2007; Holt, Buckley, & Whelan, 2008; O'Leary, Slep, & O'Leary, 2000; McGee, 2000; Richards, 2011; Tomison, 2000; Wolfe et al., 2003; Zerk, Mertin & Proeve, 2009).

Characteristically, these negative developmental outcomes manifest themselves in young children as the overt signs of distress. For example, excessive or atypical patterns of acting out, bedwetting, clinginess, sleep disturbance, disordered eating, moodiness, irritability, school/social withdrawal, aggression and, in adolescents, as excessive risk-taking and feelings of terror, shame, angst, confusion, self-blame, insecurity, powerlessness, hopelessness, loneliness, fear and anxiety (Browne & Winkleman, 2007; Flaskas, 2007; Holt et al., 2008; Huth-Bocks, Levendosky, & Semel, 2001; Lundy & Grossman, 2005; Martin, 2002; McIntosh, 2002; Mullender et al., 2002; Reynolds et al., 2001; Zink et al, 2005). These experiences, are compounded by the existence of other co-occurring situational risk factors, such as, insecure parental bonding, cold unavailable parenting, parental mental illness, parental substance abuse, inter-parental hostilities, marital breakdown, circumstantial poverty, repeated relocations to shelter-housing/new schools and peer acceptance problems (Gewirtz & Edleson, 2007; Holt et al., 2008; Mullender et al., 2002; Zink et al., 2005).

Furthermore, on-going exposure to incidents of parental conflict, abuse and physical violence has long been linked to poor psychological adjustment and functioning resulting in depression, antisociality, and suicidality (Carlson, 1984; Diamond & Muller, 2004; Hughes, 1988; Maker,

Kemmelmeier, & Peterson, 1998; Silvern et al., 1995). The present understanding of the life-course trajectories of child witnesses seems to suggest that such maladaptive psychological functioning persists beyond childhood (Geffner et al., 2003). Indeed, the more frequent and more severe the child witnessing is, the greater the risk it would seem for poor adult physical, psychological and social maladjustment (Bensley, Van Eenwyk, & Wynkoop-Simmons, 2003; Graham-Bermann & Edleson, 2001; Meltzer et al., 2009; Mullender et al., 2002). In this regard, Dube and colleagues (2001) have established that adults who witness domestic violence as a child are two to five times more likely to commit suicide in adulthood. A number of theories have been put forward to explain this including Psychodynamic and Social Learning Theories. Psychodynamic Theory, as conceptualized by Freud (1923), Jung (1953), Adler (1922) and Klein (1937), operates around a belief that early childhood trauma damages the unconscious sense of self, and that this conflicted sense of self distorts the individual's later life ways of relating (Goldenberg & Goldenberg, 2008; Jacobs, 2006). Whereas, Social Learning Theory, as conceptualized by Bandura (1977), Rotter (1945) and others, contends that an individual's presenting behaviours (i.e., ways of relating, resolving conflict and communicating) and antisocial means of coping (e.g., social withdrawal, aggression) ought to be considered in terms of the circumstances under which the behaviours and coping mechanisms were modelled and learnt (Diamond & Muller, 2004; Zimet & Jacob, 2001).

Moreover, Social Learning Theory contends that the process of observing parental behaviour is pivotal to their offspring's ability to initiate change, Leipold and Greve (2009) and Cohen and colleagues (2011) have both categorized the desire to formulate adaptive coping mechanisms following exposure to adversity as being the very essence of the human 'bounce-back' resilience quality. In this regard they assert that regardless of their personal vulnerabilities, human individuals when faced with adversity have an inherent capacity to move away from a negative mode of thinking and towards an optimistic future-focused outlook (Luthar, Cicchetti, & Becker, 2000, Rutter, 1985). Furthermore, the capacity for transformational growth is construed as being the very essence of human resilience (Anderson, 2010; Bonanno et al, 2007; Flaskas, 2007; Hagen, Myers,

& Mackintosh, 2005; Horton & Wallender, 2001; Pooley, Cohen, & Taylor, 2011). Indeed, resilience is defined by Pooley and Cohen (2010) as being a stress-resistant thriving human quality that through the utilization of available internal and external recourses provides humans with an ability to exhibit a level of resourcefulness and hope. It is these resilient qualities which ultimately allow humans to 'navigate' their way to 'healing'. Additionally, through this adaption process humans are able under adverse circumstances to establish the necessary short and long-term goals to overcome the contextual challenges they face (Ahern et al., 2008; Anderson & Bang, 2011; Luthar, Chiccetti, & Becker, 2000; Masten, 2001; Schilling, 2008). Lastly, the ability of traumatised individuals to develop internal resilience is hypothesized to not only be dependent on the individual's personal attributes, but also on the quality of the protective resources available to them (Cohen et al., 2011; Unger, 2008).

Complicating present understanding of the adult capacity to overcome adverse and traumatic childhood experiences (e.g. witnessing of domestic violence) is the realization that remembered childhood experiences can result in dissociative adult symptomology. Commonly, such symptomology includes interpersonal adjustment difficulties, depression, Posttraumatic Stress Disorder [PTSD] and repressed/amnesic memories (Graham-Bermann & Edleson, 2001; Roth, 2004; Russell et al., 2010; Varia & Abidin, 1999). While a number of studies have demonstrated that non-traumatic retrospective memories are malleable and sometimes inaccurate, it has also been shown that memories associated with childhood traumatic experiences are processed and stored in a manner dissimilar to non-traumatic memories (Chu et al., 1999; Mannuzza et al., 2002). For instance, in their investigation of 90 females admitted into a treatment unit specializing in trauma-related disorders Chu and colleagues found that the participants' recovered memories were not what could be termed 'pseudo-memories' constructed in collusion with a psychotherapist/hypnotist, but rather were memories that had been first remembered at home alone, or in the company of friends and then later independently corroborated.

Finally, it is interesting to note that child witnesses have been dubbed the ‘forgotten’ victims of domestic violence as historically their plight has been overlooked by researchers and clinicians alike (Elbow, 1982). Even the small pool of child witnessing literature that is available has certain methodological limitations (DeBoard-Lucas & Grych, 2011; Edleson, 2001; Holt et al., 2008). First, some previous studies have used inconsistent non-standardized child witnessing definitional criteria. Second, a number of studies have failed to recognise that domestic violence is not a consistent phenomenon and, therefore, specific childhood developmental and adjustment risk factors do not segregate neatly out from other compounding risk factors. Third, other studies have failed to differentiate between the different types of domestic violence response experiences of child witnesses. Fourth, several studies have failed to differentiate between participants who had experienced minor, moderate or severe levels of child witnessing. Finally, other studies still have based their assumptions on data collected from unrepresentative samples (e.g., clinical populations or shelter occupants). A consequence of these inconsistencies is that there is now a growing recognition within academia of the need for empirical investigations of the child witnessing phenomenon. Paramount to conducting such investigations is the need for in-depth qualitative research to identify areas for future empirical evaluation (see Searle, 1995).

This study meets this requirement as it utilizes adult participants’ own narratives to reveal the long-term impacts that their childhood witnessing experiences have had on their lives. To this end, the study addressed the following research question: How do adult women view their former childhood experiences of witnessing domestic violence?

Method

Design

Unlike most qualitative studies that aim to generate theory or findings that are transferable to a larger population, the sole objective of small case study research is to develop an understanding of a hitherto poorly understood phenomenon within a defined context. The key attribute of small scale

case study research design (such as the one employed in the present study) is that they allow data from within, and across, one or more bound individual cases to be intensely interrogated and rigorously contrasted (Cresswell, 2003; Miles & Huberman, 1994; Stake, 1995). Through this process the study becomes an exemplar for other studies. Flyvbjerg (2006) maintains that exemplar studies are critically important as ‘a scientific discipline without a large number of thoroughly executed case studies is a discipline without a systematic production of exemplars, and a discipline without exemplars is an ineffective one’ (p. 219). Indeed, the combined strength of multiple exemplars is that they produce findings, which by weight of their combined numbers, produce insights into the investigated phenomenon that are reflective of the lived experience of the wider population (Denzin, 1983; Punch, 2005; Stake, 1994; Yin, 1984). Unlike larger theory generating studies and quantitative studies where tests of objectivity and credibility are judged by the strength of their numerical evaluation or thematic construction, the value of small scale exemplar studies is judged by whether they bring something new or different to the understanding of the investigated phenomenon (Hodkinson & Hodkinson, 2001).

The present study employed both a retrospective case study and a consensual qualitative research (CQR) design so as to both to increase the rigour of the study and to gain a ‘new’ in-depth understanding of the child witnessing phenomenon. While, case study design was selected as being appropriate for an exploratory retrospective study, elements of CQR were also incorporated so as to facilitate consistency and rigour in the interpretive analytic process (Hill, Thompson, & Williams, 1997).

Finally, the presented study used a resilience conceptual framework to explore the adaptation experiences of childhood witnesses of domestic violence (Goldstein & Brooks, 2005; Luthar et al., 2000, O’Dougherty-Wright & Masten, 2005). This resiliency framework underpins the study’s proposition that: If, provided with a protective resource at the time of witnessing domestic violence, child witnesses can overcome this traumatic experience.

Procedure

Approval for the study was sought from the administrating institution's Human Research Ethics Committee. Once obtained, participants were recruited through notices placed on the university's noticeboards and at domestic and family violence counselling and support services. Individuals who replied to these notices were additionally asked if they knew of anyone else who met the study's selection criteria and who would be interested in participating in the research (A recruitment process known as snowballing or chain sampling) (Liamputtong & Ezzy, 2005). If respondents met the study's selection criteria they were emailed an information letter and a consent form. The selection criteria being that they were a) female, b) aged between 18-40 years and c) had as a child witnessed multiple domestic violence incidents perpetrated by their step/father on their mother. Upon receipt of their returned signed consent forms participants were once again contacted and arrangements were made to conduct the interviews at a mutually agreed time. Given the sensitive nature of the research all of the interviews were conducted in a safe and private location of the participant's own choosing.

Prior to the commencement of the interview each participant was reminded of their participatory rights, namely that participation was entirely voluntary, that data would be fully de-identified, that they need only answer the questions they felt comfortable in answering, and that they could withdraw from the study at any time without prejudice. In the event none chose to do so.

In each instance, an audio recorder was placed in full view of the participant and permission was sought to audio record the session. All participants agreed to this request. Each of the participants was asked all seven questions listed in Table 1. The first two questions were designed to elicit demographical information (displayed in Table 2) and the remaining five open-ended questions were used to elicit data for the study's in-depth analysis. Yin (2003) contends that the use of 'how' and 'what' type of research questions is particularly suited to the case study research design. While Table 1's open-ended questions provided the questioning frame, they were not exhaustive as other clarification questions were asked during the course of the interviews. No time

limit was placed on the interviews, but in general they lasted for 45 minutes. By adhering to this consistent format of interviewing the credibility of the data collection process was enhanced (Wilson & Powell, 2001).

 Insert Tables 1 & 2 about here

Participants

Six Caucasian women aged between 18-39 years participated in the study. All six spoke English as their first language. They all had also witnessed as a child multiple incidents of their step/fathers abusing their mothers within the family home (see Table 2). Four participants resided in mid-socio-economic status areas of Perth, the metropolitan capital city of Western Australia and two resided in mid-socio-economic status areas in the state's rural south-west region (i.e., as determined by the SES index of their residential postal code). All six participants had completed their schooling. While two participants had decided not to pursue tertiary education, two others were undergoing tertiary studies and the remaining two had completed bachelor degrees. All of the women reported witnessing domestic violence during both their childhood and adolescent years. The longest period of witnessing was 22 years and the shortest period six years with an average period of 14 years.

As can also be seen from Table 2, three of the participants' step/fathers had a mental illness and two had an alcohol abuse problem. All of the participants' mothers had been subject to verbal abuse, five to emotional and physical abuse, and two to sexual abuse. Five of the participants, as children, had been subject to verbal abuse and four to physical abuse from their step/fathers. None of the participants had been sexually abused or reported having been aware of any social, financial, or legal administrative abuse. Five of the participants had siblings that had also witnessed the abuse and three participants (plus their siblings) had lived on one or more occasion in a refuge or safe

house. All of the participants revealed having a supportive person in their lives (e.g., relative, friend). Finally, two of the participants experienced depression as a child.

Analysis

Two individuals in the research team fulfilled the CQR role of an ‘auditor’ and the remaining two authors the role of ‘judge’. Auditor verbatim transcription of each interview occurred within a few days of the interview having taken place. This prompt transcription routine helped to ensure consistency in the interviewing process. ‘Judge’ verification of the accuracy of the transcriptions was achieved by random checking of 50% of the interview transcripts. The two auditing authors separately familiarised themselves with the content of the transcripts by repeatedly reading them (Knox, Hess, Williams, & Hill, 2003; Namey, et al., 2008; Patton, 1990). Analysis of this study’s data was conducted utilising the broad definition of child witnessing as being an experience encompassing all three aspects of ‘being exposed to violence’, ‘living with violence’ and ‘being affected by violence’ (see Humphreys, 2010; Powell & Murray, 2008).

The analytic process began with each auditor separately assigning structural codes to the raw data contained within the first dataset (Baxter & Jack, 2008). During this process, handwritten notes were made by each author in the margins of the text so that data of potential interest could be identified, recorded and audited (Braun & Clarke, 2006). This same process was subsequently applied to the other five remaining datasets until all emergent patterns and themes had been identified and coded. On completion, each auditing author continually refined the coded themes and subthemes until they accurately represented the recounted meanings of the participants’ narratives (Braun & Clarke, 2006).

The auditors’ sub/themes were subsequently reviewed by the judge authors. Where consensus occurred, the identified sub/themes were accepted as being core issues. Where differences occurred the judge authors discussed the differing themes until they achieved a consensus of meaning. Their interpretations were explained to the auditor authors by one of the judge authors. When a consensus

was reached by the two auditor authors and the judge author, the revised sub/themes were then taken back to the second judge author who reviewed and crosschecked them. This crosschecking process continued until full interpretive agreement was achieved, thus ensuring the interpretive rigour of the process (Sandelowski, 1986). Once the study's sub/themes had been agreed upon by the researchers they were distributed to the participants for their review and comment. In this manner the validity of the study was enhanced.

Findings

The thematic content analysis of the child witnessing response data resulted in the emergence of three themes and eight sub-themes. Each of these themes and sub-themes (displayed in Table 3) are expanded upon below and related back to the study's research five open-ended interview questions (Baxter & Jack, 2008; Braun & Clarke, 2006).

Insert Table 3 about here

Theme 1: Context of the violence:

Sub-theme1: Emotionally charged home environment

In response to Question 3, when asked to recount their childhood memories about the domestic violence they witnessed in their family home, nearly all of the participants recounted that they had been brought up in an 'angry' home environment where family emotions frequently ran high. They described their home environment in terms of it being highly '*stressful*', '*tense*' and '*unpredictable*'. Moreover, that as children they had little-to-no control over the situation as they were never sure of '*what was going to happen next*'. They described the experience as being like continuously '*walking on eggshells*'. They revealed that this feeling never entirely left them as

even when at play with friends there always ‘*lurked*’ at the back of their mind a ‘*nagging worry*’ about what they would find upon their return home. One participant explained:

I don't think I was learning much (at school). Like I might have been smart, but I wasn't learning anything. And, because I suppose, you know, you try to be brave and you try and you try to get through the day, but at the end of it you know you've gotta go home to the house and you know that anything could have happened. You just know because he was home during the day and you don't know what he could have done to mum. (Participant #3)

Another participant spoke about their childhood witnessing experience as one of the few constants in her life upon which she could count. Her home might change, her school might change, but her stepfather’s abusive treatment of her mother was always ‘a given’. It would happen. The only unknowns were when it would occur, what form it would take and how long it would last.

Sub- theme 2: Type, Frequency and Duration of the Violence

Collectively, participants recalled witnessing four different types of domestic violence, namely, verbal, emotional, physical and sexual abuse. However, not all of their witnessing experiences were the same. One participant stated that she only remembered hearing the abuse:

We didn't really see the violence that he did to mum, but we could hear it (Participant #1).

Another recalled hearing verbal abuse and witnessing the emotional abuse of her mother:

He used to emotional abuse and belittle her (mother) more than anything ... I understand that people also have physical sort of stuff happen, but I think emotional stuff (abuse) can be a lot worse ... I think mum will take a long time to get over it. (Participant #3)

Three other participants related witnessing incidents where the verbal and emotional abuse escalated into acts of physical violence:

They used to row a lot and he definitely used to hit her. (Participant #6)

He was trying to strangle mum and he um had her up against one of the walls in the lounge room and her feet weren't even touching the floor. (Participant #5)

He knocked mum to the ground and she couldn't even, she couldn't even breathe, and I was just standing there staring at her and thinking, What the? You know helpless, helpless to do anything. She was trying to look at me and say: It's okay. And you know ... you could see the fear in her eyes when she was lying there on the ground. (Participant #2)

The remaining participant remembered witnessing all four types of abuse:

It was just a lot of verbal emotional stuff right at the beginning... then he got a little more physical with mum and then there was this one incident when I was like 12 or 13 when he like tried to strangle me... and then he got quite aggressive, um sexually with mum, and there were a few times when he just basically raped her. (Participant #4)

The majority of the participants could not recall at what age they had first become aware of the abuse, how frequent that abuse was, and over what time duration (in terms of years) the domestic violence occurred. It was particularly difficult for participants to recall their earliest domestic violence memory as they confided that they had grown up with a general background awareness of domestic violence (e.g., arguing, door banging, parents not speaking to each other). So much so that family discord seemed an integral part of their everyday life. However, the participants were divided as to whether they genuinely could not remember when they were first became aware of their step/father's abuse of their mothers or whether they had 'blocked' out the detail from their minds. Their comments in this regard included:

I don't recall the hitting, um I'm sure he did, um hit, but I don't recall when the hitting side started. (Participant #4)

I wasn't totally aware of these things before the age of 13 or 14 because I probably couldn't comprehend it ... I might even have shut things out when I was little and pretended it wasn't happening. I always remember the yelling and the arguing. Maybe it didn't get worse until then ... I just can't remember. (Participant #2)

I think for me, when you're younger you tend to go to bed early well I think we were in bed by 6:30–7pm. I can't remember um whether we were asleep before it happened or whether we'd just wake up to the shouting and then drifted back off to sleep. I mean you'd never really acknowledged that it was happening or to the extent it was happening. It went on for years ... a lot of arguing, arguing all the time ... least it felt like all the time. I just don't know how often the hitting was, but I'm sure it was pretty regular. (Participant #5)

However, participants did indicate that by the time they reached their preteen and early teen years their memories of specific incidents were far more explicit and detailed. They reasoned that this was because 'when you're older it's more in your face' and so 'you're more confronted by it'.

Sub- theme 3: Deficient family relationships

When asked in Question 4 to reflect back on how they felt about their experience of witnessing domestic violence most participants stated that at the time they felt emotionally neglected as their

parents were so caught up in their own dysfunctional relationship that their children's emotional needs were often neglected. In this regard, they felt that although their mothers had provided them with the physical necessities of life, they were unable to provide them with the emotional support they needed to make sense of their home situation. They reasoned that their mothers were distant because they were emotionally drained, worn down by the abuse or were suffering from depression.

The following two comments are typical:

I felt like she was actually like a good mum... she always supported me and my sister and gave us everything we needed, but looking back, and I guess even at the time I felt like she wasn't there emotionally for us. She just wasn't there. I don't remember having a relationship with my mum. (Participant #2)

She did everything she could for us, you know. My whole childhood she made sure we were clothed and did all the things that mothers do. Looked after us and made sure we never got hurt and all the rest of it. Emotionally, I don't think I really had a relationship with her... I guess when all this was going on ... she probably would have been having her own emotional problems. (Participant #5)

Paradoxically, participants revealed that their mothers would sometimes express their manifest unhappiness by engaging in bouts of protracted moodiness or by replicating their intimate partner domestic violence verbal abuse experience by shouting at their children.

While all but one the participants stated that over the course of the abuse they had come to side with their mothers, this had not stopped them in their adult years from feeling angry and resentful towards their mothers. Partly, for neglecting their needs and partly for making-up with their step/father after a domestic violence incident or for returning to the family home after they had managed to escape the situation. Three participants said:

I felt like I resented my mum a lot because I couldn't believe how somebody could be that silly to keep going back for more and more. (Participant, # 2)

I just couldn't believe it when they got back together again because you knew two or three months down the track something else was going to happen. (Participant, #6)

After my mum and stepdad broke up mum was in another relationship and I know this guy hit her as well. I was living there with them so it was like the whole thing was happening all over again. It got to the point where I was like why? It was like God you left one guy that was doing all that stuff to be with another alcoholic that you argue with ... Why? Why do it again? You got

out of that one and now three years later on and you're back in another one (relationship).
(Participant, #5)

If anger, resentment and frustration were the emotional experiences germane to the participants' recollections of their adolescent relationships with their mothers, their recollections of their adolescent relationships with their fathers were more mixed and conflicting. They described them in terms of sadness, fear, hatred and love. Only one participant attested to having a close relationship with her father despite the abuse, repeatedly describing him as being the '*perfect dad*', '*very loving*', the only one person she '*could turn to*'.

In contrast to these conflicted parental relationships they described their sibling relationships as being '*very close*' and '*strongly bonded*'. They ascribed this strong bonding to their shared experience of a traumatic home environment. Several participants stated that their siblings were one of the very few people in whom they could '*really confide*'. One participant concluded:

I would've hated not having a sibling because at least when you've got a sibling you are going through it together... You know what each other is going through. You're both living the same thing... As such, it was and still is like having a friend or loving family member. Someone that's on your side... If I didn't have my sister I would have been very lonely. (Participant, #5)

In addition, as four of the participants were the youngest children in their families they talked about how bereft they felt after their older siblings grew up and left the family home as they then were left to deal with the situation on their own.

Theme 2: Dealing with the impact of witnessing abuse

Sub-theme 4: Feeling invisible and becoming depressed

When asked in Question 5 to remember what experiences negatively affected their ability to cope as a child with their experience of witnessing domestic violence the participants recalled how as young children and early adolescents they often felt isolated and completely powerless to stop the abuse. One participant confided: "*When it (the violence) was going on there was nothing I could do*". The five other participants revealed that at this early stage in their development it seemed to

them that their misery was invisible. When asked to explain their thinking in this regard they stated that they often felt totally overlooked by society. Primarily, because no adult or agency intervened to stop the horror of the situation they found themselves in. Participant 2 summarised this experience when she stated: *“It felt pretty much like I had nobody. Like no one was listening. That no one cared”*.

According to the participants these dual experiences of feeling isolated and invisible eventually had a negative impact on their mental health. Three participants spoke of going through a withdrawn phase. While, two others spoke of feeling depressed. In this regard, the first stated: *“Over time it obviously was eating away at me and yeah I started getting feelings, various feelings. Mostly I became depressed, heavily depressed”*. While, the second participant recalled: *“That at the time I was quite depressed and I was angry. I used to cry at the drop of a hat. I was so emotional I used to get razor blades out and engrave shit in my arms and stuff”*.

Theme 3: Devising Survival Coping Strategies

Sub-theme 5: Blocking-out the abuse

In response to Question 6, the participants recalled that their main coping strategy as a young child was to remove themselves from the immediate domestic violence situation and to retreat to a place of relative safety where they could try to block-out the abuse. For most, this meant retreating to their bedroom. They commented that even though while in their bedroom they were not out of earshot of the abuse they were at least out of sight of the abuse. The following three quotes reveal the commonality in their thinking in this regard:

I'd go into my room and sort of shut myself in there... I'd sort of go into my room quietly... I always remember just lying on the floor and just falling asleep. (Participant #4)

I remember pretty much sitting there. Listening but not really wanting to and trying to block it out Pretending that I was getting on with my life, just doing everyday things listening and putting the music on and pretending to sing. When really at the back of my mind I was thinking what's going on out there? My ears were constantly listening for the sounds, but yet trying in a way to deny that anything was happening. (Participant #6)

I remember I had this thing... I used to go lie under the covers a lot ... I never put my head on my pillow... I used to crawl into my bed and crawl down to the bottom. My head I would keep it like as if I was in a cave... I'd fall asleep down that end... that was my way to kind of block it out. I didn't want to hear the screaming and the arguing so I used to just go into my room, crawl to the bottom of the bed, get under my covers and fall asleep. (Participant #5)

In addition, as they moved into their adolescent years, two of the participants admitted to abusing alcohol in an effort to block out the pain of their witnessing experiences. They recalled:

From about 14 years I became the rebellious one that snuck out, wagged school, smoked cigarettes, drank alcohol and smoked pot.

I turned to alcohol to escape. Not to hurt myself. It was just to escape. All I wanted was a bit of relief. Five minutes of not having to think about my life.

Sub-theme 6: Attempting to stop the abuse

Several of the participants admitted that even as late as their adolescent years they still operated under the mistaken believe that they were in some way responsible for the abuse that was occurring in the family home. For instance, one participant remembered how as a young teen, in her naivety, she had thought that if she just made sure that the home situation was perfect, then there would be no reason for the abuse. She recounted:

I tried to think that maybe you know if I did this or I did that or I made sure I cleaned the dishes and did what I was told... did the dishes before I was told to do the dishes, made my bed, peeled the potatoes, did this or did that um it would stop the arguments... In hindsight that was pretty silly because I knew I wasn't the cause of them so yeah my way of coping was by trying to control it. Control the everyday environment in the hope that he (stepfather) would have no excuse to get angry. (Participant #6)

Some participants revealed that as the family situation worsened and, they moved into their teenage years, they had on occasion tried to physically intervene so as to stop the abuse. However, they confided that they soon realised the futility of this approach and, thus, stopped trying to intervene. Three participants stated:

I tried to reason with dad but he just brushed that off. (Participant, #4)

I tried to intervene and I remember once when I was about 14, him and mum were arguing and stuff in their bedroom and I walked in and told him to "Stop and get off her"... because he had

her pinned down and then he pushed me into the clothes cupboard. So after that I kind of just went "I'm not going to do that again". (Participant, #6)

I heard mum screaming upstairs to get the phone and call the police. I went over there to grab the phone and call ... but I'd never rung before. I didn't even know what to do. I knew to dial 000 but then what to say? Who to ask for? But then he grabbed the phone out of my hand and said: "Don't call the police!" So then I couldn't do anything. (Participant, #1)

As the common realisation was that there was not much they could do to stop the abuse, the participants indicated that their adolescent coping strategy soon switched to one of removing themselves from the situation for longer and longer periods of time. To achieve this they stated that they had actively sought out a safe place (*a safe haven*) to which they could retreat when the abuse became too fraught for them to cope with.

Sub-theme 7: Establishing a safe supportive place of retreat

Four participants concluded that their viable secure temporary safe place and emotionally refuge was their grandparents' home. They commented thus:

My nan was brilliant, she still is, like I have the best relationship with my nan ... My nan did everything she could for us and tried to make our lives as good as they could be. (Participant, #6)

My nanna was huge... She was the safety. From my nan, I definitely got support because she knew what was going on and she didn't want me in that environment. (Participant, #5)

He was like my security [poppy] because well mum wasn't. He was my security... It was really good I was so far away from it [the violence]... and in a safe house. (Participant, #1)

I used to go to my Nanna's and Pop's all of the time... Pop would come around and help mum out as well. (Participant, #3)

The other two participants revealed that their safe haven was a friend's house and that their friend was their reliable source of emotional support. They indicated that they had determined that this was so because both of their friends had also had a similarly traumatic experience occur in their lives. They remarked:

I used to go to my friend's house. I stayed there a lot ... I think what brought us together was because we both had a mum and dad that were having issues. (Participant #3)

I stayed at my friend's house quite often to the point where I was there almost every weekend ... She wasn't living with her dad ... she was living with her stepdad which was good because it

was someone that was in a situation that wasn't 'perfect families'! She'd been through something before because obviously she was not living with her dad, although she never had the violence thing ... but it was still someone who wasn't living a normal happy, wonderful like 'my parents are still together and everything is wonderful'. (Participant, #6)

Sub-theme 8: Moving out and moving on

As the participants reached their late teens and early adult years they began to realise that in order to be able to move on from their witnessing experiences they needed to take control of their own life and, in some cases, the lives of their abused mothers. They spoke about how having to create a new 'brave' role for themselves, one where they were the '*strong, tough head-of-the-family person*'. This was particularly applicable to the three participants whose mothers had separated from their step/fathers and also for the fourth participant whose father had died. In the case of the remaining two participants whose mothers were still living with their abusive partner, then the participants indicated that their role within the family environment had morphed into one of 'pushing' their mother to end their relationship with their step/father.

Finally, when asked in Question 7 about how they felt their childhood experiences of witnessing domestic violence had impacted upon their present day adult lives? The participant talked about how their childhood experiences had made them more goal orientated. One such consistently mentioned goal was that of making sure that they, and their own children, were never situated in a domestic violence situation. The following quotes are typical in this regard:

I hate any sort of conflict at all and I know that if I ever met anyone that had a bad temper I would just be out of there. There is just no way that I would ever put up with that. (Participant, #2)

Since having children of my own, I don't want to be like my mum. I don't want to place my children in that same type of environment. I don't want my kids having to deal and live with the things that my sister and I dealt with. Yeah, I just don't want them to be in that situation. (Participant, #5)

More than this they stated that their childhood experiences had led them to strive for what they termed a '*successful*' '*rewarding life*'. It is interesting that other than their desire for a non-abusive personal relationship the only other common desire was that of achieving a successful and

rewarding life, in terms of securing a 'safe' job. To this end all six participants were gainfully employed in, or were studying for an occupation that they consider personally satisfying.

Discussion

It is important to recognise that the objective of conducting this exemplar was to solely provide insights into a currently poorly understood social phenomenon, namely, that of child witnessing. Specifically, to recount the childhood and adolescent witnessing experiences of six women so that their combined narrative voice could provide a catalyst for further research. While not in the remit of the present exploratory study, it is anticipated that future empirical studies will extract from the present study those elements that require further empirical investigation. Moreover, that these future studies will produce the types of findings that can be generalised/transferred to the broader population.

Despite the methodological design stricture under which the present mixed method case study research operates, this study has demonstrated that recounted adult memories of childhood experience of witnessing domestic violence can provide 'rich' insights into a societal problem that has hitherto been cloaked in silence. This ability is particularly pertinent given the difficult challenges that all researchers face in undertaking sensitive research of this nature.

Perhaps the most important finding emanating out of the present study is that the six adult participants who as children had witnessed the most common form of domestic violence (father on mother abuse) all had employed the self same adaptive coping strategy during their adolescent years, namely, that of establishing a safe supportive place of retreat. They claimed that this strategy allowed them to a) develop a differentiated adolescent/adult sense of self from that of their parents, b) to develop more effective ways of coping than those modelled by their parents, and c) to move on from their childhood traumatic experiences of witnessing domestic violence by establishing a 'successful' and 'rewarding' adult life free from any semblance of domestic violence abuse. It is

posited that this adolescent adaptive coping strategy was further enhanced by the presence of a supportive (buffering) figure, typically, a grandparent or friend. This supportive buffering process has been described as being the mediating interaction between negative effect (e.g., predisposing risk factors; exposure to adversity) and the positive influences of protective resources (Masten & Reed, 2002). Indeed, it has more recently been suggested that buffering is an integral part of the resilience process as it helps to facilitate positive functioning and resourcefulness during periods of significant adversity (Griffiths & Pooley, 2011; Pooley & Cohen, 2010). This suggestion is in line with an early assertion by Luther and colleagues (2000) that resilience is not a personal trait but rather a process of accessing the necessary protective resources that an individual needs to overcome weaknesses in their lived environment.

Another interesting finding arising out of this research is the participants' assertion that their secondary motivation for establishing a buffering safe-retreat space was driven by a desire to establish an identity that was clearly differentiated from that of their parents. As participants entered late adolescence and early adulthood this differentiated identity desire morphed into an additional desire to not be conflicted for the rest of their lives by their childhood experience of witnessing their parents' abuse. In doing so, their actions are consistent with Social Learning Theory in so far as people learn from observing and modelling parental behaviours (Ormond, 1999), except in this particular scenario it would seem that the lesson learnt by these now adult child-witnesses is what not to emulate.

So, where to go from here? Clearly, one exemplar cannot set policy directions, but what it can do is provide a rationale for similar replication studies. More than this its dual findings that the study's participants (as adolescents) consistently utilized the coping strategy of establishing a safe supportive place of retreat and a secure relationship to deal with their domestic violence witnessing experience, now provides a direction for future empirical investigation.

Limitations of the study

A potential limitation of the present study is its small sample size and reliance upon the convenience sample recruitment ‘snowball’ technique as well as the willingness of individuals to volunteer. According to Magnani and colleagues (2005) the major limitation of snowball sampling, particularly in small scale studies is the threat of sampling bias and the reality that the sample might not be representative of the larger population. However, while they concede that this might be a critical flaw in research which aims to produce data that is generalized to a larger population, they also state it is a functional technique to use in formative research with hard to reach cohorts (Magnani et al., 2006). The act of volunteering in itself may be an indicator of resilience, as the volunteering individual is in a space where they are able to respond to a request by others for assistance with an issue that is not concerned with fulfilling their immediate life needs. The present study’s finding that all six participants, who had achieved what they considered ‘life success’ actually accredited this achievement to their adolescent strength-based posttraumatic growth ability of taking active steps to overcome their traumatic childhood witnessing of domestic violence by creating for themselves a ‘*safe supportive place of retreat*’. It is conceivable that other adult child witnesses, who as adolescents had not had the ability/opportunity to establish ‘a supportive relationship and a safe place of retreat may well have had a different life-course experience. Thus, it is also conceivable that such non-supported adults who as children had witnessed domestic violence may well have achieved a lower level of resiliency and, as such, are less likely to volunteer in research studies. Therefore, the findings of the present study may not be wholly representative of all child witnesses.

Clearly, more research is needed to fully establish the veracity of this study’s participants’ main disclosed posttraumatic growth adaptive coping strategies of retreating from the family home, finding a safe, supportive and buffering environment, creating a differentiated identity from that of their parents and, not replicating the actions of their abusive parents in their now adult lives. It may be, for example, that these actions in themselves are not conducive to normalcy. For, as theorized

by Freud (1923), Jung (1953), Adler (1922) and Klein (1937), that their former childhood trauma experiences may have left them with a damaged sense of self. If this were the case, then their stated adult desire for a safe job and an abusive free relationship may be reflective of an underlying psychosocial need for security and acceptance. Or, in addition, that their parents' modelled inappropriate ways of relating could have left them with an atypical understanding of what constitutes psychosocial well-being (Diamond & Muller, 2004; Zimet & Jacob, 2001).

A third limitation of the present study relates to the validity of using retrospective report data in research. However, according to Hardt and Rutter's (2004) meta-analysis of the literature pertaining to the potential for partially recovered or suppressed memories to be inaccurately remembered, they concluded that such potential occurrences are rare. Therefore, they support the use of retrospective studies in non-clinical populations. Primarily, because radically 'altered' recollected accounts occur so infrequently that when they do they lack sufficient power to invalidate the collected data.

A fourth shortfall of this small scale exemplar is that it does not have the power or variability to create findings that are transferable to other groups of similarly afflicted individuals within the broader population. A fifth limitation of the present study is that it is not representative of all vulnerable child witnesses within the Australian population as it only provides a mono-cultural, single-gendered insight into the childhood witnessing experiences of middle-class Caucasian women. Sixth, while all six participants demonstrated a resilient ability to retain interactional engagement with society following the adversity of their childhood witnessing experience, it also has to be acknowledged that it is conceivable that non-volunteering (arguably less resilient) adult witnesses of childhood domestic violence might have a very different interpretation of their witnessing and post-witnessing life course experiences. Indeed, it is possible that such non-volunteering female adult witnesses, in line with Social Learning Theory, have assimilated ('learnt') from their witnessing experience of seeing their mothers being abused, that the female viewpoint holds little value in a male dominated world (Baldry, 2003; Wilczenski et al., 1997). Finally, it

needs to also be recognised that the present study is devoid of a culturally and linguistically diverse voice. Hence, it is likely, that Indigenous people, people with disabilities, people residing in rural communities, and people from cultural diverse backgrounds may well have had a different witnessing experience and, consequently may have a different perspective on the child witnessing phenomenon.

Conclusion

This study's six adult female narrative case-study accounts of their childhood experiences of witnessing domestic violence have exposed the range of immediate and long-term difficulties faced by children living in homes where domestic violence is the operational norm. It has also revealed the sequential steps taken by children to deal with the emotionally challenging experience of witnessing domestic violence. Finally, it has highlighted the important role psychosocial support plays in facilitating resilience in vulnerable individuals.

References

- Adler, S. (1922). *Understanding human nature*. Oxford: One World.
- Ahern, N. R., Ark, P., & Byers, J. (2008). Resilience and coping strategies in adolescents. *Paediatric Nursing*, 20, 32-36.
- Anderson, K.M. (2010). *Enhancing resilience in survivors of family violence*. New York: Springer Publishing Company.
- Anderson, K.M. & Bang, E.J. (2011). Assessing PTSD and resilience for females who during childhood were disposed to domestic violence. *Child and Family Social Work*. Available online: <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2206.2011.00772.x/pdf>
- Bandura, A. (1977). *Social Learning Theory*. General Learning Press.
- Baldry, A.C. (2003). Bullying in schools and exposure to domestic violence. *Child Abuse & Neglect*, 27, 713-732.
- Bartels, L. (2010). Emerging issues in domestic /family violence research. *Research in Practice Report #10*, Australian Government, Australian Institute of Criminology: Canberra, Australia.
- Baxter, P. & Jack, S. (2008). Qualitative case-study methodology: *Study design and implementation for novice researchers*, 13, 544-559.
- Bedi, G. & Goddard, C. (2007). Intimate partner violence: What are the impacts on children? *Australian Psychologist*, 42, 66-77.
- Bensley, L., Van Eenwyk, J., & Wynkoop-Simmons, K. (2003). Childhood family violence history and women's risk for intimate partner violence and poor health. *American Journal of Preventive Medicine*, 25, 38-44.
- Bonanno GA, Galea S, Bucchiarelli A, Vlahov D. (2007). What predicts psychological resilience after disaster? The role of demographics, resources, and life stress. *Journal of Consulting Clinical Psychology*, 75, 671-682.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- Browne, C. & Winkleman, C. (2007). The effect of childhood trauma on later psychological adjustment. *Journal of Interpersonal Violence*, 22, 684-697.
- Carlson, B.E., (1984). Children's observations of inter-parental violence, In A.R. Roberts (Ed.), *Battered women and their families* (pp. 147-167). New York: Springer.
- Chu, J.A., Frey, L.M., Ganzel, B.L., & Matthews, J.A. (1999). Memories of childhood abuse: dissociation, amnesia, and corroboration. *American Journal of Psychiatry*, 156, 749-755.
- Cohen, L., Ferguson, C., Harms, C., Pooley, J.A., & Tomlinson, S. (2011). Family systems and mental health issues: A resilience approach. *Journal of Social Work Practice*, 25, 109-125.
- Commonwealth of Australia. (2009). Time for Action: The National Council's Plan to Reduce Violence against Women and their Children (NCRVWC) 2009-2021. The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA): Canberra, Australia. Available from: http://www.fahcsia.gov.au/sa/women/pubs/violence/np_time_for_action/national_plan/Documents/The_Plan.pdf
- Cresswell, J. (1998). *Research design: Qualitative, quantitative and mixed methods approaches* (2nd ed.). Thousand Oaks, CA: Sage.
- DeBoard-Lucas, R.L. & Grych, J.H. (2011). Children's perceptions of intimate partner violence: Causes, consequences, and coping. *Journal of Family Violence*, 26, 343-354.
- Denzin, D.K. (1983). Interpretive interactionism. In G. Morgan (ed.) *Beyond method: Strategies for social research*. Beverly Hills, CA: Sage.
- Diamond, R. & Muller, R.T. (2004). The relationship between witnessing parental conflict during childhood and later psychological adjustment among university students: Disentangling confounding risk factors. *Canadian Journal of Behavioural Science*, 36, 295-309.

- Dube, S.R., and R.F., Felitti, V.J., Chapman, D.P., Williamson, D.F. & Giles, W.H. (2001). Childhood abuse, household dysfunction, and risk of attempted suicide throughout the lifespan: Findings from the Adverse Childhood Experiences Study. *The Journal of the American Medical Association*, 286, 3089-3096.
- Edleson, J. (1999). Children's witnessing of adult domestic violence. *Journal of Interpersonal Violence*, 14, 839-870.
- Elbow, M. (1982). Children of violent marriages. *The Journal of Contemporary Social Work*, 63, 465-471.
- Flaskas, C. (2007). Holding hope and hopelessness: Therapeutic engagements within the balance of hope. *Journal of Family Therapy*, 29, 186-202.
- Flyvbjerg, B. (2006). Five misunderstandings about case-study research. *Qualitative Inquiry*, 12, 219-245.
- Freud, S.(1923/2003). *The Ego and the Id*. In S. Freud, *Beyond the pleasure principle and other writings*. London: Penquin.
- Geffner, R.A., Igelman, R.S., & Zellner, J. (2003). Children exposed to interpersonal violence: a need for additional research and validated treatment programs. *Journal of Emotional Abuse*, 3, 1-10.
- Gewirtz, A. & Edleson, J.L. (2007). Young children's exposure to intimate partner violence: Towards a developmental risk and resilience framework for research and intervention. *Journal of Family Violence*, 22, 151-163.
- Gewirtz, A. & Medhanie, A. (2008). Proximity and risk in children's witnessing of intimate partner violence. *Journal of Emotional Abuse*, 8, 67-82.
- Gil-Gonzalez, D., Vives-Cases, C., Ruiz, M. T., Carrasco-Portino, M. & Alvarez-Dardet, C. (2007). Childhood experiences of violence in perpetrators as a risk factor of intimate partner violence: A systematic review. *Journal of Public Health* 10, 1-9.
- Goldenberg, H. & Goldenberg, I. (2008). *Family therapy: An overview* (7th ed.). Belmont, CA: Thomson Brooks/Cole.
- Goldstein, S. & Brooks, R.B. (2005). Why study resilience? In S. Goldstein & R.B. Brooks (Eds). *Handbook of resilience in children* (pp. 3-16). New York: Kluwer Academic.
- Graham-Bermann, S.A. & Edelson, J.L. (2001). Introduction in S.A. Grahmann-Bermann & J.L. Edelson (Eds.), *Domestic violence in the lives of children: The future of research, intervention, and social policy* (pp.1-12). Washington, DC: American Psychology Association.
- Griffiths, N. & Pooley, J.A. Resilience in Families with Same-sex Parents. *The Australian Community Psychologist*, 23, 50-67.
- Hagen, K.A., Myers, B.J., & Mackintosh, V.H. (2005). Hope, social support and behavioural problems in at-risk children. *American Journal of Orthopsychiatry*, 75, 211-19.
- Hardt, J. & Rutter, S. (2004). Validity of adult retrospective reports of adomestic violenceerse childhood experiences: Review of the evidence. *Journal of Child Psychology and Psychiatry*, 45, 260-273.
- Hill, C. E., Thompson, B. J., & Williams, E. N. (1997). A guide to conducting consensual qualitative research. *The Counselling Psychologist*, 25, 517-572.
- Hodkinson, P & Hodkinson, H. (2001). The strengths and limitations of case study research. Paper presented to the Learning and Skills Development Agency Conference. Making an impact on Policy and Practice, Cambridge, 5-7 December 2001.
- Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect*, 32, 797-810.
- Horton, T.V. & Wallender, J.L. (2001). Hope and social support as resilience against psychological distress of mothers who care for children with chronic physical conditions. *Rehabilitation Psychology*, 46, 382-399.
- Hughes, H.M. (1988). Psychological and behavioural correlates of family violence in child witnesses and victims. *American Journal of Othopsychiatry*, 18, 77-90.
- Humphreys, C. (2010). Problems in the system of mandatory reporting of children living with domestic violence. *Journal of Family Studies*, 14, 228-239.

- Huth-Bocks, A. C., Levendosky, A. A., & Semel, M. A. (2001). The direct and indirect effects of domestic violence on young children's intellectual functioning. *Journal of Family Violence, 16*, 269-290.
- Indermaur, D. (2001). Young Australians and domestic violence. *Trends & Issues in Crime and Criminal Justice #195*, Canberra: Australian Institute of Criminology.
- Jacobs, M. (2006). *The presenting past: The core of psychodynamic counselling and therapy*. Maidenhead, England: Open University Press.
- Jung, C.G. (1953). *Two essays on analytical psychology*. London: Routledge & Kegan Paul.
- Kantor, G.K. & Little, L. (2003). Defining the boundaries of child neglect: When does domestic violence equate with parental failure to protect? *Journal of Interpersonal Violence, 18*, 338-355.
- Klein, M. (1937/1975). Love, guilt, and reparation. In M. Klein, *Love, guilt and reparation and other works 1921-1945*. London: Hogarth Press.
- Knox, S., Hess, S. A., Williams, E. N., & Hill, C. E. (2003). "Here's a little something for you": How therapists respond to client gifts. *Journal of Counseling Psychology, 50*, 199-210.
- Liamputtong, R. & Ezzy, D. (2005). *Qualitative Research Methods* (2nd ed.). Melbourne, Australia: Oxford.
- Liebold, B. & Greve, W. (2009). Resilience: A conceptual bridge between coping and development. *European Psychologist, 14*, 40-50.
- Lundy, M. & Grossman, S.F. (2005). The mental health and service needs of young children exposed to domestic violence: Supportive data. *Families in Society, 86*, 17-29.
- Luthar, S.S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*, 543-562.
- Magnani, R., Sabin, K., Saidel, T., & Heckathorn, D. (2005). Review of sampling hard-to-reach and hidden populations for HIV surveillance. *AIDS, 19*, S67-72.
- Maker, A.H., Kimmelmeier, M., & Peterson, C. (1998). Long-term psychological consequences in women of witnessing parental physical conflict and experiencing abuse in childhood. *Journal of Interpersonal Violence, 13*, 574-589.
- Mannuzza, S., Klein, R.G., Klein, D.F., Bessler, A., & ShROUT, P. (2002). Accuracy of adult recall on childhood attention deficit hyperactivity disorder. *The American Journal of Psychiatry, 159*, 1882-89.
- Martin, S.G. (2002). Children exposed to domestic violence: Psychological considerations for health care practitioners. *Holistic Nursing Practice, 16*, 7-15.
- Masten, A. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*, 227-238.
- Masten, A.S. & Reed, M.J. (2002). Resilience in development. In C.R. Snyder & S.J. Lopez (Eds.). *Handbook of Positive Psychology* (pp 74-88). London: Oxford University Press.
- McGee, C. (2000). *Childhood experiences of domestic violence*. London: Jessica Kingsley.
- McIntosh, J.E. (2002). Thought in the face of violence: A child's need. *Child Abuse & Neglect, 26*, 229-241.
- Meltzer, H., Doos, L., Vostanis, P., Ford, T., & Goodman, R. (2009). The mental health of children who witness domestic violence. *Child & Family Social Work, 14*, 491-501.
- Miles, M.B. & Huberman, A.M. (1994). *Qualitative data analysis: An expanded source book* (2nd ed.). Thousand Oakes, CA: Sage.
- Morgan, A. & Chadwick, H. (2009). Key issues in domestic in *domestic violence*, Research in Practice, Summary Paper No. 07. Canberra, Australia: Australian Institute of Criminology.
- Mullender, A., Hague, G., Imam, U., Kelly, L., Malos, E., & Regan, L. (2002). *Children's perspectives on domestic violence*. London: Sage Publications Ltd.

- Namey, E., Guest, G., Thairu, L., & Johnson, L. (2008). Data reduction techniques for large qualitative data sets. In G. Guest & K.M. Macqueen (Eds.). *Handbook for team-based qualitative research*. Lanham, MD: Alta Mira press.
- O'Dougherty-Wright, M. & Masten, A.S. (2005). Resilience processes in development. In S. Goldstein & R.B. Brooks (Eds.). *Handbook of resilience in children* (pp. 17-37). New York: Springer.
- O'Leary, K.D., Slep, A.M.S., & O'Leary, S.G. (2000). Co-occurrence of partner and parent aggression: Research and treatment implications. *Behaviour Therapy*, 31, 631-648.
- Ormrod, J.E. (1999). *Human learning* (3rd ed.). Upper Saddle River, NJ: Prentice-Hall
- Patton, M. Q. (1999). Enhancing the quality and credibility of qualitative analysis. *Health Services Research*, 35, 1189- 1208.
- People, J. (2005). Trends and patterns in domestic violence assaults. *Crime and Justice Bulletin*, 89. Sydney, Australia: NSW Bureau of Crime Statistics and Research.
- Pinheiro, P. (2006). *World report on violence against children*. New York: UNICEFF. Available: http://www.crin.org/docs/UNVAC_World_Report_on_Violence_against_Children.pdf
- Pooley, J.A. & Cohen, L. (2010). Resilience: A Definition in Context. *Australian Community Psychologist*., 22, 30-37.
- Pooley, J.A., Cohen, L. & Taylor, M.F. (In Press) Posttraumatic Stress and Posttraumatic: Growth and their relationship to coping and self-efficacy in Northwest Australian cyclone communities. *Psychological Trauma: Theory, Research, Practice and Policy*.
- Powell, A. & Murray, S. (2008). Children and domestic violence: Constructing a policy problem in Australia and New Zealand. *Social and Legal Studies*, 17, 453-473.
- Punch, K.F. (2005). *Introduction to social research: Quantitative and qualitative approaches*. London: Sage.
- Reynolds, M.W., Wallace, J., Hill, T.F., Weist, M.D., & Nabors, L. A. (2001). The relationship between gender, depression, and self-esteem in children who have witnessed domestic violence. *Child Abuse & Neglect*, 25, 1201-1206.
- Richards, K. (2011). Children's exposure to domestic violence in Australia. *Trends & Issues in Crime and Criminal Justice* no. 419: Canberra: Australian Institute of Criminology.
- Roth, D.H. (2004). *Adult reflections on childhood verbal abuse*. University of Saskatchewan, Canada: Unpublished Master thesis.
- Rotter, J.B. (1945). *Social Learning and Clinical Psychology*. Prentice-Hall.
- Russell, D., Springer, K.W., & Greenfield, E.A. (2010). Witnessing domestic abuse in childhood as an independent risk factor for depressive symptoms in young adulthood. *Child Abuse & Neglect*, 34, 448-453.
- Rutter, M. (1985). Resilience in the face of adomestic violenceersity: Protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry*, 147, 598-611.
- Sandelowski, M. (1986). The problem of rigor in qualitative research. *Advances in Nursing Science*, 8, 27-37.
- Schilling, T.A. (2008). An examination of resilience processes in context: The case of Tasha. *Urban Review*, 40, 296-326.
- Searle, J.R. (1995). *The Construction of Social Reality: An ontology of social reality as the product of collective intentionality*. New York: Free Press.
- Silvern, L., Karyl, J., Waelde, L., Hodges, W.F., Streak, J., & Heidt, E. (1995). Retrospective reports of parental partner abuse: Relationships to depression, trauma, symptoms, and self-esteem among college students. *Journal of Family Violence*, 10, 177-202.
- Stake, R.E., (1994). Case studies. In N.K. Denzin and Y.S. Lincoln (eds), *Handbook of qualitative research*. Thousand Oaks, CA: Sage.
- Stake, R.E., (1995). *The art of case study research*. Thousand Oaks, CA: Sage.
- Tilbrook, E., Allan, A., & Dear, G. (2010). *Intimate partner abuse of men report*. Perth: Edith Cowan University.

- Tjaden, P., & Theonnes, N. (2000). Prevalence and consequence of mate-to-male and female-to-male intimate partner violence as measured by the National Violence against Women Survey. *Violence Against Women, 6*, 142-161.
- Tomison, A. M. (2000). *Exploring family violence: Links between child maltreatment and domestic violence* (Issues in child abuse prevention, Paper No. 13). Melbourne: Australian Institute of Family Studies.
- Unger, M. (2008). Resilience across cultures. *The British Journal of Social Work, 38*, 218-235.
- Varia, R. & Abidin, R.R. (1999). The minimizing style: Perceptions of psychological abuse and quality of past and current relationships. *Child Abuse and Neglect, 23*, 1041-1055.
- Wilczenski, F.L., Steegmann, R., Braun, M., Feely, F. Griffin, J., Horowitz, T. & Olson, S. (1997). Children as victims and victimisers: Intervention to promote fair play. *School Psychology International, 18*, 81-89.
- Wilson, C. & Powell, M. (2001). *A guide to interviewing children: Essential skills for counsellors, police, lawyers, and social workers*. London: Routledge.
- Wolfe, D.A., Crooks, C.V., Lee, V., McIntyre-Smith, A., & Jaffe, P.G. (2003). The effects of children's exposure to domestic violence: A meta-analysis and critique. *Clinical Child and Family Psychology Review, 6*, 171-187.
- Yin, R.K. (1984). *Case study research design and methods*. Newbury Park, CA: Sage.
- Zerk, D., Martin, P., & Proeve, M. (2009). Domestic violence and maternal reports of young children's functioning. *Journal of Family Violence, 24*, 423-432.
- Zink, T., Kamine, D., Musk, L., Sill, M., Field, V., & Putman, F. (2005). What are providers' reporting requirements for children who witness domestic violence? *Clinical Pediatrics, 43*, 449-460.
- Zimet, D.M. & Jacob, T. (2001). Influences of marital conflict on child adjustment: Review of theory and research. *Clinical Child and Family Psychology Review, 4*, 319-335.

Table 1: Interview framework questions

#	Question
1	Who lived in your family home at the time that your mother was being abused?
2	In what ways was your father abusive towards your mother?
3	Can you tell me what you remember about witnessing the acts of domestic violence that were going on in your family home when you were a child?
4	How did this make you feel?
5	When you think back to when you were a child and you were witnessing this domestic violence what experiences negatively affected your ability to cope with the situation?
6	When you think back to when you were a child and you were witnessing this domestic violence what experiences positively influenced your ability to cope with the situation?
7	How do you feel your childhood experience of witnessing domestic violence has impacted upon your adult life?

Table 2: Case study participants' remembered childhood experiences of domestic violence in the family home

	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5	Participant 6
Abusive person in the family home	Father	Step-father	Step-father	Father	Step-father	Step-father
Abusive person had a mental illness	No	No	No	Yes	Yes	Yes
Abusive person had an alcohol problem	No	Yes	No	No	No	Yes
Participant's mother was subject to verbal abuse	Yes	Yes	Yes	Yes	Yes	Yes
Participant's mother was subject to physical abuse	Yes	Yes	No	Yes	Yes	Yes
Participant's mother was subject to physical abuse	No	Yes	Yes	Yes	Yes	Yes
Participant's mother was subject to sexual abuse	No	Yes	No	Yes	No	No
Participant's mother was subject to social abuse	No	No	No	No	No	No
Participant's mother was subject to financial abuse	No	No	No	No	No	No
Participant's mother was subject to legal administrative abuse	No	No	No	No	No	No
As a child the participant tried to intercede on mother's behalf	No	Yes	No	No	No	No
Participant as a child was subject to abuse	Yes	Yes	No	Yes	Yes	Yes
Participant as a child was subject to abuse	No	Yes	No	Yes	Yes	Yes
Participant as a child was subject to abuse	No	No	No	No	No	No
Participant as a child lived in a refuge safe house for a while	Yes	Yes	No	No	No	Yes
Participant as a child had a 'safe' adult in their lives	Yes	Yes	Yes	No	No	Yes
Participant had a sibling living in the at the time of abuse	Yes	Yes	Yes	No	Yes	Yes
Participant as a child experienced depression	No	Yes	No	No	No	Yes

Table 3: Themes and subthemes relating to six adults recounted memories of domestic violence witnessed as a child in the family home

Main Themes	Sub-themes
Contextualising the violence	Emotionally charged home environment Type, frequency and duration of the violence Deficient family relationships
Dealing with the impact of witnessing a	Feeling invisible and becoming depressed
Devising survival coping strategies	Feeling invisible and blocking-out the abuse Attempting to stop the abuse Establishing a safe supportive place of retreat Moving out and moving on