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**"I thought it was normal". Young adolescents' attempts to make sense of their experiences of domestic violence in their families.**

## Abstract

This paper describes the experience and impact of domestic violence on adolescents using qualitative methodology. It explores the meanings that adolescents give to their experiences and how this may relate to the impact of those experiences.

Five adolescents who were receiving interventions within child and adolescent mental health services were interviewed about their experiences of domestic violence and the interviews were analysed using Interpretive Phenomenological Analysis (IPA).

The results suggest that adolescents had a range of thoughts and feelings connected to their experiences, and that the impact of the domestic violence may be related to the different meanings that the adolescents gave to their experiences and how they made sense of those experiences.

The results are explored using theories such as Grych and Fincham's Cognitive-Contextual Model; Watkin's elaborated Control Theory; and, the work on post-traumatic growth. Research and clinical implications are discussed in the light of the results.

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**"I thought it was normal". Adolescents' attempts to make sense of their experiences of domestic violence in their families.**

## Introduction

This paper reports on the experience of adolescents who have witnessed violence between their parents or guardians.  Different terms and definitions have been used in the literature to describe this type of violence.  Although problems have been identified with the term 'domestic violence' (Stark and Flitcraft, 1996) this is the most commonly used descriptor in the UK, and so this paper will use the phrase 'domestic violence' (or DV) to describe 'the physical abuse of one intimate partner by another with whom they have or have had a relationship' (Edleson, 1999).  Exposure to domestic violence includes viewing, hearing, being involved in, or experiencing the aftermath of the physical violence that has taken place between intimate partners (Edleson, 1999). Coercion, control and emotional abuse often occur simultaneously with physical aspects of domestic violence, therefore the adolescents in this study were likely to have lived through a range of additional experiences covered by the umbrella term 'domestic violence'.

Domestic violence in the UK is a significant problem: In England and Wales 26% of women and 14% of men retrospectively reported in a confidential survey to having experienced some form of domestic abuse in adulthood. In March 2017, 7.5 % of women and 4.3% of men reported having experienced domestic violence in the previous twelve months, (Office for National Statistics, 2017).

Reported domestic violence for both men and women is highest in younger age groups: In the 16-19 age group rates are 10% for women and 6.7% for men, and in the 20-24 age group the rates are 8.6 % for women and 5.3% for men - although differences

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in rates were only statistically significant when compared to the 55-59 age groups. (Office for National Statistics, 2017). A large scale survey of children and adolescents conducted by the National Society for the Prevention of Cruelty to Children (Radford et al., 2011) found that 17.5% of eleven to seventeen year olds reported to having been exposed to domestic violence between adults in their homes during childhood.

The experience and impact of being exposed to domestic violence has been explored in both qualitative and quantitative studies. Children in qualitative studies commonly report their experience of domestic violence as being ever-present without a full understanding of why it occurs (Bennett, 1991; Epstein and Keep, 1995). DV becomes associated with family secrecy, isolation, intimidation, a sense of being controlled, and with having to manage a mixture of unresolved, powerful feelings (Abrahams, 1994; Epstein and Keep, 1995; Erikson and Henderson, 1992; McGee, 2000). Children may blame themselves for its occurrence, and often feel a sense of guilt or responsibility towards the victimized parent. They may try to intervene directly when the violence occurs, draw on external sources to make it stop, become accepting of it as part of their everyday life, or distance themselves physically and emotionally from places where it occurs (Hague, Mullender, Kelly, Imam and Malos, 2002; Cunningham and Baker, 2004).

The impact of DV is also explored in quantative studies: In a major survey (Lundy and Grossman, 2005) of 40,636 children between the ages of 1-12 years, who had been exposed to domestic violence, 51% displayed signs of emotional problems, almost 50% had problems with social adjustment, and 20% had problems that were physical, but

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likely to have an emotional basis (such as bed-wetting). Evans, Davies and Delillo, (2008) in a meta-analysis of 60 studies found a sub-sample of 6 studies that had measured trauma symptoms separately from other emotional symptoms (such as anxiety and depression). They found in a separate analysis of these 6 studies, a mean weighted effect size of d=1.54 *(SE=.59)*. Further tests showed that this effect size differed significantly from zero which suggested a strong association between exposure to DV and the development of trauma symptoms. However, the authors explain that given the small sample size and lack of homogeneity in the effect sizes, the finding should be interpreted with caution.

In another meta-analysis, this time of 118 studies, Kitzmann, Gaylord, Holt and Kenny, (2003) explored a large number of different variables that might be related to the effect size between children and adolescents who witnessed DV and those in non- DV groups including the type of study, participant characteristics, and type of adjustment problem. Taking all the studies together they found that there was a large effect size for the risk of 'adjustment' problems in children and adolescents exposed to DV compared to a no DV group, (with an average effect size of d=-0.29). Interestingly there was no significant effect of DV witnessing on adjustment when compared to groups of children who had themselves suffered physical abuse or who had been witnesses and suffered from physical abuse. The authors then looked at further possible moderators to effect size including type of problem and participant characteristics. The six categories of problems that they explored (using the categories in the Child, Behaviour Checklist, Achenbach & Edelbrock, 1991 as a guide) were internalising problems, externalising problems, other psychological problems, total psychological problem score, social competence and

academic problems. Compared to non-witnesses there was a significant effect of being in the DV group for all six categories of problems, though this worse outcome for the DV witness group was not significantly different in the studies that compared DV witnesses to other types of 'abuse' group such as physically abused children. There was also no significant differences in effect size between the different types of problem. Another possible moderator studied was age of the participants in the study. The authors found that all though there was an effect size which was significantly different from zero in all 3 different age groups (below 5, 6-12 and over 13s) the age groups did not differ from each other. Interestingly, there was also no interaction between age and problem outcome found by the authors either when average age of the sample was used as a variable or when age specific studies were analysed, suggesting that contrary to the authors' hypotheses, children and adolescents did not present their distress differently at different ages.

Much of the literature on the impact of children and adolescents witnessing domestic violence has understandably concentrated on negative effects, however, more recent literature has found that not all children and adolescents display problematic behaviour or mental health problems and that this seemingly resilient group may be as high as 30% of the children and adolescents with this history (Kitzmann et al., 2003). Factors which may protect children and adolescents from subsequent difficulties are a secure attachment to a non-violent parent or other adult (Graham-Bermann, DeVoe, Mattis, Lynch, & Thomas, 2006) and positive peer and sibling support (Guille, 2004). In addition, adolescents' personal characteristics such as good self-esteem in other areas can also be a protective factor for them (Guille, 2004). Using the more robust longitudinal

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methodology, Martinez-Torteya, Bogat, Von Eye, and Levendosky (2009) compared 190 young children 'exposed' to domestic violence with a matched group not exposed to violence. Exposure to violence was assumed from mothers' accounts, but children were not questioned separately about their actual experiences.  Both exposed and non-exposed groups were assessed using the Child Behaviour Checklist (CBC) (Achenbach, 1992) yearly at 2, 3 and 4 years old.  Children were classified as positively adapted or 'resilient' if their scores were below 60 on the CBC at all time periods  Several risk and protective factors were also measured at all time points. Of children exposed to DV, 54% showed positive adaptation (82% in the non-DV group). Regression analysis suggested that lack of maternal depression (measured by Beck Depression Inventory) and child's easy temperament (measured by a series of age appropriate temperament scales) predicted adaptive versus non-adaptive children in the DV group ($p<.001$ for each prediction).

In a sample of 110 Israeli children in the community, a longitudinal study by Sternberg, Lamb, Guterman and Abbott (2006) suggested that if violence had stopped by adolescence (aged 16) there was likely to be a decrease in symptoms reported by parents and teachers from what they had reported when the children/students had been 10, but that the young people themselves still self-reported internalising symptoms.  These authors stress the need for multiple informants in studies - including the children and adolescents themselves - as it is possible that adults – both parents and teachers - became less aware of internalising problems in adolescents and students. Many studies only include maternal reports of problems which can differ by whether the mother herself has

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been a victim of violence. (Sternberg, Lamb & Dawud-Noursi, 1998, reported in Sternberg, Lamb, Guterman and Abbott, 2006).

Gewirt and Edleson (2007) have used a developmental framework to help understand the risk and protective factors that may lead to children developing problems following DV.  They argue that experiences of DV can interrupt the tasks of childhood at different ages.  Children who witness DV at an early age might struggle to develop good attachment relationships, appropriate self-regulation and to develop social and peer competencies, with each of these areas having an impact on the development of the next competence.  Holt, Buckley and Whelan's (2008) review of the literature suggests that young people's experiences may manifest as problems at different developmental ages.  For example young children showed some regressed behaviours around language and toilet training, and school aged children were more likely to develop anti-social behaviours at primary school.

A developmental framework is also helpful in considering the effects of witnessing domestic violence on adolescence.  Adolescents who have experienced violence from an early age may have issues with emotional regulation, social skills and academic competence that become most apparent at this important developmental period. At this stage in development, the effects of domestic violence may move out of the family and into other close relationships.  For example, Ciu and Fincham (2010) showed that 285 young adults in dating relationships were more likely to show conflict behaviour

in their own relationships (p<.01) if they had experienced their own parents as having a conflictual relationship.

Education attainment also becomes important at this stage due to important exams. Harold, Aitken and Shelton (2007) in a longitudinal study explored attainment levels across the ages of 11-13, in 230 school children living in the UK. Their results using structural equation modelling suggested that the link between domestic violence and poor academic attainment may be mediated by self-blaming attribution by the young people, (p<.01), suggesting that the effects of DV on educational attainment may be different for adolescents depending on how they appraise their experiences of DV.

The literature to date, therefore, suggests a number of ways that children and adolescents may be affected by domestic violence and there is some evidence that children and adolescents may express their distress in different ways depending on factors such as age, temperament and other attachment relationships (though the evidence on age is contradicted across studies). An aspect that needs more study and that may contribute to the impact of DV, is the meaning that adolescents make of their experiences. Children and adolescents are active makers of meaning (Graue and Walsh, 1998) and how they interact with their environments will be shaped by their understanding and response to this environment. Although it is likely that these meanings will be influenced and shaped by their experiences, it is important to hear from children and adolescents directly about how they make sense of what they see, hear and experience, and how that, in turn, relates to how they act and feel overall (Cunningham & Baker, 2004).

This study will therefore interview adolescents about their reported experiences and how they have been affected by these experiences, and about the meanings that they make of what they have witnessed. It is hypothesised that this meaning-making may be one of the factors that distinguishes the impact of DV on individuals. The following section describes two models which give some theoretical basis to understanding how children's and adolescent's appraisal and understandings of their experience might affect the impact of those experiences.

A model which gives a theoretical explanation of the ways that children and adolescents' appraisals might affect their adjustment is Grych and Fincham's 1990 Cognitive-Contextual Model. In this model, adolescents appraise the violence and make judgments about the level of threat and whether they feel they have responsibility in causing or preventing the violence. In a test of their model Grych, Fincham, Jouriles & McDonald (2000) showed that appraisal of the DV experienced by adolescents was a mediator (the appraised level of threat and how much the participants expressed feelings of self-blame) between what was experienced and the impact on subsequent behaviour and adjustment (for internalising problems). Interestingly, the mediation effect of self-blame differed by gender: It mediated the association between parental conflict and internalising problems for boys in both community and shelter samples, but only for girls in the shelter sample. The authors hypothesised that boys might be socialised to action and assertiveness in the face of stress and therefore feel more responsible for stopping DV. However, the literature on gender differences is contradictory: Cummings, (1994) with a smaller sample found the opposite effect for gender, and there is also a lack of tested theory to explain gender differences.

Related to adolescents' cognitions about domestic violence, there is growing evidence within the post traumatic growth literature (PTG) (Calhoun and Tedeschi, 2006) to suggest that children and adolescents are able to use reflective 'rumination' to problem-solve and make sense of trauma, and that this can lead to thoughts and feelings of having learned or grown from their experiences. Reflective rumination describes a type of intrusive thinking in which the individual engages in adaptive problem solving. This is in contrast to 'brooding' which describes more of a repetitive intrusive thinking in which an individual compares a current situation with a wished for but unachieved standard. Reflective rumination is more likely to be positively associated with post-traumatic growth than brooding, (Stockton, Hunt and Joseph, 2011). There is evidence of PTG growth in children, but a systematic review in 2011 (Mayerson, Grant, Smith Carter and Kilmer) did not find any studies that explored PTG with children who had witnessed domestic violence as their trauma.

**The Present Study**

There are a few in-depth studies that describe the experience of being exposed to and living with domestic violence directly from the perspective of children and adolescents (for example Epstein and Keep, 1995 and Cunningham & Baker, 2004). Also, many studies have investigated the impact that exposure to domestic violence has on adolescents, (for example see the review by Evans, Davies and Delillo, 2008). There are also several quantitative studies which test the Cognitive Contextual Model - for example Grych et al. (2000) described above, and Kim, Jackson, Hunter and Conrad (2009), who explored the mediating variables of perceived threat and self-blame with adolescent's behaviour in their dating relationships. Equally, many quantitative studies have explored the phenomenon of post-traumatic growth in young people but not after witnessing

domestic violence (see for example the review by Mayerson et al. 2011). Quantative

studies are generalizable and able to test out specific hypothesis, however, they are not

able to offer the detail of qualitative studies in an exploration of the phenomenon. This

paper will in contrast describes some in-depth interviews with adolescents which have

been analysed using Interpretative Phenomenological Analysis (IPA) which is a method

well suited to understand people's own understandings of their experiences. Through

these interviews, adolescents explain in their own words what they think is the impact of

DV on their lives and what meaning they make of their experiences. These young

people's own accounts are then further explored in the discussion to see if they can add

detail to an understanding of the above theories, suggesting that cognitive appraisals and

rumination may be important in understanding impacts of DV.

## Method

### Participants

The participants were three adolescent young women and two adolescent young men who

had all witnessed or been victims of parental domestic abuse. In order to be considered

for participation, the adolescents needed to have been safe from DV for at least a year

prior to the interview (for safeguarding reasons). Participants were accessed via a Child

and Family Mental Health service where the second author was working at the time.

Possible participants were suggested by clinicians and then approached by the

researchers. Five out of the ten adolescents approached agreed to take part in the study.

The adolescents' age ranged from 14-18 years and they were all of White British

origin which was representative for that service and area. Four participants had siblings.

None had ever resided at a shelter for victims of domestic violence. Their age when the

domestic violence began varied from 2 to 8 years, and it ended when they were 7 to 14

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years old. On average, the domestic violence had lasted seven and a half years (ranging from 4 to 12 years). With one exception in which a male and female parent were violent towards each other, the violence described was from a male parent towards a female parent.  One mother had lived with several male partners who had been violent towards her.

A National Health Service ethics panel gave approval for this project.  All adolescents and their parents gave informed consent to their participation and for the anonymized results of the study to be published.  Safeguarding was assured by the adolescents being told that there would be limits to confidentiality.  All adolescents had the opportunity to talk to a known clinician after the interview for further support.

**Procedure**

The participant interviews were semi-structured. The main areas explored included the participants' experience of being exposed to domestic violence, the meaning they made of their experiences, how they felt it had affected them, how any changes had happened, and about receiving support from others. The first author (JC) conducted all five interviews which lasted between 60 and 90 minutes.

**Analysis of Data**

The taped interviews were transcribed verbatim and a reiterative analytical process adopted to develop emerging themes from the transcripts (Smith et al, 1999). The analysis draws on Interpretative Phenomenological Analysis (IPA) to perform an in-depth analysis of the material (Smith, 2004).  IPA allowed each person's unique experiences to emerge, but also allowed for understanding of common experiences.  This method acknowledges that many processes may operate at any one point in time. It maintains a phenomenological focus on the structure and essence of experience. Within this process,

the first author (who analysed all the data under supervision from the second author) also brought her own knowledge and experiences in making sense of the participants' accounts. Osborn & Smith, (2008) suggest that IPA can be helpful when the topic being investigated involves subjective material and when questions about identity and the self are important.

The analysis of the interviews followed the steps outlined by Smith, Flowers and Larkin (2009). The interviews were read and reread to gain an initial sense of the participants' experiences. Notes were made by the first author of any thoughts and questions at this stage. Secondly, notes on the transcripts identified themes that might be related to concepts. Connected themes were then formed into clusters and tentative headings were assigned to these clusters. These themes were constantly re-evaluated and changed with new names or assigned different levels (for example, some themes became subthemes).

Several strategies were employed to enhance the validity of this study: the second author and other colleagues were consulted as emerging themes developed; a personal research diary was kept to reflect on the interactive and interpretive process of developing the themes, (Mays & Pope, 2000;) two clinicians new to the data, were shown two randomly selected transcripts and were satisfied with the analysis undertaken and the final set of themes being evidenced in the data. Lastly, a presentation to Child and Mental Health Service clinicians indicated that main themes 'resonated' with their clinical experience. (Elliott, Fischer, and Rennie, 1999; Madill, Jordon, and Shirley, 2000).

**Results**

The analysis is presented in four sections that capture the overarching themes of experience, coping and protective factors, impact and meaning making.

**Experience**

The experiences identified by the adolescents in this study are very similar to those covered by previous qualitative research described in the introduction. For example the theme of the violence being ever present was also talked about in studies by Bennett, (1991) and Epstein and Keep (1995) and the theme of DV as hidden in the study by McGee (2000). The subthemes covering experience therefore are briefly covered in Table 1 with an example of a quote that illustrates each theme.

Table 1: Participants experiences of domestic violence

| | |
|---|---|
| **Ever present** <br> Four participants described how the violence seemed to have always been there with only Kay remembering a time before violence. | "I can't remember it not happening" (Rebecca, p.4, l. 180). |
| **Unpredictable** <br> Four participants described the violence occurring out of the blue with one participant making a link between alcohol as being a predictor of violence. | "My mum was doing her usual thing and he decided to start on her. He pulled out a knife and put it up against her throat and told her he was going to kill her" (Craig, p.2, l. 104). |
| **Breaking boundaries** <br> This theme described the fear when the violence spilled outside the 'normal' parent/parent conflict. | "Well one day when it kicked off…there was my Nan round there and my Nan's friend and she was punched in the face because of it" (Craig, p. 8, l. 410). |
| **Controlling and uncontrollable** <br> This theme described the experience that the young people felt of the perpetrator being controlling, but also the sense of helplessness when they or others tried to stop the violence | "We weren't allowed to giggle, and if something happened we weren't allowed to laugh" (Rebecca, p.4. l.74). <br><br> "If I tried stopping it then my dad would chuck me across the room" (Anne, p.3, l. 163). |

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| | |
|---|---|
| **Domestic violence as hidden**<br>Secrecy about domestic violence operated in a number of ways. The participants often felt that the perpetrator tried to hide the violence from them and from other people.<br>The participants talked of feeling silenced for a number of reasons; fear that the violence would increase, not being believed or being judged. | "He'll hide it.  He'd beat her up in places you can't visibly see it" (Craig, p.20, l. 1049).<br><br><br>"They didn't like to believe it, cos it's their son" (Carl p.10, l. 491) |

**Attempts to Cope with DV and Protective Factors.**

Coping strategies and protective factors have been less explored in the literature so in this

section the sub-themes are described in more detail.  All the participants described ways

they tried to deal with the situation, but often these ways proved futile in keeping them

and their parents safe.

### Intervening, or trying to take control.

Trying to prevent the violence from occurring, and intervening in the violence were the

two main ways that participants coped at the time of violence.  Often these strategies

were futile or sometimes resulted in the participant being harmed.  Rebecca, Craig and

Kay all talked about trying to prevent the violence, often by subjugating or suppressing

their own feelings and needs.

"You learnt different ways of coping, like when he was there, pleasing him" (Rebecca, p.6, l.

327).

Craig, Carl and Anne actively intervened to stop domestic violence.  However, this was

not usually successful, often resulting in them being harmed.  This may reinforce the

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experience of new boundaries being broken as well as leading to feelings of

powerlessness and lack of control.

> "If I tried stopping it then my dad would chuck me across the room.  But I just learnt to
>
> let them get on with it" (Anne, p. 3, l.163-164).

Loss of control and powerlessness coupled with not being able to talk about it led Craig

to depression and a suicide attempt.

> "I just couldn't control it, it made me feel so low and I hated myself.  Because I was there
> and it was happening but I couldn't do nothing about it.  I tried to and it got worse, I tried
> to, I say to myself you know you couldn't have done anything, but then I thought I could
> have, I could have told someone.  It would have stopped.  But I couldn't, I just couldn't
> do it.  And it just made me deeper, deeper depressed and end my life because I couldn't
> cope with it (Craig, p. 16, l. 872-876).

### Talking or not talking.

Participants found it hard to talk to others about the domestic violence and/or their

feelings.  Rebecca, Craig and Carl bottled their feelings up.

> "I tend to block, hold it all in and don't tell anyone and then just explode because I can't
> cope anymore and then it leads to self-harming" (Craig, p. 12, l. 630).

Anne and Kay found it helpful to talk to someone at the time.

> "she does listen, she like understands" (Kay, p. 19, l. 896).

Craig and Carl had both found people they could speak to post violence within their

family and within mental health services.  However, they also talked about the

importance of keeping other people at a distance.  This appeared to emanate from a lack

of trust and a fear or expectation of being hurt.

> "you know I got walls, I don't like telling people about things, cos I don't want to get
> hurt.  I don't really like people knowing a lot about me" (Carl, p.15, l.789).

> "you can say to someone 'why can't you talk to me, why can't you tell me this?' You just
> can't, you're so frightened.  The fear, what's going to happen." (Craig, p.18, l. 963).

### Other coping strategies.

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Some of the participants tried other coping strategies including distraction, hiding, escape

and blocking. These ways of coping tended to be marginally effective, but could not

totally guard them from disturbing thoughts and feelings.

> "so I just, I'd put my music on really loud so I couldn't hear it, but it was still in my mind"
> (Carl, p. 2, l. 55-56).

Hiding seemed to be an effective and consistent strategy used by Kay that also doubled as

a practical mechanism for keeping her and her brother safe.

> "when he would start hitting my mum I remember getting the dog and getting my brother and
> running up-stairs and sitting against my door so he couldn't come in" (Kay, p. 5, l. 238).

### Protective factors.

Some protective factors were revealed in the adolescents' accounts: for example having a

different experience of family life, one where there was the potential for a violence-free

life, access to other perspectives, alternative role models, patterns of interacting and

relationships all appeared helpful.  These protective factors seemed to enable participants

to establish a different understanding of the violence (i.e., that they were not responsible

for domestic violence), and thus begin to develop other ways of coping (i.e., talking or

not fighting).

"think it was when I went to the school I am at now.  And I learnt how to talk to people instead of
fighting" (Anne, p. 6, l. 227-228).

Craig's mother's new partner provided an alternative role model.

> "If my dad knows he's going to get violent he walks away.  He'll go out.  He'll just walk
> away. That's it, I'm leaving you and that. But he'll come back after he's calmed down
> and they'll talk" (Craig, p. 6, l. 280-282).

Participants' accounts often included references to therapy.

> "seeing [therapist name] helps, talk to someone." (Craig, p. 17, l. 903).

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Having a family experience which offered the possibility for good attachment

relationships seemed helpful for most of the participants.

> "having older brother and sisters there and foster mum and dad, they are like my parents, they have done so much for me, they have put up with so much crap off of me." (Anne, p. 14, l. 713).

## Impact

The third main theme, refers to how the participants described the results that the

violence had on them and their family.  The psychological impact of witnessing domestic

violence has often been explored using questionnaire data (for example, Radford et al,

2011).  In this section, participants describe in their own words the feelings and

behaviours that arose from their experiences.  These themes are summarised in Table 2.

The themes here were very similar to those found in previous quantative and qualitative

studies.  For example the feelings described in this study are also found in the 126

participants whose calls to Childline were analysed.  The Childline participants described

feeling "scared, confused, upset, frightened, angry, distraught, sad, suicidal, guilty,

helpless, betrayed, ashamed and powerless" (Epstein and Keep, 1995, p 48).  Less detail

of feelings are given in quantative studies that use questionnaires, but this study suggest a

similar impact of DV which could be categorised as externalising or internalising

behaviours found in large scale studies (e.g. Lundy and Grossman, 2005).  Young people

in this study also described symptoms of trauma as found in previous studies which more

formally assess for PTSD (Evans at al., 2008).  One finding that is not described

separately in other studies is categorised here as 'numbing' – however, this may be a

description of a further way of managing trauma and may be a way that the participant

described the process of avoiding memories that is a symptom commonly found in PTSD.

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Table 2: Impact of domestic violence

| Short term impact | Feelings<br>A range of feelings was associated with the violence for most participants. | "Angry, upset, frightened. Mainly it was anger. The hurt" (Craig, p.7, l. 328). |
|---|---|---|
| | Confusion<br>Participants also seemed to be confused by the domestic violence. This manifested in different ways for participants. | "he was nice during the day and then all of a sudden he would just change….he used to get us presents and stuff and then I don't know he just changed, so it was really confusing" (Kay, p.8, l. 365). |
| Longer Term Impact<br>Feelings could change over time depending on how participants made sense of the violence, the outcome of coping strategies, and other external variables. | Externalising behaviour | Like if I went in school and some one would say something to me then I'd just go mad…. swearing at them, chucking stuff" (Anne, p.5, l. 259). |
| | Internalising behaviour | "Scared, I get panicky, I start having a nervous panic attack, I start hyperventilating, all sweaty. Even if the staff start shouting at me, I don't like it. I've seen what it leads to" (Craig, p.4, l. 208) |
| | Numbing | "it's difficult to explain, I don't think much goes through your mind, it's weird a lot goes through your mind but nothing" (Rebecca, p. 6, l. 315-316). |
| | Trauma symptoms | "I used to have nightmares really bad like about him trying to get into the house" (Kay, p.4, l. 184). |

| | | "All the flashbacks of my mum, seeing my mum getting beaten up.  While, we were sitting there crying in the corner." (Craig, p. 15, l. 774). |
|---|---|---|
| **Growth after trauma** Some participants discussed more positive changes in their lives following the cessation of the violence. | **Re-engaging with developmental tasks including education and training.** | "get on with your life.  Don't let your past destroy you.  That's what I've done" (Anne, p. 16, l. 871). |
| | **Repairing old relationships/ forming new attachments** | "My Nan and my Granddad and I talk to a lot.  I've made up with them now, we talk together a lot. (Carl, p.9, l. 484). |

**Making meaning of experiences**

The experience of domestic violence and the impact it had on the adolescents and their home lives has been outlined.  The following section indicates some factors that might help a reader understand how the adolescents attempted to make meaning of their experiences and how those meanings might have been linked to the different types of impact.

All of the participants talked about trying to understand the domestic violence but most found this difficult:

Rebecca made sense of violence by believing it was normal.

"I never thought it was that bad cos I thought it was normal" (Rebecca, p.12, l. 650).

Anne, Carl and Craig developed ideas that violence was acceptable.

"My dad always taught me to be like that. If someone had a go at you then you got to hit them" (Anne, p.5, 265-266).

Violence as an effective strategy was viewed directly and observed in wider contexts.

"But then my granddad really, really went into one and got him by the throat and I think that really changed things" (Carl, p. 9, l. 491).

Interestingly, Carl though seeing violence in general as an effective strategy developed strong feelings about DV in particular.

"I get a really strong feeling that's the, probably one of the most worse things a man could do". (Carl p14, l. 737).

Another way participants tried to make sense of domestic violence was by trying to find explanations about their parents' behaviour.

"He didn't do it cos he hated her, he loved her too much" (Carl, p.3, l. 121).

"I think now his upbringing was important cos he went into the services at 16 and saw boys kill themselves" (Rebecca, p. 10, l. 546.

The participants also tried to find cause-effect relationship for domestic violence.

"She's on the drink a lot. And when she is she'll start an argument for no reason. And my dad couldn't handle it" (Anne, p. 4, l. 192-193).

Rebecca, Carl, Craig and Anne looked inward for explanations, and often thought they were to blame for the violence.

"I felt it was my fault because of my condition. That my mum had to be with me and support me. (Craig, p. 17, l. 886).

"I thought we'd been bad. That's what happened when you were bad." (Rebecca p 4, l 196).

Kay, Anne and Carl were able to develop a different understanding when the violence had stopped.

"I suppose I got older and started realising that my dad shouldn't have been doing that... (Anne, p.4, l. 202).

Rebecca and Craig still seemed to have great difficulty in finding any meaning to their experiences and continued to blame themselves for what had happened.

"How can anyone do that to my mum? If he loved her, how could that happen?" (Craig, p.3, l. 152).

"I still think we must have done something, like when I think about it, we must have done something" (Rebecca, p.4, l. 210)

**Results Summary**

From participants' accounts, domestic violence was experienced as "ever present, unpredictable, controlling yet uncontrollable, crossing boundaries and hidden". This impacted the individuals as well as their families. It created an atmosphere of fear and confusion at home with many aspects of family life and relationships structured in ways that attempted to minimise violence or its effects . For example, older children instead of parents can take on the role of protectors of younger children. All of the participants tried to make sense of the violence, coming up with different explanations and beliefs. Often, participants' experience, understanding and response to violence could be consolidated or changed by the response of people outside the immediate family. For example, they might initially learn that violence was an acceptable strategy in some situations from grandparents, but then learn other strategies for dealing with conflict at school. Most of the participants tried to prevent or intervene to stop the violence. Generally, these interventions did not work as a strategy. The participants then seemed to describe a development of feelings such as learned helplessness that suggest a longer term impact of DV such as fear and depression. They also used other strategies for coping which suggested the development of externalising behaviours. When the violence stopped, some of the participants showed some signs of trying to move on from the trauma with the ability to repair relationships and some development of hope that things could be different for them.

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**Discussion**

The accounts of the adolescents in this study support themes identified in previous studies on domestic violence in adolescents: The themes of control (both being controlled and lacking control), crossing boundaries, (both in terms of the violence itself as being not acceptable within society, but also in crossing boundaries when a previous family 'rule' was broken such as violence in front of others,) and the secrecy of domestic violence have been found to be factors in domestic violence that are likely to have an impact on adolescents' feelings of safety and security (e.g. Epstein and Keep, 1995).

This study also found responses to DV that were similar to previous studies (e.g. Kitzmann, et al. 2003): both internalised responses (e.g. depression and panic attacks) and externalised responses (e.g. reported aggressive behaviour and feelings) were discussed by participants. However, the detail of adolescents' accounts suggests that the same young person could experience a range of feelings and behaviours both externalizing and internalizing. There were also features of post-traumatic stress disorder in some adolescents' accounts such as experiences of nightmares and flashbacks.

This study also found many examples that suggest that adolescents are active makers of meaning about their experience and that these meanings can be influenced by others and later experiences for example by the school environment. Adolescents in this study developed active understanding about the violence and violence in general (e.g. violence as a way of resolving conflict). They also tried to look for patterns and cause and effect in the violence (e.g. being associated with alcohol). They also looked for aspects in themselves that would have caused the violence (e.g. blaming their behaviour or their own disability for the violence).

These adolescents' narratives suggest that theories that outline the importance of studying adolescents' own appraisals of their experiences to understand subsequent emotional difficulties, are validated by adolescents' own accounts.  In keeping with Grych and Fincham's model described above, there is evidence that self-blame is one of the ways that young people try and make sense of the DV they have experienced, and that this is likely to be associated with subsequent emotional problems particularly internalising problems.  Both Craig and Rebecca presented with mental health symptoms associated with self-punishment (eating disorder and self-harm and both had attempted suicide).

As well as self-blame, the young people also at times blamed their mothers or tried to understand their father's behaviour by looking at his past. Different forms of blame might be equally problematic.  For example self-blame may allow an adolescent to be able to form positive relationships with the non-violent parent (which can be a protective factor), but he/she may develop problems with self-worth as a result, whereas blaming a parent may be better for the young person's sense of self, but affect his/her relationship with parents in the future.  Finding reasons for a violent parent's behaviour may be helpful in some circumstances, but may result in legitimate feelings of anger being suppressed which may result in later adjustment problems.

One example of meaning making is shown by Janoff-Bulman (1979) whose research suggests that when a victim of trauma attributes responsibility for the trauma on an aspect of himself or herself that cannot be changed (characterological self-blame) they are most likely to experience difficult emotions.  This was the case for Craig who partly

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blamed the violence on his (physical) condition, which could not be changed. The participants generally demonstrated over time and development, a shift from self to other blame, (see for example quote from Anne (p. 4, l. 202) which then seemed associated with better adjustment.  This developmental move suggests perhaps that some adolescents may be able to take a more depersonalised approach as they get older and encounter a range of different views and experiences.

In terms of ideas around growth following trauma, most of the participants talked about  some of the more positive aspects for their development that the experience of domestic violence had created in shaping who they had become, which is again consistent with previous research (Calhoun & Tedeschi, 2006).  Some of the narratives brought by the adolescents were consistent with the broad themes posited by Calhoun & Tedeschi for growth: namely 'outlook on life', 'experience of relationship' with others and 'perception of self.'  A review of studies on post traumatic growth (PTG) and adult survivors of DV suggested that qualitative studies elicited themes which also broadly fell in these areas (Elderton, Berry and Chan, 2017).  However, adults' accounts according to the review showed a greater range of the subthemes of PTG.  For example, the adolescents in this study did not discuss the theme of helping others, taking up activist roles, or the role of faith in their lives.  These differences might reflect the age of the participants and cultural differences in a UK population (most studies reviewed were from the U.S.)  Clearly, however, as with adults, the role of experiences in shaping the life narrative of adolescents suggests that self-reliance and strength can be gained through the process of coping with domestic violence and that being distressed about events does not preclude some emotional growth and change. This positive meaning making, however, has to be

viewed in the context of all participants having severe enough need for mental health intervention to be under the care of a mental health team. Therefore, their attempts at re-interpreting their experiences may be in the early stages of understanding.

In thinking about PTG, one important area is that of rumination about experiences. In a review of constructive versus unconstructive repetitive thought, Watkins (2008) identifies key components that might distinguish repetitive thoughts that are helpful to mood and behaviour to those that are unhelpful. He identifies aspects of the thoughts which might result in poor outcomes (depression, anxiety and physical health problems) with those that might result in more positive outcomes (successful processing of stress, loss and trauma; adaptive preparation and planning; recovery from depression; increase in health promoting behaviours.) Watkins reviewed research in the area and concludes that several aspects of repetitive thought are associated with or predictive of the impact of that thought. For example, valance of the thought (e.g. optimistic or pessimistic content) and the construal of the thought (if it is related to high level abstract concepts such as laziness, or more concrete concepts such as tiredness) will have different impacts - with high level abstract constructs having the worst impacts on emotions. Watkins concludes that the best theoretical explanation of the interaction between variables affecting the outcome of repetitive thought is an expanded version of Control Theory (e.g. Carver and Sheier, 1982). This theory posits that individuals are constantly evaluating their behaviour (including thoughts) with their own set of goals and beliefs. When there is a discrepancy between a goal or belief, repetitive thought might be triggered to facilitate progress towards an unresolved goal. Watkins expands the theory

to consider for example why a focus on abstract versus concrete goals may have different outcomes depending on the valance of the thought.

The accounts that the adolescents gave showed examples of different types of valance in the thoughts they had about the DV and their eventual goal of being safe. For example: "Some ways I think well he ruined that part of my life but he's not going to ruin this part." (Rebecca, p. 8, l. 416) in comparison with "it was my fault because of my condition", (Craig, p. 17, l. 886).  There was also some evidence of contrast between abstract and more concrete goal settings: for example, "get on with your life.  Don't let your past destroy you" (Anne, p. 16, l. 871) contrasting with "When I have a kid… I'd take him out more and be there for him". (Carl, p.14, 1. 711).  These differences in wishes for the future, suggest that there are naturally occurring differences in valances in adolescents' accounts which might be explored and developed further in helping young people process their experiences in a way that allows them to move on with their lives in more positive ways.

### Clinical implications

The research generated some clinical implications and dilemmas for clinicians.  These implications are explored below.

Given the chronic fear and confusion that these adolescents have experienced, interventions will need to strive to promote the young person's feelings of safety and security.  In addition, predictability and clear boundaries should be particularly attended to when working with these adolescents in order not to replicate their often chaotic home lives.  A problem with mental health services in the UK is that services are often configured around 'pathways' which are largely related to a particular diagnosis.  The adolescents in this study showed symptoms which would have fallen under a number of

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different diagnoses (e.g. anxiety, depression, PTSD, aggressive behaviour) and are likely therefore to need services that take on a more holistic understanding of how DV can affect a number of different developmental areas.

The growing literature on interventions for these adolescents, as well as that on resiliency and risk factors (e.g. Martinez-Torteya, Bogat, von Eye & Levendosky, 2009) suggest that family approaches are an important area for intervention.  Interventions that target both the primary caregiver as well as the young person are seen to be most effective (e.g. Chamberlain, 2014).  However, some of the adolescents in this study seemed to take on carer/ parentified roles with younger siblings or even with their mothers which may in fact have increased their resilience, and working with these learned family structures in adolescence is likely to need specialist family therapy interventions.

In terms of individual work, an understanding of the nature of the adolescents' meaning making within existing theory would suggest that some types of rumination/ repetitive thoughts are more helpful than others.  For example, attention should be made to the valance of the thought in adolescents as well as the types of goals the adolescents are bringing to therapy.  Where there is depressive valance, Watkins (2008) review, suggests that more attention should be paid to concrete and specific goals, or if the goals are unattainable then adolescents should be helped to abandon them.  For example, a young person who attempts to stop the violence by trying to be 'compliant' as Rebecca did in this study is likely to fail and might need to adopt another goal of keeping themselves out of the way if violence starts.  On the other hand, the work on post-traumatic growth suggests that positive valence might be related to higher more abstract

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thoughts such as recognising a new personal strength, or a different quality of relationship with others and so these types of valence should be explored and encouraged where they exist.

The current findings, also indicate that participants were experiencing symptoms consistent with trauma, and therefore models developed to treat trauma responses and/or, PTSD may be useful.  The overarching goal may be to help the young person integrate their experiences in an adaptive manner and for therapists to work with the young person to manage their symptoms.  Therapeutic models, such as specially adapted Trauma Focused Cognitive Behavioural Therapy, have shown improvements in arousal and avoidance symptoms of PTSD even when adolescents are still experiencing DV (Cohen, Mannarino & Iyengar, 2011).  This summary of projects in the USA show that positive work can be carried out even when domestic violence is still present in the families by working closely with the non-abusive parent as well as the young person, by having clear safety plans, and by helping adolescents not over-generalise their fears from specific incidents to generalised anxiety.  The young people in this paper were no longer experiencing domestic violence, but our clinical experience of the NHS in the UK is that adolescents are often rejected for psychological work on the grounds that they need to be made safe before treatment can start.  However, this may never happen for some adolescents and therefore more focus needs to be put on treatment options for adolescents and families still living trauma saturated lives.

### Research Implications.

This study raises a number of questions that could be addressed in future research:

The applicability of the findings to other adolescents who have been exposed to domestic violence could be established using quantitative methodology, especially in

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relation to non-clinical samples and with a range of different cultural and ethnic groups. Sumter (2006), among others, explores the problems with providing services which are based on the needs of a dominant culture and do not take into account that minority cultures may have different experiences and beliefs which mean that they may differ in how and for what they seek help.

Following from Grych et al.'s (2000) study of mediating variables that might affect outcome, this study suggested that young people may take a range of 'blame' positions in order to make sense of DV. Two types of blame that would be interesting to follow through with larger numbers is blaming the victim (usually the mother) for the violence, and the other is finding reasons to understand the perpetrator's violence that remove some blame (e.g. in understanding their father's behaviour because of a difficult childhood.) Grych and Fitcham's model would suggest that these types of blame (by not being self-blame) may be less associated with internalising problems. However, these other types of blame may be linked to problems with maintaining family relationships, which otherwise might be a protective factor (Graham-Bermann et al., 2006). A deeper exploration of different types of blame therefore might link two different types of research – that on self-blame and that on relationships with non-violent parents being a protective factor.

The research on the possibility of posttraumatic growth in adolescents is often limited in the context of trauma experienced by a young person within a safe home environment (e.g. Salter & Stallard, 2004.) All the adolescents in this study were not experiencing DV at the time of the interviews and therefore further research should explore if it is still possible to develop post-traumatic growth narratives when adolescents

are still experiencing the trauma of DV.  Equally, Tedeschi and Calhoun, 2004, describe

trauma as a major life crises which challenge individual's assumptions about the world

(for example that they are safe, or that generally people are good).  Some of these

participants grew up in a violent world, and seemed to have developed different world

assumptions (such as violence being normal).  Although there were clear symptoms of

PTSD articulated amongst the participants, they also presented in ways that evoked the

idea of 'developmental trauma'.  For example, Van der kolk and colleagues in a review

of the literature (D'Andrea, Stolbach, Ford, Spinazzola and van der Kolk, 2012 ) suggest

that adolescents with a history of interpersonal abuse have a distorted sense of control,

negative cognitive styles and distorted attributions about themselves (all symptoms that

were suggested in the young peoples' accounts in this research).  It is likely that

adolescents who have experienced DV from an early age have assumptions about the

world that are distorted from the start and the road to recovery may take a different path

from those who had a reasonably safe childhood which later gets disrupted by DV.  The

small sample size in this research did not allow for comparisons, but studies with larger

samples could compare positive growth trajectory between groups.

Further research needs to also focus on some of the hypotheses presented by

Watkins (2008) and its relation to DV.  For example, longitudinal studies could explore

whether adolescents' goals and desires change with time from more abstract to more

concrete goals and if this change relates to greater recovery. The young people in this

study were interviewed at one time point, and although they did talk about different

thoughts and ideas retrospectively, it would have been helpful to explore changes in

appraisals over time by offering in-depth interviews at different time points.  In addition,

it would be important to interview adolescents from a variety of cultures to explore the nature of their understanding of domestic violence and how this understanding might differ between cultures.  For example one participant (Carl) from a working class background had developed an understanding of violence as being acceptable as a strategy (for example his grandfather being violent to stop the DV).  However, he still felt that violence against female partners was totally unacceptable. Research with a more diverse population could explore young people's experience and understanding of violence and if this ethical stance against DV was true across cultures even when violence is more the cultural norm than it was for the young people in this study.

## Conclusion

This study has shown that these adolescents who have experienced domestic violence were able to talk in depth about what they have understood of their life events, and were able to reflect in a meaningful manner about their experiences.  This depth allows clinicians and researchers to begin to use real clinical data to appraise ways of working with adolescents who have experienced DV, and to consider the usefulness of different theoretical models related to trauma, appraisal of trauma and growth from trauma which in turn will increase our understanding of the needs and ways of helping more adolescents who have a history of these difficult experiences.

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