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Running Head: CHILDREN AND DOMESTIC VIOLENCE

Understanding Children's Exposure to Domestic Violence: A Review of the Literature Situational-Contextual Factors that Mediate the Impact of Exposure of Domestic Violence on Children: A Retrospective Study of Adult Women Residing in Perth

Kristy Lee O'Bryan

A report submitted in Partial Fulfilment of the Requirements

for the Award of Bachelor of Arts Honours.

Faculty of Computing, Health and Science

Edith Cowan University

October 2008

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I would like to express my deepest gratitude and appreciation to the women who participated in this study because without your courage and brevity, this research project would remain incomplete. Your experiences have provided valuable insight into the diverse experiences of children living in a home with domestic violence. The information you have provided has highlighted the importance of conducting research in this area. Your support and encouragement has been immeasurable and I wish you all the very best for the future.

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Running Head: CHILDREN AND DOMESTIC VIOLENCE

Understanding Children's Exposure to Domestic Violence:

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August 2008

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Abstract

Based on the available theoretical and empirical research literature, this review examines the complexity of children's exposure to domestic violence. In addition to identifying numerous theories which have been used in the literature to help understand how exposure to domestic violence may affect children's adjustment and functioning, this review provides an in depth overview of the research investigating the short and long-term impact of domestic violence exposure on children and young people. Despite the consistent finding across studies that children's witnessing of domestic violence is associated with a host of psychological, social and behavioural problems, there is also evidence in the literature to suggest that the majority of children who witness domestic violence do not demonstrate any adverse consequences. Contextual factors which may explain the variability in children's responses to domestic violence have been identified and summarised, together with protective factors which may contribute to children's resiliency following domestic violence exposure. Definitional and methodological limitations of the literature are discussed, together with suggestions for future research in this area.

Kristy O'Bryan

Associate Professor Lynne Cohen

August 2008

Understanding Children's Exposure to Domestic Violence: A Review of the Literature

Over the past several decades, researchers, public health officials and policy makers have identified that domestic violence is a widespread social problem in Australia, which costs the Australian community billions of dollars each year due to the health, social and economic impact it has on the victims, perpetrators, their families and friends, work and community organisations, the government and the wider community (Access Economics, 2004; Laing & Bobic, 2002). Although there is no standard definition in the literature, the term "domestic violence" is typically used to refer to physical violence perpetrated by one person against another, often within an adult intimate relationship (Fantuzzo & Mohr, 1999). Domestic violence, however, is not limited to physical violence alone (Fantuzzo & Mohr, 1999). For example, the Partnerships Against Domestic Violence Statement of Principles defines domestic violence as follows:

> Domestic violence is an abuse of power perpetrated mainly (but not only) by men against women both in a relationship or after separation. It occurs when one partner attempts physically or psychologically to dominate and control the other. Domestic violence takes a number of forms. The most commonly acknowledged forms are physical and sexual violence, threats and intimidation, emotional and social abuse and economic deprivation (cited in Laing, 2000, p. 1).

Accurately estimating the prevalence or incidence of domestic violence is often difficult due to the methodological limitations in the research and the underreporting of domestic and family violence to police and community, health and family services, however, several studies have found that these rates are significantly high (Carlson, 2000; Edleson, 1999; Laing, 2000; McGee, 1997). In surveys conducted worldwide between 1988 and 1992 it was found that between 10% and 50% of women reported experiencing physical assault by an intimate male

partner at some stage throughout their lifetime (Heise, Ellsberg, & Gottemoeller, 1999). Furthermore, in the International Violence against Women Survey (IVAWS) it was reported, that over a third of Australian women who had ever had an intimate partner, experienced at least one form of violence during their lifetime (Mouzos & Makkai, 2004).

Although women are the primary victims of domestic violence, research suggests that other family members, in particular the children of abused women, are also the victims of such violence (Forsstrom-Cohen & Rosenbaum, 1985). In a report commissioned by the Australian Institute of Criminology, Young Australians and Domestic Violence (Indermaur, 2001), 14% of the 5000 young people surveyed reported having witnessed physical violence between their parents, whilst a further 41% reported having witnessed physical violence between their mother and her intimate partner. In addition, Carlson (2000) conservatively estimated that between 10% and 20% of children are exposed to domestic violence in the United States of America (USA) each year, which means that approximately 3.3 million to 17.8 million young people are subjected to domestic violence at some stage in their childhood or adolescence.

Since the mid 1980s, when researchers first began to examine the impact of witnessing domestic violence on children (Carlson, 2000; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003), both clinical and empirical investigations have consistently demonstrated that children exposed to domestic violence are at a greater risk of developing a wide range of internalising and externalising behavioural problems compared to children who do not have a history of being exposed to domestic violence (Edleson, 1999; Fantuzzo, DePaulo, Lambert, Martino, Anderson, & Sutton, 1991; Jouriles, Murphy, & O'Leary, 1989; Margolin & Gordis, 2000; Mathias, Mertin, & Murray, 1995; Rudo, Powell, & Dunlap, 1998). However, there is also evidence in the literature to suggest that not all children who witness domestic violence experience these negative and harmful effects (Hughes & Luke, 1998; Jouriles, Barling, &

O'Leary, 1987). These findings demonstrate that the relationship between exposure to domestic violence and child adjustment is a complex issue, which involves not only the nature and extent of the violence exposure but also several other contextual factors, including family relationships and the personality characteristics, emotional responses and coping strategies of the children involved (Carlson, 2000; Edleson, 1999; Kolbo, 1996; Laing, 2000).

The purpose of this paper therefore, is to explore the issue of children and young people's exposure to domestic violence. The first section of this review will present the current frameworks and theoretical perspectives employed by researchers in an attempt to understand how domestic violence exposure impacts on the development and functioning of children. Section two outlines the methodological limitations of the research. Section three provides an overview of the childhood and adolescent problems associated with exposure to domestic violence. This section will also summarise the long-term effects of being exposed to domestic violence in childhood, with a particular focus on the intergenerational transmission of violence theory. In section four, several mediating factors that may help to explain the variability in the impact of domestic violence exposure on children will be discussed. The final section of this paper will discuss protective factors, which may contribute to children's resilience following exposure to domestic violence.

Theoretical Perspectives

Over the years, several theoretical perspectives and frameworks have been used to understand and explain the mechanisms by which childhood exposure to domestic violence may affect children's short and long-term adjustment (Carlson, 2000; Fowler & Chanmugan, 2007). In earlier studies, social learning theory was exclusively used to explain how domestic violence exposure negatively impacted on the psychological functioning of children (Carlson, 2000). Social learning theory posits that during development, children learn by observing and modelling the behaviour of significant others (Bandura, 1973; 1977) and therefore, witnessing

physical aggression in the family home, for example, may compel a child to act in a defiant and aggressive manner (Carlson, 2000; Fowler & Chanmugan, 2007).

Critics have argued however, that whilst social learning theory may explain why some children exposed to domestic violence display higher levels of aggression compared to those children who have no witnessing history, it cannot explain the other outcomes experienced by children who witness violence in the family home, such as depression, anxiety, low self-esteem and post-traumatic stress disorder (PTSD) (Fantuzzo et al., 1991; Huth-Bocks, Levendosky, & Semel, 2001; Mathias et al., 1995; O'Brien, Bahadur, Gee, Balto, & Erber, 1997; Reynolds, Wallace, Hill, Weist, & Nabors, 2001; Sternberg et al., 1993). Accordingly, researchers have applied several other theoretical frameworks to conceptualise the effects of childhood exposure to domestic violence.

The cognitive-contextual framework developed by Grych and Fincham (1990) has been used to explain how children's appraisals of marital discord mediate the effects on their short and long-term adjustment. Specifically, Grych and Fincham (1990) proposed that the effects of verbal conflict in the family home on children's adjustment is largely determined by the child's level of understanding of the conflict, including its intensity, duration, content and resolution and contextual factors, such as the setting in which the conflict occurred. Further, the child's gender, age and personality characteristics as well as their cognitive processing of the conflict, including the child's level of perceived threat, attribution and coping efficacy are also believed to determine how children are affected by marital conflict (Grych & Fincham, 1990; Grych & Fincham, 1993; Fosco, DeBoard, & Grych, 2007).

Fosco and his colleagues (2007) reformulated the cognitive-contextual framework to include the role that children's perceptions and appraisals of physical violence have on their short and long-term functioning as the original framework developed by Grych and Fincham (1990) was developed for marital discord only and did not account for physical violence in

the family home. The reformulated version of the cognitive-contextual framework placed more emphasis on children's perceived levels of threat during physical conflict as according to Fosco, DeBoard and Grych, physical violence presents a greater threat of immediate harm to the child and his or her victimised parent than verbal violence alone. Furthermore, Fosco and his colleagues focused on children's specific perceptions and interpretations regarding who is responsible for causing the violence, with most children either blaming themselves for the resulting conflict or, alternatively, for not being able to prevent the conflict from occurring in the first instance (Cummings, Davies, & Simpson, 1994; Fosco et al., 2007).

Taken together, both the original and reformulated versions of the cognitive-contextual framework have facilitated our understanding of the effects of witnessing family conflict and in particular, the development of children's internalising behaviour problems, such as anxiety and depression (Fowler & Chanmugan, 2007; Grych & Fincham, 1990; Rossman, Hughes, & Rosenberg, 2000). However, the reformulated version developed by Fosco and his colleagues (2007) appears to be a more appropriate framework for understanding how domestic violence exposure affects children's short and long-term adjustment (Levendosky, Bogat, & von Eye, 2007). The revised version specifically takes into account children's responses to witnessing physical violence in the family home, whilst the original framework developed by Grych and Fincham (1990) only takes into account children's responses to family conflict in the context of verbal aggression (Fosco et al., 2007; Grych & Fincham, 1990).

The stress and coping perspective of Lazarus and Folkman (1984) has been the most commonly used theory to explain how the coping strategies used by children in response to violence in the family home can impact on their overall functioning. Lazarus and Folkman define coping as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of a person" (Lazarus & Folkman, 1984, p. 141). Therefore, based on this perspective, the way in

which children respond to, and cope with, exposure to domestic violence determines how they adapt to the situation in the immediate, short and long-term and whether they experience any adverse outcomes as a result (Rossman et al., 2000).

Developmental psychopathology and risk and resilience frameworks have also been used to explain why some children are more vulnerable to experiencing negative outcomes following domestic violence exposure than other children who also have a witnessing history (Carlson, 2000; Fowler & Chanmugan, 2007; Gewirtz & Edleson, 2007; Graham-Bermann, 1998; Wolfe et al., 2003). These theoretical perspectives take into account several mediating and moderating contextual factors, which influence the effects of domestic violence exposure on children, such as the child's age and gender, the frequency, severity and chronicity of the violent episodes and the quality of family relationships and social support. Developmental psychopathology and risk and resilience frameworks also consider the presence and absence of risk factors, including low socioeconomic status and parental mental illness and substance abuse (Gewirtz & Edleson, 2007; Margolin & Gordis, 2000).

Another theory to emerge from the children and domestic violence literature is that of trauma theory (Graham-Bermann, 1998; Lieberman & Knorr, 2007; Rossman et al., 2000). According to the Diagnostic and Statistical Manual of Mental Disorders; fourth text revised edition (DSM-IV-TR); (American Psychiatric Association [APA], 2000), trauma involves the "direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person" (p. 463). Therefore, based on the above definition of trauma, witnessing domestic violence in the family home must be a significant source of traumatic stress for many children (Campbell & Lewandowski, 1997; Lieberman & Knorr, 2007).

The way in which children respond to, and cope with, a traumatic event largely depends on several environmental and situational factors, the characteristics of that child (e.g., gender, age and developmental stage), the child's perception, knowledge and understanding of the violence, the frequency and severity of the violence and the mother's response to the violent episode (Campbell & Lewandowski, 1997; Graham-Bermann, 1998; Lieberman & Knorr, 2007). However, from a trauma perspective, it is conjectured that children who experience traumatic events that involve the threat of serious injury, death or the psychological integrity of that child or another person may respond to that event with several behaviours, including recurrent and intrusive memories of the event (e.g., flashbacks), traumatic arousal and/or avoidance of activities, people and places associated with that event (APA, 2000; Carlson, 2000; Graham-Bermann, 1998; Lieberman & Knorr, 2007). Moreover, for many children, their immediate response to traumatic events is one of intense fear or helplessness, leaving them at risk for developing PTSD and other trauma symptomatology (APA, 2000; Campbell & Lewandowski, 1997; Laing, 2000; Lieberman & Knorr, 2007). The development of PTSD and post-traumatic symptoms in children exposed to domestic violence is discussed in greater detail in subsequent sections.

Several other theoretical frameworks and theories have been used in the literature to understand the impact of domestic violence exposure on children, such as emotional security theory (e.g., Cummings, Kouros, & Papp, 2007; Davies & Cummings, 1994), family systems theory (Rossman et al., 2000), attachment theory (e.g., Fonagy, 1999; Rossman, 1998; Wolfe, Wekerle, Reitzel-Jaffe, & Lefebvre, 1998) and relationship theory (Graham-Bermann, 1998) as well as numerous ecological explanations (e.g., Levendosky & Graham-Bermann, 2001; Levendosky, Huth-Bocks, Shapiro, & Semel, 2003). However, the theories and perspectives outlined in detail in this section are the most commonly referred to in the domestic violence literature. Nevertheless, all of the theories mentioned here have enhanced our understanding

of how domestic violence may impact on children's adjustment and functioning (Rossman et al., 2000). The next section outlines past methodological limitations in the children and domestic violence literature.

Methodological Limitations of the Research

The interpretation of the empirical findings of many of the studies investigating the impact of domestic violence exposure on children's development should be approached with caution. In the literature there is concern regarding the inconsistent conceptualisation and operationalisation of the term 'domestic violence' (Jouriles, McDonald, Norwood, & Ezell, 2001; Levendosky et al., 2007). Whilst the various definitions used in the literature reflects both the complex and diverse nature of domestic violence as well as the factors involved in understanding its impact on children (Laing, 2000; Rossman et al., 2000), having no standard and consistent definition of domestic violence in the literature makes comparisons of findings across studies difficult (Levendosky et al., 2007). Accordingly, future studies conducted in this area should address this concern so that researchers can gain a clearer understanding of how domestic violence affects children and what factors may place one child at a greater risk of developing adjustment problems following exposure than another child (Levendosky et al., 2007).

Another consideration is the failure of researchers to identify in their studies the perpetrator of the violence as witnessed by the child (i.e., mother, father, stepfather or other male intimate partner) (Jouriles et al., 2001; Levendosky et al., 2007). Many of the studies conducted in the past, for example, have focused on domestic violence in the context of male-to-female violence, with female-to-male violence having largely been ignored (Levendosky et al., 2007). There is evidence, however, to suggest that a large proportion of women perpetrate violence against their male intimate partners (Straus, 2005; Straus & Gelles, 1986). Often in the literature the terms 'women abuse' and 'wife battering' are used synonymously with the

terms 'spousal abuse', 'marital violence', 'domestic violence', 'family violence', 'marital aggression', 'intimate partner violence', 'interparental violence', 'interparental violence' and 'spousal violence' (Jouriles et al., 2001). The use of these terms interchangeably makes it difficult to accurately report the prevalence and incidence of domestic violence and limits our understanding of the exact nature of the effects witnessing domestic violence has on children (Jouriles et al., 2001; McGee, 1997).

A further definitional issue in the literature concerns the use of the terms 'expose' and 'witness' when reporting on children's exposure to domestic violence (Jouriles et al., 2001 Rudo et al., 1998). Many researchers examining children's experiences of domestic violence fail to differentiate between those children who have been directly exposed and those children who have been indirectly exposed to violence (Holden, 1998). For example, children may be exposed to physical violence in the family home as victims (direct exposure) or they may be exposed to physical violence as witnesses (indirect exposure) (Rudo et al., 1998; McGee, 1997). Indirect exposure to physical violence can occur in many forms, including the child being physically present during the violent incident, the child overhearing the violence occur from another room or the child witnessing the aftermath of the violence (e.g., the physical injuries sustained by their mother as well as emotional distress) (Attala & Summers, 1999; McGee, 1997).

Working with mothers and fathers and their 8 to 12 year old children, Sternberg and his colleagues (1993) reported that the effects of domestic violence on children's internalising and externalising behaviour problems varied in nature and magnitude depending on whether the child had been a victim of physical abuse, had witnessed physical violence between their parents or had both witnessed and been a victim of physical violence. In particular, Sternberg et al. found that children who were victims of physical abuse or victims of physical abuse and witnesses of physical violence reported more depressive symptoms as well as internalising

and externalising behaviour problems than children who witnessed physical violence only. The results of this study signify the importance of identifying the severity, chronicity and nature of domestic violence when understanding children's experiences of domestic violence and the impact it may have on their short and long-term functioning (Sternberg et al., 1993).

In addition to the abovementioned definitional concerns, there are several other methodological limitations within the children and domestic violence literature. These include sample population concerns (i.e., shelter samples vs. community samples, small samples) (Carlson, 2000; Feerick & Haugaard, 1999; Levendosky et al., 2007; Margolin & Gordis, 2000; Wolfe et al., 2003), procedural concerns regarding the measurement of violence (i.e., using parental reporting vs. child self-reporting) (Jouriles et al., 2001; Margolin, 2005) as well as the measures and measurement techniques involved in assessing adjustment and development (Jouriles et al., 2001; Rossman et al., 2000). Other issues include inadequately separating the co-occurrence of domestic violence from other adversities (i.e., physical and sexual abuse, child neglect and maltreatment) and/or failing to control for confounding variables, such as family background and socioeconomic status (Carlson, 2000; Feerick & Haugaard, 1999; Margolin, 2005; Margolin & Gordis, 2000; Wolfe et al., 2003) as well as a lack of longitudinal research designs (Carlson, 2000; Holden, 1998; Levendosky et al., 2007; Margolin, 2005) and theoretically driven research (Holden, 1998; Wolfe et al., 2003).

Nevertheless, despite these methodological concerns within the literature, the finding that exposure to domestic violence leads to a greater risk of developing adverse behavioural, psychological and social outcomes in children remains consistent across studies. Moreover, in recent years, investigators have been able to make significant advances in research by improving the design and methodology of their studies when investigating the impact of domestic violence on children (Rossman et al., 2000). The short, medium and long-term effects of exposure to domestic violence are discussed in the next section.

Short and Long Term Effects of Witnessing Domestic Violence

Effects of Witnessing Domestic Violence on Children

Recent reviews and meta-analyses of the literature indicate that children's witnessing of domestic violence is associated with a variety of emotional and behavioural problems as well as impaired social and cognitive functioning (for reviews see, Rudo et al., 1998; Wolfe et al., 2003). In particular, studies using standardised measures to assess children's behavioural and emotional problems, such as the Child Behavior Checklist (CBCL) have found that children exposed to domestic violence are more likely to have internalising behaviour problems (e.g., depression, somatic complaints and anxiety) and externalising behaviour problems (defiant behaviour, aggressiveness and attention difficulties) as well as lower social and intellectual functioning compared to children from nonviolent homes. For example, Hughes (1988) found that children who had been victims of, as well as witnesses to, domestic violence exhibited more externalising and internalising behaviour problems than children raised in nonviolent homes. Moreover, Hughes (1988) found that children who had witnessed physical violence alone fell midway between these two groups.

Another study by Fantuzzo and his colleagues (1991) found that preschool children exposed to both verbal and physical violence in the family home showed higher levels of conduct problems and emotional problems than the control children who had experienced neither verbal nor physical violence in the home. Moreover, the authors found that children who were exposed to verbal and physical violence and living in shelter residency showed a distinct set of behavioural and social problems, including lower levels of social functioning and perceived maternal acceptance as well as clinical levels of conduct problems and high levels of emotional problems.

In a study conducted in Australia, Mathias, Mertin, and Murray (1995) found children of mothers living in shelter residency exhibited borderline to severe levels of behavioural

problems, below average adaptive behaviour skills and reading comprehension and accuracy skills that were more than one year below their chronological age. In addition, a comparison was made between shelter-resident children exposed to domestic violence and children with no witnessing history. The authors found that shelter-resident children were at a greater risk of developing more emotional and behavioural problems than the comparative children, as well as exhibiting a substantially reduced tendency to choose aggressive responses to solve conflict. This finding appears to be somewhat inconsistent with the earlier research literature regarding children and domestic violence which suggests that children exposed to domestic violence are at a greater risk of exhibiting elevated levels of aggression (Fantuzzo et al., 1991; Hughes, 1988).

Similar results were reported by McFarlane, Groff, O'Brien, and Watson (2003) in a study comparing the behaviours of black, white and Hispanic children aged 18 months to 18 years who were exposed to domestic violence with a comparison group of children who had no witnessing history. The researchers found that based on maternal self-reporting, children who resided in homes where domestic violence was present demonstrated more externalising (attention problems, aggressive behaviour and rule-breaking actions), internalising (anxiety, depression, withdrawal and somatic complaints) and overall behaviour problems than children who were not exposed to domestic violence.

Finally, although limited research has been conducted in the area of PTSD and domestic violence exposure, initial research findings have provided evidence to suggest that children exposed to domestic violence are at risk of developing PTSD and traumatic stress symptoms (Carlson, 2000; Jaffe, Wolfe, & Wilson, 1990; Laing, 2000; Margolin & Gordis, 2000; Rossman, 2001). According to the DSM-IV-TR, PTSD is an anxiety disorder that occurs as a direct result of experiencing a traumatic event or episode (Graham-Bermann & Levendosky, 1998). The criterion for a diagnosis of PTSD involves three types of symptoms; avoidance,

re-experiencing and hyperarousal (APA, 2000). As outlined in the DSM-IV-TR, a person must experience at least one re-experiencing symptom, three avoidance symptoms and two hyperarousal symptoms to meet the criteria for a PTSD diagnosis. These symptoms must also persist for a period of at least one month following exposure to the traumatic event and the disturbance must cause significant distress or impairment in other areas of functioning (APA, 2000; Graham-Bermann & Levendosky, 1998).

Studies of children and domestic violence trauma have demonstrated that a considerably large proportion of children exposed to domestic violence exhibit symptoms of post traumatic stress; with a smaller number fulfilling the diagnostic criteria for PTSD (Graham-Bermann & Levendosky, 1998). For example, Levendosky, Huth-Bocks, Semel, and Shapiro (2002) found that children exposed to domestic violence, or who live in homes with domestic violence but do not witness it directly, suffer from symptoms of PTSD. In particular, it was noted that 85% of the preschool children in their sample had at least one re-experiencing symptom, 3% had at least three avoidance symptoms and 39% of the children had at least two hyperarousal symptoms. These figures are based on the PTSD-PAC, which is an 18-item measure of PTSD symptoms in preschool children derived from the DSM-IV-TR criteria for PTSD symptoms. It is worth noting, however, that when the authors used the PTSD scale from the CBCL to assess trauma symptoms in the same sample of children, these figures were considerably higher, i.e., 92%, 47% and 91%, respectively.

In a recent study, Spilsbury and his colleagues (2007) found that in relation to domestic violence exposure, children's increased perceived control over the event and, in particular, perceived threat to personal safety, were associated with greater odds of clinically significant levels of several trauma symptoms in a non-clinical sample of children aged 5 to 17 years. Moreover, the authors found that the co-occurrence of witnessing domestic violence and direct physical violence led to increased odds of that child reaching clinically significant

levels of traumatic symptoms compared to children who had witnessed domestic violence only.

Finally, Saltzmann, Holden, and Holahan (2005) conducted a study to examine the psychobiology of children aged 5 to 13 years who had been exposed to domestic violence. The researchers found that the community sample of children exposed to domestic violence exhibited elevated levels of trauma symptoms compared to the clinical comparison group who had not witnessed domestic violence. Furthermore, the children who had been exposed to domestic violence differed significantly in both hypothalamic pituitary adrenal (HPA) axis and sympathetic nervous system functioning than the children in the comparison group. In particular, the children exposed to domestic violence had higher heart rates and salivary cortisol levels than the children without domestic violence exposure.

This latter finding is consistent with previous research on adult trauma and PTSD, wherein researchers have found that a prolonged emotional dysregulation state in response to repeated exposure to traumatic stress causes negative physiological consequences such as changes in functioning of the HPA axis and several neurotransmitters including adrenalin, noradrenalin, serotonin, glucocorticoids and endogenous opiates (Rossman, 1998; Rossman, 2001). However, as the findings of Saltzman et al. (2005) are preliminary, further research needs to be conducted in this area to enable a deeper understanding of how repetitive trauma exposure effects children's psychobiological functioning and overall brain development and whether those changes in functioning are similar to those exhibited by adults who have been exposed to chronic trauma (Rossman, 1998; Rossman, 2001; Saltzman et al., 2005).

Although the studies reviewed above provide evidence that children who witness domestic violence experience numerous behavioural and emotional problems as well as impaired cognitive and social functioning and PTSD and post-traumatic symptoms than children from non-violent homes, there does appear to be some disagreement in the literature

concerning the exact relationship between witnessing domestic violence and its impact on children's adjustment (Jaffe, Wolfe, & Wilson, 1990; Laing, 2000). One explanation for this may be the methodological approaches of the research conducted in this area. For example, several studies rely on the maternal reporting of children's behaviour problems, however, researchers such as Sternberg and his colleagues (1993) and O'Brien, Bahadur, Gee, Balto, and Erber (1997) have found that the association between childhood exposure to domestic violence, child coping and child adjustment differed depending on who was reporting on the child's adjustment (i.e., children's self-reporting or parental reporting).

Furthermore, as previously mentioned, many studies fail to adequately define domestic violence and/or separate the co-occurrence of witnessing domestic violence from other serious adversities (e.g., sexual and physical abuse, maltreatment or neglect). Failing to address these methodological issues and concerns may impede our understanding of the impact of domestic violence exposure on children's adjustment, particularly as several researchers have found that children exposed to more than one type of violence or adversity are at greater risk of exhibiting heightened levels of maladjustment than those children exposed to domestic violence exclusively (O'Brien, Margolin, & John, 1995; Sternberg et al., 1993).

There is a further methodological issue related to sampling, with many studies examining children who reside in women's shelters (Attala & Summers, 1995; Christopoulos et al., 1987; Fantuzzo et al., 1991; Hughes, 1988; Levendosky et al., 2003; Mathias et al., 1995; McCloskey, Figueredo, & Koss, 1995). Whilst several of these studies use comparison groups to validate their research findings (Rossman et al., 2000), it has been noted that shelter-resident children may not be an accurate representation of all children affected by domestic violence because only a small minority of women who experience domestic violence actually seek assistance from these services (Laing, 2000). Furthermore, many of the children who reside in women's shelters experience more severe and chronic forms of

domestic violence as well as a greater number of stressful situations or events, including major disruptions in every day functioning, rendering them more vulnerable to developing significant emotional, behavioural, cognitive and social problems (Laing, 2000). Therefore, future studies examining the impact of domestic violence on children's adjustment should continue to address the current methodological concerns and limitations in the literature.

Effects of Witnessing Domestic Violence on Adolescents

There is a paucity of research examining the impact of witnessing domestic violence during adolescence (Von Steen, 1997). Nevertheless, existing research (e.g., Bourassa, 2007; Davies & Lindsay, 2004; Fergusson & Horwood, 1998; Haj-Yahia, 2001; McCloskey & Lichter, 2003; Moretti, Obsuth, Odgers, & Reebye, 2006) has demonstrated that domestic violence exposure during adolescence results in the same risk of developing behavioural, psychological and social problems as witnessing domestic violence during childhood. The most frequently cited adjustment problems experienced by adolescents exposed to domestic violence are depression (Forsstrom-Cohen & Rosenbaum, 1985; Hindin & Gultiano, 2006), hopelessness, low self-esteem, psychological adjustment problems (Haj-Yahia, 2001) and anxiety (Forsstrom-Cohen & Rosenbaum, 1985) as well as delinquent, aggressive and anti-social behaviours (Baldry, 2007; Forsstrom-Cohen & Rosenbaum, 1985; Maxwell & Maxwell, 2003).

Using a retrospective research design to examine the relationship between exposure to domestic violence in childhood and rates of psychosocial adjustment in young adulthood, Fergusson and Horwood (1998) reported that domestic violence exposure, in particular, father-to-mother violence, was associated with later increased risks of developing adjustment problems such as anxiety, conduct disorder, problems with alcohol and criminal offending. Furthermore, consistent with previous research on the co-occurrence of domestic violence and child abuse, exploratory studies (e.g., Bourassa, 2007; Davis & Carlson, 1987; Hughes, 1988;

Sternberg et al., 1993) have reported that whilst exclusive domestic violence exposure is associated with psychological and behavioural maladjustment in children, the probability of experiencing these deleterious effects is often greater with the co-occurrence of both domestic violence and child physical abuse.

Using a sample of adolescents known to child protective services, Pelcovitz and his colleagues (2000) noted that 12 to 18 year olds exposed to both domestic violence and child physical abuse were at a greater risk of experiencing psychiatric disorders such as depression, separation anxiety disorder, PTSD and oppositional defiant disorder as well as generalised anxiety and dysthymia. Similarly, in a later study examining the co-occurrence of domestic violence and child physical abuse, Bourassa (2007) found that adolescents exposed to both domestic violence and child physical abuse are at a greater risk of displaying internalising (i.e., anxiety and depression) and externalising (i.e., aggression) symptoms than adolescents living in a family environment with no history of domestic violence or physical abuse. The authors also reported that whilst the co-occurrence of domestic violence and child abuse was linked with greater levels of externalising and internalising symptoms falling within the clinical range more frequently, a significant number of teenagers and young adults from violent homes were not exhibiting adjustment problems at clinical levels. These findings suggest that not all children and adolescents who are exposed to domestic violence and physical abuse experience adjustment problems.

Long Term Effects of Witnessing Domestic Violence

Surprisingly, little research has been conducted examining the long-term adjustment of witnessing domestic violence during childhood. Of those studies which have considered this issue, many have not examined exposure to domestic violence exclusively. Instead they have investigated the long-term impact of being exposed to cumulative childhood stressors and abuse, including sexual abuse, witnessing domestic violence, parental substance abuse and

parental rejection (Edwards, Holden, Felitti, & Anda, 2003; Leitenberg, Gibson, & Novy, 2004; Maker, Kemmelmeier, & Paterson, 1998). Nevertheless, as many children exposed to domestic violence also experience more than one form of adversity, these studies still provide valuable insight into the complexity and multifaceted nature of domestic violence as well as the long-term adjustment of children who have been exposed to adverse and/or violent childhood experiences (Knickerbocker, Heyman, Smith Slep, Jouriles, & McDonald, 2007).

Researchers have found that children who are dually exposed to domestic violence and child abuse, neglect or maltreatment, report experiencing poorer mental health (Edwards et al., 2003), more symptoms of PTSD (Feerick & Haugaard, 1999), poorer coping strategies (Leitenberg et al., 2004), depression, trauma symptoms and antisocial and suicidal behaviours (Maker et al., 1998) as well as distress and current conflict in relationships (Lang, Stein, Kennedy, & Foy, 2004) compared to children with no history of domestic violence exposure and/or child abuse, neglect or maltreatment. However, when family background and abuse variables are accounted for, it has been found that witnessing domestic violence appears to only be associated with symptoms of PTSD and current conflict in relationships (Feerick & Haugaard, 1999; Maker et al., 1998).

These findings are consistent with the few studies that have been conducted to examine whether the negative psychological outcomes experienced by children who have witnessed domestic violence persist into adulthood. For example, using self-report measures of anxiety, aggression and depression, Forsstrom-Cohen and Rosenbaum (1985) endeavoured to examine the effects of parental marital violence by comparing undergraduate students who witnessed marital violence to students without a witnessing history. The researchers found that both males and females exposed to parental marital violence exhibited higher levels of anxiety compared to those students with no witnessing history however, only females showed increased levels of both depression and aggression. Henning, Leitenberg, Coffey, Bennett,

and Jankowski (1997) reported that both males and females who had witnessed interparental physical conflict reported higher levels of current psychological distress when compared to a group of young adults who had never observed physical conflict between their parents. Taken together, the findings from these studies provide preliminary evidence to suggest that domestic violence exposure during childhood is associated with long-term psychological maladjustment in adulthood.

In addition, there is some evidence in the literature on marital violence to suggest that the most significant long-term effect of exposure to domestic violence is the intergenerational transmission of violence (Von Steen, 1997). The theoretical rationale for the transmission of violence across generations stems from social learning theory (Bandura, 1973; 1977). As previously discussed in this paper, from a social learning perspective, children learn to act out aggressive behaviour or, alternatively accept aggression as a normative behaviour within the family home by observing the aggressive behaviour of role models, such as parents (Bandura, 1973; 1977).

Studies conducted in this area of research have provided an inconsistent pattern of results regarding the association between exposure to domestic violence during childhood and the subsequent perpetration or physical victimisation of violence in adult relationships. In an early study, Kalmuss (1984) noted that witnessing one's father engage in physical aggression towards one's mother increases the likelihood that both males and females would be the victims and/or perpetrators of similar parental physical aggression.

Using a longitudinal design with a college sample of 17 and 18 year old women, White and Humphrey (1994) reported that witnessing parental aggression was a significant predictor of verbal aggression and witnessing and experiencing parental aggression was a significant predictor of physical aggression. Reporting on violent childhood experiences and the risk of intimate partner violence, Whitfield, Anda, Dube, and Felitti (2003) noted that among

women, being exposed to intimate partner violence during childhood increased the risk of intimate partner violence victimisation, and among men, exposure to domestic violence in childhood increased the risk of perpetrating intimate partner violence. They also noted that witnessing domestic violence during childhood increased the risk of interpartner victimisation and perpetration approximately two fold for both women and men. Similarly, working with an unselected sample of 543 children over 20 years, Ehrensaft and her colleagues (2003) found that exposure to domestic violence seemed to pose the greatest risk for being the victim of partner violence.

In contrast, working with an undergraduate sample, Jankowksi, Leitenberg, Henning, and Coffey (1999) found that witnessing only the same sex parent perpetrate marital violence increased the risk for perpetrating dating physical aggression; whereas witnessing both parents engage in marital physical aggression increased the likelihood of being the victim of dating aggression. However, using a sample comprising 36 male clients who had a history of domestic violence and had attended a counselling agency for therapy, Bevan and Higgins (2002) found that childhood neglect, as opposed to witnessing family violence, predicted levels of spouse abuse.

In their meta-analysis of research conducted between 1980 and 1997 on the intergenerational transmission of spouse abuse, Stith, Rosen, Middleton, Busch, Lundeberg, and Carlton (2000) concluded that there was a weak to moderate relationship between growing up in an abusive family and becoming involved in a violent marital relationship. In relation to gender effects, the authors noted from their review that witnessing interparental physical aggression increased the risk of men becoming the perpetrators of violence and women being becoming the victims of violence.

Finally, in a recent study, Fergusson, Boden, and Horwood (2006) reported that when partially confounding variables, such as family socioeconomic background, child physical and

sexual abuse, family functioning and child characteristics were controlled for, no significant associations were found between exposure to domestic violence in childhood and increased risks of violence perpetration or victimisation in intimate relationships in adulthood. Based on these findings, Fergusson and his colleagues concluded that associations between reported exposure to domestic violence in childhood and later violent acts against intimate partners in adulthood are weak and largely explained by the psychosocial context within which childhood exposure to violence occurred.

Accordingly, based on the findings from the studies reviewed above, and other research (e.g., Aldarondo & Sugarman, 1996; Alexander, Moore, & Alexander, 1991; Jackson, 1996; Kwong, Bartholomew, Henderson, & Trinke, 2003; Simons, Wu, Johnson, & Conger, 1995), it would appear that there is only a weak to moderate relationship between domestic violence exposure in childhood and being the perpetrator or victim of domestic violence in adulthood. Nevertheless, despite there being empirical evidence available to support the intergenerational transmission of violence theory (Alexander et al., 1991; Kalmuss, 1984; Kwong et al., 2003; Whitfield et al., 2003), it would appear from the literature (see Kaufman & Zigler, 1993; Stith et al., 2000; Widom, 1989; for a review) that the majority of children exposed to domestic violence do not go on to continue the cycle of violence and become perpetrators or victims of domestic violence in adulthood (Stith et al., 2000).

This section of the paper provided a detailed overview of the research examining the impact of domestic violence exposure on children, young people and adults. Although the existing literature shows that children exposed to domestic violence are found to develop a wide range of problems (e.g., Rudo et al., 1998; Wolfe et al., 2003), it is important to note that the research suggests that the majority of children exposed to domestic violence do not exhibit any adverse effects (Hughes & Luke, 1998; Jouriles et al., 1987; Laing, 2000). In recent years, therefore, researchers have begun to direct their attention towards identifying factors

that may mediate the impact of domestic violence exposure on children's adjustment and functioning (Carlson, 2000; Cummings et al., 1994; Edleson, 1999; Kerig, 1998; Margolin & Gordis, 2000). The next section will discuss factors that have been identified in the literature as either increasing or decreasing the effects of domestic violence exposure on children's adjustment.

Mediating Factors Influencing the Effects of Domestic Violence

As summarised above, research on children aged 3 to 18 years, as well as adults, has shown that witnessing domestic violence is associated with moderate to severe maladjustment problems. Nevertheless, there is also evidence in the literature to suggest that not all children exposed to domestic violence exhibit these negative and harmful effects. For example, Jouriles, Murphy, and O'Leary (1989) reported that approximately 50% of the children in their sample who were from maritally violent homes were not exhibiting problems at clinical levels. Furthermore, Hughes and Luke (1998) noted that approximately 60% of the shelter-resident children in their sample who had witnessed domestic violence did not manifest any problems. Subsequently, findings such as these have lead researchers to examine contextual factors that may account for the variability in impact of exposure to domestic violence on different children (Kolbo, 1996).

According to the current literature, these mediating variables can generally be divided into two main categories, child-related factors and situational-contextual factors (Hughes & Luke, 1998). Child-related factors refers to those variables, which pertain to the individual characteristics of the child and include age, gender, the child's cognitive abilities, problem-solving skills, temperament, self-esteem and emotional and behavioural regulation strategies (Fergusson & Horwood, 2003; Goldstein & Brooks, 2005; Hughes & Luke, 1998; Jaffe et al., 1990; O'Dougherty Wright, & Masten, 2005). Conversely, situational-contextual factors are those variables which arise from the quality of familial and social supports, the co-occurrence

of other adversities, perceived emotional climate in the family and past history of violence as well as variables which relate to the violence itself, such as its frequency, chronicity, severity, content and resolution (Carlson, 2000; Gewirtz & Edleson, 2007; Hughes & Luke, 1998; Margolin & Gordis, 2000). Several of these factors and how they have been identified in the children and domestic violence literature are discussed below.

Child Characteristics

Several studies have found that gender appears to mediate the extent to which children are affected by witnessing domestic violence, however this finding is somewhat inconsistent in the literature and not very well understood (Carlson, 2000; Edleson, 1999; Laing, 2000). For example, initial research findings regarding the differential gender effects of witnessing domestic violence showed that girls tended to exhibit more internalising behaviour problems whereas boys tended to exhibit more externalising behaviour problems (Jaffe, Wolfe, Wilson, & Zak, 1986). However, in a later study, Kolbo (1996) noted that exposure to domestic violence was significantly related to behaviour problems in girls only.

Forsstrom-Cohen and Rosenbaum (1985) reported that exposure to domestic violence was associated with increased levels of anxiety for both males and females; however, only females exhibited heightened levels of depression and anger. Haj-Yahia (2001) found that witnessing domestic violence had a similar impact on male and female adolescents aged 16 to 18 years with respect to psychological adjustment problems and low self-esteem. However, with respect to feelings of hopelessness, Haj-Yahia found that witnessing domestic violence had a stronger impact on females than males. Finally, Reynolds, Wallace, Hill, Weist, and Nabors (2001) reported that higher levels of symptoms indicative of post-traumatic stress were associated with greater numbers of depressive symptoms and lower self-esteem for boys who had witnessed domestic violence, however, this finding was not evident for girls who had also witnessed domestic violence.

Conversely, Henning, Leitenberg, Coffey, Bennett, and Jankowski (1997) reported that men and women are equally affected by witnessing domestic violence during childhood after having found that both males and females who witnessed domestic violence had more internalising difficulties, externalising behaviour problems and greater levels of general psychological distress compared to those without a history of domestic violence exposure. This finding was also supported by Fergusson and Horwood (1998) who concluded from the results of their longitudinal study of 18-year-old New Zealand adults that there is no evidence to support the notion that boys and girls exhibit differential responses to domestic violence.

The equivocal nature of the findings relating to gender effects in mediating the extent to which children are affected by domestic violence could result from several methodological limitations in the research. These may include the use of retrospective research designs and small sampling sizes and the failure to clearly identify and differentiate between those children who have witnessed domestic violence only from those children who have been directly abused and witnessed domestic violence. Also, failing to control for variables such as family background and socioeconomic status and using diverse measures to assess children's behavioural and emotional adjustment across studies may also result in mixed research findings.

Age Effects

The research findings in the literature regarding differential age effects have also been somewhat mixed. For example, Hughes (1988) noted that based on the reports of mothers, preschool children tended to exhibit more behaviour problems than children aged 6 to 12 years. In contrast, Holden and Ritchie (1991) found that children aged 2 to 5 years exhibited reliably fewer internalising problems, externalising problems and total number of problems compared to children aged 5 to 8 years.

However, despite these inconsistencies, there is evidence to suggest that children of differing ages exhibit a variety of responses to domestic violence exposure (Carlson, 2000; Gewirtz & Edleson, 2007). This conjecture is consistent with a developmental perspective, which proposes that as children get older their level of cognitive functioning becomes more sophisticated (Carlson, 2000). Therefore, it is assumed that older children, as opposed to their younger counterparts, will make better evaluations about why the violence is occurring and what they can do about it and engage in more effective coping and problem-solving strategies in response to domestically violent situations (Carlson, 2000; Fosco et al., 2007).

Finally, in their study of children's responses to angry adult behaviour as a function of marital distress and history of interparental hostility, Cummings and her colleagues (1989) found that the number of different responses to angry adult behaviour increased with the children's age. In particular, it was noted that as children get older they tended to respond with increased preoccupation, concern/social support seeking and social responsibility.

PTSD and Post Traumatic Symptomatology

There is also evidence in the literature to suggest that PTSD and post-traumatic symptoms may mediate the extent to which children are affected by witnessing domestic violence (Carlson, 2000; Margolin & Vickerman, 2007). Witnessing domestic violence may be associated with symptoms of PTSD, which in turn may predict children's internalising and externalising behaviour problems (Carlson, 2000; Levendosky et al., 2002) For example, Graham-Bermann and Levendosky (1998) found that children with PTSD symptoms had significantly more internalising and externalising behaviour problems on the CBCL compared to children without trauma symptoms. In a later study, Levendosky and his colleagues (2002) found that children with re-experiencing trauma symptoms in response to witnessing domestic violence had more externalising behaviour problems than children with either hyperarousal and/or avoidance trauma symptoms.

The Co-Occurrence of Exposure to Domestic Violence and Other Stressors

There is evidence in the literature to suggest that the co-occurrence of witnessing domestic violence and other stressors such as child physical and sexual abuse increases the risk of children developing behavioural and psychological problems (Rossman et al., 2000). Bourassa (2007) reported that the co-occurrence of domestic violence and child physical abuse had a significantly greater negative impact on behaviour than exposure to domestic violence only, with abuse-witnessing adolescents exhibiting more internalising and externalising behavioural symptoms falling in the clinical range more frequently. Fantuzzo et al. (1991) examined the effects of interparental violence on the psychological adjustment and competencies of children aged 3 to 6 years and found that exposure to verbal and physical violence plus shelter residency was associated with more social, psychological and behavioural problems than witnessing verbal and physical violence alone.

Finally, Edwards, Holden, Felitti, and Anda (2003) noted that based on their sample the co-occurrence of exposure to domestic violence, sexual abuse and/or physical abuse was considered the norm rather than the exception, with more than one third of their participants having experienced more than one form of maltreatment. In addition, it was reported that a dose-response relation was found between the number of types of maltreatment reported and mental health scores. As the number of abuse types increased, the men and women's mental health became poorer. This finding is consistent with the current risk and resilience literature whereby there is evidence to suggest that risk factors may have a cumulative effect and therefore children who are exposed to more than one risk factor (e.g., domestic violence exposure and physical abuse) may be at greater risk of developing both short and long-term adjustment problems (Fergusson & Horwood, 2003; Goldstein & Brooks, 2005).

Parent-Child Relationship

Research on the effects of domestic violence has also suggested that parent-child relationship factors may have a mediating effect on children's functioning (Carlson, 2000; Edleson, 1999; Jaffe, Wolfe, & Wilson, 1990; Rossman et al., 2000). It is frequently assumed that domestically violent relationships have a significant impact on the parenting capacity of the women involved, which in turn, has a negative impact on the children's development and functioning (Levendosky, Lynch, & Graham-Bermann, 2000). Specifically, it is conjectured that a mother's poor mental health is associated with increased parental stress and ineffective parenting skills; however the findings in relation to this are somewhat inconsistent (Gewirtz & Edleson, 2007). For example, Holden and Ritchie (1991) noted that for the women in their study, the amount of stress they experienced was positively related to the number and extent of behavioural problems exhibited by their children. In contrast, McCloskey, Figueredo, and Koss (1995) found that women's mental health problems did not mediate children's responses to domestic violence.

Furthermore, Levendosky and her colleagues (2000) reported that women from violent relationships believed that their partner's violence had negative effects on their parenting, however some women also believed that the violence had a positive impact, in so far as they "mobilised their resources to respond to the violence on behalf of their children" (p. 266). In a later study, Levendosky, Huth-Bocks, Shapiro, and Semel (2003) noted that whilst depressed mothers reported struggling with their parenting, other mothers appeared to be more effective and responsive parents to compensate for the effects of domestic violence.

Although the mother-child relationship has received a great deal of attention in the domestic violence literature, little is known about what effect the perpetrator's relationship to the child has on the child's adjustment (Gewirtz & Edleson, 2007; Sullivan, Juras, Bybee, Nguyen, & Allen, 2000). However, in one of the very few studies to have been conducted

examining this relationship, Sullivan et al. (2000) found that the long-term adjustment of children is influenced by the perpetrator's relationship to the child. Specifically, the authors found that whilst the levels of physical abuse did not differ between the groups, stepfathers in their sample appeared to be more emotionally abusive to the children and the children reported being more fearful of them compared to the other groups of perpetrators. Moreover, children also reported the lowest self-competency when their mother's abusers were either their biological fathers or stepfathers.

Violence Characteristics

Finally, although very few studies have been conducted to examine how the frequency, chronicity, severity, content and resolution of the violence witnessed by children affects their functioning and adjustment, there is evidence in the literature to suggest that these factors may play a role in mediating the impact of domestic violence exposure on child adjustment (Laing, 2000). Jaffe, Wolfe, Wilson and Zak (1986) found that the overall adjustment of the boys in their sample was found to be significantly related to the degree of violence to which they had been exposed. Hughes and Luke (1998) also reported that duration of abuse may be significantly associated with depression in children aged 12 years. Similarly, Rogers and Holmbeck (1997) found that more frequent and intense conflict (both verbal and physical) was associated with higher levels of self-reporting externalising behaviour and depression in their sample of children aged 11 to 15 years.

Furthermore, Cummings and his colleagues (1994; Davies & Cummings, 1994) have postulated that children's appraisals of violence and how it is resolved, as opposed to merely the level and frequency of violence witnessed, may play a significant role in children's short and long-term adjustment. Davies and Cummings (1994) demonstrated that children exhibit significantly lower levels of internalising and externalising behaviour problems in response to fully resolved conflict as opposed to unresolved conflict. Children's appraisals of the causes

and solutions to domestic violence have also been found to affect their adjustment, with boy's adjustment being more negatively correlated with appraisals of perceived threat and girl's internalising problems being associated with appraisals of self-blame (Cummings, et al., 1994; Kerig, 1998).

In summary, the literature on children's witnessing of domestic violence has identified several factors which may serve to either increase or decrease the impact of domestic violence exposure on children's functioning and adjustment (Carlson, 2000; Edleson, 1999; Gerwirtz & Edleson, 2007; Laing, 2000). However, these factors alone do not provide a clear picture as to why some children exposed to domestic violence are more resilient than others, or why some children develop adjustment problems following exposure whilst others do not (Carlson, 2000; Edleson, 1999; Rossman et al., 2000). Accordingly, other contextual factors that may contribute to children's resilience and positive developmental outcomes are discussed in the next section.

Resilience to Domestic Violence Exposure

The literature on domestic violence has identified several mediating variables that might help us to explain and understand why some children are more vulnerable than other children to the negative effects of witnessing domestic violence. However, currently, little research has been conducted to examine what protective factors may contribute to children's resilience following domestic violence exposure (Carlson, 2000; Edleson, 1999; Gewirtz & Edleson, 2007). Resilience may be defined as the ability to overcome challenges and achieve good developmental outcomes in the presence of adversity, extreme stress and trauma through positive coping and adaptation (Agaibi & Wilson, 2005; Goldstein & Brooks, 2005; Hughes, Graham-Bermann, & Gruber, 2001).

As opposed to mediating (also referred to as risk) factors which serve to explain the relationship between domestic violence exposure and its effects (Carlson, 2000), protective

factors are variables which operate within the internal and external environment to protect children against the myriad adverse consequences linked with domestic violence exposure (Gewirtz & Edleson, 2007; O'Dougherty Wright, & Masten, 2005). Currently, the domestic violence and resilience literature has identified protective factors such as quality family and social support and children's coping strategies as buffering children from the adverse effects of exposure to domestic violence (Mullender, Hague, Imam, Kelly, Malos, & Regan, 2002; Rossman et al., 2000; Hughes et al., 2001). These protective factors are discussed below.

Children's Coping Skills and Strategies

Over the past few decades several researchers have sought to examine how children cope with the stress demands associated with witnessing domestic violence (Carlson, 2000). According to Lazarus and Folkman (1984) coping strategies can be either problem-focused (also known as "primary" or "active" strategies) (Adamson & Thompson, 1998; Smith & Carlson, 1997) or emotional-focused (also known as "secondary" or "passive") (Adamson & Thompson, 1998; Smith & Carlson, 1997). Generally, problem-focused strategies are directed at modifying the stressful situation and include responses such as retreating to a safe place within the family home (e.g., bedroom, closets and bathrooms) where a child can protect him or herself and escape from the violent incident or, alternatively attempting to intervene in the violent situation to protect a parent or to prevent the conflict from escalating (Anderson & Danis, 2006; Carlson, 2000; Lazarus & Folkman, 1984; Peled, 1998).

In contrast, emotional-focused strategies are directed at regulating the emotional response to the stressful situation by distancing oneself from the violent situation through dissociation or by reading books, watching television and/or creating fantasy families (Anderson & Danis, 2006; Carlson, 2000; Lazarus & Folkman, 1984). Although problem-focused and emotional-focused forms of coping often influence each other during a stressful event or situation (Grych & Fincham, 1990), Lazarus and Folkman posit that encounters with

elevated levels of threat can prevent an individual from using coping resources effectively. In particular, excessive levels of threat are believed to impede an individual's ability to engage in problem-focused forms of coping.

Based on in-depth interviews with 10 to 13 year old children, Peled (1998) suggested that children used the coping strategies proposed by Lazarus and Folkman (1984) when they dealt with domestically violent situations. In Peled's study children generally responded to violent incidents by distancing themselves from the violence by leaving the scene and going to a place where they could not hear or see the violence occurring or by distracting themselves by watching television or listening to walkmans. If the children did not distract themselves from the situation, they typically become involved in an attempt to intervene in the violent conflict to provide support to, or protect, the abused parent (Peled, 1998).

Investigations examining the relationship between marital conflict, child coping and child adjustment have also shown that coping strategies that involve distancing oneself from parental conflict are associated with decreased levels of maladjustment. O'Brien, Margolin, and John (1995) found that children's use of coping strategies, which involve them in their parents' marital conflict, is predictive of increased levels of child maladjustment based on children's self reporting. In contrast, coping strategies that distance children from their parents' marital conflict is predictive of decreased levels of child maladjustment according to children's self-reporting. In a later study, O'Brien and her colleagues (1997) reported that children's self-involvement in their parents' marital conflict were predictive of higher rates of child depression.

Social Support Networks

There is current empirical evidence in the stress, risk and resilience literature that social support networks inside and outside of the family environment provide a protective factor for children exposed to domestic violence in the family home (Kolbo, 1996; Criss, Pettit, Bates,

Dodge, & Lapp, 2002). In a study conducted by Anderson and Danis (2006), it was found that resilient adult daughters of women who had been physically abused by their intimate partners reported working at developing positive support systems within and outside their families (e.g., with siblings, grandparents, cousins, aunts and uncles as well as teachers, peers and/or coaches). In particular, the resilient women in Anderson and Danis' study reported that these positive relationships provided them with "a sense of belonging and a basis for receiving unconditional love" (p. 426).

Rogers and Holmbeck (1997) noted that children living in homes with high levels of verbal and physical conflict reported greater use of social supports had lower externalising and depression scores than children in high-conflict homes who reported less use of social supports. Similarly, Kolbo (1996) found that social support had a buffering effect for boys exposed to domestic violence, with high levels of social support appearing to have a protective effect on self-worth among boys.

Positive peer relationships have also been identified as being a protective factor in how children are affected by witnessing domestic violence (Margolin & Gordis, 2000). There is some evidence in the literature on child abuse and maltreatment to suggest that a high-quality friendship protects some children's self-esteem from the effects of maltreatment (Bolger, Patterson & Kupersmidt, 1998). In a recent study examining family adversity (including violent marital conflict), positive peer relationships and children's externalising behaviour, Criss and his colleagues (2002) demonstrated that acceptance amongst peers and positive peer relationships played a significant role in buffering children from experiencing externalising behaviour problems in response to family risk and adversity.

Conclusion

Many children are exposed to domestic violence in the family home each year (Carlson, 2000; Indermaur, 2001). Several theoretical perspectives have been used to understand and

explain the mechanisms by which childhood exposure to domestic violence may affect children's short and long-term adjustment (Carlson, 2000; Fowler & Chanmugan, 2007). These include social learning theory (Bandura, 1973; 1977), the cognitive-contextual framework (Fosco et al., 2007; Grych & Fincham, 1990), the stress and coping perspective of Lazarus and Folkman (1984), risk and resilience frameworks (Carlson, 2000; Fowler & Chanmugan, 2007; Graham-Bermann, 1998; Wolfe et al., 2003) and trauma theory (Graham-Bermann, 1998; Lieberman & Knorr, 2007; Rossman et al., 2000).

Despite the current methodological limitations and concerns with the children and domestic violence literature, there remains sufficient evidence across studies to suggest that domestic violence exposure is associated with a wide range of short, medium and long-term psychological, emotional, behavioural, social and cognitive problems as well as PTSD and post-traumatic symptomatology (Campbell & Lewandowski, 1997; Carlson, 2000; Edleson, 1999; Fowler & Chanmugam, 2007; Levendosky et al., 2002; Margolin & Gordis, 2000; Rudo et al., 1998). Nevertheless, investigators have also found that the majority of children exposed to domestic violence do not experience these adverse outcomes (Jouriles et al., 1987; Hughes & Luke, 1998).

Accordingly, researchers have identified several child-related factors that may mediate the effects of witnessing domestic violence in childhood, including the child's age, gender, cognitive abilities, problem-solving skills, temperament and self-esteem as well as the child's emotional and behavioural regulation strategies (Fergusson & Horwood, 2003; Goldstein & Brooks, 2005; Hughes & Luke, 1998; Jaffe et al., 1990; O'Dougherty-Wright & Masten, 2005). In addition, several situational-contextual factors have also been identified, including the quality of the parent-child relationship, the co-occurrence of other adversities (e.g., child abuse and neglect), the perceived emotional climate in the family and past history of violence

as well as characteristics relating to the violence itself (Carlson, 2000; Gewirtz & Edleson, 2007; Hughes & Luke, 1998; Margolin & Gordis, 2000).

Whilst identifying these factors has increased our understanding of why some children are more adversely affected by domestic violence exposure than other children, they do not necessarily enhance our understanding of children's resilience and coping following exposure to domestic violence (Carlson, 2000; Edleson, 1999; Gewirtz & Edleson, 2007; Laing, 2000). Research evidence to date has identified quality social support networks and children's coping strategies as being possible factors which may protect children from experiencing detrimental effects following exposure to domestic violence (Hughes et al., 2001; Mullender et al., 2002; Rossman et al., 2000). However, as little is known specifically about resiliency in children exposed to domestic violence much work remains to be done in this area.

Accordingly, future research efforts should aim to enhance our current understanding of children's resiliency following exposure to domestic violence by using both qualitative and quantitative studies to examine risk, vulnerability, resilience and protective factors in children exposed to domestic violence. As children experience domestic violence in unique ways, it is important for investigators to identify what risk and protective factors are present in a child's life at the time of exposure and how those factors may contribute to the children's overall functioning and development. Once these factors have been identified, effective support and intervention strategies may be further developed.

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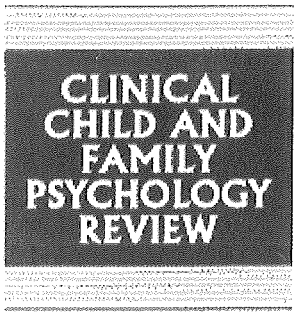

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    Book
    Schlinger, H. D., Jr. (1995). *A behavior analytic view of child development.* New York: Plenum Press.

    Contribution to a Book
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Running Head: CHILDREN AND DOMESTIC VIOLENCE

Situational-Contextual Factors that Mediate the Impact of Exposure of Domestic Violence on Children: A Retrospective Study of Adult Women Residing in Perth, Western Australia

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A report submitted in Partial Fulfilment of the Requirements
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Submitted: October 2008

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Abstract

Much of the existing research on children and domestic violence has focused on the negative consequences of witnessing such violence. However, in recent years several researchers have endeavoured to identify factors that promote resilience among children who are exposed to domestic violence. Due to the paucity of qualitative research studies examining children's experiences of domestic violence exposure as well as the factors that mediate the impact of witnessing such violence, this study aimed to address these gaps in the research. Specifically, this study aimed to explore women's experiences of witnessing domestic violence during their childhood and adolescent years as well as the factors that influenced their ability to cope with witnessing such violence. Six women who had witnessed domestic violence during childhood or adolescence were interviewed using a qualitative research design with a phenomenological and resilience framework. Six dominant themes, each with a number of subthemes emerged from the data. These were: *the context of the violence*, *the characteristics of the violence*, *the impact of domestic violence*, *coping and survival strategies* and *outcomes.* The implications of this study for research in the area of domestic violence are discussed.

Kristy O'Bryan

Associate Professor Lynne Cohen

October 2008

Situational-Contextual Factors that Mediate the Impact of Exposure of Domestic Violence on Children: A Retrospective Study of Adult Women Residing in Perth, Western Australia

Figures from a range of studies conducted in Australia and overseas have reported that a high number of children are exposed to domestic violence each year (Australian Bureau of Statistics, 1996; Carlson, 2000; Indermaur, 2001). Studies also suggest that children who are raised in homes with domestic violence are also at risk of being abused themselves (Edwards, Holden, Felitti, & Anda, 2003; Gewirtz & Edleson, 2007; Rossman, Hughes, & Rosenberg, 2000). These studies report estimates for the co-occurrence of domestic violence and child abuse and neglect at between 30% and 60% (Appel & Holden, 1998; Brown & Endekov, 2004; Edleson, 1999a).

Existing research has also provided convincing evidence to suggest that children who live in homes with domestic violence have more adjustment problems than children who live in non-violent homes (for reviews see, Carlson, 2000; Edleson, 1999b; Margolin, 1998; Rudo, Powell, & Dunlap, 1998; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). These problems include, but are not limited to, behavioural, psychological, emotional, social and cognitive and may be moderate to severe and short or long term, depending on a number of individual and situation-contextual factors (Haj-Yahia, 2001; Hester, Pearson, Harwin, & Abrahams, 2006; McCue, 2008; McFarlane, Groff, O'Brien, & Watson, 2003). At present, however, there still remains a paucity of research regarding how these factors influence children's experiences of, and responses to, domestic violence (Hester et al., 2006).

What has been recognised by researchers however, is that children's experiences of living with domestic violence differ significantly, with some children suffering considerably more harmful effects than others (Hester et al., 2006; Mullender, Hague, Imam, Kelly, Malos, & Regan, 2002). These findings indicate that as researchers and professionals, it is important

to explore the meanings and interpretations children give to their experience of domestic violence, what factors influence and shape their response to such violence and how this subsequently impacts on their health and wellbeing (Peled, 1998).

To date, very few in-depth qualitative studies have been conducted in an attempt to understand children's experiences and reactions to domestic violence from their own unique perspective (Ericksen & Henderson, 1992; Mullender et al., 2002). However, of those studies which have been conducted, the most commonly reported finding is that children living in homes with domestic violence are often raised in negative emotional climates where feelings of security are often replaced by anxiety and fear (Epstein & Keep, 1995; cited in Mullender et al., 2002; Bennett, 1991; Ericksen & Henderson, 1992; Peled, 1998). Studies also suggest that children respond to domestic violence with distress, anger and confusion (Hague, Kelly, Malos, Mullender, & Debonnaire, 1996; cited in Mullender et al., 2002, Peled, 1998). Other children have expressed feelings of powerlessness, hopelessness and loneliness as they are often ignored and left to make sense of their situation and its aftermath on their own (Bennett, 1991; Ericksen & Henderson, 1992; Mullender et al., 2002).

Furthermore, whilst mothers often go to extreme lengths to protect their children from being exposed to the violence and abuse, most children report that they were aware of what was happening even if they did not witness any incidents directly (Mullender et al., 2002; Peled, 1998). Therefore, children can experience domestic violence in multiple ways, such as being physically present during the incident, overhearing the incident from another room or, alternatively witnessing the aftermath of the incident (Attala & Summers, 1999; McGee, 1997). Children can also be involved in the abuse (i.e., use of child to intimidate the mother or as trigger for violence) and as mentioned earlier in this paper, children can experience sexual, physical or emotional abuse directly (Hester et al., 2006; McGee, 1997; Mullender et al., 2002).

Children's vulnerability to domestic violence exposure may also be compounded by other risk factors, such as the co-occurrence of abuse and maltreatment, poverty, parental mental illness and substance abuse as well as moving schools and houses, sometimes on a regular basis (Gewirtz & Edleson, 2007; Hague et al., 1996; cited in Mullender et al., 2002; Humphreys & Mullender, 2004). Also, in the long-term aftermath of violence, many children must adjust to new realities as the majority of violent and abusive relationships eventually end in separation and divorce (Peled, 1998; Mullender et al., 2002). Accordingly, given the many changes and challenges that children living with violence often face, it is not surprising that some children will develop adjustment problems in the short and long term. Many studies however, have demonstrated that despite the odds, most children are able to overcome their experience of living in a home with domestic violence and not suffer any significant negative effects (Anderson & Danis, 2006; Laing, 2000; Mullender et al., 2002). These findings have lead researchers to examine resilience within the context of domestic violence.

Fraser, Kirby, and Smokowski (2004) define resilience as "observing a normal or even exceptionally positive developmental outcome in spite of exposure to major risk for the development of serious social or health problems" (p. 22). Although early resilience research focused solely on individual characteristics of the 'resilient child' (i.e., autonomy, high self esteem, sense of purpose and future and social competence) (Howard, Dryden, & Johnson, 1999), advances in research have demonstrated that resilience is not only dependent on the traits and characteristics of the child but also external factors in the child's environment, i.e., the family, school and community (Howard et al., 1999; Luthar, Cicchetti, & Becker, 2000). Furthermore, researchers have found that resilience is not static but appears to change over time, according to the child's age, developmental stage and experiences (Luthar et al., 2000; O'Dougherty-Wright & Masten, 2005; Rutter, 1999). Thus, it would appear that resilience is

a process that continues to develop throughout an individual's life and not at a single point (Anderson & Danis, 2006).

In the domestic violence literature, the terms 'risk' and 'protective' factors are often used interchangeably with the terms 'mediating' and 'moderating' factors. Risk factors are variables which increase the likelihood of a child experiencing poor behavioural, emotional and developmental outcomes (Gewirtz & Edleson, 2007; O'Dougherty-Wright & Masten, 2005). In contrast, protective factors are variables that decrease the likelihood of a future negative outcome (Durlak, 1998; Gewirtz & Edleson, 2007; O'Dougherty-Wright & Masten, 2005). Essentially, protective factors buffer children against the harmful effects of risk factors (e.g., witnessing domestic violence) (Carlson, 2000; Gewirtz & Edleson, 2007; O'Dougherty-Wright & Masten, 2005). Mediating factors however, explain the relationship between witnessing domestic violence and its effects on children whilst moderating factors influence the nature of children's responses to witnessing domestic violence (Carlson, 2000).

To avoid confusion, this paper will use the terms moderating and mediating to describe variables that increase or decrease the likelihood of experiencing future negative outcomes following domestic violence exposure as opposed to risk and protective factors. The reason for this is that risk and protective factors are complex in nature as it is difficult to distinguish between those factors which increase the likelihood of a future negative outcome and those factors which decrease the likelihood of a negative outcome (Cicchetti & Garmezy, 1993; cited in Goldstein & Brooks, 2005).

Research conducted to date has identified several moderating and mediating factors which influence the impact of witnessing domestic violence. These factors can generally be divided into two categories, those factors that relate to the child and those factors that relate to situation or context where the violence occurs (Hughes & Luke, 1998; Margolin & Gordis, 2000). Significant factors which relate to the child are gender, age, coping strategies and

skills and developmental level (Fergusson & Horwood, 1998; Goldstein & Brooks, 2005; Hughes & Luke, 1998; Jaffe, Wolfe, & Wilson, 1990; O'Dougherty-Wright & Masten, 2005). Significant situational-contextual factors are the quality of familial and social supports, the nature and extent of the violence witnessed and the co-occurrence of domestic violence and other stressors such as poverty (Carlson, 2000; Gewirtz & Edleson, 2007; Hughes & Luke, 1998; Margolin & Gordis, 2000). Some of the key findings from the literature regarding these factors will now be discussed in detail below.

Individual Characteristics

To understand the variability in children's responses to witnessing domestic violence, researchers have emphasised the importance of examining the individual characteristics of children who have witnessed that violence (Laing, 2000; Luthar, 1991; O'Dougherty-Wright & Masten, 2005). Although it is not clearly understood how these factors mediate the extent to which children are affected by witnessing domestic violence, existing research has clearly demonstrated that individual characteristics are important in understanding the variability in children's responses following domestic violence exposure.

Some studies have found that boys and girls respond differently to witnessing domestic violence, therefore suggesting that gender may mediate the relationship between exposure and children's adjustment. Based on social learning theory (Bandura, 1973; 1977) which posits that children learn by observing the behaviours of significant others or powerful role models, it was initially assumed that boys would demonstrate more aggressive behaviours following domestic violence exposure than girls. Early influential studies supported this assumption (e.g., Jaffe, Wolfe, Wilson, & Zak, 1986), however, later research findings have not clearly and consistently supported gender effects in children's outcomes following domestic violence exposure, either in terms of the severity of the effects or the nature of the effects (Carlson, 2000).

For example, in relation to the nature of the effects of witnessing domestic violence, Forsstrom-Cohen and Rosenbaum (1985) reported that exposure to domestic violence was associated with increased levels of anxiety for both males and females; however only females exhibited heightened levels of depression and anger. Kolbo (1996) however, reported that witnessing domestic violence was significantly related to behaviour problems in girls only. Conversely, Reynolds and his colleagues (2001) noted that higher levels of symptoms indicative of post-traumatic stress were associated with greater numbers of depressive symptoms and lower self esteem for boys who had witnessed domestic violence. This finding was not evident for girls who had also witnessed domestic violence.

In relation to the severity of effects following exposure, Henning, Leitenberg, Coffey, Bennett, and Jankowski (1997) reported that both the men and women in their study were equally affected by their experience of witnessing domestic violence. Likewise, Mathias, Mertin, and Murray (1995) found no gender differences in the number of emotional and behavioural problems experienced by the males and females in their study who were exposed to domestic violence, nor did they find any gender differences in the social competence and cognitive abilities of these children.

The inconsistent nature of the findings regarding gender effects makes it difficult to draw definite conclusions regarding how gender mediates the extent to which children are affected by domestic violence. A possible explanation for the inconsistent findings may be due to methodological variations across studies, such as parental reporting versus children's self-reporting, shelter samples versus community samples and the use of various measurement techniques assessing children's adjustment problems. Therefore, although the relationship between exposure and children's outcomes is not well understood, taking into consideration the above methodological variations, it would appear that witnessing domestic violence may affect boys and girls differently.

Previous research regarding differential age effects of witnessing domestic violence have also yielded inconsistent results. For example, Hughes (1988) found that based on parental reporting of their children's behavioural problems, preschool children tended to exhibit more behavioural problems than children aged 6 to 12 years. In contrast, Holden and Ritchie (1991) found that based on parental reporting children aged 2 to 5 years demonstrated consistently fewer internalising and externalising behaviour problems as well as total number of problems compared to children aged 5 to 8 years. Similar to the studies examining gender effects, it is possible that the discrepant findings in the literature regarding age effects result from methodological variations across studies.

Although the question of whether age is a significant factor in mediating the effects of witnessing domestic violence on children's adjustment is arguable based on existing research findings, this hypothesis is consistent with a developmental perspective. The developmental perspective proposes that as children get older their level of cognitive functioning becomes more sophisticated, thereby allowing children to make more sense of their experience and respond accordingly (Carlson, 2000). Therefore, it is not unreasonable to assume that older children should be able to make better evaluations about why the violence is occurring and what they can do about it and engage in more effective coping and problem-solving strategies in response to such violence compared to their younger counterparts (Carlson, 2000; Fosco, DeBoard, & Grych, 2007).

This assumption was supported by Cummings, Pellegrini, Notarius, and Cummings (1989) in their study examining children's responses to angry adult behaviour as a function of marital distress and history of interparental hostility. The authors found that the number of different responses to angry adult behaviour increased with the children's age. Specifically, children whose parents engaged in physical aggressiveness showed increased preoccupation, concern and support-seeking and social responsibility responses with increasing age.

Finally, researchers have found that individual differences among children's coping strategies can either increase or decrease the extent to which they are affected by witnessing domestic violence. The stress and coping perspective of Lazarus and Folkman (1984) has been the most widely used theory to explain how the coping strategies used by children in response to domestic violence exposure can impact on their overall functioning (Carlson, 2000). According to Lazarus and Folkman (1984), coping strategies can be either problem-focused or emotional-focused (Lazarus & Folkman, 1984). Problem-focused strategies are generally directed at modifying the stressful situation and include responses such as retreating to a safe place within the family home (e.g., bedroom, closets and bathrooms) where a child can protect him or herself and escape from the violence or, alternatively attempt to intervene in the violence to protect a parent or to prevent the conflict from escalating (Anderson & Danis, 2006; Carlson, 2000; Lazarus & Folkman, 1984; Peled, 1998).

In contrast, emotional-focused strategies are directed at regulating the emotional response to the stressful situation by distancing oneself from the violent situation or event (i.e., through dissociation or by reading books, watching television or creating fantasy families) (Anderson & Danis, 2006; Carlson, 2000; Lazarus & Folkman, 1984). Although problem-focused and emotional-focused forms of coping often influence each other during a stressful situation (Grych & Fincham, 1990), Lazarus and Folkman theorise that encounters with elevated levels of threat can prevent an individual from using coping resources effectively. In particular, excessive levels of threat are believed to impede an individual's ability to engage in problem-focused forms of coping.

Empirical investigations examining the relationship between marital conflict, children's coping and child adjustment have found that coping strategies that involve children distancing themselves from parental conflict (i.e., emotional-focused strategies) are associated with decreased levels of maladjustment. For example, O'Brien, Margolin, and John (1995) found

that coping strategies which distance children from their parents' marital conflict is associated with decreased levels of child maladjustment based on children's self reporting. Furthermore, the authors found that children's use of coping strategies which involve them in their parents' marital conflict is associated with increased levels of child maladjustment based on children's self reporting. In a later study conducted by O'Brien and her colleagues (1997), it was found that children's self-involvement in their parents' marital conflict was associated with higher rates of child depression.

Situational-Contextual Factors

Over the years, researchers have identified a number of situational-contextual factors which appear to influence the extent of the impact of domestic violence children's adjustment. As mentioned earlier in this paper, these factors include the characteristics of the violence, children's relationships with their parents and siblings, children's relationships outside of the family home (i.e., peers, teachers, other family members and other adults), child's role and position in the family, socioeconomic status and degree of maternal stress (Hester et al., 2006). Some of the key situational-contextual factors which have been identified in the literature as influencing the effect of domestic violence exposure on children's adjustment are discussed below.

While very few studies have independently examined the relationship between violence variables and children's outcomes (Margolin, 1998), there is evidence in the literature to suggest that the frequency and nature of the violence to which children are exposed may have an impact on their adjustment (Hester et al., 2006; Jouriles, Norwood, McDonald, Vincent, & Mahoney, 1996). For example, in a study examining the wide range of behaviour and social adjustment problems displayed by boys and girls living in shelter residency, Jaffe, Wolfe, Wilson, and Zak (1986) found that the overall adjustment of boys was significantly related to the degree of violence to which they had been exposed.

In addition, Rogers and Holmbeck (1997) found that more frequent and intense conflict (i.e., both verbal and physical violence) was associated with higher levels of self-reporting externalising behaviour problems and depression in their sample of children aged 11 to 15 years. Similarly, based on the findings of their study which examined the effects of domestic violence on the psychological adjustment and competencies of children, Fantuzzo and his colleagues (1991) concluded that there was a direct relationship between the nature of the conflict and the type and extent of adjustment problems experienced by children.

A number of studies of children witnessing domestic violence have indicated that social support networks outside of the immediate family, including extended family members and other adults, may mediate the impact of domestic violence on children (Hester et al., 2006; Kolbo, 1996; Criss, Pettit, Bates, Dodge, & Lapp, 2002). For example, Anderson and Danis (2006) found that resilient adult daughters of women who had been physically abused by their intimate partners reported working at developing positive support systems within and outside their families (e.g., with siblings, grandparents, cousins, aunts and uncles as well as teachers, peers and/or coaches). In particular, the resilient women in Anderson and Danis' study reported that these positive relationships provided them with "a sense of belonging and a basis for receiving unconditional love" (p. 426).

Rogers and Holmbeck (1997) noted that children living in homes with high levels of verbal and physical conflict reported greater use of social support networks and had lower externalising and depression scores than children in high-conflict homes who reported less use of social supports. Similarly, Kolbo (1996) found that social support had a buffering effect for boys exposed to domestic violence. Specifically, high levels of social support appeared to have a protective effect on self-worth among boys.

Positive peer relationships have also been found to mediate the impact of domestic violence exposure on children's development and functioning (Margolin & Gordis, 2000).

There is some evidence in the literature on child abuse and maltreatment to suggest that a high-quality friendship protects some children's self-esteem from the effects of maltreatment (Bolger, Patterson, & Kupersmidt, 1998). Furthermore, in a recent study examining family adversity, positive peer relationships and children's externalising behaviour, Criss and his colleagues (2002) found that acceptance amongst peers and positive peer relationships played a significant role in buffering children from experiencing externalising behaviour problems in response to family risk and adversity.

Finally, research on the effects of domestic violence has also suggested that children's relationships with their parents may mediate the extent to which they are affected following witnessing domestic violence (Carlson, 2000; Edleson, 1999b; Jaffe et al., 1990; Levendosky & Graham-Bermann, 1998; Rossman et al., 2000). It is often assumed that living in a domestically violent relationship has a significant impact on the parenting capacity of the women involved, which consequently has a negative impact on the children's adjustment and functioning (Levendosky, Lynch, & Graham-Bermann, 2000). Specifically, it is hypothesised that a mother's poor mental health is associated with increased parental stress and ineffective parenting skills, however these findings are somewhat mixed (Gewirtz & Edleson, 2007). For example, Holden and Ritchie (1991) noted that for the women in their study, the amount of stress they experienced was positively related to the number and extent of behavioural problems exhibited by their children. In contrast, McCloskey, Figueredo, and Koss (1995) found that women's mental health problems did not mediate children's responses to domestic violence.

Furthermore, Levendosky and her colleagues (2000) reported that women involved in violent relationships believed that their partner's violence had negative effects on their parenting, however some women also believed that the violence had a positive impact, in so far as they "mobilised their resources to respond to the violence on behalf of their children"

(p. 266). In a later study investigating the mother-child relationship on pre-school children's functioning in families experiencing domestic violence, Levendosky and her colleagues (2003) found that whilst depressed mothers reported struggling with their parenting, other mothers appeared to be more effective and responsive parents to compensate for the effects of domestic violence.

Although the mother-child relationship has received a great deal of attention in the domestic violence literature, little is known about what effect the perpetrator's relationship to the child has on their adjustment (Gewirtz & Edleson, 2007; Sullivan, Juras, Bybee, Nguyen, & Allen, 2000). In one of the few studies to have been conducted examining this relationship, Sullivan et al. (2000) reported that the long-term adjustment of children is influenced by the perpetrator's relationship to the child. Specifically, the authors noted that whilst the levels of physical abuse did not differ between the groups, stepfathers in their sample appeared to be more emotionally abusive towards their children and the children reported being more fearful of them compared to the other groups of perpetrators (e.g., non-partner figures). In addition, children reported the lowest self-competency when their mother's abusers were either their biological fathers or stepfathers.

It is also interesting to note that in their in-depth qualitative research with children who had been exposed to domestic violence, Mullender et al. (2002) found that only a minority of the children spoke directly about their feelings for the fathers or mother's partners. Of those children who did discuss their feelings, the main theme to emerge was that they had mixed emotions about their fathers or mother's partners. When describing their feelings for their mother's abuser, the children expressed feelings of sadness, fear, hatred, love and confusion. The authors also noted that in some cases, it appeared easier for the child to report negative feelings about their stepfathers than their biological father, with many children choosing to avoid talking about their biological fathers.

Conclusion

The literature shows that living in a home where domestic violence is occurring places children at risk of developing a wide range of adjustment problems, including behavioural, emotional, psychological, social and intellectual problems. Research also demonstrates that the effects of domestic violence exposure on children's immediate and long term adjustment is mediated by many factors, for example, their age and gender, the frequency, severity and duration of the violence and abuse, the quality of familial relationships and coping strategies used by the child. Notably, children's experiences and responses to domestic violence also differ significantly based on these factors. However, despite these findings, there remain many shortcomings in the domestic violence research as well as a lack of qualitative studies examining the phenomenon of domestic violence through the eyes of the children who witness it.

The Current Study

This study aims to address several of the current shortcomings recognised in the area of domestic violence by exploring women's experiences of witnessing domestic violence during their childhood and adolescent years and the factors that influenced their ability to cope with witnessing such violence. Therefore, this study attempted to address the following research questions:

1. How do children perceive their experience of witnessing domestic violence against their mothers during their childhood years?
2. What factors do children perceive as being important in helping them to cope with witnessing domestic violence?

It is anticipated that this research will facilitate some understanding of how children cope with witnessing domestic violence and provide valuable insight into what factors may buffer the

impact so that children are able to overcome their experience without developing any possible adverse consequences.

Method

Research Design

This study employed a qualitative research design to gain an in-depth understanding of each woman's personal experience of witnessing domestic violence during her childhood years. A qualitative research method pays particular attention to the subjective meaning of each woman's experience, from her own perspective and in her own words. This enables the researcher to obtain rich and detailed data in order to effectively explore the complexity of the phenomenon of witnessing domestic violence. Although quantitative research designs using standardised instruments are effective in measuring what they are intended to measure, they are not effective in capturing the richness and uniqueness of the individual's experience.

As there is very little research in the area of domestic violence and resiliency, this study was guided by the frameworks of phenomenology and resilience. A phenomenological approach focuses on the question of "What is the structure and the essence of the experience of this phenomenon for these people?" (Patton, 1990, p. 69). The focus of this study was to gain an in-depth understanding of the phenomenon of witnessing domestic violence by those women who witnessed it during their childhood years.

The theoretical concept of resilience provides a framework for understanding the varied coping responses and resources of individuals who experience significant adversity but do not develop any severe problems or impairments as a result (Goldstein & Brooks, 2005; Luthar et al., 2000; O'Dougherty-Wright & Masten, 2005; Rutter, 1999). A resilience framework was considered appropriate for this study given that it focuses on the coping responses of women exposed to domestic violence in their childhood and adolescent years and the contextual factors which either increased or decreased their ability to cope with their experience.

Operationalisation of Domestic Violence and Resilience

The term 'domestic violence' in this study is defined as an abuse of power perpetrated by males against their female intimate partners. This study limits domestic violence to acts of physical violence (e.g., hitting, kicking, punching, shoving, grabbing, biting, choking, head butting and the use of weapons), sexual abuse (e.g., sexual degradation, involuntary sexual intercourse and other sexual acts) and psychological and emotional abuse (e.g., intimidation, threats of violence, spitting, acts of degradation and humiliation, either publicly or privately, belittling and putting down).

Resilience is operationally defined as demonstrating positive adaptation and adjustment following domestic violence exposure during childhood and adolescence. Whilst resilience was not a construct measured in this study, based on observations and self reports obtained throughout the interview process, all of the women who participated in the study appeared to be living rewarding lives. Specifically, these women demonstrated social and intellectual competence, they were engaging in employment and/or study that they considered rewarding and they were not currently in abusive relationships.

Participants

Six women between the ages of 18 and 39 years participated in the study. All of the women were Caucasian and English was their first language. Four of the women resided in the Perth metropolitan area and two resided in the south west region of Western Australia. This was an educated sample of women; two had high school qualifications, two had some university experience and two had completed bachelor's degrees. All of the women reported witnessing domestic violence during their childhood and adolescent years. At the time of the interviews five of the women reported that the last time they witnessed domestic violence against their mothers was between 5 to 22 years before the study; only one woman reported

still witnessing domestic violence in the family home at the time of the interview. Therefore, this study is largely retrospective in nature.

Data Collection Procedures

Participants in this study were recruited through notices (Appendix A) which were posted on noticeboards at Edith Cowan University (Joondalup Campus) and at domestic and family violence counselling and support services in the Perth metropolitan area. In addition, the researcher contacted family and friends to ascertain whether they knew any women who might be interested in participating in the research. All interested participants were asked to contact the researcher direct to ensure that they met the inclusion criteria of the study. The inclusion criteria were (a) female, (b) aged 18 to 40 years, (c) witnessed domestic violence (e.g., physical and sexual violence, threats and intimidation, emotional abuse) against their mother by a male adult intimate partner during their childhood or adolescence, and (d) be able to speak the English language. If the participants met these criteria, they were emailed an information letter which outlined the nature of the research and what would be required of them if they opted to participate (Appendix B). Each participant was then asked to contact the researcher direct to arrange a mutually convenient date and time to conduct the interview.

Due to the sensitive nature of the research topic, all interviews were conducted at a private and safe location chosen by the participant. Prior to the commencement of the interview, the researcher introduced herself to the participant and thanked her for her participation. The aim of the research was discussed and the participant was asked if she had any questions about the research. The researcher then advised the participant that her involvement in the study was strictly voluntary, that she could withdraw from the research at any time and that she could decline to answer any questions that may cause her discomfort. Written consent was then obtained from the participant to participate in the study and to digitally record the interview (Appendix C).

An in-depth interview schedule (Appendix D) comprising of three semi-structured questions was used to explore the experiences of women who witnessed domestic violence during their childhood and adolescent years, with a particular focus on the way they coped with their situation or factors that may have buffered the impact. Conducting semi-structured interviews enabled the researcher to gain a rich and detailed understanding of each woman's unique experience of witnessing domestic violence during her childhood years as well as their individual responses to the violence and its aftermath. Each interview began with the researcher asking the participants to share their childhood experiences of witnessing domestic violence. As the women's stories unfolded, two additional questions were asked regarding protective and risk factors which influenced their ability to cope with witnessing domestic violence. Probing questions such as "tell me more about..." were also used throughout the interviews to elicit further information from the participant regarding certain issues and to encourage them to explore their thoughts and feelings in greater detail.

Each interview lasted approximately 45 minutes to one hour. All of the women who participated in the study were debriefed upon the completion of the interview and provided with the contact details of numerous counselling and family services available to them in the Perth metropolitan area (Appendix E). The debriefing session was not digitally recorded and none of the participants requested the use counselling or family services. The women were then thanked for their participation in the study and advised that they could obtain a copy of the results upon completion of the study. All digitally recorded interviews were subsequently transcribed verbatim and analysed by the researcher.

Ethical Considerations

This study was granted ethical approval by the Human Research Ethics Committee at Edith Cowan University. Due to the sensitive nature of the research, a number of strategies were employed to protect the participants' confidentiality. First, when each interview was

transcribed, no names or other identifying information was used. If a name was mentioned during the interview process, it was allocated a pseudonym when transcribed. Second, all consent forms were kept separately from the transcripts. Finally, to ensure confidentiality of the research participants' information, all interview transcripts and audiotape and digital recordings were locked in a filing cabinet located in the School of Psychology and Social Sciences at Edith Cowan University, Joondalup Campus. At the completion of the research, all original information and data pertaining to the participants were saved onto a disc and then deleted from the researcher's computer hardware and software. The computer disc was then kept in a locked filing cabinet in the School of Psychology and Social Sciences at Edith Cowan University, Joondalup Campus.

Furthermore, the safety of the participants was maximised in the following ways: (a) participants were notified prior to the commencement of the interview that a counsellor could be arranged to be in attendance throughout the duration of the interview, if needed, (b) the participants were advised of the confidentiality of information disclosed in the course of the study was guaranteed, (c) participants were given the right to withdraw from the interview at any stage if they so wished, (d) debriefing discussions regarding the content of the interview was conducted at the end of each interview, (e) participants were provided with the names and contact details of counselling and domestic and family violence services in the Perth metropolitan area, (f) referrals for counselling were suggested to participants, if it was identified by the researcher that it was needed.

Data Analysis

Thematic content analysis was performed on the data. Following the transcription of each interview, the qualitative data was read and reread to enable the researcher to become familiar with the content of the interviews and to ensure that there was no vital information missing from the data (Namey, Guest, Thairu, & Johnson, 2008; Patton, 1990). This analysis

process began by assigning structural codes to the original raw data. This was achieved by assigning code names to the questions and the probes that were asked throughout the course of the interview as well as the women's responses (Namey et al., 2008). During this process, handwritten notes were made in the margins of the text so that all data of potential interest was identified and recorded (Braun & Clarke, 2006).

Once the above process was complete, the researcher then analysed the entire data set and therefore, all important themes and patterns that emerged from the data were coded accordingly (Braun & Clarke, 2006; Namey et al., 2008). When this phase of the analytic process was complete, the researcher then reviewed and refined all of the coded themes to ensure that they accurately represented the intended meanings of the original data provided by the women (Braun & Clarke, 2006). The researcher then verified the coded themes with the participants and her research supervisor to ensure interpretative rigour (Sandelowski, 1986). Finally, when the researcher was satisfied that all of the identified themes and subthemes accurately portrayed each of the women's experiences of domestic violence exposure they were then related back to the research question and literature (Braun & Clarke, 2006).

Findings and Interpretations

The aim of this study was to explore women's experiences of witnessing domestic violence in their childhood and adolescent years and the contextual-situation factors which influenced their ability to cope with witnessing such violence. Thematic content analyses lead to the construction of six major themes, each with a number of subthemes (see Table 1).

Table 1. *Themes and subthemes related to the experience of witnessing domestic violence.*

Main Themes	Subthemes
Context of the violence	The Women and their Families Residence Parent-Child Relationship

Table 1. *continued*

Characteristics of the violence	Type of Violence Frequency, Severity and Duration of Violence
The Impact of Domestic Violence	Emotional Responses Psychological Responses Behavioural Responses
Coping Strategies	Coping in the Immediate Situation Longer-Term Coping Strategies Social Support
Outcomes	Family Outcomes Individual Outcomes

Context of Violence

The Women and their Families

The experiences of the women in this study who were exposed to domestic violence during their childhood and adolescent years included both similarities and differences. The qualitative sample comprised six women from five families. Only two of the six participants were raised in a nuclear family with their biological parents; the remaining four participants grew up in a household with their biological mother and stepfather. Five of the six participants lived with their biological mothers until their late teens or early adulthood whilst the remaining participant was still living with her biological parents. All of the participants had siblings; half of the women had one sibling each whilst the remaining half each had two or three siblings. Two of the women were the eldest child in the family whilst the other four women were the youngest in the family.

> *Obviously us kids, there's two others, like my brothers. I am close with* ___ [name of first brother] *who is three years older than me,* ___ [name of second brother] *is ten months older.* (Stacey)

> *My sister whose 8 years older, she was there for a little while* [in the family home] *and then I've got an older brother whose 11 years older; he was there for a little while.* (Amy)

I've got a sister; she was older (Kylie)

Prior research suggests that exposure to domestic violence often co-occurs with other risk factors, including child maltreatment and child abuse (Edwards et al., 2003; Gewirtz & Edleson, 2007; Rossman et al., 2000). From their review of 31 studies investigating the co-occurrence of domestic violence and child physical abuse, Appel and Holden (1998) concluded that the median co-occurrence rate was 40%. Somewhat consistent with these findings, only two of the women in this study reported that they had not been subjected to any physical or sexual abuse by their fathers or stepfathers:

> *It was against mum* [abuse]... *dad knows I will give him a screaming contest because I won't take it... he doesn't do it to us kids...* (Stacey)

> *Interviewer: So he never touched you or the boys?*
> *Jane: No*

Three participants reported that they had either been the target of their father's or stepfather's aggression or had been physically abused on at least one occasion:

> *I must have said something smart to him... I ran inside and then he must have ran after me and then I hid behind my sister in the kitchen and he was trying to like hit me through my sister...* (Amy)

> *More verbal* [abuse], *um, a little more physical with mum, um than with myself, we did have one incident with me when I was about 12 or 13... when he did try to strangle me but that was the only time I can think of* (Amanda)

Another participant reported being subjected to both emotional and psychological abuse during her childhood:

> *He used to verbally abuse me and call me every name under the sun sometimes and when my mum wasn't home he'd poke, poke and push me around and call me names if he, if he was in a mood.* (Natasha)

Based on the women's reports, alcohol was considered to be the main cause of the violence in three of the five families; however it is important to note these women also acknowledged that there was a deeper underlying reason for their father/stepfather's violence:

> *I blamed it on the alcohol... he had issues with alcohol and issues with himself...* (Natasha)

He's an alcoholic so say no more... my grandad is a wanker... dad obviously learnt it [behaviour] *from his dad...* (Stacey)

I know obviously it was the alcohol... he was an alcoholic so he probably drank every day as alcoholics do... he's got heaps of issues in his family... it was definitely a family thing [drinking and physical violence]. (Kylie)

In the remaining three families, drug use, mental illness and a genetic disease was considered the cause of violence:

He was bipolar. (Amy)

It was due to my father's illness... we have a hereditary disease in our family. (Amanda)

The drugs [amphetamines] *would make him snap.* (Jane)

Residence

Research suggests that the presence of violence and abuse in the family home often generates a negative emotional climate where children experience a wide range of feelings including fear, distress, confusion, insecurity and anxiety, even if it the abuse has only occurred on one occasion (Ericksen & Henderson, 1992; Mullender et al., 2002). Moreover, research has demonstrated that living in a home with physical violence has been associated with unrealistic parental demands, excessive household responsibilities, restricted peer friendships and limited opportunities for involvement outside the family home (Bennett, 1991).

Consistent with these findings, many of the women in the current study reported living in angry home environments where emotions ran high and feelings of safety and security were of concern. Participants described the atmosphere in their household as "*stressful*", "*tense*" and "*unpredictable*", whilst others reported feeling a loss of control over their lives as they "*walked on eggshells*" because they would "*never know what was going to happen*". In addition, they reported experiencing feelings of anxiety and apprehension at having to return

home from school because they were unsure of what they would find. This was articulated by Jane:

> *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 and be brave and you try and get through the day but at the end of it you know you've gotta go home to the house and anything could have happened, you just don't know, because he was home during the day, you don't know what he could have done to mum.*

Some participants reported flow-on effects from their experience of living in a home with domestic violence, including disruption to their friendship networks, moving schools and often losing their home. It was also not uncommon for these women to report that it was particularly distressing having to move out of their home into alternative housing, leaving behind their personal belongings and familiar surroundings. Whilst this theme was expressed consistently throughout the interviews, it was best described by Jane as she spoke about leaving her family home to seek protection at the refuge:

> *We had to like pack up all our stuff and go move over to the refuge and I thought we were there for like you know three months or something but we were only there for three weeks but it felt like such a long time...probably because it was a stressful time and that, and I think we were on holidays for some of it and then we had to back to school and that was hard going back to school because everything was out of place and we had to go to the house and then we had to get, because we were in a hurry, in the house, so we just picked up anything and you didn't have all your stuff with you and that, so that was really hard because you'd have to go and, and you weren't allowed to tell anyone where you were or anything.*

Several women also reported feelings of resentment and anger at having to move out of their family home in order to get away from the violence and be in a safe environment. This was best illustrated by Stacey:

> *Basically my mum left as soon as the* [dining] *table went up because she's like, "I don't want the kids getting hurt" but it's like, that was my home... I had my room, it was pretty and I was going to this new house, and it's like, "Well why can't I stay here? Why can't he go? Why do we have to go?"*

Their insecurity and instability were often compounded by recurrent moves and changing of schools, as illustrated below:

I think I lived in 18 different houses and that was between the ages of 6 and 16, um, so that didn't help because you know, you never have that security or the safety of home because you're always moving to another one and we lived in some really creepy houses as well, just really dark awful houses, which was bad enough as it was, so that made you uncomfortable, then having you know, what's going on in your life already and your stepdad coming and going... so you don't have a lot of, I guess, security or consistency (Kylie)

I think I lived in about 15 houses, that was, that was over the age of being born and my teenage years, it was probably 15 houses, moving around a lot and I changed, I think quite a few schools and I didn't make many lasting friendships so that was hard because I didn't have stability and when you don't have stability or security it makes you feel even more insecure and unstable but um, so that was horrible because you felt like you didn't have anything solid in your life coz your family home wasn't solid, it was unpredictable, you had, your normal living, you know, school was horrible because you were constantly trying to make friends and you didn't have anything stable, so that was, that was hard, because you're already feeling vulnerable (Natasha)

These findings are similar to those reported by Hague and her colleagues (1996; cited in Mullender et al., 2002) whereby the children in their qualitative study talked about having to cope with moving house and school, often several times, as their mothers attempted to escape the violence. These children also reported that changing home and schools often caused considerable disruption to their schooling and social support networks.

As demonstrated above, for many of the women, the family home was not a place filled with love, laughter and happiness where parents nurtured and supported their children but rather a house where children felt unprotected, frightened and confused. The findings from this study are highly consistent with previous qualitative research examining children's experiences of domestic violence exposure (Mullender et al., 2002). For example, in their research which comprised an in-depth study of 54 children known to have lived with domestic violence, Mullender and her colleagues (2002) found that children resented having to leave their home, possessions, pets and friends in order to be safe. Furthermore, the theme of sadness, fear, confusion and anxiety has arisen in several other studies when children have been asked to report about their experiences of domestic violence (Bennett, 1991; Ericksen & Henderson, 1992; Mullender et al., 2002).

Parent-Child Relationship

There is some evidence in the literature to suggest that parent-child relationship factors may moderate the degree to which children are affected by domestic violence, however these findings are mixed (Hester et al., 2006). For example, a number of researchers have found that domestic violence negatively impacts the parenting capacity of the women involved which in turn negatively impacts on the child's experience of the violence (Hughes & Luke, 1998; Levendosky & Graham-Bermann, 1998; Wolfe et al., 1985). In particular, domestic violence has been associated with poor maternal mental health and an increase in maternal stress and parental stress as well as a decrease in parental discipline (Carlson, 2000; Rossman et al., 2000). However, in contrast, several studies have also found that for many mothers their parenting capacity and relationships with their children had not been affected by their poor mental health or experience of domestic violence (Levendosky et al., 2003; Levendosky et al., 2000; McCloskey et al., 1995).

The findings of this study are consistent with the previous research in that over half of the women reported that living in a household with domestic violence had affected their relationship with their mother. Specifically, the participants reported that although their mothers made certain they had the necessities in life (e.g., food, clothing and shelter), they could not provide them with the emotional support they needed to make sense of, and cope with, their situation:

> *I felt like she was actually, she was like, she was a good mum, she was, she was you know, she always supported us, supported my sister and I and gave us everything that we needed I suppose but I felt, but I felt, as an adult now, I look back and I guess, even at the time, I felt like she wasn't there emotionally for us, she just wasn't there, I just don't even really remember having a relationship with my mum* (Natasha)

> *You want at least one parent who's supportive and loving... and my mum just didn't have the time, didn't have the time and just didn't have the energy* (Amanda)

> *She did everything she could for us when, you know, my whole childhood, she made sure we were clothed and did all the things that mothers do and 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 (Kylie)

Natasha also emphasised her mother's increased anger and impatience with her which she believed prevented her from talking to her mother about her feelings regarding the situation. She said, "*if I was feeling down or in a mood, she'd just yell at me and tell me to stop being stupid*". This is consistent with prior research which suggests that maternal stress as a result of the mother's experience of domestic violence may mean she is "*emotionally distanced, unavailable or even sometimes abusive to the child*" (Hester et al., 2006, p. 78).

Additionally, Stacey reported that her mother's poor mental health and suicidal ideations had negatively influenced her experience of domestic violence. However, she described her mother as "*the best mum ever*" who "*did everything for us kids*" which suggested that whilst her mother's poor mental health may have affected her experience; it did not appear to have affected her relationship with her mother. This finding is inconsistent with prior research examining the parenting capacity of mothers who are the victims of domestic violence. For example, McCloskey, Figueredo, and Koss (1995) found that although mothers experiencing domestic violence were more likely to have mental health problems; their mental health did not mediate their children's responses to domestic violence.

A possible explanation for this inconsistency may be due to the age of the participants at the time of the interviews and their current age and developmental stage. In the present study the age of the participants ranged between 18 and 39 years whereas the participants in the study conducted by McCloskey and his colleagues ranged between 6 and 12 years of age. Notably, Stacey was aged 22 years at the time of the interview and still living with domestic violence in the family home. Perhaps her current age and developmental level enabled her to associate her mother's poor mental health and suicidal ideations with the emotional abuse perpetrated by her father against her mother, thus negatively impacting her experience of domestic violence as opposed to her relationship with her mother.

Several of the women in this study also reported that their relationship with their mother was strained at times due to their feelings of anger, resentment and confusion at their mother's decision to return to the same violent relationship or become involved in another violent relationship:

> *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 all the time knowing that, you know, Why put yourself through those things?* (Natasha)

> *You just couldn't believe it when they got back together again because you knew, you know, two or three months down the track something else was going to happen.* (Amy)

> *I know after my mum and stepdad broke up mum was in another relationship and I know he's hit her as well and I was living there with them then so it was like the whole thing happening all over again and it got to the point where I was just like "Why?"... I think "God you left one guy that was you know doing all this stuff" to be with another alcoholic that you argue with and as I said, I don't know how, I don't think he hit her that often or anything, I can't remember, well I know twice but it's just like "Why? Why do it again?", you got out of that one and then three years later or how long it was, you're back in another one, um, so yeah, that really pissed me off.* (Kylie)

Overall these findings are supported by previous research examining the impact of domestic violence on the parent-child relationship. For example, several participants did not explicitly report that their relationship with their mothers had been affected by the presence of domestic violence. However, for some participants, their mother's mental health and/or parenting capacity had been affected as a result of being abused which in turn had either affected the women's experience of domestic violence or the quality of their relationships with their mothers.

Whilst past research has examined the mother-child relationship in mediating the impact of domestic violence exposure, little research has examined the effect of the perpetrator's relationship on the child's adjustment (Gewirtz & Edleson, 2007; Peled, 1998; Sullivan et al., 2000). However, Mullender et al. (2002) reported that only a minority of the children in their study spoke directly about their feelings for the fathers or mother's partners. Consistent with

these findings, only one woman in this study spoke directly about her feelings towards her violent father. She expressed affection:

> *As a child he was perfect, the perfect father, very loving, always you know, if something was wrong dad was the one I always went to... I don't have a lot of memories of dad beforehand* [before his illness] *I'd like them to come back one day.* (Amanda)

But also frustration and confusion over her father's aggressive behaviour and its cause:

> *Just one day, he totally changed, so it was sort of going from this loving dad to this not so loving dad... If it was alcohol, you can blame alcohol, if it was drugs, you can blame drugs, but you can't control what your body is doing, he had no control over his body, so you can't blame him and I think that can be the frustrating part because you do want to blame someone or something but you can't blame the illness and you certainly can't blame him because what was going on, he had no idea at all.* (Amanda)

These feelings are consistent with those expressed by the children in the study by Mullender and her colleagues (2002). The main theme to emerge from their findings is that children often expressed mixed emotions about their fathers or mother's partners. When describing their feelings for their mother's abuser, the children expressed feelings of sadness, fear, hatred, love and confusion.

Characteristics of the Violence

Type of Violence

In the literature domestic violence generally refers to acts of physical violence and aggression perpetrated against adult women by their male intimate partners (McGee, 1997). However, expanded definitions of domestic violence include, but are not limited to, sexual, verbal emotional and social abuse and economic deprivation (Laing, 2000; McCue, 2008). It is also not unusual for more than one form of domestic violence to be occurring in the one relationship, with emotional abuse being present in most cases of domestic violence (McCue, 2008).

When questioned about their experience of witnessing domestic violence, participants found it difficult to recall specific details about their experience. One explanation may be the length of time that had elapsed or they may have been too young to understand it. All

participants reported being in close proximity to the violence and either overhearing arguments, witnessing incidents or their aftermath:

> *I don't think we were really ever in the room, probably when they were pushing and shoving and like she was pushing back or something and then he would shove her again and um, I remember seeing that sort of stuff but actually in regards to fully punching her or anything like that I don't remember, apart from the strangling time.* (Kylie)

> *A couple of occasions we were in the room or we'd hear it and hear mum shouting and end up running to see what was happening.* (Natasha)

> *We didn't really see the sort of violence that he did to mum, but we kind of, we could hear it basically.* (Stacey)

> *I came home and she had a bruised black eye.* (Jane)

Some participants witnessed or heard physical and sexual violence perpetrated by their fathers or stepfathers against their mothers. Whilst the severity and nature of the violent attacks varied, it is evident from their descriptions that they were present in the house at the time of the violence and were aware of what was happening:

> *He knocked mum to the ground and she couldn't even, couldn't even breathe and I was just standing there staring at her thinking, "What?", you know, helpless to do anything... she was trying to look at me and say "it's ok" and you know, when you can see fear in her eyes and she's lying on the ground...* (Natasha)

> *He was trying to strangle mum and he um, had her up against one of the walls in the lounge room...her feet weren't touching the floor* (Kylie)

> *They used to row a lot but and there was definitely, he definitely used to hit her but I just really can't remember much of it* (Amy)

> *I can't remember, I just remember him hitting her* (Jane)

> *He was quite aggressive, um, sexually with mum and there were a few times where he basically raped her* (Amanda)

Although emotional and psychological abuse are often less recognised in the literature as being a form of domestic violence (Mullender et al., 2002), it can be just as painful and distressing for children as physical violence as well as a lot more difficult to overcome in the long term for the mothers involved (McCue, 2008). For example:

> *He went into the bedroom and spat on her... he never really hit her, he used emotional abuse and he used to spit on her and belittle her more than anything... I understand that people also have the physical sort of stuff happen but I think emotional* [abuse] *can be a lot worse... I think she will take a long time to get over it and I think once she gets out, she's going to be exhausted...* (Stacey)

Also consistent with prior research, most of the women in this study, reported that their experience of domestic violence involved more than one form of abuse:

> Interviewer: *So he wasn't always violent?*
>
> Jane: *No, not all the time, he was verbally violent a lot, he would swear, he would always, you know, yell... he kept threatening mum...*

Several participants recalled consistent periods of aggressive shouting or controlling or intimidating behaviour, such as taking wheels off the car so that they could not escape following a physical attack or death threats to family members.

> *Mum rung my friend's house and spoke to her parents and then got on the phone to me and my stepdad had been over there, um, drunk and causing chaos over there and um, and basically she told me can I stay at her house* [friend's] *another night because she didn't want me coming home in case he came back to the house and pretty much he had threatened to kill her and kill her kids as well.* (Kylie)

Whilst the women in this study did not go into detail about their experience of living with domestic violence, they were able to articulate that for part of their childhood, their lives had been disrupted and chaotic. Physical violence and abuse perpetrated by their fathers or stepfathers against their mothers was a regular occurrence in their lives.

Frequency, Severity and Duration of Violence

For the women in this study, the violence and abuse started early in their lives, except in the cases of Amy and Amanda where the abuse had started at the age of 10 and 12 years, respectively. These women reported that they were fully aware of the abuse as soon as it started. Other women reported being fully aware of the abuse despite being considerably younger (approximately 6 years of age). The final two women however, reported that whilst they were aware of the verbal abuse, they could not recall the exact extent and severity of it or

whether the physical abuse had been occurring prior to the specific incidents they had remembered. For example:

> *I must have been 6 and I was scared of him then and I used to remember the arguing and banging and all that and that was when I was 6 years old so it must have been going on for probably, before then... I do remember from probably about 9, um, it was when I noticed that he was physically abusing her.* (Kylie)

> *I wasn't totally aware of these things probably before the age of 13, 14, because I probably didn't have the, I probably couldn't comprehend it... Maybe it didn't get worse until that point or, I don't know, maybe it wasn't happening before then.... I can't remember.* (Natasha)

Although these participants could not confirm or deny that the physical violence had occurred prior to those incidents discussed, they both offered explanations for why they may not have recalled any earlier incidents:

> *I think for me, when you're younger, you tend to go to bed at 7:00pm, well I think we were in bed by 6:30-7:00pm, um, and whether we were asleep before it all happened or you'd just wake up by the shouting and then just drift back off to sleep and never really acknowledge that it was happening or to the extent that it was happening... It's more in your face; you're more confronted with it as you're older than what you are I think when you're younger* (Kylie)

> *I might have shut things out when I was little and pretended it wasn't happening. I always remember yelling and arguing but I don't necessarily remember anything other than that, um, except those few instances* [of physical violence] *in my teens* (Natasha)

These explanations are consistent with a developmental perspective of domestic violence, which suggests that older children have more knowledge and resources available to them and are better equipped to understand their situation than younger children (Mullender et al., 2002).

Although previous research findings indicate that the frequency, severity and duration of the violence to which children are exposed may have an impact on how they are affected, little research has examined these variables independently (Margolin, 1998). Studies have found however, that duration of abuse is associated with depression among 11 to 15 year old children (Hughes & Luke, 1998) whilst more frequent and intense conflict (both verbal and physical) is associated with higher levels of self-reported externalising behaviour and

depression in children aged 12 years (Rogers & Holmbeck, 1997). Furthermore, whilst physical aggression is more distressing for children than verbal aggression (Grych & Fincham, 1990), other forms of family aggression (i.e., verbal aggression) have been shown to independently contribute to children's behaviour problems (Jouriles et al., 1996).

When asked directly about the frequency of the abuse they had witnessed, the participant's responses were mixed. For those women who had experienced witnessing physical violence, many could not recall how often the violent attacks would occur but stated that they had seemed "*pretty regular*". Most of these women reported remembering more frequent verbal, psychological and emotional abuse, with only the severest cases of physical abuse being recalled.

> *...it went on for a good six years or something, yeah, and a lot, a lot of arguing all the time, or it felt like all the time. I don't know how often the hitting and that was but I'm sure it was still pretty regular...* (Kylie)

> *I always remember the yelling and arguing but I don't necessarily remember anything other than that, um, except those few instances* [of physical violence] *in my teens...* (Natasha)

> *...it was more verbal abuse, I don't recall him hitting, um, I'm sure he did, um, but I don't recall the hitting side of it, so it was just a lot of emotional* [abuse] *right at the beginning*. (Amanda)

In relation to length of exposure, two of the women had lived with domestic violence for two years or less, three had lived with it for between two and seven years, however one woman reported spending most of her childhood and young adulthood dealing with emotional abuse in family home. All participants reported being aged between 6 and 13 years when they became aware of the abuse and violence being perpetrated against their mothers by their fathers or stepfathers. Five women reported being aged between 9 and 18 years when the abuse and violence ceased. However, one participant reported that the abuse against her mother was continuing at the time of the interview.

It was basically when I was 12, so '83, um, and he died in 88', so it was a five year... um, the aggressiveness was probably the first two and a bit years and then he just progressed... (Amanda)

I was at least 9 [when the violence started] *and probably went on until about 15ish... so it went on for at least a good six years or something.* (Kylie)

It was more through my teens is what I remember, that's probably about the only vivid memories I have is between the age of, I would say 13 to 18. (Natasha)

It was between the ages of 10 and 15 years old and um, it was my stepfather and mum. (Amy)

I knew from a very young age that it was going on... when I was in year 1, so it would have been around 6 or 7 that I really started noticing...

As very few studies have independently examined the association between violence variables such as the severity of the violence witnessed by children and the length of such exposure on children's adjustment (Margolin, 1998), it is difficult to determine whether frequency, severity and duration of the violence and abuse witnessed by the women impacted on their mental health and wellbeing.

The Impact of Domestic Violence

Emotional Responses

There was diversity in the women's emotional responses to living in the context of domestic violence, however consistent with the previous findings from qualitative research (Bennett, 1991; Ericksen & Henderson, 1992; Mullender et al., 2002), the most commonly expressed emotion was fear. However, as illustrated below, there was some variability in the way the women expressed their fear:

I'd make myself go into my room and pretty much sit there and pray to God that it was just going to be an argument and it's not going to get any worse than that. (Natasha)

You just sat and didn't move, you know, you heard them yelling and you thought, "If I move, he might come and yell at me"... I started to shake coz I could hear yelling. (Jane)

I don't actually remember mum's reaction, I don't remember even seeing my mum in those times, I just remember seeing his angry face and oh actually, half the time I didn't even, I'd go so into myself that you almost don't even look at either of them, you're just

> *hearing the shouting, hearing the screaming and hearing the crying but you're not actually, you're trying not to be aware of it, it's like you're trying to deny it's actually happening at the time.* (Natasha)

> *I remember crying and screaming out "Stop!"* (Kylie)

This finding is also consistent with those reported by Mullender et al. (2002) wherein the children in their research talked about reacting to immediate situations of violence in a variety of ways, including shaking, screaming, getting angry and crying.

One woman in this study also reported feeling a sense of powerlessness as she wanted to stop the fighting but felt unable to do so:

> *When it was going on* [the violence], *it was out of your control, there was nothing, I felt there was nothing I could do.* (Kylie)

Another reported feelings of loneliness and desperation:

> *It pretty much felt like I had nobody... like no one's listening, no adult cares and living on eggshells, you're on edge all the time.* (Natasha)

These findings are supported by previous research (Mullender et al., 2002). For example Ericksen and Henderson (1992) found that the children in their research study reported feelings of powerlessness as they wanted to stop the fighting but felt they were unable to do so. Many children also talked about wanting to be informed of what was happening by their parents and to be directly involved in any decision making process as they felt they were often overlooked by adults and professionals. Furthermore, Haj-Yahia (2001) found that domestic violence (both psychological aggression and physical violence) had a bigger impact on females than males in respect to feelings of hopelessness.

Psychological Responses

Numerous studies have documented the emotional and psychological impact of domestic violence on those children who witness it. Specifically, studies have demonstrated that children who witness domestic violence are at risk of developing depression, somatic

complaints, anxiety and post-traumatic stress disorder as well as social withdrawal and low self-esteem (Carlson, 2000; Fantuzzo et al., 1991; Haj-Yahia, 2001; McFarlane et al., 2003).

Only two of the participants in this study reported that their experience negatively impacted on their psychological health and wellbeing and experienced depression during their adolescent years:

> *Over time, it obviously was eating away at me and yeah, I'd try not to think about it but then I started getting feelings um, various feelings, like, mostly I became depressed, heavily depressed and then, I thought I'd you know try and look for a cause for that depression and I thought, then maybe, it dawned on me that may be it is affecting me* [the violence] *even though I think it's not.* (Natasha)

> *I was quite depressed, I was angry, I used to cry at the drop of a hat, I was emotional... I used to get razor blades and engrave shit in my arms and stuff.* (Kylie)

Behavioural Responses

Two women reported that their experience of living with domestic violence impacted on their behavioural wellbeing as they engaged in anti-social and disruptive behaviour:

> *I became the rebellious one that snuck out, wagged school, smoked cigarettes, drank alcohol, smoked pot and that would have been from about year 9, so about 14 years of age, um, I used to get very messy, very depressed when I drank, um, it wasn't pretty.* (Kylie)

> *I'd turn to alcohol to escape... not to hurt myself, it was just to escape, all you wanted was a bit of relief for 5 minutes to not have to think about, yeah, you're life in general. I would secretly drink in my room... I wasn't really a drug person, so I never really turned to drugs except for a couple of times, if I was really low and depressed, I think I tried drinking, drinking and taking a few random pills which wasn't a good idea at the time.* (Natasha)

Whilst causal interpretations between processes and outcomes cannot be made in qualitative research (Patton, 1990), both of the women who reported that their experience negatively impacted on their psychological and behavioural wellbeing experienced severe forms of physical violence (e.g., strangling and choking) and verbal aggression in their home for over five years. Although the association between violence characteristics and outcomes cannot be established in this study, this result is consistent with prior research which suggests that form of violence and frequency may be factors which influence the impact of domestic

violence on children (Hester et al., 2006). For example, Rogers and Holmbeck (1997) found that more frequent and intense conflict (i.e., both verbal and physical violence) was associated with higher levels of self-reporting externalising behaviour problems and depression in their sample of children aged 11 to 15 years. Notably, the women in this study were between 14 and 18 when they were depressed and engaging in disruptive and anti-social behaviour.

Coping and Survival Strategies

Participants in this study became survivors of domestic violence and were able to overcome their adverse experiences through developing their own resources and coping strategies. Consistent with existing research on coping strategies and resilience, the strategies employed by these women were predominantly problem-focused and emotional focused (Lazarus & Folkman, 1984; Peled, 1998; Mullender et al., 2002).

Also consistent with previous research conducted by Mullender and her colleagues (2002), the coping strategies used by the participants in this study could be divided into categories: immediate and longer-term. Immediate coping strategies were those strategies used by the women when the abusive incidents were taking place (Mullender et al., 2002). The longer-term coping strategies were those strategies used by the women after the incident and over time (Mullender et al., 2002).

Coping in the Immediate Situation

When asked what they did while an abusive incident was taking place, participants reported that they either distanced themselves from the violent or abusive situation or attempted to intervene in the situation to try and protect their mothers. On some occasions, the women would engage in both responses while witnessing the single incident. The most common response by the participants was to remove themselves from the situation by going to a place where the violence could not be seen or heard:

> *I'd go into my room and sort of shut myself in there... I prayed quite a lot, praying to whoever's there, "could you please, you know, get me out of this situation".* (Natasha)

I'd sort of go into my room quietly and just sort of, I always remember just lying on the floor and just falling asleep. (Amanda)

I just went into my room and turned up the stereo or watched TV. (Amy)

I remember, I must have had this thing... I used to go lie under the covers a lot... I used to crawl into my bed and crawl down to the bottom, my head, I would keep like, as if I was in a cave, you know what I mean, I never put my head on my pillow and have my body down the end, I would have my head down the end and fall asleep down that end, um, so whether that was my way to kind of block it out, I didn't want to hear the screaming or the arguing, so I used to just go into my room and crawl to the bottom of the bed, get under my covers and fall asleep. (Kylie)

Another example was to try and ignore their feelings and thoughts about the event:

I remember pretty much sitting there, you're sort of listening but you don't really want to and you're trying to block it out and pretend that you're getting on with your life and just doing every day things and listening, put the music on and pretend to sing when really, you're, you're, in the back of your mind, you're thinking what's going on out there and you know, your ears are constantly listening out for sounds but, so yeah, in a way, you're trying to deny that anything is happening. (Natasha)

Some participants tried to intervene in the arguments but were met with resistance:

I think there were a few times when I got older where I tried to intervene and I remember once when I was about 14, um, him and mum were arguing and stuff in their bedroom and I walked in and told him to "Stop and get off her" or something because obviously he had her pinned down or whatever and then he pushed me into the um, clothes, into the cupboard, so after that I kind of just went, "I'm not going to do that again"... You know, it's a man, I, there's not a lot I can do, I can say "Don't do it", I can cry, I can scream but he's already in his mindset that he still wants to carry on. (Kylie)

Sometimes I would try and reason with dad but he just, he just sort of brushed you off, he didn't sort of, see that he was the problem. Of course, he became quite paranoid so we were the problem, not himself. (Amanda)

Existing research has shown that children often implement safety strategies in the immediate situation which include alerting the police to the violence or phoning friends and relatives to seek help (Mullender et al., 2002). Only one participant reported trying to intervene in the violence by seeking help from the police:

I heard mum screaming up the stairs to get the phone to call the police and I went over there to grab the phone and call the police... I'd never rung before, I didn't even know what, I knew to dial 000 but what to say, who to ask for and then he grabbed the phone out of my hand and said "Don't call the police" so then I couldn't do anything. (Jane)

Based on the findings of Mullender and her colleagues (2002), some participants may not have attempted to telephone the police for fear of (1) 'breaking the silence' and exposing their family 'secret' of domestic violence to the public, (2) getting their parents into trouble with the law or (3) making the situation worse in that their actions might produce further incidents of violence at a later stage. Further, previous research suggests that children seldom discuss the occurrence of domestic violence in their home for fear of the repercussions and therefore, they are often reluctant to seek assistance from external sources (Humphreys & Mullender, 2004; Mullender et al., 2002).

Longer-Term Coping Strategies

Factors such as age and gender have been found to mediate the type of coping strategies used by children (Hester et al., 2006; Mullender et al., 2002). Consistent with these findings, the women in this study reported that their reactions to the violence and the strategies they used to deal with its impact, appeared to change over time. Specifically, participants reported that as they got older, they found alternate methods to cope with the situation. For example, participants reported getting out of the house and either finding a quiet place where they could be alone or going to a nearby friend's or neighbour's house; this was generally someone who was aware of what was happening.

> *I think they knew what was going on because they were really good friends with mum and they only lived down the road, so I just, it was walking distance, I just walked down there.* (Amy)

> *By the time I became a teenager, I spent a lot of time at friends' houses.* (Kylie)

Furthermore, in the longer-term they engaged strategies which made them feel like they had some control of their environment and the situation.

> *I guess that was my way of, I guess, controlling, 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 was 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's pretty silly because I knew I wasn't the cause of the them* [the arguments]... *so yeah, my way of coping was by*

trying to control it by controlling the everyday environment in the hope that he would have no excuse to get angry. (Kylie)

It's come to the point where I'm sick of it, um, that there's nothing I can necessarily do about it, um, and now instead of yelling at my dad, I'm trying to push my mum. I'm getting nowhere with dad, dad comes home and does the same old shit, whereas mum now has the support... now I can work with them to get her out of the situation. (Stacey)

When it was actually happening my way of coping was just try to put myself in a role where I had to be the strong one so, and in that sense, um, I didn't really let things hurt me or get to me because I tried to be the tough one and tried to, you know, be brave and, and act like I was head of the family I suppose and the, you know, even though a child, you can't be protected but I like, I'd put myself in that role to give myself a role, so I, I suppose I played my own part in it. (Natasha)

Whilst some participants emphasised the importance of writing about the issue of domestic violence or their thoughts and feelings about their experience, Natasha also discussed how her faith and spirituality helped her to cope in the longer term:

Doing that for so many years [praying], I guess I became more spiritual and that helped a lot, like I wouldn't, I don't think I would've got through overall, overall through age 13 to 18 without spiritual beliefs... Just believing that there was more than myself in the world, there's something more to life, there's something, I thought, I started looking for reasons why things happen to certain people, I started thinking why is it happening to me, what was the point of it all, just asking millions of questions, to, trying to find my own answers, trying to find a positive from something that's a negative... I guess I liked the thought of thinking there was more to life and there's more out there and having a belief about something else because it got, you know, because it's better than thinking we're alone.

This finding was consistent with the research by Mullender et al. (2002) who found that ethnicity may be an important resource in "*making sense of, coping with, and surviving the trauma of living with domestic violence*" (p. 149). However, whilst no participants in this study were from an ethnically diverse background, the authors did conclude that religious beliefs appeared to help some children develop resilience. Moreover, the children from the study conducted by Mullender and her colleagues (2002) suggested writing down thoughts and feelings about their experience of domestic violence when offering advice to other children in similar situations. This indicates that writing may be a helpful way for children to cope with domestic violence on a psychological level.

Social Support

The findings from previous studies indicate that social support networks outside of the immediate family, including extended family members, peers and other significant adults, may influence the impact of domestic violence exposure on children (Anderson & Danis, 2006; Hester et al., 2006; Kolbo, 1996; Criss et al., 2002; Mullender et al., 2002). Consistent with these findings, several women sought strength, comfort and support from extended family members or from friends.

Participants reported having a close friendship with at least one other child. The women reported having bonded with these children because they had also experienced adversity or were living in similar circumstances.

> *I had a really close friend that knew what was going on because she was sort of being abused by her mother.* (Stacey)

> *I used to go to my friend's house, I stayed a lot there, she was pretty good... I think that's what brought us together because we had a mum and dad that were having issues.* (Jane)

> *I stayed at her* [friend's] *house quite often to the point where I was there nearly every weekend. I constantly stayed at their house and that was good, her parents were great, she was, her dad was over in Sydney so 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, um, although she never had the violence or anything but it was still someone who wasn't living in a normal, happy, wonderful, 'my parents are still together', you know, everything is wonderful... her and her family were a big comfort to me.* (Kylie)

This finding is consistent with previous research which has identified that positive peer relationships may be a protective factor in how children are affected by witnessing domestic violence (Margolin & Gordis, 2000). For example, Criss et al. (2002) found in their study that acceptance amongst peers and positive peer relationships played a significant role in buffering children from experiencing externalising behaviour problems in response to family risk and diversity.

Grandparents and siblings were also identified as being important sources of support to the majority of women in this study. In particular, grandparents provided feelings of safety and security for these women whilst siblings provided comfort and support:

> *From my nan, it was definitely support because she knew what was going on and she didn't want me in that environment.* (Natasha)

> *He was like my support* [poppy] *because mum wasn't well... so he was my security and everything, it was really good and I was so far away from it* [the violence]... *in a safe house.* (Jane)

> *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.* (Kylie)

> *I would've hated not having a sibling at all because at least when you've got a sibling you're going through it together as much as sometimes you can be selfish because you, you're young or you might not talk about it but you know what each other is going through and you're both living the same thing, so you know, like I said, and sometimes, we would talk anyway, but maybe not about those things as such, but it was in a way that was still, you know, like a friend or a loving, a loving family member, someone that's on your side I guess... If I didn't have my sister I probably would've been very lonely.* (Natasha)

This is supported by Anderson and Danis (2006) who in their qualitative research examined first-person accounts of resilient women who, as children, were exposed to domestic violence. The women in their study reported working at developing positive support systems within and outside their families (e.g., with siblings, grandparents and extended family members) which they stated helped provide them with "a sense of belonging and a basis for receiving unconditional love" (p. 426).

Furthermore, many of the women in this study described their grandparents as their saviours or surrogate mothers and/or fathers:

> *My nanna was huge, I think if it wasn't for my nanna... she became like a mother to me... she was more like, she was the safety.* (Natasha)

> *I didn't have a close relationship with my dad, we used to go to my nanna's and pop's all the time... he was like my father figure... yeah he was a good pop... he would go away on holidays with us... he would come around and help mum out as well... so I saw him as a father figure.* (Stacey)

As illustrated above, for many participants having social support networks outside of the immediate family who were able to provide a safe and secure environment as well as the necessary emotional support which was pivotal to their survival. This finding is consistent with prior research. For example, Rogers and Holmbeck (1997) found that children in high conflict homes who reported greater use of social supports had lower externalising and depression scores than children in high conflict homes who reported less use of social supports. Furthermore, Mullender and her colleagues (2002) reported that some of the children in their study had strong support structures with their extended family members, which provided them with some form of physical and emotional sanctuary.

Outcomes

Family Outcomes

For the majority of the women in this study, their experience of living with domestic violence ended with their mothers separating from their stepfathers. Based on the findings of previous qualitative studies it is not unusual for mothers living in abusive relationships to separate from the children's fathers or stepfathers at some time and eventually divorce (Mullender et al., 2002; Peled, 1998). For three of the participants, their relationships with their stepfathers were severed after their parents separated and they never saw them again unless it was by accident, e.g., seeing them in the street. One of the participants however, reported seeing her stepfather on a regular basis as he still had visitation rights with her three brothers (the stepfather's biological children).

For the remaining women in this study, their mothers chose to stay with their fathers in the abusive relationship. It should be noted however, that for one of these women, her father passed away due to illness a few years later, whilst the other woman is currently making plans with her mother to leave the situation. This is somewhat consistent with the in-depth research conducted by Mullender et al. (2002) who found that for some children supporting their

mothers and siblings to deal with the emotional impact of domestic violence was important. In particular, these authors found that as children got older they wanted to be active and involved in findings solutions to the violence.

Individual Outcomes

Studies have consistently found that living in a home with domestic violence can have a detrimental impact on the psychological and behavioural functioning of children (Carlson, 2000; Edleson, 1999b; Wolfe et al., 2003). In contrast to those findings, the women in this study have emerged from their experience with very few adverse outcomes, despite some women reporting negative psychological and behavioural reactions to the violence during their adolescent years. Overall, through their discussions they were able to demonstrate that they were living rewarding lives and were now encouraging others to do the same; with many entering into professions devoted to helping and supporting others.

Furthermore, some participants expressed their commitment to breaking the cycle of violence or giving their children a sense of belonging:

> *Since having children of my own, I don't want to be like my mum, I don't want to place my children in the same, I don't want my kids having to deal and live with the things my sister and I dealt with and I don't, yeah, I just, I just don't want to be in that situation.* (Natasha)

> *I hate any sort of conflict at all and I know now that if I ever met anyone that had a bad temper I would just, I would be out of there, there's just no way I'd put up with that... I don't think it's a good thing changing schools and now I think, I mean I've got a few close girlfriends but not, you know, they're not from school at all and I sort of think, for my kids, that's why I want to try and keep them in the same school, in the same house.* (Amy)

The outcomes described above are consistent with previous research examining resilience following domestic violence exposure (Anderson & Danis, 2006). In particular, Anderson and Danis (2006) found that the resilient women in their study "did not give up trying to better their lives and wanting to make a difference for themselves and others" (p.

429). Moreover, the women in their study reported engaging in volunteer work, advocating for others and entering in helping professions.

Discussion and Implications

Given that existing research in the field of domestic violence has largely focused on the negative consequences of children's witnessing of domestic violence, the aim of this research project was to provide an in-depth narrative about the unique life experiences of women who have been exposed to domestic violence in childhood and adolescence and the factors which influenced their ability to cope in the circumstances. The purpose of the current study was to gain knowledge of how children cope with witnessing domestic violence in the family home by listening to, interpreting and attempting to understand each woman's experience of living in a home with domestic violence and the strategies they used to cope with such violence. It was anticipated that the knowledge gained from this research project would provide valuable insight into how children experience domestic violence and what factors may buffer the impact of witnessing such violence to enable them to overcome their experience without developing any adverse consequences.

The first aim of this project was to explore the unique experiences of these women who were exposed to domestic violence during childhood and adolescence. The findings from this study suggest that women who have witnessed domestic violence during their childhood and adolescence years are able to discuss their experience openly and honestly, albeit with some initial reservations which will be discussed later in this paper. Not only were most women able to describe the abusive and often violent incidents they had witnessed, they were also able to describe their feelings about having witnessed these incidents.

The second aim of this research project was to explore how women coped with living in a home with domestic violence during their childhood and adolescence years and what factors influenced their ability to cope in the circumstances. The findings from this study suggested

that most of the women coped with their experience by themselves as best they could given their circumstances. The wide-ranging coping strategies employed by these women when the abusive incidents were taking place included intervening directly in the incident or protecting themselves from the violent and abusive attacks by going to a place where the incident could not be seen or heard. There seemed to be some variation regarding how these women coped with living with domestic violence in the immediate and the long term with many women preferring to seek solace at a friend's or neighbour's house when they reached their teens rather than spend time in the family home.

The most notable gains for many of the women who had witnessed domestic violence came from their relationships with extended family members, specifically their grandparents. The women in this study were able to talk openly about the quality of their relationships with their grandparents both during the time they had witnessed domestic violence and once the domestic violence had ceased. In most cases, the grandparents of these women, whether it be their grandmother or grandfather, were able to provide them with the love, safety, security and support they needed to survive their experience of witnessing domestic violence.

The final key finding from the current study was that these women were remarkably resilient despite the many challenges they had to negotiate throughout their experience of living with domestic violence. Overall, the women in this study appeared to have adjusted exceptionally well in the long-term aftermath of the violence with most, if not all, of the women currently living rewarding lives.

Taken together, the overall findings from this study suggest that during the time they were living with domestic violence, the women in this study wanted support, comfort and understanding from their mothers and other members of their family and the community regarding their own experiences of living with domestic violence. They wanted to live in a house which provided safety and security and where they had their personal belongings and

social support networks around them. Lastly, they wanted to be free of fear and live like "normal" children in a home without violence.

Limitations of the Current Research

One possible limitation of this study concerns the retrospective nature of the research design. The potential problem with retrospective self-reporting is that participants may either exaggerate or underestimate certain incidents that occurred or they may not accurately recall the events they witnessed, particularly if that person has experienced trauma (Anderson & Danis, 2006; Maker, Kemmelmeier, & Peterson, 1998; Whitfield, Anda, Dube, & Felitti, 2003). However, given the ethical limitations involved in conducting research on vulnerable populations (e.g., children and adolescents who have been exposed to violence), retrospective studies help to address current gaps in research without having to interview children directly about their experiences. Furthermore, given that most women were able to recall the severest cases of physical violence, it is unlikely that they would have underreported certain incidents.

Nevertheless, one way to overcome the weakness of retrospective reporting is to interview multiple informants, including parents, siblings and extended family members regarding the exact nature and extent of the violence and abuse witnessed by the participants to corroborate the information provided by them during their discussions (Forsstrom-Cohen & Rosenbaum, 1985; Maker et al., 1998). Whilst the participants' families were unable to be interviewed, the findings from this study are consistent with those found in existing research which has examined children's experiences of domestic violence (Bennett, 1991; Ericksen & Henderson, 1992; McGee, 1997; Mullender et al., 2002; Peled, 1998). Therefore, it is unlikely that the findings of this study were biased by retrospective reporting.

Another possible limitation concerns the generalisability of the current research findings and the representativeness of the sample. Despite the best efforts of the researcher to recruit participants who were representative of the general population, the current study was based on

a small sample of women with little or no ethnic and racial diversity. Furthermore, most of the women in this study were educated and therefore, it is possible that they may have had additional resources available to them to enable them to cope more effectively with their experience of living with domestic violence.

Recruitment techniques for this study included, but were not limited to, posting research flyers on noticeboards in several domestic violence and family services, medical practices and universities in and around the Perth metropolitan area. Unfortunately, however, using this method of recruitment proved futile as only one participant responded to the notice in a two month period. Consequently, the remaining five participants in this study where recruited through personal contacts; with over half of the participants attending university. Therefore, it is not know whether the findings reported here will generalise to normative populations.

Challenges to the Current Research

Given the recruitment difficulties encountered by the researcher, combined with the women's initial reluctance and hesitation to participate in this study (despite contacting the researcher to express their interest), it seems pertinent at this stage to highlight some of the challenges faced by researchers undertaking sensitive research such as domestic violence exposure on vulnerable populations (e.g., children and adolescents or women who have experienced domestic violence exposure).

Although it is not essential, when recruiting and interviewing people from vulnerable populations it is useful for the researcher/interviewer to be of similar age and gender to the participants. Furthermore, having a prior history of domestic violence exposure also seemed desirable as it enabled the researcher to build rapport and a sense of trust with the participants prior to conducting the interview. Whilst self-disclosure may not be an essential component in undertaking research on other sensitive issues, the researcher did find that by discussing her

own experiences of domestic violence throughout the interview, participants were encouraged to be more forthcoming with their own stories.

Implications for Future Research

The findings of the current study have implications for future research. Firstly, further study is needed to examine whether the nature of the relationship between the perpetrator of the violence (e.g., father, stepfather or non father figure) and the child mediates the impact of domestic violence on children's adjustment over time. Preliminary research conducted in this area suggests that the relationship between the perpetrator of the violence and the child may be an important factor in children's adjustment (Mullender et al., 2002; Sullivan et al., 2000). Therefore, future research examining children's resiliency following domestic violence exposure should specifically examine variables relating to the father-child relationship to determine their impact on children's adjustment.

A second goal for future research is to examine in greater detail violence variables such as type of violence and the severity, frequency and duration of violence witnessed by children and how this impacts on their adaptation and adjustment over time. Although cause-effect relationships cannot be made in qualitative research, particularly those utilising retrospective reporting, the results presented here suggest that violence variables (e.g., type of violence and severity and duration of violence), may influence children's emotional adjustment in the immediate and long term (e.g., fear, anxiety and depression).

Finally, future studies need to continue to examine factors which mediate the impact of domestic violence exposure on children's adjustment, particularly those factors which may protect children from the negative impacts of living with domestic violence. Specifically, longitudinal studies need to be conducted to help identify and understand how specific mediating factors interact at different ages and developmental stages to influence children's adjustment and functioning in the immediate and longer term (Gewirtz & Edleson, 2007).

Conclusion

This study was guided by the theories of phenomenology and resilience. This allowed each woman to tell their own story, in their own words, about their experience of living with domestic violence during childhood and the coping strategies and resources they perceived as invaluable to their survival. The themes and subthemes which were identified facilitated the researcher's understanding of living in the context of domestic violence. It also highlighted the unique difficulties faced by children and adolescents living with domestic violence and the varied coping strategies they use to deal with emotionally challenging situations in the immediate and longer term. Finally, this study demonstrated the remarkable determination, courage and maturity that these women possessed in order to overcome these challenges despite the odds.

Despite the limitations of the current study, the findings were consistent with previous research which has examined children's experiences of domestic violence (Bennett, 1991; Ericksen & Henderson, 1992; Mullender et al., 2002; Peled, 1998). Specifically, this study found that children's experiences of, and responses to, living with domestic violence vary significantly. More notably, it highlighted that not all child witnesses experience significant harmful effects in the face of adversity. This finding highlights the need for professionals working in counselling and support services to not overpathologise children who have been exposed to domestic violence. Rather, counselling and support services need to respond to the individual needs of each child by identifying and assessing the factors which are present in their life which will mediate their response to the violence (Rudo et al., 1998). This will also assist in identifying those children who are at greater risk of developing adjustment problems than others, allowing for early intervention and treatment strategies to be implemented.

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Appendix A

Understanding the impact of domestic and family violence on children

My name is Kristy O'Bryan and I am conducting a study about how children and adolescents experience domestic and family violence, with a particular focus on the contextual factors that mediate the impact that witnessing domestic violence has on children's health and wellbeing. This study is being undertaken as part of my participation in the honours program within the School of Psychology at Edith Cowan University.

To inform this study I am seeking to interview adult women aged 18 to 40 who were exposed to domestic and family violence in childhood and/or adolescence.
An interview will take approximately 45-60 minutes.

Participation is entirely voluntary and confidential (no names or identifying information will be used in any way)

It is hoped that the outcomes of this study will add to our understanding of the impact of violence on children and potentially also inform the way that children's counselling and mental health services provide support to children

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For further information, or if you would like to participate in the study, please contact:
Kristy O'Bryan on 0409 682 056 or
Email: kobryan@student.ecu.edu.au

Appendix B

Information Sheet

My name is Kristy O'Bryan and I am currently completing my Bachelor of Arts (Psychology) Honours degree at Edith Cowan University, Joondalup Campus. As part of my degree I am required to undertake a research project. The Edith Cowan University Human Research Ethics Committee has approved this research. I am interested in talking to adult women between the ages of 18 and 30 years about their experiences of witnessing domestic violence in childhood.

Participation in this research would involve a single interview lasting approximately 45-60 minutes. All information will be treated as strictly confidential, with interviews audiotape recorded and transcribed verbatim. No names or identifying information will be used to protect your privacy and confidentiality. A pseudonym may be used if required.

If you are interested in participating in this research or if you have any questions, please contact me on (08) 9405 6564 (home), 0409 682 056 (mobile), or via email at kobryan@student.ecu.edu.au or you can contact my supervisor, Associate Professor Lynne Cohen on (08) 6304 5575.

Alternatively, if you have any concerns about the research or would like to talk to an independent person, please contact Ms Kim Gifkins, Edith Cowan University Research Ethics Officer on (08) 6304 2170 or via email at research.ethics@ecu.edu.au.

Please note that your participation is entirely voluntary. You are free to withdraw from the research at any stage without any adverse consequences. At the end of this study, a full report of the results will be available to you upon request. This report may also be published, but in no way will you, or any other participant, be identifiable. It is envisaged that this study may be distressing for some of the participants and therefore, the contact details of numerous metropolitan domestic violence and family counselling and support services will be provided. Furthermore, all of the participants will be debriefed at the conclusion of their interview. Lastly, a counsellor can be arranged to be present during the interview process to provide support if needed.

I look forward to hearing from you.

Yours sincerely

Kristy O'Bryan

Appendix C

Participant Consent Form

I, _____ have read the information sheet provided to me and agree to participate in the research study conducted by Kristy O'Bryan of Edith Cowan University. I understand the purpose and nature of the study and am participating voluntarily. Any questions I have asked have been answered to my satisfaction. I grant the permission for the data to be used in the process of completing the Honours in Psychology and acknowledge that it may be published. I understand that my name and other demographic information, which might identify me, will not be used. I understand that I can refuse to answer questions and can withdraw from this study at any time. I realise that there will be no penalty should I decide to cease my participation. I also grant permission for the interview to be audiotape recorded. If necessary, Ms O'Bryan may contact me at the number below after the interview to clarify the results.

_____ _____

Signed: Research Participant Date

_____

Contact Number

_____ _____

Signed: Primary Researcher Date

Appendix D

In-Depth Interview Schedule

I am interested in understanding women's experiences of being exposed to interparental domestic violence when they were children.

1. Can you please tell me a little about your experience of witnessing interparental domestic violence when you were a child?

   Can you please tell me a little more about that?

   How did that make you feel?

2. Based on your experiences and recollections, what do you believe are some of the factors that influenced your ability to cope with witnessing domestic violence when you were a child?

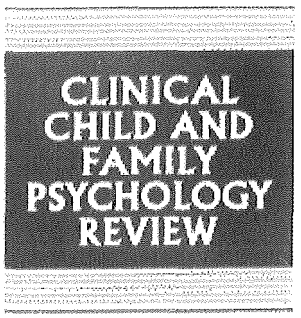
3. Based on your experiences and recollections, what do you believe are some of the factors and/or circumstances that may have negatively impacted on your ability to cope with being exposed to domestic violence as a child?

Appendix E

List of Counselling Services

ECU Psychological Services Centre	9301 0011
Women's Council for Domestic and Family Violence Services (WA)	9420 7264
Centrecare Domestic Violence Victim Support and Advocacy Service	9325 6644
Women's Healthworks	9300 1566
Women's Domestic Violence Helpline (24 hour support)	9223 1188
Women's Health Care House	9227 8122
Centrecare Joondalup	9300 7300
Adult Violence Counselling Service – Relationships Australia WA	9336 2144
(DVAS) Domestic Violence Advocacy Support Central	9226 2370
Domestic Violence Children's Counselling Service (DVCCS)	9328 1888
(FAIR) Family Abuse Integrated Response Service (Joondalup)	9301 2000
Nardine Wimmin's Refuge Outreach Support Program	9472 9470
Father Brian's Crisis Care Centre	9481 4050
Kinway (Joondalup)	9300 0460
Kinway (East Perth)	9263 2050
Atwell Family Support Service	9414 6011
Multicultural Women's Advocacy Service (Northbridge)	9328 1200
Armadale Gosnells Domestic Violence Support Services Inc	9398 5080
WASLEY Institute	9271 3831
Crisis Care (24 hour telephone service)	9223 1111

Author Instructions Clinical Child and Family Psychological Review



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5. An abstract is to be provided, preferably no longer than 100–200 words.
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7. All acknowledgments (including those for grant and financial support) should be typed in one paragraph (so–headed) on a separate page that directly precedes the References section.
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    Book
    Schlinger, H. D., Jr. (1995). *A behavior analytic view of child development.* New York: Plenum Press.

    Contribution to a Book
    Daugherty, T. K., & Shapiro, S. K. (1994). Behavior checklists and rating forms. In T. H. Ollendick, N. J. King, & W. Yule (Eds.), *International handbook of phobic and anxiety disorders in children and adolescents* (pp. 331–347). New York: Plenum Press.

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