‘Child Exposure to Domestic Violence, Social Factors and Wellbeing in Young People’

Catherine Naughton

Degree of PhD in Psychology

University of Limerick

Supervised by

Professor Orla Muldoon

Dr. Aisling O’Donnell

Submitted to the University of Limerick, January 2017
List of papers

Refereed ISI Publications included in the thesis

Citations: 1.


Naughton, C. M., O’Donnell, A. T., & Muldoon, O. T. (under review) ‘How it Was’: Young Adults Constructions of Their Parents Domestic Violence. Submitted to *Child Abuse & Neglect*. Impact factor: 2.397

Citations: 2.
Publications in Professional Periodicals


Policy Contribution

Holt, S., Naughton, C., & Devaney, J (2016). ‘Post-separation Contact in the Context of Domestic Violence’ a Research Brief on for An Garda Siochana

Research presentations

Oral Peer Reviewed Conference Presentations


**Naughton, C., O’Donnell, A., Muldoon, O. (July, 2016).** Evidence of Distinct Physical and Psychological Dimensions of Child Exposure to Domestic Violence in Young Adults. Paper presented at International Family Violence and Child Victimisation Conference, Portland, USA


Community Impact Presentations


**Honours and Awards**

2016 Hotaling Memorial International Student Research Award, Winner, Sponsored by the Haruv Institute, Jerusalem, at International Family Violence and Child Victimization Conference, Portland, New Hampshire, USA

2016 Eadbhard O’Callaghan Early Career Research Award for Youth Mental Health, Runner-up at the ACAMH Youth Special Interest Group Conference, Cork

2016 Dean’s Prize, Excellence in Research Award, Facility of Education and Health Science University of Limerick, Finalist

2014 Sole Irish PhD student to be offered a place at the prestigious EASP Summer School, Lisbon; Psychology of Social Justice Section

2013 European Association of Psychology and Law, Student Paper Award, Honourable mention
Abstract

Domestic violence (DV) is a pervasive worldwide problem. Growing up in a home affected by DV has been established as a complex trauma (Marigold, 2011) and as such may have negative consequences for children’s cognitive, emotional, behavioural and social functioning (Holt, 2008). However, meta-analyses show not only variations in outcomes within studies, as not all children are impacted equally (Kitzmann, 2003) but also an inconsistency in findings between studies, which may be attributed to methodological issues (Haselschwerdt, 2014). The overall objective of this thesis research was to address these concerns.

The first study (Paper 1) is based on an online survey of students (n = 465) aged 17-25 years. Applying a social identity perspective, findings highlight the beneficial effects of having a strong family identification for such young people. However, as those who reported the highest level of exposure also reported the lowest level of family identification, those most in need of this beneficial psychological resource are least likely to access it.

The second study is based on face-to-face interviews with 14 young people who grew up in homes affected by DV. This study aimed to analysis how young people understood and therefore construct their exposure to DV. Findings suggest that such constructions depend on the type of DV, which occurred in their home. The occurrence of physical DV was recognised as DV and facilitated help-seeking, however the occurrence of psychological DV was not labelled as DV and therefore led to ambiguity and confusion. Similarly, while the occurrence of extreme incidence of physical DV facilitated discussions on DV with mothers; this was not the case when psychological DV occurred.

The third study, based on the quantitative dataset (study 1) evidenced the presence of two discrete yet inter-correlated dimensions of exposure to DV; namely psychological and physical DV. Significantly, findings verified the psychological dimension as the main driver in the reduction in psychological wellbeing, with exposure to the physical dimension contributing no additional impact. We also found that those reporting high levels of exposure to the psychological DV fared better in terms of social support when they also reported coexisting exposure to high (as opposed to low) levels of physical DV.

The analytic focus of study four shifts from a micro to a macro level. A discursive analysis of interviews explored Irish Family Law Judges constructions of the relevance of child exposure to DV for their child custody decision-making. The findings suggest that Judges’ discourses were shaped by an idealisation of the nuclear family unit. Judges’ talk normalised, ignored or trivialised DV, rendering child exposure to DV as irrelevant to child custody and access to decision making.

The thesis research provides nuanced insights to the child exposure literature and had implications for policy and practice as will be discusses throughout the thesis.
Declaration

The substance of this thesis is the original work of the author and due reference and acknowledgement has been made, where necessary, to the work of others. Chapter 5 is a reanalysis of data collected as part of my MSc in Psychological Science in the University of Limerick. For the present paper and thesis, I substantially reanalysed the data and produced an entirely new write-up.

Statement of the candidate’s contribution to co-authored papers

The four studies included in this thesis were written up in four papers for publication. As detailed below, the substantial contribution to the co-authored papers was made by the candidate. However, while the candidate is fully responsible for the work presented in this thesis, in these empirical chapters, where the first person is used it is in the plural (i.e. ‘we’ rather than ‘I’) as in the original peer-reviewed articles, to reflect the collaborative efforts guiding the research process. Since each manuscript is meant to stand alone, some information may be repeated.

Paper 1: Study 1 – Chapter 2


doi: 10.3389/fpsyg.2015.01249

The research presented in this study was designed by the candidate under the supervision of Professor Orla Muldoon and Dr. Aisling O’Donnell. The data was
collected by the candidate. Statistical analysis, interpretation of results, framing of
arguments and write up of the article was conducted by the candidate with supervisory
support from Professor Orla Muldoon and Dr. Aisling O’Donnell.

Paper 2: Study 2 – Chapter 3
Naughton, C. M., O’Donnell, A. T., & Muldoon, O. T. (under review) ‘How it Was’:
Young Adults Constructions of Their Parents Domestic Violence. Child Abuse &
Neglect.

The research presented in this study was designed by the candidate under the
supervision of Professor Orla Muldoon and Dr. Aisling O’Donnell. The data was
collected by the candidate. Thematic and discursive analysis, interpretation of results,
framing of arguments and write up of the article was conducted by the candidate with
supervisory support from Professor Orla Muldoon and Dr. Aisling O’Donnell.

Paper 3: Study 3 – Chapter 4
Naughton, C. M., O’Donnell, A. T., & Muldoon, O. T. (under review) Exposure to
Domestic Violence: Evidence of Distinct Physical and Psychological. Journal of
Interpersonal Violence

The research presented in this study was designed by the candidate under the
supervision of Professor Orla Muldoon and Dr. Aisling O’Donnell. The data was
collected by the candidate. Statistical analysis, interpretation of results, framing of
arguments and write up of the article was conducted by the candidate with supervisory support from Professor Orla Muldoon and Dr. Aisling O’Donnell

Paper 4: Study 4 – Chapter 5


The research presented in this study was originally designed and the data was collected by the candidate under the supervision of Dr. Ronni Greenwood and submitted in candidature for MSc in Psychological Science. The data was reanalysed by the candidate under the supervision of Professor Orla Muldoon and Dr. Aisling O’Donnell.

Discursive analysis, interpretation of results, framing of arguments and write up of the article was conducted by the candidate with supervisory support from Professor Orla Muldoon and Dr. Aisling O’Donnell.

----------------------------------
Catherine Naughton (Candidate)
Statement of the Supervisor’s Contribution to Co-authored Papers

As outlined in the candidate’s statement above, the substantial contribution to the co-authored papers presented in this thesis was made by the candidate. This includes the review of the literature, study design, statistical analysis, and interpretation of the data, together with the write-up for publication. The supervisors contributed to the papers by advising on statistical and discursive analysis and interpretational issues, relevant literature and writing style. The theoretical framing in this thesis and the arrangement of the papers is the product of concerted discussion between the candidate and his supervisors.

Professor Orla Muldoon

Doctor Aisling O’Donnell
Acknowledgments

As I come to the end of my PhD journey there are a great number of people I would like to acknowledge and thank sincerely. Without them this would not have been possible. First I gratefully acknowledge both the EHS UL40 initiative (first 3 years) and the Department of Psychology (final year) who provided me with fee waivers for the Structured PhD program. I would also like to express my sincere gratitude to all the participants who took part in this thesis research. I am particularly indebted to those young adults who took the time to share their less than ideal childhood experiences in interviews with me. I thank you for your time, your honesty on such a sensitive topic and your desire to help others who share similar experiences. My hope is that you also gained valuable insights from our interview and I wish you all the best for the future.

Probably the most important component for completing a successful PhD Thesis is the supervisory team. I will be forever grateful for the unending encouragement and support, but also for the knowledge and direction both Orla and Aisling gave me. Even though at times it was somewhat of a bumpy journey, both of your unceasing contributions have ensured my development as a researcher. Orla, I am indebted for your continual evoking of my critical thinking and how you skilfully encouraged me to question my viewpoint and the interpretation of our findings. Although at times it was infuriating your direct questioning and indeed constructive criticism ensured that the thesis methodology, analysis and interpretation is of high standard. Aisling you were such a vital part of the team, in all areas of the thesis research. My journey would have been so much more difficult without you on-board. Your open door policy went way beyond expectations and I will forever be grateful for your listening ear but especially...
your ability to be rational, diplomatic and give sound advice. I could not have wished for better supervision, thank you both.

A very special thank you must go to everybody who has been involved in the Centre for Social Issues Think Tank; the list is too long to name everybody. It was such a supportive and motivational space. I have gained immense knowledge, a broader perspective of social psychology, and the confidence to speak up in somewhat more intimidating environments.

Thank you to my fellow PhD students past and present and everybody in the Psychology Department. The supportive environment which facilitated the sharing of knowledge and skills has been fantastic. I am especially indebted to Brenda, Sarah, Stephen W and Joanne who engaged in endless discussion on all areas of my research. Also to all my non-academic friends who encourage and supported me and understood when I put my PhD first. I am particularly indebted to the encouragement and support from my friends (you know who you are) from the Breath-Again women.

I want to give a special word of thanks to my parents Frankie and Sean. Your endless selfless support went way beyond the constant child-minding and school runs. I will always be grateful for your encouragement and also for the endless things both big and small you have done along the way which puts you in the category of ‘best parents in the world’, you truly are a hard act to follow. To my siblings and to Aoife for your support and encouragement and last but certainly not least to Brian who has grown up with me on this journey. Thank you for your patience and understanding when at times you had to take a back seat to my PhD and do without due to financial constraints. I am truly proud of you both.
List of Appendices

Appendix 1. Survey used for quantitative study

Appendix 2. Glossary of Jefferson transcription symbols

Appendix 3. Interview schedule for chapter 3

Appendix 4. Interview schedule for chapter 5
# Table of Content

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of papers</td>
<td>i</td>
</tr>
<tr>
<td>Refereed ISI Publications</td>
<td>i</td>
</tr>
<tr>
<td>Publications in Professional Periodicals</td>
<td>ii</td>
</tr>
<tr>
<td>Policy Contribution</td>
<td>ii</td>
</tr>
<tr>
<td>Research presentations</td>
<td>iii</td>
</tr>
<tr>
<td>Oral Peer Review Conference Presentations</td>
<td>iii</td>
</tr>
<tr>
<td>Community Impact Presentations</td>
<td>iv</td>
</tr>
<tr>
<td>Honours and Awards</td>
<td>v</td>
</tr>
<tr>
<td>Abstract</td>
<td>vi</td>
</tr>
<tr>
<td>Declaration</td>
<td>vii</td>
</tr>
<tr>
<td>Statement of the candidate’s contribution to co-authored papers</td>
<td>vii</td>
</tr>
<tr>
<td>Statement of the Supervisor’s Contribution to Co-authored Papers</td>
<td>x</td>
</tr>
<tr>
<td>Acknowledgments</td>
<td>xi</td>
</tr>
<tr>
<td>List of Appendices</td>
<td>xiii</td>
</tr>
<tr>
<td>Table of Content</td>
<td>xiv</td>
</tr>
<tr>
<td>List of Figures and Tables</td>
<td>xxiii</td>
</tr>
<tr>
<td>Chapter 1</td>
<td>1</td>
</tr>
<tr>
<td>General Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Structure of this chapter</td>
<td>2</td>
</tr>
</tbody>
</table>
Background .......................................................................................................................... 2

Objectives of this thesis ...................................................................................................... 6

Theoretical Underpinning of Thesis Research ................................................................ 7

Domestic violence theoretical perspectives ...................................................................... 8

Psychological Theoretical Perspectives ........................................................................ 9

Methodology ..................................................................................................................... 17

Nomenclature ................................................................................................................... 20

Ethical Considerations .................................................................................................... 21

Structure of the Thesis ..................................................................................................... 21

Chapter 2 .......................................................................................................................... 24

Family identification: A beneficial process for young adults who grow up in homes
affected by parental intimate partner violence ............................................................... 24

Abstract ............................................................................................................................. 25

Methods ............................................................................................................................. 31

  Design ............................................................................................................................... 31

  Participants ....................................................................................................................... 32

  Materials .......................................................................................................................... 32

  Data analysis overview ............................................................................................... 34

Results ............................................................................................................................... 35
Group differences..................................................................................................................35
Inter-correlations ..................................................................................................................37
Mediation Analysis.................................................................................................................38
Discussion ..............................................................................................................................42

Chapter 3 .................................................................................................................................48
  Young people’s constructions of their experiences of parental domestic violence: A
discursive analysis..................................................................................................................48

Abstract..................................................................................................................................49

Method ......................................................................................................................................53
  Participants..............................................................................................................................53
  Interview procedure...............................................................................................................54
  Process of Analysis...............................................................................................................55

Findings....................................................................................................................................56
  Theme 1: ‘How it was: constructions of DV.’ ........................................................................57
  Theme 2: Talking with mothers about DV ............................................................................65

Discussion ..................................................................................................................................69
  Limitations, strengths, and future research .........................................................................73
  Implications for Research, Practice and Policy ......................................................................74

Chapter 4 ..................................................................................................................................75
  Exposure to domestic violence: Evidence of distinct physical and psychological
dimensions ..................................................................................................................................75
Abstract............................................................................................................................................. 76

Methods.................................................................................................................................................. 82

Participants and Procedure .................................................................................................................. 82
Measures .................................................................................................................................................. 82
Analytic Strategy ..................................................................................................................................... 84

Results.................................................................................................................................................... 85

Part 1. Evidence for a Two Dimension ............................................................................................... 85
Part 2. ......................................................................................................................................................... 88

Discussion .............................................................................................................................................. 94

Limitations ............................................................................................................................................... 97
Research Implications .......................................................................................................................... 97
Clinical and Policy Implications .......................................................................................................... 99

Chapter 5 ............................................................................................................................................... 100
‘Ordinary decent domestic violence’: A discursive analysis of family law judges’

Abstract............................................................................................................................................... 101

Method .................................................................................................................................................... 106

Findings ................................................................................................................................................... 108

Pro-access philosophy ......................................................................................................................... 109
Problematic mothers, invisible fathers ............................................................................................... 113
Deviant case analysis........................................................................................................118
Discussion .....................................................................................................................119
Limitations and Future Research ..................................................................................122
Conclusion ....................................................................................................................123
Chapter 6 ......................................................................................................................125
General Discussion ....................................................................................................125
Summary of Chapters ................................................................................................126
Main findings...............................................................................................................128
Interpretation of findings with regard to theory .........................................................133
Social identity approach ..............................................................................................133
Resilience portfolio model ............................................................................................135
Social support ..............................................................................................................135
Meaning-making ..........................................................................................................136
Appraisals .....................................................................................................................138
Conceptualisation of child exposure to DV .................................................................139
Domestic violence theorisation ....................................................................................139
Interpretation of findings with regard to policy/practice ..............................................140
Method and Topic Limitations ....................................................................................147
Future directions ..........................................................................................................149
Contribution to knowledge ........................................................................................152
List of Figures and Tables

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1.1</td>
<td>Social-ecological model</td>
<td>11</td>
</tr>
<tr>
<td>Figure 2.1</td>
<td>Mediation of the effect of exposure to parental IPV on self-esteem by family identification.</td>
<td>39</td>
</tr>
<tr>
<td>Figure 2.2</td>
<td>Mediation of the effect of exposure to parental IPV on anxiety by family identification.</td>
<td>40</td>
</tr>
<tr>
<td>Figure 4.1</td>
<td>Confirmatory two-factor for Model C, with standardised regression coefficients and correlations values.</td>
<td>87</td>
</tr>
<tr>
<td>Figure 4.2</td>
<td>Suppression effect of exposure to psychological DV on social support by exposure to physical DV</td>
<td>92</td>
</tr>
</tbody>
</table>

| Table 2.1  | Means for exposure to parental IPV, family identification, self-esteem and anxiety by SES and gender of participant, for participants who reported IPV as ongoing. | 36   |
| Table 2.2  | Means for exposure to parental IPV, family identification, self-esteem and anxiety by SES and gender of participant, for participants who reported IPV as historical. | 37   |
| Table 2.3  | Pearson correlation coefficients of exposure to parental IPV, family identification, self-esteem and anxiety with SES as a covariate. Means, standard deviations, and ranges. | 38   |
| Table 2.4  | Parameter estimates of the model examining the mediating role of family identification in the relationship between exposure to parental IPV and outcomes; anxiety and self-esteem. | 41   |
| Table 4.1  | Goodness-of-fit Estimate values for Alternative Models in the Confirmatory Factor Analysis Together with Recommended Values | 86   |
| Table 4.2  | Pearson Correlations, Means, Standard Deviations for Exposure to Psychological DV, Exposure to Physical DV, Psychological Wellbeing and Social Support. | 88   |
| Table 4.3  | Hierarchical Multiple Regression Analysis Predicting Psychological Wellbeing and Social Support using Exposure to Psychological and Physical DV. | 89   |
| Table 4.4  | Parameter Estimates of the Model Examining the Mediating Role of Exposure to Physical DV in the Relationship between Exposure to Psychological DV and Outcomes Social Support and Psychological Wellbeing. | 91   |
| Table 4.5  | Individual Items which Cluster on the Psychological Factor, Physical Factor and Excluded Item with Means and Standard Deviations. | 93   |
Chapter 1

General Introduction
Structure of this chapter

This introductory chapter sets the scene for the thesis; the initial background section highlights the gaps in the current child exposure to domestic violence literature (hereafter referred to as child exposure literature) and outlines the overarching objectives and contribution to both the literature and theory of the present thesis. This is followed by a brief discussion of the theoretical underpinnings of the thesis, an overview of the rationale behind my choice of methodology, and a short section on ethical considerations. Finally, I will briefly outline the structure of the thesis.

Background

Domestic violence (DV) is a pervasive worldwide problem. The term DV is inclusive of behaviours consistent with physical violence, psychological abuse (intimidation, harassment, threats of violence, manipulation, isolating, controlling), financial abuse, and sexual coercion and rape. DV is perpetrated by one partner with the intent to harm their current or former intimate partner. Although I acknowledge that men can be victims of DV, I also recognise that DV is more likely to be perpetrated against women than men (Langhinrichsen-Rohling, 2010). Further, R. McDonald, Jouriles, Ramisetty-Mikler, Caetano, and Green (2006) suggest that women who are mothers are more likely to be victims of DV than those who are not. Additionally, in a recent extensive European survey, 73% of the mothers who reported experiencing DV, perceived that at least one of their children were aware of the occurrence of DV in their homes (EU-FRA, 2014).

The term ‘child exposure to DV’ therefore refers to people who grow up in homes affected by DV. The current thesis is concerned with the impact of intra-parental DV
(i.e. DV within the parental unit) on the wellbeing of young people. A study conducted by the UN estimated that between 133 and 275 million children worldwide witness violence in their homes each year, with 4.6-11.3 million of these children living in developed countries (Unicef, 2006). Further, research based on American samples estimates that up to 17% of children were exposed to DV (Finkelhor, Shattuck, Turner, & Hamby, 2015). However, due to a series of ethical and methodological issues surrounding the collection of data in this sensitive area, these figures are likely to represent an underestimation (McTavish, MacGregor, Wathen, & MacMillan, 2016).

Straus, Gelles, and Steinmetz (1980) were amongst the first social scientists to identify that for some children, home is not a safe place. However, over the last three decades, the exposure literature has developed from seeing children as passive victims to more recent research which clearly establishes children as agentic in intra-parental DV (Callaghan, Alexander, Sixsmith, & Fellin, 2015; Øverlien, 2013). Growing up in a home affected by DV has been established as a complex trauma (Margolin & Vickerman, 2011) and as such is recognised as having harmful consequences for some children’s cognitive, emotional, behavioural and social functioning (Holt, Buckley, & Whelan, 2008). Indeed, it is acknowledged that there is a high comorbidity between child exposure and other forms of child maltreatment (Haselschwerdt et al., 2016; Margolin, Vickerman, Oliver, & Gordis, 2010). Further, it is also established that children who are exposed to DV may present with symptoms on par with those observed in adult victims of DV, and those subject to direct child abuse (Bancroft, Silverman, & Ritchie, 2011).

The current thesis focuses on a young adult population; this is in line with Cater, Miller, Howell, & Graham-Bermann’s (2015) argument that there is a deficit in the
exposure literature regarding the association between child exposure to DV and wellbeing of young adults. Further, a recent meta-analysis of longitudinal studies suggests that such adverse consequences strengthen with time; indeed Vu, Jouriles, McDonald, and Rosenfield (2016) identified that with a ten-year lag-time, the association between child exposure and maladjustments (internalising) increased by up to 117%. However, previous studies have rationalised that young children are more likely to spend more time at home, and are thus more liable to be exposed to and impacted by intra-parental DV than older children. Therefore, much of the child exposure literature that investigates the link between child exposure and (mal)adjustments has tended to concentrate on young children (Fantuzzo, Boruch, Beriama, Atkins, & Marcus, 1997). On the other hand, much of the research with older children – that is, the young adult population – has tended to focus on their victimisation and/or perpetration within their own intimate relationships (Cui, Durtschi, Donnellan, Lorenz, &Conger, 2010; Ehrensaft et al., 2003; Thornberry, Knight, & Lovegrove, 2012). As such, there is a dearth of research investigating the longer-term effects of exposure to DV, in terms of their own psychological adjustment, once children reach young adulthood.

However, it should be noted that since the commencement of the current programme of research, a series of quantitative studies have been published using a Swedish sample of similar age (17 to 25 years old) to those in my present research. These studies explore various aspects of childhood exposure to DV in young people, for example, impact on wellbeing (Cater et al., 2015; Miller, Cater, Howell, & Graham-Bermann, 2015) and disclosure patterns (Howell, Cater, Miller-Graff, & Graham-
Bermann, 2015). The current thesis builds upon and complements these previous studies, as will be illustrated throughout this thesis.

It is clear that such developments in research regarding the impact of intra-parental DV are sorely needed. For example, meta-analyses have also shown variations in the impact that exposure to DV has on children, both within studies and between studies. First, there is variation within studies because not all children who are exposed to the same trauma are impacted equally. This may be attributed to individual differences, but also to the presence or absence of both protective and/or risk factors from within their social environment (Bronfenbrenner, 1977; Grych, Hamby, & Banyard, 2015). On the other hand, there is also evidence of variations in effect sizes between studies (Evans, Davies, & DiLillo, 2008; Holt et al., 2008; Kitzmann, Gaylord, Holt, & Kenny, 2003). This may be due to methodological issues, such as differences in how child exposure is defined and measured across studies (Artz et al., 2014; Haselschwerdt, 2014). To address this conflicting research evidence, in the current programme of research, I conducted a systematic quantitative investigation of the effects of exposure to DV on young adults, using the most valid and reliable measures available (Chapters 2 and 4).

As a second related element, this thesis explores the constructions of DV at both micro (young people) and macro (Family Law Judges) levels. DV is a pervasive, insidious and highly stigmatised phenomenon. This was highlighted by a recent European survey, which found that only 14% of female victims of DV reported the most serious incident to the police (EU-FRA, 2014). Further, it has been shown that DV may be normalised and its relevance minimised by women themselves and within society (Thapar-Björkert & Morgan, 2010). This may create barriers to how people talk about DV. Discursive psychology analyses how people strategically manage
sensitive topics within talk (Edwards & Potter, 1992) and is able to identify how talk can reflect sociocultural values and beliefs (Billig, 1977). Further, Grych, Fincham, Jouriles, and McDonald (2000) established that children’s appraisal of their exposure to DV is relevant to the impact of such exposure on their (mal) adjustment. I argue that considerable insights can, therefore, be gained through an in-depth analysis of how DV is understood, and therefore talked about within the context of an interview. Thus, at a micro level, a discursive psychological approach to the analysis of young adults’ constructions of DV may reflect not only how young people’s understandings of DV are influenced by their social environment (Bronfenbrenner, 1977) but also their adjustment and perceived normality of DV (Chapter 3). While at a macro level, a discursive psychological approach may unearth implicit norms, values and beliefs held by Family Law Judges who hold a significant indirect influence on children who grow up in a home affected by DV (Eriksson & Näsman, 2012; S. Holt, 2011).

**Objectives of this thesis**

Focusing on young people, I aimed to address the research gaps discussed previously; established variability in findings both *within* and *between* studies. My first objective was to attend to the establish heterogeneity of outcomes *within* studies. As such, I applied a social identity approach to investigate whether family identification functioned as an underlying process, which might help to explain how exposure to DV may impact on wellbeing in young people. This theoretical underpinning was intended to enable us to systematically predict how and when young people recover better.

My second objective was to attend to the heterogeneity of outcomes *between* studies. Here I aimed to investigate if there were distinct dimensions of child exposure to DV as experienced by young people, and whether or not these dimensions each
contributed to variations in wellbeing. In this way, I aimed to contribute to the emerging discussion on how the conceptualisation and operationalisation of child exposure to DV may relate to variations in outcomes between studies (Haselschwerdt, 2014; Katz, 2015a). Finally, I aimed to investigate how DV is constructed – both at a micro level, by young people who grew up in a home affected by DV, and at a macro level, by Family Law Judges. As such, I endeavoured to gain insights into young people’s understandings and appraisals of intra-parental DV, which in turn might influence their (mal) adjustments (Grych, et al., 2000). Next, as happenings at a macro-level can indirectly influence the individual (Bronfenbrenner, 1977), I aimed to gain insights into Family Law Judges’ understandings of how exposure to DV might be relevant to their child custody and access decisions. I, therefore, aimed to make several valuable contributions to the child exposure literature, in the areas outlined in this section.

Theoretical Underpinning of Thesis Research

In this section, I will outline the main theoretical underpinnings of this thesis research. First, regarding DV, I will discuss the theoretical perspectives of both feminist and family violence researchers. Second, I will look at psychological theories that are relevant to the current thesis research, specifically the social-ecological model (Bronfenbrenner, 1977), the resilience portfolio model (Grych, et al., 2015) and the social identity approach (Haslam et al., 2005).

Domestic violence theoretical perspectives

There are two main – somewhat opposing – theoretical perspectives underpinning the DV literature; one is from the standpoint of feminist researchers, the other from
family violence researchers. Feminist researchers argue that DV is rooted in patriarchal traditions (M. P. Johnson, 2016), and suggest that the motivational force behind acts of DV is the use of power and control tactics to maintain traditional patriarchal gendered roles within the relationship. This form of DV is referred to as ‘intimate terrorism’ (M. P. Johnson, 2008) which may be characterised by the presence of coercive control (Stark, 2007). As such, rather than being classified as individual incidents of physical violence, which has been referred to as a violence model of DV (Katz, 2015a), intimate terrorism can be defined as an attempt by one partner to obtain and maintain power and control over the other partner, within an intimate relationship. This can be achieved by using threatening tactics which may include physical, psychological, financial and/or sexual behaviours (Dutton & Goodman, 2005). Research has identified that intimate terrorism is highly prevalent in refuge/court/agency samples, and is associated with the co-occurrence of child abuse (Jouriles, McDonald, Smith Slep, Heyman, & Garrido, 2008). It is estimated that up to 97% of perpetrators of intimate terrorism are male (Johnson, 1995).

Alternatively, family violence researchers argue for gender symmetry; that is, women are as likely as men to be the primary perpetrator of DV (Desmarais, Reeves, Nicholls, Telford, & Fiebert, 2012). Such findings arise from large-scale surveys on general population samples, generally using the Conflict Tactics Scales (CTS; Straus, 1979) or the Conflict Tactics Scales-Revised to capture DV (CTS; Straus, Hamby, Boney-McCoy, & Sugarman, 1996; CTS2; Straus, Hamby, Boney-McCoy, 1996). This form of DV is more representative of Johnston’s (2008) concept of ‘situational couples violence’ (SCV) and is characterised by specific incidences of conflict/arguments, which may escalate to violence and hence are more likely to be reciprocated (M. P.
Johnson, 2016). However, many researchers, for example, Langhinrichsen-Rohling (2010), suggest that individuals embroiled in a controlling and coercive DV relationship exhibit a decreased tendency to partake in such surveys, and this results in consistently low response rates by this specific population to general surveys on issues surrounding DV.

To ensure a comprehensive understanding of the actual impact of child exposure to DV within the current thesis, I incorporate both perspectives. I conceptualise DV broadly to include acts of DV that are both physical and psychological (including controlling behaviours). Further, I investigate not just father-only, but also mother-only and bi-directional (both parents) perpetrated DV.

**Psychological Theoretical Perspectives**

**Background**

S. E. McDonald et al. (2016) suggest that there is widespread agreement that children's individual characteristics, for example, their different genetic and developmental profiles, affect their adjustments and thus future development. On the other hand, Bancroft et al. (2011) suggest that such apparent maladjustments may, in fact, be an *adaptive* response, part of the coping mechanism to the abnormal traumatic experience that is exposure to DV. In line with this, I would argue that an individual-level focus, where we orient only to individual variations in response to DV, may place responsibility on victims for their maladjustment or recovery. Conversely, a group-level analysis puts the focus on society, and the context surrounding a child's maladjustment. This is the perspective I take in this thesis.
Consistent with this perspective, and in line with theorisation within the resilience and child development literature (Masten & Narayan, 2012), there has been a move within the child exposure literature to acknowledge the importance of context on child adjustments. For example, McDonald et al. (2016) advocate a need to address the socio-contextual factors that may be present within the family and the broader social environment. They argue that such an approach is imperative if we are to gain a greater understanding of the heterogeneity in outcomes for children who were exposed to similar levels of severity and frequency of DV (Holt et al., 2008; Kitzmann et al., 2003). Consistent with this, Bronfenbrenner’s (1977) social-ecological model conceptualises socio-contextual protective and risk elements in the context of child development.

**Social-ecological model**

Bronfenbrenner’s (1977, 1999) integrated social-ecological model is composed of several interconnected nested ecological levels, which systematically organises the complex transactions that occur between the individual and multiple levels of their social environment. The individual is depicted at the centre. Inner layers are proximal to, thus have a direct influence on, the individual; however, as we advance out through the layers, the social structures become more distal and therefore impact indirectly on the person (Bronfenbrenner, 1999). As depicted in Figure 1, there are several interconnected layers within the social-ecological model; however in line with previous research within the child exposure literature, within the current thesis I focus specifically on the micro- and macro- levels.

The first or innermost layer, the *microsystem*, is proximal to the individual and as such is the layer that impacts directly on the individual. For present purposes, we are
imagining that the person as the centre of this model is the child who is exposed to DV in their family of origin. Factors included within the microsystem include the personal characteristics of the child, the groups to which they belong (e.g. age, gender) and the immediate settings in which the child’s interpersonal relationships occur. Such relationships vary across the lifespan; for example, the family is seen as important for very young children, but as the child grows and interacts with community settings, their peers, school and community groups become more influential.

Figure 1. Social-ecological model

Much of the child exposure literature, which explores group level protective and risk factors in the context of child exposure, focuses on the microsystem. For example, in terms of individual level factors, research focuses on age and gender (Sternberg, Baradaran, Abbott, Lamb, & Guterman, 2006), and ethnicity (Graham-Bermann, DeVoe, Mattis, Lynch, & Thomas, 2006). In terms of family level factors, there is research on numerous factors, including the frequency, nature and length of exposure to
DV (Jouriles et al., 1998), secure attachment (Graham-Bermann et al., 2006), parental warmth (Miller et al., 2015), maternal mental health (Miranda, de la Osa, Granero, & Ezpeleta, 2013) maternal education (S. E. McDonald et al., 2016), maternal employment (Anderson & Bang, 2012), socio-economic status (Herrenkohl & Herrenkohl, 2007), family cohesion (Owen, Thompson, Shaffer, Jackson, & Kaslow, 2009), and supportive grandmothers (Cox, Kotch, & Everson, 2003). Research on community level factors focuses mainly on different forms of social support (Hines, 2014; Miller et al., 2015).

The macrosystem, on the other hand, is an outer layer of the social-ecological framework. It is considered to have a ripple effect on all inner layers (Nelson & Prilleltensky, 2010) and as such is considered to have an indirect influence on the individual. This layer consists of procedures, both formal (legislation) and informal (norms), as well as economics, policies, and culture. Examples of child exposure research which focus on the macrosystem include the impact of cultural norms and beliefs in relation to DV in general (Heise, 1998). Further, there is a growing body of research on family law systems and the impact of proceedings and litigations concerned with child custody and access, in the context of DV, on the wellbeing of the child. For example, the benefit to the child resulting from their participation in family law investigations (Eriksson & Näsman, 2012; S. Holt, 2011) and the intersection between family law proceedings and school (Eriksson, Bruno, & Näsman, 2013). The influence and indeed the relevance of both family (micro) and family court systems (macro) for children who grow up in homes affected by DV are therefore established. For completeness, the current thesis research is located within both micro (young people) and macro (Family Law Judges) levels.
Resilience Portfolio Model

Since the commencement of this thesis, Grych et al. (2015) proposed a resilience portfolio model, which focuses on individual and environmental strengths and their role in the functioning of those who are exposed to violence. Grych et al. (2015) conceptualise that these strengths influence our appraisals and coping in the context of childhood and adult exposure to violence. In their proposed model, they argue for a need to look beyond protective factors as simply the inverse of risk factors. As such, Grych et al. (2015) propose a paradigm shift; they recommend that researchers move from a focus on risk factors and maladaptive outcomes associated with violence exposure, to a focus on protective factors as well, including identifying underlying processes that may explain recovery and the development of resilience in such groups. The resilience portfolio model, therefore, goes beyond Bronfenbrenner’s model and its emphasis on potential moderators, to highlight the need to account for the underlying processes (potential mediators) which may explain how these various systems impact on the individual.

Consistent with this argument, social psychology, which overlaps with multiple disciplines such as sociology, cognitive and developmental psychology, anthropology and language, is ideally situated to provide a framework for a broader exploration of the underlying processes which may mediate the relationship between exposure to DV as a child, and maladaptive functioning as a young person. I suggest that in particular, the social identity (SI) approach is well-placed to explore the underlying processes relating to trauma, health and wellbeing. This is because it is a theoretical perspective that applies a group-level analysis but focuses on the impact on individuals (as group members).
It is of note that the social-ecological model is limited to a conceptualisation of social environment factors that may influence the individual (potential moderators). On the other hand, the SI approach explains how social groups can influence the individual (potential mediators). A SI approach offers a theoretical base for hypothesis testing, an important feature for empirical research, and the ability to inform evidence-based practice. A SI approach therefore differs substantially from the social-ecological model, which is limited in this regard. The background, assumptions and implications of the SI approach are outlined in more detail below.

**Social Identity Approach**

The SI approach to stress and health (S. A. Haslam, Jetten, Postmes, & Haslam, 2009), which combines both social identity theory (SIT; Tajfel & Turner, 1979, 1986) and self-categorisation theory (SCT; Turner, Hogg, Oakes, Reicher, & Wetherell, 1987), integrates sociology and psychology by focusing on how individual psychology is socially structured. As social beings, our social identities have been shown to be central in our lives (S. A. Haslam et al., 2009). Each person has multiple social identities, with each identity related to a specific group a person belongs to, and these – together with that person’s personal identity – make up that person’s self-concept. SIT proposes that we come to interact with others in terms of intergroup relations by processes of (1) categorisation, (2) identification, and (3) differentiation. SCT adds a number of assumptions, particularly that (1) the momentary salience of social identities depends on the social context, and is, therefore, dynamic, and (2) when we categorise as a group member we see ourselves as relatively interchangeable with other members, and we become more susceptible to group norms for behaviour and belief.
As a group member, the more we attribute value, meaning and emotion to that group, the more we identify with that group (Tajfel, 1982). The more we identify with the group, the more we adapt our self-concept to include that of the group’s. As such, the group becomes an extension of the self, ‘I’ becomes ‘we’, and it can shape the way we think, behave and react to stressful situations (Reicher, Haslam, Spears, & Reynolds, 2012 p.346). This perspective has been extended and applied to reactions to stress and trauma (S. A. Haslam et al., 2009).

The current project, therefore, concerns the way in which social identities, in particular, identification with the family group, impact young peoples’ reactions to the (repeated) traumatic experiences of child exposure to DV. The SI approach to health expands on Lazarus and Folkman’s (1987) transactional model of stress and coping, by conceptualising how group processes impact on individuals’ cognitive appraisals of both the stressful event (primary appraisal) and the availability of resources (secondary appraisal), both of which are fundamental to coping (S. A. Haslam, O’Brien, Jetten, Vormedal, & Penna, 2005).

Positive and salient social identities (seeing oneself and behaving as a group member) have also been shown to result in the development of increased self-esteem, and infer a sense of belonging, meaning and purpose in the individual. In addition, shared social identity (seeing oneself as part of the same group as others) facilitates access to the well-documented benefits of social support (Sani, Herrera, Wakefield, Boroch, & Gulyas, 2012). Both of these processes can act as helpful psychological resources and impact how we appraise, respond to and recover from traumatic incidents (Gallagher, Meaney, & Muldoon, 2014). Consistent with this argument, recent SI research demonstrates a need to place group dynamics at the centre of our
understanding of an individual’s appraisal of and response to trauma, in relation to political violence and stress (Kellezi, Reicher, & Cassidy, 2009; Muldoon & Lowe, 2012; Muldoon, Schmid, & Downes, 2009).

Haslam (2009) suggests that the most powerful buffering effects can be seen from membership within affiliative groups; that is, social groups that we are born into, that exist in the background and we may take for granted. Further, our social identities are dynamic; the momentary salience of social identities depends on the social context. Given that family systems are impacted by intra-parental DV and therefore salient in this context, this suggests that strong identification with the family group may influence the link between child exposure to DV and wellbeing in young people.

I therefore believe that a social identity perspective applies to the study of child exposure to DV, in particular, the underlying processes that explain the link between child exposure and wellbeing, due to a number of factors. First, child exposure has been established as a complex trauma (Margolin & Vickerman, 2011). Second, the significance of children’s primary appraisal of the DV events, that is the importance of children’s perceptions and appraisals of intra-parental DV to their wellbeing, has been established (Grych et al., 2000; Rhoades, 2008). Third, the significance of children’s access to social support, which impacts their secondary appraisal, have also been demonstrated as critical to their adjustments (Hines, 2014). For example, in the context of exposure to DV, a strong identification with the family can infer improved self-concept, self-esteem and sense of meaning, which impacts on how the young person evaluates their exposure (i.e., the primary appraisal: is this threatening?). A strong identification with family also provides access to social support, which impacts on how
the young person evaluates their ability to deal with the situation (i.e., the secondary appraisal: can I cope?). Therefore, I suggest that an application of the social identity perspective to child exposure to DV can add insights as to the heterogeneity of outcomes among children/young people who are exposed to similar levels of intra-parental DV.

Consistent with this argument, previous studies have established that our social identities have the potential to act as a powerful buffering system in the face of trauma and this applies in particular for vulnerable groups (S. A. Haslam et al., 2009). An application of a SI approach to child exposure to DV, therefore, goes beyond the application of the social-ecological model. While the social-ecological model is a broad framework which conceptualises the type of influence (direct or indirect) on child functioning of varying levels (proximal or distal) of the social environment in which they are embedded, the SI approach is a theoretical perspective which identifies how groups’ impact on individual functioning (i.e., the underlying processes).

**Methodology**

The overarching objective of this thesis research was to gain a better understanding of the impact of child exposure to DV on the wellbeing of young people. An integrated mixed-methods approach was taken to best address the proposed objective. Taking the perspective that young people are influenced by their social environments, I took a socio-cultural position (Jay, 2015). I aimed to address why there is heterogeneity in outcomes both within and between previous studies; this required an essentialist/positivist position (where reality is viewed as external, objective and fixed). However, I also aimed to obtain an in-depth understanding of young people’s appraisals
of their experiences of intra-parental DV and family processes and how their constructions were not only influenced by socio-cultural discourses, but also how such constructions influenced their wellbeing. This therefore required a social constructionist position (where individuals are free to create their own versions of reality and are not constrained by pre-defined fixed category answers). Importantly, a socio-cultural position – which combines both positivist and social constructionist positions – also ensures that our findings remain grounded in the data (Madill, Jordan, & Shirley, 2000).

A mixed-method approach referred to as the ‘third paradigm’ has gained traction within social science research since the 1990s (Denscombe, 2008). Indeed, advocates of this approach argue that, within social science research, the ontological perspectives of both qualitative and quantitative methodologies are commensurable (King, Keohane, & Verba, 1994). A mixed methods approach facilitates the maximisation of the strengths, and minimisation of the weaknesses, of both quantitative and qualitative methods (Johnson & Onwuegbuzie, 2004). It also enables the development of a complete picture of complex phenomena while increasing the accuracy of the research findings. Triangulation between the different types of complementary data provides for a flexible, multilayer and overlapping analysis (Denscombe, 2008) which is of particular value when investigating complex, multifaceted phenomena. Additionally, in integrated mixed methods, qualitative studies can provide clarity and in-depth insights into quantitative findings. And while quantitative studies can provide statistical evidence for findings identified in qualitative studies, they can also act as a screening tool to identify suitable and willing participants for an interview study.
Quantitative research can identify patterns in large numbers and enable us to compare groups. Importantly, it also enables the testing of research hypotheses derived from a priori theoretical perspectives, and facilitates the generalisation of research findings (Doyle, Brady, & Byrne, 2009). Quantitative research may therefore be considered to carry more weight to inform evidenced-based practices (Thyer & Myers, 2011). Significantly for this thesis, it provides the tools necessary to gain statistical evidence for the identification of underlying psychosocial processes that may help explain a mechanism on how child exposure to DV can impact on young peoples’ wellbeing. It also enables us to determine if there is statistical evidence for the presence of underlying factors for higher order constructs such as child exposure to DV.

However, there are also limitations to a quantitative methodology, both in general and for the particular research project. For example, quantitative studies are dependent on the conceptualisation and operationalisation of the phenomena of interest, and this may prove difficult when that phenomenon is complex and multifaceted. Additionally, scale-based self-report measures can be problematic as participants are confined to specific response categories. Moreover, its reductionist nature can result in a de-contextualisation from the real world. Child exposure to DV is a complex highly stigmatised phenomenon; this also places limitations on the ability of quantitative research in this area to capture the beliefs and values which may influence underlying psychological processes (Jouriles, McDonald, Mueller, & Grych, 2012).

This, therefore, points to the benefits of employing in-depth contextualised exploration of child exposure to DV through qualitative methods. The qualitative
analysis provides flexibility in that participants can shape their responses, which can be limited in quantitative analysis, where participants are limited to fixed pre-defined category responses. However, qualitative methods are not without their limitations. For example, the in-depth analysis required restricts the size of the data set. Therefore generalisability can be problematic. Therefore, in line with R. B. Johnson and Onwuegbuzie’s (2004) claim that a mixed method approach results in superior research when compared to a mono-method approach, the proposed research attends to the outlined difficulties by employing a mixed-methods approach. It should be noted that as each of the four studies that make up this thesis are discrete entities, and are either published or under review in ISI journals. As such, each study contains its own method section and a justification of the methodology of choice.

**Nomenclature**

I am interested specifically in child exposure to intra-parental violent and abusive behaviours. The literature is complicated by the many terms used to represent this construct. As DV is the term most frequently used both within literature (McIntosh, 2002) and society, and indeed was the term most familiar to our participants (both young people and Family Law Judges) it was, therefore, the term used throughout this thesis. However, as paper 1 (Chapter 2) is published in a psychological journal, we used the term (inter-parental) intimate partner violence (IPV). Therefore, please note that these terms should be considered interchangeable in the context of this thesis.

**Ethical Considerations**

As with all studies involving human participants, but in particular vulnerable groups, ethical consideration to ensure the health and safety of all participants was a
As outlined in each paper, all studies received ethical approval from the Faculty of Education and Health Sciences Research Ethics Committee. Indeed, throughout this research, I maintained a deep sense of responsibility, of my duty of care for the health and safety of the participants. This responsibility extends beyond the initial data collection, to ensure that all elements of the research procedure and analysis were methodologically sound, valid and reliable, and that each paper and indeed this thesis is an accurate representation of the participants’ voices. Further, I ensured that participants’ confidentiality was respected at all stages of the process.

**Structure of the Thesis**

Chapters 2 to 5 present four papers, each a discrete study and an empirical element of the thesis. Chapters 2 and 5 are papers that have been published in ISI journals (see List of Papers). Chapters 3 and 4 are papers currently under review in ISI journals (see List of Papers). Each chapter builds on the insights that arose from the previous chapters/studies. To aid the reader, below I give a brief overview of each of the chapters to follow.

Chapter 2, a quantitative study, is a paper published in *Frontiers in Psychology*. This chapter applies a social identity approach as a framework to explore possible psychosocial processes that may help explain why not all children/young people are impacted equally by their exposure to DV. The findings from this chapter evidence that a strong identification with family explains the link between exposure to DV and young people’s wellbeing.

Chapter 3, a qualitative study, is a paper under review with *Child Abuse & Neglect*. Chapter 3 applies a discursive psychological analysis to interviews with young people,
identified through the previous quantitative study (Chapter 2) as having grown up in homes affected by DV. This chapter aimed to provide in-depth insights into the findings identified in Chapter 2. Findings suggest that young peoples’ construction and thus understanding of their exposure to DV and their relationships with their mothers is dependent on the type of DV (physical or psychological) that occurred in their homes.

The findings from Chapter 3 act as a starting point for Chapters 4 and 5. Chapter 4 is a paper under review with *Journal of Interpersonal Violence*. Using quantitative analysis, we investigated the presence of statistical evidence to corroborate our qualitative findings presented in Chapter 3. As such, Chapter 4 investigated the presence of distinct physical and psychological dimensions of child exposure as experienced by young people. Statistical evidence for the occurrence of distinct dimensions (physical and psychological) enabled the subsequent statistical investigation of the contribution by each dimension to variations in psychological wellbeing, as identified in Chapter 2. As the findings from Chapter 3 also highlighted the significant role of the psychosocial construct of social support to the wellbeing of the young people, the impact of both dimensions on the level of young people’s social support was also investigated. Such an investigation will add to the recent discussion within the child exposure literature on methodological issues which may account for variations in findings between studies; specifically the tendency for the exposure to DV literature to oversimplify this complex phenomenon by conceptualising it as the physical dimension only.

My analyses for Chapters 2 to 4 were grounded within the microsystem (young people and family); however, as Chapter 3 identified that the young people were influenced by socio-cultural discourses, Chapter 5 aimed to build on findings from
Chapter 3 by exploring constructions of DV at a macro level. Chapter 5, a paper published in *Discourse & Society*, applied a discursive psychological approach to investigate how at a macro level, Family Law Judges construct DV as it relates to family processes and its relevance to their decision-making regarding child custody and access arraignment. The inclusion of this study, therefore, brings a completeness to the thesis, and this will be evidenced in the final chapter (Chapter 6). Indeed, Chapter 6, the General Discussion, concludes with a reflection of the totality of the work presented, and finishes with a summary of the contribution of this thesis to knowledge.
Chapter 2

Family identification: A beneficial process for young adults who grow up in homes affected by parental intimate partner violence

Paper 1
Abstract

Exposure to parental intimate partner violence (parental IPV) is a complex trauma. Research within social psychology establishes that identification with social groups impacts positively on how we appraise, respond to and recover from traumatic events. Intimate partner violence (IPV) is also a highly stigmatized social phenomenon and social isolation is a major factor for families affected by IPV, yet strong identification with the family group may act as a beneficial psychological resource to young people who grew up in homes affected by IPV. The current study, an online survey of 355 students ($M_{age} = 20$, 70% female), investigated if a psychosocial process, specifically identification with the family, may influence the relationship between the predictor, exposure to parental IPV, and outcomes, global self-esteem and state anxiety. Mediation analysis suggests that identification with the family has a positive influence on the relationship between exposure to parental IPV and psychological outcomes; exposure to parental IPV results in reduced family identification, but when family identification is strong it results in both reduced anxiety and increased self-esteem for young people. The findings highlight the importance of having a strong sense of belonging to the extended family for young people who were exposed to parental IPV, thus has implications for prevention, intervention and social policy.

Keywords: Parental intimate partner violence, psychological outcomes, family identification, social identity, psychosocial processes, mediation analysis, self-esteem, anxiety
Family identification: A beneficial process for young adults who grow up in homes affected by parental intimate partner violence

Recent work within the field of social identity, health and wellbeing has established the benefits that subjective identification with a social group has on individuals’ wellbeing (S. A. Haslam et al., 2009). Group identification is a measure of one’s subjective internalization of a social group at both cognitive and affective psychological levels, where members obtain a sense of belonging and gain meaning from group membership. Moreover, strong identification with social groups not only affects the way we feel, think and behave, it also impacts on how we appraise and respond to stress (Gallagher et al., 2014).

Research by Sani et al. (2012) has established the protective role that identification with the family group has on wellbeing. Family identity may be described as an affiliative identity: an “invisible background” identity which we are born into, and which we can be mobilized when required, for example in times of stress (Walsh, Muldoon, Gallagher, & Fortune, 2014, p. 4). Affiliative identities provide a strong sense of belonging, which can function as a beneficial psychological resource in times of need. Despite the fact that families affected by parental IPV may be considered problematic (Bancroft et al., 2011), we propose that identification with that same family group may have an impact on the wellbeing of young adults who grew up in homes affected by parental IPV.

Intimate partner violence (IPV) is defined as a repeated pattern of coercive behaviours (physical and psychological) perpetrated by one partner over the other in an intimate relationship. IPV is a phenomenon which for the most part takes place within the home (Miller et al., 2015). Safe, stable and predictable family relationships are
essential to child development (Unicef, 2006). However, Lieberman, Zeanah, and McIntosh (2011, p. 530) suggest that children who grow up in homes affected by parental IPV are parented by “a parent who frightens and one who is frightened”. Concurring with this, a growing body of research over the last two decades has established that exposure to parental IPV has a negative impact on children’s cognitive, emotional, behavioural and social functioning (S. Holt, 2011) which can continue into adulthood (Artz et al., 2014). Based on the premise that it is mainly young children who are at greatest risk of being exposed to parental IPV (Fusco & Fantuzzo, 2009; Trocmé et al., 2013) much of the literature concentrates on young children (Hungerford, Wait, Fritz, & Clements, 2012). Where research does focus on young adults (aged 17 to 25) who have been exposed to parental IPV, there is a tendency for it to centre on their own victimization/perpetration within intimate relationships (for example, Rivera & Fincham, 2015).

Emergent literature has established an association between child exposure to parental IPV and young adults’ impaired wellbeing (Cater et al., 2015), but there is a dearth of research which explores the psychosocial factors which may influence this association. Exposure to parental IPV has been defined as a complex trauma as it may involve repeated exposure to aversive events from a very young age, with the perpetrator and victim (the child’s parents/caregivers) being known, loved and trusted by the child (Margolin & Vickerman, 2011). A large body of literature on recovery from trauma establishes the importance of various social factors in the link between experiencing aversive events and the development of resilience (Pynoos, Steinberg, & Piacentini, 1999).
However, there may be inherent barriers to the availability of protective social factors for this population. Within the literature there is a strong link between IPV and social isolation (Levendosky, 2013). For children of families affected by parental IPV, social isolation may be derived from two interdependent factors. First, an established controlling tactic used by the perpetrator is to isolate their victims, including the children (Bancroft et al., 2011). Second, due to the stigma and shame associated with IPV, children/adolescents may self-exclude from social life (Buckley, Holt, & Whelan, 2007). Recent research suggests that young adults’ inability to disclose parental IPV throughout their childhood, despite an awareness of its existence, portrays an intrinsic level of isolation and secrecy among such young adults (Howell et al., 2015). This suggests that there may also be reduced opportunities for young adults who grew up in homes affected by parental IPV to become integrated within social groups outside the family, thus rendering their ties to their family all the more important.

Research more generally links family to positive psychological outcomes (see Elliott & Umberson, 2004). Initial findings also suggest that family may act as a beneficial psychological resource in the context of exposure to parental IPV across various age spans (children, adolescences and young adults). For example, Owen et al. (2009) identified that child reports of family cohesion and relatedness to their primary attachment figure mediates the relationship between child reports of IPV and child adjustments (8-12 years). Similarly, Chanmugam (2014) found a strong sense of identity and belonging within mother-child-sibling relationships in a qualitative study of 12 to 14 year old adolescents and their mothers from a refuge population. More recently, Miller et al. (2015) suggested that parental warmth may buffer the relationship between exposure to parental IPV and wellbeing in young adults. Therefore, despite the
fact that parental IPV results in unpredictability and trauma within the home, it seems that children, adolescents and young adults’ identification with their family or family members may influence their psychological outcomes. However, there is not yet conclusive evidence explicating the established variations in psychological outcomes (Kitzmann et al., 2003), nor the underlying processes which may influence the link between exposure to parental IPV and psychological outcomes. We therefore propose identification with family as a possible explanatory variable.

The current study used Edleson, Shin, and Armendariz’s (2008) measure of child exposure to domestic violence, hereafter referred to as *exposure to parental IPV*, which is in line with recent theoretical arguments to operationalize exposure to parental IPV broadly (Haselschwerdt, 2014). The exposure to parental IPV measure captures both physical and psychological violence, and as well as being validated with both children (Edleson et al., 2008) it has also been validated as a measure of historical child exposure to parental IPV in young adults To broaden our understanding of the impact of exposure to parental IPV on young adults (Cater et al., 2015), the current study focuses on young adults’ self-reports of both ongoing and historical exposure to parental IPV.

Further, to provide a more complete understanding of the impact of growing up in homes affected by parental IPV, outcomes within the present study were operationalized in terms of both short-term functioning (state anxiety) and long-term functioning (global self-esteem). Reviews and meta-analysis have clearly established associations between exposure to parental IPV and decreased self-esteem and increased anxiety in children (Evans et al., 2008; Haselschwerdt, 2014; Holt et al., 2008). Despite limited research within a young adult population, research has established associations
between exposure to parental IPV and increased anxiety (Miller et al., 2015; Schiff et al., 2014) and reduced self-esteem (Davies, DiLillo, & Martinez, 2004) in young adults who grew up in homes affected by parental IPV. Global self-esteem, a measure of self-worth, develops over time, and aversive environments are deemed to have a negative impact on its formation (Rutter, 1993). State anxiety is a measure of in the moment or reactive anxiety. In the current study, participants completed the measure of exposure to parental IPV first, which acted to prime the participants and thus facilitated the capture of reactive anxiety.

Research within social psychology has established that identification with a social group can buffer the effects of trauma/stress particularly for vulnerable groups (S. A. Haslam et al., 2009). As such Branscombe, Schmitt, and Harvey (1999) established that identification with their ethnic group was associated with increased self-esteem for minority groups while Wakefield, Bickley, and Sani (2013) demonstrated that support-group identification was linked to reduced anxiety in multiple sclerosis suffers. However the potential buffering effect of family identification has not been explored for young adults who grew up in home affected by parental IPV.

Contextual factors such as gender and socioeconomic status (SES) may also impact on the relationship between exposure to parental IPV and young adult’s wellbeing. Cater et al. (2015) found gender by outcome interactions, with young women reporting significantly higher levels of anxiety than young men. However, as the young women also reported significantly higher levels of historical exposure to parental IPV than the young men, the authors cautioned about the presence of a gender reporting bias of both exposure to parental IPV and anxiety. There is also reason to believe SES may
influence the impact of parental IPV on outcomes. The developmental literature suggests that it is the combination of childhood traumatic events together with an aversive environment that contributes to maladjustment (Gonzalez, MacMillan, Tanaka, Jack, & Tonmyr, 2014; Herrenkohl & Herrenkohl, 2007), and indeed in line with this, low socioeconomic status is generally linked to poorer wellbeing (Lorant et al., 2003). In light of the previous findings on gender and SES, the current study also investigated the presence of differential effects for both gender and SES for exposure to parental IPV, family identification, anxiety and self-esteem.

It is hypothesized that higher levels of reported exposure to parental IPV will predict higher levels of anxiety and lower levels of both family identification and self-esteem. Furthermore, based on social identity theory, family identification will mediate the association between exposure to parental IPV and both outcomes, anxiety and self-esteem.

**Methods**

**Design**

The current study was part of a larger cross-sectional online survey. Ethical approval was obtained from the Faculty’s Research Ethics Committee. Participants, from a predominately white university population were invited to complete an online questionnaire. In acknowledgment of their time, participants were given the option to enter a draw for a €50 voucher. In line with the proposed mediational model, family identification (Doosje, Ellemers, & Spears, 1995) was considered as a potential mediator in the association between exposure to parental IPV (Edleson et al., 2008) and both self-esteem (Rosenberg, 1965) and state anxiety (Marteau & Bekker, 1992).
Participants

Since exposure to parental IPV is established as a pervasive problem (EU-FRA, 2014), a convenience sample of university students was thought to provide sufficient variability within the regression model. While a total of 465 students completed the first measure, exposure to parental IPV, 23.66% failed to complete all measures, resulting in a final sample size of 355. There was no significant group difference (t(463) = -1.60, p = .11) in the level of reported parental IPV between participants who completed (n = 355) and those who dropped out (n = 110). Of those who completed demographics, participants had a $M_{age} = 20.07$ years, $SD_{age} = 2.08$, 70.6% were female, and 46.5% were not in receipt of income assessed government funding (suggesting that there are from poor backgrounds). While 63% reported exposure to parental IPV (defined as a total score of exposure to IPV of 3 or greater), of those 36.1% stated that it was ongoing and 63.9% stated it was historical.

Materials

Demographics. As an indicator of socioeconomic status (SES), participants were asked to indicate if they were in receipt of income-assessed government funding to attend university, (‘yes’ was coded as ‘lower SES’ and ‘no’ was coded as higher SES) Participants were also asked to provide their age and gender.

Exposure to Parental Intimate Partner Violence (IPV). Edleson et al. (2008) validated scale for exposure to IPV was adapted to capture young adults’ self-reported exposure to parental IPV, both ongoing and historical, which was perpetrated by either or both of the participant’s parents/caregivers. To make the scale gender-neutral, the wording within each of the original items were altered so that references to ‘mother’ or ‘father’ were
replaced by ‘parent/caregiver’. For example, “How often did one parent/caregiver swear, yell or scream at, threaten the other parent/caregiver or call them names, fat, stupid or idiot etc.” Participants rated the occurrence of both psychological and physical parental IPV on a 5-point Likert scale from 0 (never), 1 (rarely), 2 (sometimes), 3 (often), to 4 (a lot). To obtain maximum validity, following initial exploratory factor analysis, 2 of the original instrument items, namely ‘harm a pet on purpose’ and ‘prevent eat or sleep’ were excluded from the final exposure to parental IPV variable, the psychometric details of the scale are discussed in full in Chapter 4. (Also see Table 5, Chapter 4, p. 97 for full details of individual scale items). The remaining 7 items were totaled to give final scores between 0 and 28 for the exposure to parental IPV, with high scores indicating high exposure to parental IPV. Reliability was very good, with a Cronbach’s alpha of .88 for the current study.

Recency of exposure to parental IPV. Participants were asked to indicate the time frame of the most recent incident of exposure to parental IPV (ongoing, within 6 months, within 3 years, or over 3 years ago). This measure was collapsed to form a dichotomous variable, in that ‘ongoing’ refers to within 6 months, and ‘historical’ refers to more than 6 months ago.

Family identification. Doosje et al.’s (1995) 4-item identification scale was used to assess family identification. Participants responded to items relating to their subjective, affective and shared identity within their family group by providing a rating from 1 (totally disagree) to 7 (totally agree). Means were calculated to give scores between 1 and 7, with higher scores indicating higher identification. Reliability was excellent, with a Cronbach’s alpha of .94 for the current study.
**Anxiety.** Marteau & Bekker’s (1992) 6-item scale was used to assess state anxiety. Participants responded to items relating to state anxiety from 0 (not at all) to 3 (very much so). Reliability was very good, with a Cronbach’s alpha of .85 for the current study. Items were totalled to give scores in the range of 0 to 18, with higher scores indicating higher anxiety.

**Self-Esteem.** Rosenberg (1965) 10-item scale was used to assess self-esteem. Participants responded to items relating to global self-esteem from 1 (strongly agree) to 4 (strongly disagree). Reliability was very good, with a Cronbach’s alpha of .85 for the current study. The rated items’ mean was calculated to give a range of 1 to 4, with higher scores indicating higher self-esteem.

Please note that full measures can be found in the Appendices (p.183).

**Data analysis overview**

The central aim of the current study was to investigate the impact of family identification on the link between exposure to parental IPV and both anxiety and self-esteem. Initial multivariate and follow-up univariate analyses of variance were performed to determine the need to control for any systematic group differences caused by SES and gender of the participant within the mediation model. Correlation analyses (Pearson’s r) were undertaken to identify associations between the variables of interest. Finally, to test the buffering effect of family identification, mediation analyses were performed.

Simple mediation models were analysed using PROCESS model 4, which uses ordinary least squared regressions to yield unstandardized path coefficients for all
pathways, as well as total, direct and indirect effects (A. F. Hayes, 2013). Effects are deemed significant when the lower to upper limits of the accelerated 95% confidence intervals (CI) do not pass through zero. The current analysis was undertaken both with and without bootstrapping. Bootstrapping involves drawing 1000 random samples from the data pool to estimate each pathway effects, with computed bias corrected and accelerated 95% CIs determining the significance of each pathway. Bootstrapping makes no assumptions about the normality in the sampling distribution and has superior control over type 1 errors when compared to non-bootstrapping (Preacher & Hayes, 2004).

Results

Group differences

Results of the MANOVA identified a significant within-subjects effect on exposure to parental IPV, family identification, anxiety and self-esteem for both SES and gender of the participant. Follow-up univariate analysis of variance (ANOVA) testing the effect of gender of the participant on reported exposure to parental IPV, family identification, self-esteem and anxiety proved non-significant. However, ANOVA testing the effects of SES revealed group differences of SES on exposure to parental IPV ($F (1) = 6.46, p = .01$) and family identification ($F (1) = 6.81, p < .01$). As the exposure to parental IPV measure was composed of both ongoing and historical exposure to parental IPV, subsequent separate ANOVAs were also undertaken for ongoing exposure to parental IPV ($N = 149$), and also historical exposure to parental IPV ($N = 264$) to identify if differences between SES groups were present for exposure to both ongoing and historic parental IPV. For participants who reported ongoing exposure to parental IPV, ANOVA revealed group differences of SES for exposure to
parental IPV \( (F(1) = 6.8, p = .01, n_p^2 = .05) \) and family identification \( (F(1) = 7.6, p < .01, n_p^2 = .06) \). Specifically, within participants who reported ongoing exposure to parental IPV, those with lower SES reported significantly higher levels of exposure to parental IPV \( (M = 6.53, SD = 6.48) \) than those with higher SES \( (M = 4.05, SD = 4.04) \). In addition in this same group, those with higher SES reported significantly higher levels of family identification \( (M = 6.18, SD = 1.2) \) than those with lower SES \( (M = 5.44, SD = 1.69) \). These significant effects were maintained when we controlled for whether participants live at home or had moved away. For participants who reported historical exposure to parental IPV, there were no significant SES group differences for either exposure to parental IPV or family identification. There were no significant differences between male and female participants for exposure to parental IPV, family identification, anxiety or self-esteem. Means and standard deviations of predictor, mediator and outcome variables by gender and SES groups are presented in Table 1 for exposure to ongoing parental IPV and in Table 2 for exposure to historic parental IPV.

Table 1

Means (standard variations) for exposure to parental IPV, family identification (family ident), self-esteem and anxiety by SES and gender of participant, for participants who reported IPV as ongoing

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Higher SES</th>
<th>Lower SES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exp. Parental IPV</td>
<td>5.57(6.50)</td>
<td>4.74(4.63)</td>
<td>4.05(4.04)</td>
<td>6.53(6.48)</td>
</tr>
<tr>
<td>Family Ident</td>
<td>5.53(1.52)</td>
<td>6.07(1.37)</td>
<td>6.18(1.20)</td>
<td>5.44(1.69)</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>2.83(.54)</td>
<td>2.70(.43)</td>
<td>2.75(.39)</td>
<td>2.71(.57)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>5.70(3.79)</td>
<td>6.65(4.33)</td>
<td>5.71(3.75)</td>
<td>7.53(4.68)</td>
</tr>
</tbody>
</table>
Table 2

*Means (standard variations) for exposure to parental IPV, family identification (family Ident), self-esteem and anxiety by SES and gender of participant, for participants who reported IPV as historical*

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Higher SES</th>
<th>Lower SES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exp. Parental IPV</td>
<td>5.41(4.47)</td>
<td>5.24(4.47)</td>
<td>5.19(4.38)</td>
<td>5.44(5.38)</td>
</tr>
<tr>
<td>Family Ident</td>
<td>5.55(1.76)</td>
<td>5.69(1.56)</td>
<td>5.72(1.56)</td>
<td>5.57(1.69)</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>2.79(.50)</td>
<td>2.71(.45)</td>
<td>2.73(.47)</td>
<td>2.74(.47)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>7.06(4.49)</td>
<td>7.79(4.13)</td>
<td>7.79(4.41)</td>
<td>7.33(4.15)</td>
</tr>
</tbody>
</table>

**Inter-correlations**

Partial correlations (Pearson’s *r*) between variables are presented in Table 3 (with SES as covariate), together with mean, standard deviations and range. As predicted there was a moderate to large positive correlation between the predictor, exposure to parental IPV and the outcome, anxiety (*r = .44*) and a moderate to large negative correlation between the predictor, exposure to parental IPV and the outcome, self-esteem (*r = -.39*), and mediator, family identification (*r = -.50*). There was a moderate to large positive association between family identification and self-esteem (*r = .50*) and a moderate to large negative association between family identification and anxiety (*r = -.54*).
### Table 3

**Pearson correlation coefficients of exposure to parental IPV, family identification (family Ident), self-esteem and anxiety with SES as a covariate. Means, standard deviations (SD), and ranges are also included**

<table>
<thead>
<tr>
<th></th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Mean(SD)</th>
<th>Range</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental IPV</td>
<td>-.50**</td>
<td>-.39**</td>
<td>.44**</td>
<td>4.54(4.67)</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>Family Ident</td>
<td>.50**</td>
<td>-.54**</td>
<td>5.77(1.55)</td>
<td>1</td>
<td>7</td>
<td>355</td>
</tr>
<tr>
<td>Self Esteem</td>
<td>-.61**</td>
<td></td>
<td>2.74(.47)</td>
<td>1.33</td>
<td>3.80</td>
<td>434</td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
<td></td>
<td>7.08(4.33)</td>
<td>0</td>
<td>18</td>
<td>431</td>
</tr>
</tbody>
</table>

**Note.** **= p< .001, min = minimum, max = maximum**

### Mediation Analysis

Two simple mediation analyses including SES as a covariate were performed to analyse separately whether family identification influenced the association between exposure to parental IPV and outcomes, anxiety (Figure 1) and self-esteem (Figure 2). Exposure to parental IPV predicted weaker family identification ($B = -16, p < .001$), which in turn predicted increased self-esteem ($B = .13, p < .001$) and reduced anxiety ($B = -1.19, p < .001$). There were significant indirect effects for both models (see table 4); exposure to parental IPV affected both anxiety and self-esteem through family identification. Indirect effects, Model 1: exposure to parental IPV, family identification,
anxiety ($B = .19, 95\% CL [.14, .28]$) and Model 2: exposure to parental IPV, family identification, self-esteem ($B = -.02, 95\% CL [-.03, -.01]$). However, while significantly reduced, both direct effects remained significant; exposure to parental IPV was significantly associated with both anxiety ($B = .22, p < .001$) and self-esteem ($B = -.02, p < .01$), while accounting for family identification. Furthermore in model 1, exposure to parental IPV and family identification collectively explained 33\% of the variance in anxiety, while in model 2, exposure to parental IPV and family identification collectively explained 28\% of the variance in self-esteem.

Note ** = p<.001

Figure 1. Mediation of the effect of exposure to parental IPV on self-esteem by family identification.
Note ** = p < .001

*Figure 2.* Mediation of the effect of exposure to parental IPV on anxiety by family identification.

Note: In the initial ANOVA analysis we identified significant SES group differences for both exposure to parental IPV and family identification, for participants who reported exposure to parental IPV as ongoing. Therefore both mediation models were also undertaken with samples consisting of participants who reported only ongoing exposure to parental IPV (N = 118), then only historical exposure to parental IPV (N = 197). Significant indirect effects were maintained for both conditions moreover these significant effects were also maintained when we controlled for whether participants live at home or had moved away.
Table 4

Parameter estimates of the model examining the mediating role of family identification (family ident) in the relationship between exposure to parental IPV and outcomes: anxiety and self-esteem

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Path</th>
<th>B</th>
<th>SE</th>
<th>95% CI</th>
<th>R²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Ident</td>
<td>Parental IPV</td>
<td>a</td>
<td>-.16**</td>
<td>.02</td>
<td>[ -.19,-.13]</td>
</tr>
<tr>
<td><strong>Model 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>Family Ident</td>
<td>b</td>
<td>-1.19**</td>
<td>.15</td>
<td>[ -1.47,-.90]</td>
</tr>
<tr>
<td></td>
<td>Direct effect</td>
<td>c’</td>
<td>.22**</td>
<td>.05</td>
<td>[.12, .31]</td>
</tr>
<tr>
<td></td>
<td>Indirect effect</td>
<td>ab</td>
<td>.19</td>
<td>.11</td>
<td>[.14, .28]</td>
</tr>
<tr>
<td><strong>Model 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-esteem</td>
<td>Family Ident</td>
<td>b</td>
<td>.13**</td>
<td>.02</td>
<td>[.09, .16]</td>
</tr>
<tr>
<td></td>
<td>Direct effect</td>
<td>c’</td>
<td>-.02**</td>
<td>.01</td>
<td>[.03, .01]</td>
</tr>
<tr>
<td></td>
<td>Indirect effect</td>
<td>ab</td>
<td>-.20</td>
<td>.004</td>
<td>[-.03, -.01]</td>
</tr>
</tbody>
</table>

*Note.* Regression weights a, b, c, and c’ are illustrated in Figure 1 and 2. The 95% CI for a × b is obtained by the bias-corrected bootstrap with 1000 resamples. Exposure to parental IPV is the independent variables (x), Family identification is the mediator (m), and anxiety and self-esteem are outcome (y). R² is the proportion of variance in y explained by x and m. CI [lower bound, upper bound] of 95% confidence interval.
Discussion

The central aim of the current study was to investigate the role of family identification in the association between exposure to parental IPV and both anxiety and self-esteem. Mediation analysis identified that family identification influenced the association between exposure to parental IPV and both anxiety and self-esteem. There was a direct effect; high levels of exposure to parental IPV were associated with decreased levels of self-esteem and increased levels of anxiety. However there was also an indirect effect, family identification buffered the associations between exposure to parental IPV and psychological outcomes; despite the fact that higher levels of exposure to parental IPV was associated with weaker levels of family identification, participants who reported stronger levels of family identification also reported increased levels of self-esteem and decreased levels of anxiety. However as higher levels of exposure to parental IPV were associated with weaker levels of family identification, those most affected are least likely to be able to draw on this beneficial resource. To the extent that participants reported strong levels of family identification, they also reported increased levels of self-esteem and reduced levels of anxiety. Family identification can therefore be said to play a positive role in the association between exposure to parental IPV and psychological outcomes for young adults.

This is the first study to consider family identification and belonging to the family group as an underlying psychosocial factor that may explain the association between exposure to parental IPV and psychological outcomes. As predicted, in line with previous research, stronger family identification was associated with more positive psychological outcomes (Sani et al., 2012). Moreover, strong family identification influenced the association between exposure to parental IPV and both anxiety and self-
esteem. Current findings therefore build on previous research within the social identity tradition which document the explanatory role of family identification in the link between various traumas and psychological outcomes, for example, acquired brain injury (Walsh et al., 2014); multiple sclerosis (Wakefield et al., 2013); stroke (C. Haslam et al., 2008); and in the context of political violence in the Northern Ireland conflict (Muldoon et al., 2009) and Kosovo conflict (Kellezi et al., 2009). The current findings thus provide further evidence for the argument that social identities function as a ‘Social Cure’ (Jetten, Haslam, & Haslam, 2012). The current findings also extend previous research which highlights the significance of affiliative identities – pre-existing groups which we are born into – in the context of trauma (Walsh et al., 2014). Additionally, they advance recent research within the literature on exposure to parental IPV, which investigates factors relating to family as potential mediators between child exposure to parental IPV and psychological outcomes across age spans. Both parental warmth (Miller et al., 2015) and family cohesion (Owen et al., 2009) are suggested as important mediators in that literature. The current study complements this research by including young adults’ perceptions of both ongoing and historical exposure to parental IPV.

Similar to the current study, the previous studies used a cross-sectional design with young Swedish adults (Miller et al., 2015) and African American children (Owen et al., 2009). In combination with these, our study provides compelling support for the importance of family to the psychological outcomes of young adults who grow up in homes affected by exposure to parental IPV. This may seem somewhat paradoxical, given that exposure to parental IPV may contribute directly to problematic family relationships and an aversive family environment. However, it should be noted that a
strong integration within the family may be particularly important for this group. As discussed previously, due to the shame, stigma and isolation associated with IPV, there are nuanced barriers to building strong links with social groups outside of the family for this at-risk population.

Contra to previous findings identified by Cater et al. (2015), who identified that Swedish young women reported significantly higher levels of historical child exposure to parental IPV than young men, the current study found no significant gender differences. In fact the trend was in the opposite direction, with young men reporting slightly (but not significantly) higher levels of exposure to parental IPV than young women. In the current study, young adults who reported ongoing exposure to parental IPV and who were from lower SES backgrounds reported significantly higher levels of exposure to parental IPV and significantly lower levels of family identification than their counterparts from higher SES backgrounds. However, there were no differences in the levels of either exposure to parental IPV and family identification based on SES for the participants who reported exposure to parental IPV as historical. One possible explanation for this is that those from lower SES backgrounds may live in smaller family homes, therefore may be exposed to higher levels of ongoing parental IPV. Furthermore, as the current findings show, higher levels of exposure to parental IPV predict weaker levels of family identification, thus explaining the lower levels of family identification for participants from lower SES backgrounds who report ongoing exposure to parental IPV.

A strength of the current study was that two psychological measures of wellbeing were used; a global measure of self-esteem (long term functioning) and a reactive
measure of state anxiety (short term functioning). This gives a more complete picture of the consequences of exposure to parental IPV for young adults. Global self-esteem develops over time, while state anxiety is a measure of “in the moment” anxiety levels. Completing the measure of exposure to parental IPV may be said to have primed the participants, and since the measure of state anxiety is reflective of current affective status, it therefore captures a more implicit and immediate response. As such, using both long term and reactive psychological outcomes, which have both been associated with resilience, allows for a more complete picture of the ongoing consequences of growing up in a home affected by parental IPV.

However, there are of course some limitations. For example, the current findings are not generalizable as participants in the current study could all be considered “high academic achievers” in that they attained sufficient grades to qualify for a university place, and this distinguishes them from the general population. A more or less pronounced effect may therefore have been identified in a high risk population, or indeed a general population sample. Previous research has established a co-occurrence of child exposure to parental IPV and direct child maltreatment (Herrenkohl, Sousa, Tajima, Herrenkohl, & Moylan, 2008). Future research is warranted which explores the buffering effect of family identification on cumulative trauma for young people who grew up in homes affected by parental IPV.

Additionally, participants self-reported both ongoing and historical exposure to parental IPV; therefore the measure captures their awareness of the occurrence of parental IPV, but did not explicitly ask if they had directly witnessed the parental IPV. Furthermore, there are questions surrounding the validity of self-report measures of
aversive childhood events within cross-sectional data (Widom, Raphael, & DuMont, 2004). The accuracy of reporting exposure to parental IPV may in fact be a function of current psychological functioning. Individuals with low self-esteem, for example, may be motivated to attach meaning to their sub-optimal psychological functioning, therefore may be more likely to reflect on their childhood experiences in a more negative light (Horwitz, Widom, McLaughlin, & White, 2001). Furthermore, there may also be reciprocity between family identification and the reporting of exposure to parental IPV, as those with stronger identification may be less likely to report non-favourable family dynamics. However it should be noted that participants’ family identification would not have been salient, as the measure of exposure to parental IPV was completed a priori.

Importantly, as longitudinal data is seen as a requirement to determine causality, the design of the current study (a cross-sectional study) is said to impede a conclusive causal interpretation. Although A. F. Hayes (2013, p. 17) states that the limitations of data collection should not limit the statistical tools we use to help us understand the underlying processes which may be at play within our data, the findings must be said to be exploratory and not causal. The findings point to the need for longitudinal studies with at-risk children and young adults, which capture current measures of exposure to parental IPV, family identification and psychological outcomes at various time points. Future qualitative studies may also give an in-depth and nuanced understanding of the processes of family identification in the context of exposure to parental IPV.

The current findings demonstrate the important insights which can be gleaned by a paradigm shift from individually-focused research to research which explores the
impact of psychosocial factors. As such, this study highlights the positive influence that strong identification with family can have on young people who grew up in homes affected by parental IPV. This beneficial effect was identified in both short and long term adaptation, and also for young adults who reported both ongoing and historical exposure to parental IPV. Participants, who reported high levels of exposure to parental IPV but also stronger family identification, may have mobilized this affiliative identity, which then may have functioned as a beneficial psychological resource to buffer their affective status in the face of stress. Furthermore, although the occurrence of parental IPV may contribute to a suboptimal family environment, the current findings suggest that identification with that same family may promote the development of positive self-esteem over time.

The first and paramount consideration when dealing with victims of IPV (including children) should be their physical and psychological safety. That said, given the secrecy that surrounds IPV, it is important that parents, the extended family and service providers are educated on the potential protective effects that a strong identification with family can have so that an inherent sense of belonging within the extended family can be promoted for young adults who grow up in homes affected by parental IPV.
Chapter 3

Young people’s constructions of their experiences of parental domestic violence: A discursive analysis.

Paper 2
Abstract
This study draws from discursive psychology to gain insights into how young people construct their experiences of parental DV and how they claim to understand the occurrence of DV within their home. A discursive psychological analysis of interviews with 13 young people (18-26 years old) who reported DV in their families of origin revealed two interrelated themes. Theme 1, ‘How it was: constructions of DV,’ identified that the young people had difficulty in recognizing psychological aspects of this phenomenon as DV. However, as these behaviours also deviated from the normative expectations of intra-parental behaviours, the occurrence of psychological DV led to ambiguity and confusion. Paradoxically, the occurrence of extreme physical DV was readily recognized as DV, and this worked to facilitate disclosure, discussion, and help-seeking. Theme 2, ‘Talking with mothers about DV,’ identified how young people reported perception of their mother’s role in DV was related to the likelihood that they had conversations about DV with their mothers. The occurrence of extreme physical DV, which unambiguously placed responsibility for the DV with the perpetrator who in the cases presented here were male, was reported to enable conversations around DV between the young people and their mothers. Findings suggest a need to adapt discourses to make understandings of psychological DV more accessible to young people so that those who grow up in homes affected by psychological DV can name and make sense of their experiences.

Keywords: Child exposure to domestic violence, young people, discursive psychology, constructions of physical and psychological domestic violence (DV)
Young people’s constructions of their experiences of parental domestic violence: A discursive analysis

There is a growing body of research which evidences that growing up in a home affected by domestic violence (hereafter referred to as exposure to DV) can have adverse consequences for children and that this can continue into adulthood (Cater et al., 2015). Research has established that a child’s understanding and appraisal of DV events both influence how such events impacts on them (Grych, Harold, & Miles, 2003). Novel insight into young people’s appraisal of this complex and sensitive phenomenon may be gleaned from an in-depth analysis of how young people talk about their exposure to DV. As understanding of this phenomenon is likely to be enhanced by documenting how young people interpret and construct their exposure to DV. Therefore the overarching aim of the current study is to employ a discursive psychological approach (DP) to investigate how young people construct their childhood experiences of DV.

Previous research has tended to focus on physical DV and its consequences for children; however, emerging literature suggests that children are exposed to many forms of DV (Haselschwerdt et al., 2016). Indeed, there is now a developing argument that just as for adults, exposure to psychological DV may also have negative consequences for children (Katz, 2015a). Jouriles and McDonald (2015) argue that the context in which DV occurs is important in determining the impact of exposure to DV on children. In particular, the presence or absence of behaviours intended to intimidate, humiliate, isolate and control an intimate partner, referred to as coercive control (Stark, 2007), has been suggested as central to the impact of DV on children (Haselschwerdt et
Child Exposure to Domestic Violence

al., 2016; Jouriles & McDonald, 2015). Interrogating this claim through analysis of young people’s constructions is central to the current paper.

Indeed, child exposure to DV is universally recognized as an aversive childhood experience (Margolin & Vickerman, 2011); further, the trauma literature evidences the significant role of social support in recovery from adversity (Muldoon & Lowe, 2012). In this regard, Graham-Bermann, Kulkarni, and Kanukollu (2011) findings indicate that disclosing aversive events to a supportive listener, thus gaining beneficial social support, ameliorates long-term effects of exposure to DV. In line with this, Howell et al. (2015) evidenced that young people who had spoken (as children) about their child exposure to DV were less likely to be depressed (as adults) than those who had not. However, DV is a highly stigmatized phenomenon, and due to the inherent isolation associated with DV, exposed children are often without an opportunity to disclose their experiences (Buckley et al., 2007; Katz, 2015g). Obtaining support, in this regard, from outside the immediate family may, therefore, prove problematic.

Grych et al. (2015) suggest that parental support is a key protective factor for children who have been exposed to violence. This suggests that the presence of a supportive, non-abusive parent (usually the mother) may be all the more necessary for this vulnerable group. As such, (Katz, 2015g) identified that supportive relationships between children and their mothers promote recovery. Further, Buchanan Buchanan, Wendt, and Moulding (2015) found that adult children who reported having reflective discussions on the topic of DV with their mothers also reported having a better understanding of the dynamics of DV, compared to those who did not. This is significant, as research evidence that an understanding of aversive events may facilitate meaning-making and promote wellbeing (Tedeschi & Calhoun, 2004).
There are also important barriers to discussions about DV. Izaguirre and Cater (2016) identified that children found it difficult to speak to their mothers as they were afraid they might either upset them or be required to support them. Furthermore, Insetta et al. (2014) identified that, although aware of the need and benefit of having these conversations with their children, mothers avoided the topic. Young people’s perceptions of these dynamics are less well understood. To our knowledge, this study is the first to offer young people’s perspective on communication with mothers around DV.

As noted above, DV is highly stigmatized. It was considered unlikely that the young people would be motivated to speak unfavourably of their parents. Difficulties may, therefore, arise with young people when interviewed about the occurrence of DV in their families of origin. This might be especially true of those who have not taken part in a specific intervention which aims to provide an understanding of the dynamics of DV (e.g., Graham-Bermann, Lynch, Banyard, DeVoe, & Halabu, 2007). A discursive psychological approach (DP) is particularly useful here, as it facilitates the identification of speakers’ implicit understandings of complex phenomena (Billig, 1977), such as DV. This highlights the great potential of an application of DP methodology to interviews of young people who have been exposed to DV in their families of origin. Discourse analysis is an in-depth analysis of language within a social context (Taylor, 2001). Employing a discursive psychological approach (DP) involves an integration of both the fine-grained analysis of discursive devices employed and the incorporation of global content, for example, normative discourses (Wetherell, 1998). Our understanding of the social world is revealed when we talk about it (Wetherell & Potter, 1992). Therefore DP provides a theoretical means for understanding complex psychological phenomena (Edwards & Potter, 1992).
In short, DP focuses on the performance of language (Edwards & Potter, 1992); what the speaker is attempting to achieve through talk, for example, attribute responsibility, blame, justify, or normalize. DP allows us to identify the incorporation of socio-cultural discourses in the young people’s talk, and the discursive devices which are strategically drawn upon to build credibility, appear objective and to navigate difficult and sensitive topics.

For this reason, DP has successfully been employed to analyse interviews about DV for example; male perpetrators (LeCouteur & Oxlad, 2010), family law judges (Naughton, O'Donnell, Greenwood, & Muldoon, 2015) and victimized women (Towns & Adams, 2015). However, DP has not yet been employed to analyse young people’s talk in the context of their exposure to DV. The current study, therefore, applied DP to young people’s interviews in an attempt to provide an understanding of their implicit understandings of the occurrence of DV, and also what is revealed about their experiences of family processes in homes affected by DV.

**Method**

**Participants**

Participants were recruited after the completion of an on-line measure of child exposure to domestic violence (CEDV; Edleson et al., 2008) as part of a quantitative study in 2014. For the current study, some these participants were invited to be interviewed. Specifically, 38 participants with total CEDV scores of 9 or greater (top 15% of all respondents) were invited to interview. Fourteen participants (8 females, six male) aged between 18 and 26 years (13 of whom were white Irish) attended a face-to-face interview in 2014/2015. Recruitment ceased once theoretical saturation was
Ethical approval was obtained beforehand from the Faculty's Research Ethics Committee at the host University. All participants were fully informed about the nature of the interview immediately before the interview, as well as ahead of time in the recruitment email. All participants signed informed consent forms. Participants were given a postal order of €10 in acknowledgment of their time. Although many of the participants were (or had been) attending counselling services for a range of mental health issues, few had previously spoken in depth to anyone about their exposure to DV.

**Interview procedure**

Interviews took place on campus in a comfortable room designed for research interviews. Interview questions were open-ended and designed to non-intrusively give respondents permission to speak about their exposure to DV and their family relationships. Interviews followed a schedule but were semi-structured to enable flexibility and to allow the interviewer to probe salient areas as they arose. Digitally recorded interviews varied between 23 and 57 minutes ($M_{\text{mins}} = 32$) in duration. All participants were fully debriefed after the interview, at which time many participants spoke about their perception of the cathartic nature of the interview. All participants were given contact information to appropriate local counselling/service providers. The first author had detailed discussions with the second author and also took extensive notes after each interview. Thirteen of the digitally recorded interviews were transcribed verbatim by the first author using an abridged form of the Jeffersonian transcription convention (Heritage & Atkinson, 1984). One interview (female) proved extremely problematic to transcribe due to the audibility of the recording, so was
excluded from in-depth analysis. All names have been altered and identifying details removed to ensure confidentiality.

**Process of Analysis**

The first author carried out all interviews, transcriptions, and analysis, and this facilitated complete immersion in the dataset. Transcripts were read in their entirety several times to gain an overview of the entire data set. To ensure credibility and to obtain a systematic analysis of the dataset, our analytic approach consisted of a thematic analysis followed by a discursive analysis. The analytical process was iterative and involved rigorous analysis of the dataset. Initial analysis (i.e., the thematic analysis) was systematic; the transcripts were inductively coded in NVivo 10 into main categories which remained close to the data. Meetings between all authors took place throughout the process where coding frames, analysis, and interpretations were discussed, and themes decided upon. This enhanced validity and minimized the impact of individual beliefs and values on the interpretation.

Two themes, identified as sets of data which ‘captured' an element deemed relevant to the research question (Braun & Clarke, 2006, p. 88), were generated to provide a ‘concise, logical and coherent’ account of the data (Braun & Clarke, 2006, p. 93). These were named ‘How it was: constructions of DV’ (Theme 1) and ‘Talking with mothers about DV’ (Theme 2). In the next stage of analysis (i.e., the discursive analysis), extracts which best exemplified these dominant themes were then rigorously analysed using resources from discursive psychology (Potter, 1996). As language use is most ‘accurately understood’ when situated in context and meaning is shaped by both preceding and succeeding talk (Coates & Wade, 2004, p. 501), original transcripts and
Child Exposure to Domestic Violence

audios were repeatedly revisited to ensure that analysis and interpretations adequately reflected the data. To facilitate the reader, each extract commences both with the time the extract occurred in the interview and with an account of the respondent's individual situation, as identified within their interview, which is not apparent in the extract but essential to the understanding of the extract. Furthermore, since interviews are interactive in nature, all the interviewer's utterances and preceding questions are included. This enables the reader to identify both how the interviewer oriented to the participants, and how they responded.

Findings

Our analytic focus in Theme 1, ‘How it was: constructions of DV,’ centred on young people’s constructions of the DV which occurred in their families of origin. Specifically, this theme looks at how young people discursively managed their talk around their exposure to DV and how this provides insights into both their understanding of DV and their ability to recognize specific intra-parental behaviours as DV. Theme 1 is exemplified by two extracts. Extract 1 illustrates the participant’s inability to construct psychological violence as DV in the absence of clearly visible physical violence, and how this contributed to the confusion. On the other hand, Extract 2 illustrates how the witnessing of a violent incident facilitated recognition of DV and meaning-making.

Theme 2, ‘Talking with mothers about DV,’ is also represented here by two extracts and captures how the participants talk about their conversations about DV with their mothers. Extract 3 illustrates how participants’ inability to instigate conversations around DV is linked to positioning their mothers as emotionally vulnerable. Extract 4,
conversely, portrays the mother as the instigator of conversations around DV, which are depicted as contributing to the wellbeing of the participant.

**Theme 1: ‘How it was: constructions of DV.’**

In Extract 1, James works up his uncertainty around the psychological abuse in his family home. His inability to identify either parent as clear victim or perpetrator in their problematic relationship results in him positioning himself as being torn between both parents.

*Extract 1: ‘It's very difficult being caught in the middle.’*

*P8: James*

**Part A [@5min]**

1. *Int: So can you just tell me a little bit maybe about your relationship with your parents [...]*

2. *parents [...]*

3. *James: ‘There was just a lot of () shouting () slamming doors () amh name-calling () getting the kids involved’. [...]*
Child Exposure to Domestic Violence

Part B [@10.30min]

1. Int: You seem to be well able to articulate your feelings and everything else

2. (James: mmh) can you do that with your parents now [...]

3. James: It's very difficult being caught in the middle of that (Int: mmh) because you don't know () what to take with a grain of salt you know, I mean () I don't know if he hit my mother (.01) you know she could just be saying that (Int:

4. yeah) amh (.02) I don't know if () what he's telling me about her is true () (Int:

5. yeah) amh (.01) and you’re kind-of just stuck in the middle and your perception of them is constantly skewed about what the other is saying about them, and you don't know what to believe and [in breath] and they’re the people that you've been with for 20 years and you love, you know (Int: yeah)

6. but it's just () wha..who do you believe () they’re both equally as important

7. you know () important in my life

James, like all participants, was aware that he was invited to partake in this study due to his high score on the child exposure to domestic violence measure (CEDV; Edleson et al., 2008). However, throughout the interview, he works to minimize his exposure to DV. In Part A, James depicts a series of events as routine: ‘there was just a
Child Exposure to Domestic Violence

lot of () shouting () slamming doors () amh name-calling () getting the kids involved’.

Here, James employs several discursive devices: verbs with continuous aspect ‘shouting, name calling, slamming doors’, the temporal phase ‘just’ and a passive voice where no agency is ascribed; incidents ‘just’ happened, with no one to blame. Furthermore, the use of ‘a lot’ infers that such events frequently occurred in his home. This construction thus builds an impression of ongoing and routine events and orients towards the normalizing of DV. This initial report, in particular, the phase ‘getting the kids involved,’ also works to set up Part B (Pomerantz, 1978), and James’s sense of being stuck in the middle.

In Part B, James is invited to elaborate on his ability to communicate his feelings and his experiences within his home, with his parents. However, talk orients towards James’s conflicted loyalties and portrays the difficulty of not knowing which parent to believe; as such, James positions himself as ‘caught in the middle’ (Line 5). In fact, in Line 9 (you’re kind of just stuck in the middle and your perception of them is constantly skewed’), we see a discursive shift, as ‘skewed’ contradicts the preceding ‘stuck in the middle’. This discursive shift builds a 'tug of war' scenario, and upgrades James's initial portrayal from being ‘involved’ (Line 4) to a picture of him being torn between his parents. Furthermore, the extreme case formation, ‘constantly’ (Line 9) portrays that this is not a one-off occurrence, but ongoing and constant.

James goes on to qualify this claim by introducing additional problematic behaviours ‘he hit my mother’ and ‘what he's telling me about her’ (Line 6/8). Where a passive voice was used for the depicted behaviours in Line 3 (‘shouting, name calling, slamming doors’), an active voice was used to depict the alleged violence (‘he hit my mother’) in Line 9. Here James clearly attributes agency, with the father as the
perpetrator and mother the victim. The attribution of agency and the use of an active voice works to portray the alleged violence as significant to James (Potter, 1996). However, James also works up doubt as to the truth of this allegation by surrounding this incident with uncertainty and hedging: ‘you don’t know () what to take with a grain of salt you know, I mean () I don’t know if he hit my mother’ (01) you know she could just be saying that’ (Line 7/9). James, after taking time for reflection with a pause (Potter, 1996), attempts to justify his father’s alleged violence with ‘what he’s telling me about her’ (Line 3). Following later probing by the interviewer, James explained that here he referred to the fact that ‘my dad was accusing my mother of having an affair.’ However, similar to the depiction of alleged violence, this was also surrounded by uncertainty, ‘I don’t know if it was paranoia or was it accurate () you know () that my mother was cheating on him’.

James, with the use of uncertainty and hedging, works up a credible dilemma, ‘what to believe’ (Line 9) repeated with a rhetorical question, ‘wha..who do you believe?’ (Line 11). James effectively portrays his social reality, feeling ‘stuck in the middle’ by simultaneously working up two possible interpretative positions. In the first plausible version, if James is to believe his mother, his father is positioned as an abuser, while the mother is positioned as abused. Conversely in the alternative version, if James is to believe his father, the mother is positioned as a liar and cheat and the father betrayed. This ambiguity is further worked-up when James portrays that his knowledge is based on a ‘he said, she said’ scenario: ‘what the other is saying about them’ (Line 10). To manage his accountability in this ambiguity, James works to attain attributional distance by generalizing his thoughts to people-in-general with the use of indefinite, ‘you’re kind of’, ‘your perception of’ ‘you don’t know’ and ‘who do you believe’ (Lines
Child Exposure to Domestic Violence

9/12). This works to insert distance from events and allow his confusion.

In Line 11, ‘[in breath] they’re the people that you've been with for 20 years and you love you know’ and Line 12, ‘they’re both equally as important you know () important in my life’, James continues to build the account of why he feels stuck in the middle when he invokes a normative expectation of an idealised parent/child relationship. The inclusion of ‘you know’ in both constructions implies shared knowledge; James is treating this portrayal as common-sense (Potter, 1996). The preceding ‘in breath’ suggests a degree of frustration. Furthermore, one would also anticipate that talk about one’s parents and love would be highly emotive, hence very personalized. His construction, however, is the opposite; the word parent is replaced with ‘people,’ and the emphasized ‘love’ is preceded with ‘you’ and not the expected ‘I.’ Finally, James switches back to the self ‘in my life’ when he attempts to rationalize why he feels ‘stuck in the middle.’ This construction orients to James’s turmoil, confusion and despair which are portrayed as resulting from his parents’ deviation from James’s idealized expectations, which he suggests we all share.

In Extract 1, James portrays that the absence of clearly visible physical violence contributes to his confusion about the behaviour of his parents. In Extract 2 below, Mark describes how he also initially did not construct psychological DV as being DV. However, after the occurrence of a serious incident of physical violence, portrayed as a turning point, Mark was able to recognize what was happening at home as DV. This facilitated him to seek help.
Extract 2: ‘it was kind-of okay to talk about things then.’

P2 Mark (@ 51.17 minutes)

Int: is there anything else that you think might be beneficial (. ) you know for other children that are growing up in a similar situation that would have helped you? [....]

Mark: after that I fe () I felt like that was really (.04) so extreme (.02) that what happened afterwards was necessary and I felt that (.04) I felt that it was kind-of okay to talk about things then (Int: yeah) amh but (.02) before that, I don’t know if there was anything that anybody could have done (Int: mmh) really which I suppose () that’s just for me individually, I suppose but () I think it’s just really hard to kind-of amh depending on, on the kind-of family (.02) situation (Int: mmh) depending on () like dad was very manipulative () he, he knew how to () or he does know I suppose () he, he’s changed now () amh I, I think () amh but (.02) yeah like (.03) yeah I, I think he definitely kind-of made us feel as though we couldn’t really talk to anyone (Int: yeah) and I think that once () once somebody does make you feel like that () amh especially someone
Child Exposure to Domestic Violence

15 you trust (Int: mmh) implicitly () amh its very hard to break through that ()

16 somebody would have to be very amh () very very close to you (Int: yeah) to

17 actually () for you to actually open up

This passage of talk follows a detailed description of a serious violent incident in Mark’s home and how, at 16 years of age, he ‘took control’ during this ‘extreme’ incident and insisted that his mother leave the house and go to a woman’s refuge. This is encapsulated here by ‘what happened afterwards’ (Line 5).

Mark portrays how the occurrence of an act of ‘extreme’ physical violence, and the aftermath, facilitated help-seeking and Mark’s disclosure: ‘it was kind-of okay to talk about things then’ (Line 5/6). By stating ‘after that’ (Line 4) and also repeating it ‘what happened afterwards’ (Line 5), Mark portrays the ‘extreme’ event as pivotal. The occurrence of clearly visible DV rendered intervention ‘necessary’ (Line 5), while providing Mark with the permission (‘kind-of okay,’ Line 6) he required to disclose.

In Line 6, ‘before that I don't know if there was anything that anybody could have done (Int: mmh) really’ Mark invokes a powerful socio-cultural discourse which constructs DV as physical violence only (Naughton et al., 2015). Using extreme case formulations (‘anything’ and ‘anybody’), Mark constructs psychological DV by his father as something that was neither visible to others nor something they could help with.

The use of a number of significant pauses and hedging (‘amh’) portrays this topic as difficult for Mark to formulate (LeCouteur & Oxlad, 2010). Therefore, to build factuality and prevent discounting of his version of events, Mark employs several
Children are exposed to domestic violence, a description of private thoughts and feelings (Edwards & Potter, 2005, p. 247), with ‘I think’ and ‘I felt’ repeated many times throughout Extract 2. Avowals of feelings are difficult to challenge, and make alternative versions less feasible (Wittgenstein, 1958).

Towards the end of this extract, Mark – similar to James – invokes a normative expectation of an idealized parent/child relationship as ‘someone you trust (Int: mmh) implicitly’ (Line 10/11). In keeping with Mark’s idealized expectation, Mark works to fend off the potential attribution of disloyalty to his father, while simultaneously building a credible version of events by undertaking a series of self-repairs. In Line 11, to moderate his explicit portrayal of his dad as ‘manipulative,’ Mark intermittently positions his father’s behaviour in the past. Starting in the past, ‘he, he knew how to’ corrects to present ‘or he does know I suppose’ and back to the past ‘he, he's changed now’ and then expresses doubt ‘amh I () I think.’ However, these self-repairs also work up Mark’s ambiguity about his father’s change, and Mark then goes on to reinforces his portrayal of his father as controlling and manipulative, ‘he definitely made us feel as though we couldn’t really talk to anyone’ (Line 8). The use of ‘us’ suggests that the boundaries of this controlling behaviour extend beyond his mother to include Mark and his siblings, but also works to suggest consensus, thereby building a credible version (Potter, 1996). Further the extreme case formations, ‘definitely’ and ‘anyone’ at both ends of this sentence, work to remove any doubt about the implication of his father’s ‘manipulation,’ which accounts for Mark’s inability to talk about happenings at his home before the extreme event.
Theme 2: Talking with mothers about DV

All participants were asked about their experiences of speaking to their mothers about their exposure to DV. In response, the participants spoke about the problematic nature of communication within their homes, for example ‘we don’t talk about things like that’ (Paul). Furthermore, across the dataset most respondents portrayed their mother as depressed and emotionally distant, thus positioning them as unavailable for these discussions.

Similar to Theme 1, ambiguity around the construction of intra-parental behaviours as DV and clear positioning of responsibility for the DV with the perpetrator (who in the cases presented were all fathers) also played a role here. While some participants were explicit in their portrayals that their mothers suffered from guilt as a consequence of her child’s exposure to DV (‘the amount of guilt that she felt,’ Mark), most participants simply implied they believed guilt was an issue for their mother. Extract 3 exemplifies how Sally discursively manages her inability to instigate conversations with her mother around DV, by positioning her mother as the person who should be responsible for solving the problems associated with DV in her family. Conversely, in Extract 4, where there was a clearly defined extreme physical incident, Chloe portrays her mother as the instigator of talk about DV.
Child Exposure to Domestic Violence

Extract 3: ‘It makes her so upset.’

P5: Sally (@28.20 mins)

1 Int: and have you talked about their [parents] situation at home [domestic violence] [...]

2 Sally: I try to stay away from talking about how it was when I was younger ()

3 cause it makes her so upset (int: okay) she feels like she was a failure () that she should have protected us from that () that she should have left and taken us with her () (int: yeah) different things so I () I don't want to upset her by bringing up things like that

Within the interview, Sally positioned her father as ‘an angry depressed alcoholic,’ her mother as the victim (‘my mother was right, my dad was wrong’) and herself as growing up in a home where she was ‘freaking out the whole time and wondering what would happen next.’ In Extract 3, Sally indicates that her perception of her mother as emotionally vulnerable prevents Sally from talking to her about her exposure to DV.

In Line 2, ‘I try to stay away from talking about how it was when I was younger,’ the continuing present tense ‘try’ depicts on-going effort on Sally’s behalf; this, therefore, suggests that Sally wishes to discuss her exposure to DV with her mother. However, ‘it makes her so upset’ (Line 3) and ‘I don’t want to upset her’ (Line 5) infers that Sally perceives that she is prevented from doing so, to guard her mother against distress. In response to the interviewer’s response ‘okay’ (Line 4), Sally builds up the
credibility of her version of events, when she qualifies her positioning of her mother as reacting emotionally to Sally’s attempts to instigate conversations around DV, with the strategic use of a several discursive devices. Employing an avowal of feeling, ‘she feels’ (Wittgenstein, 1958), a pause for reflection (Potter, 1996), and a three-part list (Potter, 1996); ‘she was a failure () she should have protected us () she should have left and taken us with her’) together with a completer ‘different things’, Sally builds a feasible explanation for her perception of her mother’s emotional reaction to her instigation of the topic of DV. This works to minimize the possibility of the discrediting of Sally’s version of events. Importantly, this represents Sally’s anxiety about opening up this talk, not her mother’s. Distress, mothers or anyone’s, is transient.

Verbs used to confer modality (for example, ‘should’ in Line 5) are used here to invoke a powerful socio-cultural discourse on the moral obligation of mothers to protect their children regardless of the circumstances (Buchanan et al., 2015). Sally positions her mother as holding a perception that she failed to protect her children, ‘she should have protected us.’ By explicitly including ‘she should have left and taken us with her’, the popular socio-cultural and media discourse ‘why doesn’t she leave’ (Nettleton, 2011) is also invoked. This not only works to reinforce the mother’s moral obligation to protect her children but also places responsibility with her mother to leave the family home to protect her family. Sally, therefore, works up a credible portrayal of her mother’s guilt and positions her mother as unavailable to discuss DV with Sally. Importantly the responsibility of the father in all of this is completely ignored.

In Extract 4, Chloe, similar to Mark in Extract 2, portrays her mother as having experienced extreme physical violence, which not only required external intervention but also resulted in the permanent removal of her step-father from their lives.
Child Exposure to Domestic Violence

*Extract 4: ‘she wouldn't sugar-coat anything.’*

P 9 Chloe (@ 6.08 mins)

1  Int:  yeah so you're saying like that she's a blunt person () does she talk to you

2  about what went on [....]

3  Chloe: amh () she would have done at first () she would talk to me a lot about things

4  () she wouldn't sugar-coat anything you know (int: yeah) [chuckles] amh but

5  she () nowadays like () it's the kind of thing () I don't think about the fact that

6  that had happened much anymore (int: yeah) I don't want it being a thing that

7  defines me and who I am (int: yeah) so () she () would ask me every now and

8  again () what happen when this or () how did you feel about this or ()

9  like she's a psychiatric nurse (int: okay) so she knows what she () wants (int:

10 yeah) and how to ask the questions and things (int: yeah) you know
After this extract, Chloe described how her step-father committed a serious physical assault which left her mother in a critical condition, after which he took his life. Therefore, similar to Extract 2 we have an example of an ‘extreme’ event. In Extract 4, Chloe portrays her mother as empowered (‘knows what she wants’) and knowledgeable in the area of mental health (‘a psychiatric nurse’). Unlike Sally’s portrayal of her mother as emotionally vulnerable, Chloe positions her mother as the instigator of similar conversations. In Line 3, ‘she would have done at first () she would talk to me a lot’, Chloe portrays their conversations about DV as initially occurring frequently, then continuing less frequently to the present day: ‘she () would ask me every now and again () what happen when this or () how did you feel about this’ (Line 7). These conversations are constructed as to the point and common-sense, ‘she wouldn’t sugarcoat anything you know.’ Chloe's use of ‘you know’ indicates presumed knowledge, thus her mother’s behaviour is portrayed as routine and normalized. Chloe then constructs the consequences of this open communication when she goes on to portray her exposure to DV as currently unrelated to her everyday functioning ‘nowadays like () it’s the kind of thing () I don’t think about the fact that that has happened much anymore’. She continues to qualify this with ‘I don’t want it being a thing that defines me and who I am’, thus works up her ability to compartmentalize her exposure to DV and move forward with her life.

Discussion

Taking a discursive psychological approach, the central aim of the current study was to explore how young people constructed DV in their families of origin and how such constructions may relate to their reported experience and understanding of family
processes. Our analyses suggest that participants invoke discourses which construct DV as physical violence only. This resulted in the participants struggling to recognize or articulate psychological DV as a form of DV. Paradoxically the occurrence of ‘extreme’ physically violent incidents in their homes enabled the young people’s recognition, understanding and naming of DV, and therefore this could facilitate more open conversations and access to social support.

Our analysis identified that young people discursively normalized the occurrences of incidents which are consistent with established tactics of both psychological DV and coercive control (Stark, 2007). Conversely, they constructed the occurrence of extreme physical incidents, which placed physical safety in immediate danger, as significant. The occurrence of apparent violence, therefore, enabled the recognition of DV, and this, in turn, facilitated help-seeking and their ability to speak about the occurrence of DV in their home.

The current study also has important implications for disclosure about exposure to DV. While the literature on disclosure of child exposure to DV is in its infancy, a preliminary retrospective study by Howell et al. (2015) using the CEDV measure (Edleson et al., 2008) to capture child exposure to DV explored disclosure patterns of Swedish young adults. Of the non-disclosures, the majority identified that this was due to either a belief that ‘no one could do anything anyway’ or that they ‘did not think it was wrong.’ The current study, while concurring with Howell et al. (2015’s) findings, also expands and sheds light on factors which affect the young people’s decision-making process around disclosure. The current findings suggest that manipulation and coercive control tactics were minimized, normalized and portrayed as not warranting
intervention. The low visibility of physical violence that would have resulted in immediate physical danger was a barrier to recognition of DV within the home, and therefore prohibited disclosure.

However, the young people in the current study also constructed their exposure to psychological DV as a regular occurrence within their homes. This implies that children and young people are at much higher risk of frequent exposure to psychological DV rather than physical DV. Additionally, the current study also suggests that the young people were agentic in situations of DV, which is consistent with previous findings (Callaghan et al., 2015; Katz, 2015a). They are therefore drawn into parental dynamics that are incongruent with their normative expectations of their idealized parental behaviour; however, as DV is often seen as physical violence only, they don’t recognize psychological DV as problematic.

The current study, therefore, orients towards the young people’s ambiguity around the recognition of their intra-parental behaviour as DV, especially in the absence of visible physical violence. Indeed, the ambiguity constructed by participants could be viewed as consistent with findings from previous studies which focus on the adult victims themselves. For example, Towns and Adams (2015) suggest that due to the dynamics of DV, adult female victims may be unable to ‘figure out what is going on’ (p.10) and this results in ambiguity for these victims as to whether or not DV has taken place. Towns and Adams suggest that this confusion in effect silences victims.

We also aimed to explore how young people portrayed their experiences and understandings of family processes more generally. In our analysis, we identified that in talking about family dynamics more generally, young people oriented to their (in)
Child Exposure to Domestic Violence

ability to discuss the occurrence of DV in their homes, with their mothers. Our findings suggest that young people’s perceptions of their mothers’ guilt, emulating from her perceived fault in the situation, may act as a barrier to a discussion on this sensitive topic. This is consistent with findings from Insetta et al. (2014), who found that mothers’ feelings of guilt and shame resulted in them avoiding such conversations with their children. Indeed, the young people in the current study positioned their mothers as taking responsibility for remaining in the family home, thereby failing to protect their children. This finding is consistent with not only established socio-culture discourses where victimized women assume responsibility, guilt, and shame for DV (Enander, 2010), but also portrayals of DV which place responsibility for solving the problem with women (Berns, 1999; Naughton, O'Donnell, Greenwood, et al., 2015). This construction is likely to be a significant barrier to communication between mothers and children.

Young people portrayed that they were unable or unwilling to broach this sensitive topic with their mothers. Interestingly, where such conversations did occur, it was the mother who drove them. We would, therefore, like to reinforce Insetta et al. (2014) suggestion for interventions to ensure mothers are provided with the skills to instigate such conversations with their children. It is also important for service providers to ensure young people’s lived experiences, in particular, their exposure to psychological DV, is acknowledged and that they are guided on how to broach the subject of DV with their mothers.
Limitations, strengths, and future research

The methodology employed in the current study involved the in-depth and rigorous examination of rich data. Arguably this provided novel insights which contribute to the literature on child exposure to DV. However, we must acknowledge that reflecting the broader population at the host university; the participants were predominantly white Irish Catholics; a relatively homogenous sample. Further, as our interview data included the retrospective recall of exposure to DV, this may have led to recall bias (Hardt & Rutter, 2004). However, we as researchers made a conscious decision to recruit young people aged 18-26 years. The developmental stage of the participants is arguably a strength of the study. In particular, all had made the transition from family to university life, which gave them both exposure to a wider world view and a degree of separation from their family life, thus potentially they had the time and space to process their experiences. Nonetheless, we must note that due to this focus, the current study’s findings are reliant on the young people’s personal perceptions of events. Future research may further contribute to the exposure literature by investigating mother/child dyads and their constructions of the barriers to communication around DV.

The sensitivity that both interviewer and interviewees place with the topic of child exposure to DV is evident throughout the dataset, with implicit references to DV rather than more explicit mention; for example, ‘the situation at home’ (Extract 4, Interviewer) and ‘how it was’ (Extract 3, Sally). This implicit referencing occurred despite the fact that all participants were made aware that the interview was about their exposure to DV and that they were invited to interview based on their previous high score on the quantitative measure of child exposure to DV. The continuing implicit referencing may be understandable given the sensitive natural of the phenomena.
Child Exposure to Domestic Violence

Therefore it highlights the strengths of the information gained from applying a DP methodology, which can unearth both implicit understandings of complex psychological phenomena and illustrate how the young people discursively manage such sensitive issues (Billig, 1977). Findings therefore also provide important insights for practitioners working in the area of youth mental health.

Implications for Research, Practice and Policy

The current findings suggest that although young people adopted a violence model of DV (Stark, 2007), in that they constructed DV as physical violence, they were clearly negatively impacted by the occurrence of psychological DV. Paradoxically, the occurrence of physical DV alongside psychological DV facilitated their access to both maternal support and support beyond the immediate family. However (Stark, 2009) identifies that low level and frequent incidents are the ‘hallmark’ of DV. He suggests that DV is a chronic, not acute problem, and rather than being incident-specific, it is the cumulative nature of DV that contributes to long-term negative consequences for its victims. Therefore, the current study highlights a worrying trend in that the young people exposed to DV have difficulty recognizing the problem or seeking help without visible evidence of physical DV. We, therefore, reinforce LeCouteur and Oxład (2010) recommendation regarding the need to alter the dominant societal discourses of DV which construct DV as physical violence. At a governmental level, to facilitate a boarding of socio-cultural discourses on DV, campaigns which move away from a central focus on physical DV also to highlight the damaging consequences of psychological DV and coercive control are urgently needed.
Chapter 4

Exposure to domestic violence: Evidence of distinct physical and psychological dimensions

Paper 3
Child Exposure to Domestic Violence

Abstract

Recent literature on exposure to domestic violence highlights the need for increased understanding of the dynamics of domestic violence and abuse (DVA). The current aims were to explore whether two separate dimensions, physical and psychological DVA, were evident in adult children’s reports of their exposure to DVA in their family of origin and whether these dimensions impacted psychological wellbeing and social support. Young adults (N = 465, aged 17 to 25, 70% female) reported their experiences of DVA as perpetrated by their parents/caregivers, as well as psychological wellbeing and social support, in an online survey. Using confirmatory factor analysis we verified the presence of a 2-factor (physical and psychological DVA) model. Hierarchical linear regression analysis demonstrated the differing impact of these two factors: specifically, while exposure to psychological DVA (DA) young adults was related to reduce psychological wellbeing, there was no significant effect of exposure to physical DVA (DA). However, mediation analysis suggested the presence of a suppression effect; there was a magnification of the negative relationship between exposure to psychological DA and social support when exposure to physical DV was accounted for. Although findings are preliminary, they provide strong evidence to support theoretical arguments regarding the need for future research to conceptualize exposure to DVA in terms of both physical and psychological dimensions. Our findings also highlight that in order to improve service response and provide effective interventions, it is essential to include exposure to psychological DA in risk assessments of such young adults.
Exposure to domestic violence: Evidence of distinct physical and psychological dimensions

Research over the last two decades has clearly established that child exposure to domestic violence (DV) can have a negative impact on children’s cognitive, emotional, behavioural and social functioning (Holt et al., 2008) which can continue into adulthood (Cater et al., 2015; Naughton, O'Donnell, & Muldoon, 2015). Although recent qualitative research suggests that the children/young adults are exposed to a wide range of types of DV (Haselschwerdt et al., 2016) to date, quantitative research has tended to focus on exposure to the more clearly definable physical aspect of DV (Haselschwerdt, 2014). As such, while physical DV is important, the non-physical (hereafter referred to as psychological DV) may also be imperative to our understanding of child adjustment (Callaghan et al., 2015; Izaguirre & Calvete, 2015). Grych and Hamby (2014) have argued that our understanding of phenomena is limited by how we conceptualize it. This suggests a need to more fully understand the complex phenomena that are child exposure to DV, for example to the best of our knowledge, there is no quantitative research within the exposure to DV literature (hereafter termed ‘exposure literature’) examining whether or not exposure to psychological and physical DV are in fact two distinct dimensions.

Recent theoretical arguments (for example Haselschwerdt, 2014) suggest a need to further our understanding of the impact of child exposure to various types of DV on adjustments. While Haselschwerdt et al. (2016) suggest that children are indeed exposed to a wide variety of form of DV, there has been a tendency to conceptualize child exposure as a physical violence model (Katz, 2015a). Further given the
overreliance on the physical model for assessing the risk of those exposed to DV (Naughton, O'Donnell, Greenwood, et al., 2015) it is essential that we explore if exposure to the psychological dimension of DV contributes to reductions in wellbeing over and above those explained by exposure to the physical dimensions.

Additionally, to the best of our knowledge, quantitative research on child exposure has not yet considered the possibility that different dimensions of DV might also impact social and psychological functioning in different ways. For example, as psychological DV is associated with social isolation (Goodman & Smyth, 2011) it is plausible to suggest that exposure to the psychological dimension might have an effect on available social support that exposure to the physical dimension does not. The overarching aim of the current study was, therefore, to investigate if there were two distinct dimensions of child exposure to DV as experienced by young adults and if such dimensions impacted differently on different psychosocial outcomes.

In the current study, exposure to DV refers to young adults’ (aged 17 to 25) perception of the occurrence of intra-parental DV when they were growing up; specifically where the perpetrator and the victim are the person’s parents/caregivers. While physical DV encapsulates behaviours such as hitting, choking, kicking, hair pulling, and threatened or actual use of a deadly weapon (knife, gun), psychological DA is conceptualized broadly to include verbal abuse (shouting, screaming, name-calling, threats), emotional abuse (humiliation, intimidation), controlling, isolating, damage to belongings, and purposeful harming of a pet (Edleson et al., 2008). In the general domestic violence and abuse (DVA) literature, psychological and physical violence are established as two intercorrelated yet distinct pathological phenomena.
Child Exposure to Domestic Violence

(Kelly, 2004). However, while there is an emerging cognizance of the importance of the power dynamics in which exposure to physical DV may occur; specifically whether aversive stimuli are or are not used by one parent to control the other - referred to as coercive control (Haselschwerdt, 2014; Jouriles & McDonald, 2015), there is scant research which explores whether or not exposure to psychological DV in the absence of physical DV has consequences for children or indeed adult children.

Thus far, there is limited literature on the differing effects of physical and psychological DV. Tschann et al. (2008) identified that increased emotional distress (depression, anxiety and anger) and negative appraisals were both associated with non-violent parental conflict but not inter-parental physical violence. Further Gonzalez et al. (2014) investigated the differing outcomes for children under 15 ($M_{age} = 6.05$). Operationalizing exposure to subtypes of DV (direct physical, indirect physical, and emotional) and also child functioning (internalizing/externalizing) as dichotomous variables (present/absent) based on child welfare workers reports, they found that exposure to both psychological and physical DV resulted in the greatest risk to child wellbeing. In addition, Litrownik, Newton, Hunter, English, and Everson (2003) investigated the impact of exposure to family aggression (inclusive of all ‘grown-ups in the house’, p. 63) in a longitudinal study on young children. Using single items to record child reports of physical and psychological aggression in the family, they identified that where both child and mother reported the occurrence of physical family aggression at baseline (age 4), depression/anxiety was more likely in the child at follow-up (age 6). Child reports of psychological forms of aggression alongside mothers’ reports of physical aggression within the family at age 4, on the other hand, predicted aggressive behaviours at age 6.
Child Exposure to Domestic Violence

These studies highlight a need to account for exposure to both dimensions of DVA on child/young adults adjustments. This is consistent with a growing recognition within the broader DVA literature (Kelly, 2004; Sullivan, 2013), but also emerging within the qualitative exposure literature (Callaghan et al., 2015; Katz, 2015a), of the detrimental impact of the psychological dimension of DV. Indeed, the broader DVA literature highlights that psychological DV is the most common form of DV and may occur in the absence of physical DV (Henning & Klesges, 2003; Sullivan, 2013). Furthermore, Callaghan et al. (2015) suggest that children may be more directly drawn into the dynamic of psychological DV compared to physical DV, making it a particular concern.

Aims of the Current Study

To date, despite the recent theoretical concerns around psychological DV, the exposure to DVA literature has tended to assess DV as typically reflecting physical DV (Artz et al., 2014; Haselschwerdt, 2014). However, Edleson et al. (2008) constructed the Child Exposure to Domestic Violence (CEDV) measure to incorporate exposure to both the physical and psychological dimensions of exposure. Yet both the original CEDV measure and adapted versions (eg., Cater et al., 2015) of same, operationalize CEDV as a unidimensional construct. The current study employs the Edleson et al. (2008) measure, adapted to be gender neutral, to assess exposure to DV amongst a sample of young adults. This scale was chosen as it was developed specifically to capture children/adult children perception of their own exposure to DV as opposed to parent/caregivers or other key informants’ perception. First and foremost, we aimed to establish if there is empirical evidence for physical and psychological dimensions of DV. Our second aim was to investigate the potentially different impacts of these two
dimensions of DV on two conceptually distinct outcomes: psychological wellbeing and social support.

CEDV has been shown to impact on various facets of psychological wellbeing (Artz et al., 2014). However, another centrally important and likely area for DV to impact is in relation to social support. Ford et al. (2014) established in a longitudinal study that adverse childhood experiences (including exposure to DV) predicted reduced social support in adulthood. Also consistent with our view, Sperry and Widom (2013) suggest a need to orient to how child maltreatment impacts on the level of social support that is perceived. However, within the exposure literature to date, social support has been investigated as a moderator (eg., Tajima, Herrenkohl, Moylan, & Derr, 2011) or mediator (eg., Owen et al., 2009) and generally not investigated directly as an outcome. Thus in the current study, orienting to the theoretical arguments that link trauma to social support (Muldoon & Lowe, 2012) we explore the impact of exposure to both physical and psychological dimensions of DV on social support reported by young adults.

To further our understanding of the impact of CEDV on young adults, we propose the following two hypotheses. 1) Two distinct factors are evident in adult children’s reports of their exposure to DV. 2) Exposure to physical DV and exposure to psychological DV are related to (a) psychological wellbeing and (b) social support.
Methods

Participants and Procedure

Following ethical approval, in 2014, an email was sent to the student population of an Irish university, inviting students aged between 17 and 25 to participate in an online study entitled ‘Social factors and wellbeing of young adults who may have experienced traumatic life events’. As an acknowledgment of their time, participants were given an opportunity to be entered into a draw for an Amazon voucher valued at £40. Participants responded to the following measures: CEDV, general health questionnaire, social support questionnaire, and demographics, in that order. While a total of 465 students completed the CEDV measure (the first measure in the survey), 23.66% failed to complete all measures, resulting in a final sample size of 355. There was no significant group difference ($t(463) = -1.60, p = .11$) in the level of reported CEDV between participants who completed all measures ($n = 355$) and those who dropped out ($n = 110$) (Naughton et al., 2015). Participants ($n=355$) had a mean age of 20.07 years (SD = 2.08). 70.6% of them identified as female, ethnicity was not sought as the student population is predominantly white Irish.

Measures

Demographics. As a measure of socio-economic status (SES), participants were asked if they were in receipt of income-assessed government funding to attend university; 53.5% of participants indicated that they were not, therefore were classified as being from higher SES backgrounds. Participants were also asked to record their age and gender.
Child Exposure to Domestic Violence (CEDV). Edleson et al. (2008) validated measure for CEDV was used to assess (adult) child exposure to DV. While the original scale contained 3 sections, in the current study nine items from section 1 were used. These nine items were adapted to capture DV as perpetrated by either or both of the participant’s parents/caregivers, rather than assessing father-only perpetration as in the original measure. Items are available in the supplementary material. This measure has previously been validated with American children (10-16 years) and also adapted to measure retrospective CEDV in Swedish young adults (Cater et al., 2015). Haselschwerdt (2014) highlights this measure as having the potential to tap into the different types of CEDV; however, to the best of our knowledge, all published studies to-date have used the measure as a single dimensional measure with higher total scores indicating higher levels of exposure. Participants rated 9 items on a 5-point Likert scale (0 = never, 1 = rarely, 2 = sometimes, 3 = often and 4 = a lot) indicating the frequency of occurrence of the behaviour, they also indicated whether their exposure had occurred within the last six months or previously (see Naughton et al., 2015). Psychometric details for CEDV are included in the Results section.

General health questionnaire (GHQ). D. Goldberg (1992) 12-item measure, GHQ, has been used extensively in population-based studies to assess disruption in normal psychological functioning (D. Goldberg et al., 1997). Participants rated 12 items on a 4-point Likert scale (from 1 = not at all to 4 = a lot) to indicate how much each item related to them. Negative items were reverse scored. The mean was calculated to give a range of 1 to 4, with higher scores indicating higher levels of psychological wellbeing. Reliability was excellent, with a Cronbach’s alpha of .91 for the current study.
Social support questionnaire (SSQ6). Sarason, Levine, Basham, and Sarason (1983) 6-item SSQ measure was used to assess satisfaction with perceived social support. The measure contains two sections. In section A, participants named up to four individuals from whom they could count on obtaining emotional support, then in section B they rated on a 7-point Likert scale (from $1 = \text{very dissatisfied}$ to $7 = \text{very satisfied}$) how satisfied they were with this perceived available emotional support. In this study, the Section B – SSQ6 items were used to denote perceived available social support. The mean was calculated to give a range of 1 to 7, with higher scores indicating higher satisfaction with perceived available social support. Reliability was excellent, with a Cronbach’s alpha (internal consistency) of .92.

Analytic Strategy

The findings are presented in two distinct parts. Initially, confirmatory factor analysis (CFA) was employed to investigate hypothesis 1. CFA tests the fit of the current data to a hypothesized model. In accordance with “Jöreskog and Sörborn (1984) alternative modelling strategy”, separate CFAs were undertaken for 3 proposed models for the CEDV variable: Model A, a single factor model; Model B, a theoretically driven two-factor model; and Model C, a data-driven, adjusted two-factor model. Next, to test hypothesis 2, hierarchical linear regression was employed to investigate how exposure to physical and psychological DV are related to social support and psychological wellbeing. This also enabled us to comment on the validity of a two-dimensional approach to understanding CEDV. Finally, we used PROCESS model 4 (A. F. Hayes, 2013) to further explore finding from the linear regression analysis, that is the idea that exposure to physical DV exerted a suppression effect on the relationship between exposure to psychological DA and social support.
Results

Part 1. Evidence for a Two Dimension Model of Adult Children’s Exposure to Domestic Violence and Abuse

In line with our first hypothesis, using AMOS, statistical software for structured equational modelling (SEM), we undertook a confirmatory factor analysis to determine if a single- or two-factor model of CEDV best fit the current data. We initially tested Model A (single factor, with all nine items) for goodness of fit. As predicted, this model was a poor fit for the current data (relative chi-square \(CMID/DF\) = 14.10, comparative fit index \(CFI\) = 0.89, root mean square error of approximation \(RMSEA\) = .18). As the one-factor model was a poor fit, we proceeded to test the first two-factor model, a theoretically derived model (Model B). Here, consistent with theoretical arguments, the 9 items were loaded on two distinct but correlated factors, namely psychological and physical CEDV. Fit estimates for Model B were in the expected direction, but did not have an acceptable model fit \(CMID/DF =6.62, CFI =0.93, RMSEA = .10\).

On further investigation, the modification indexes (M.I.) indicated that Item 3 (prevent eat/sleep), which was clustered on the psychological factor, also correlated with the physical factor \(M.I. = 6.33\); this suggests that this item loads similarly on both factors. Modification indexes also indicated that correlations existed between error terms of two items which loaded on the psychological factor (Item 1, ‘humiliate’ and Item 9, ‘argue’) \(M.I. =6.99\) and two items which loaded on the physical factor (Item 7, ‘threaten weapon’ and Item 8, ‘use weapon’; \(M.I. = 9.9\).
Table 1

*Goodness-of-fit Estimate values for Alternative Models in the Confirmatory Factor Analysis Together with Recommended Values Denoting a Good Fit*

<table>
<thead>
<tr>
<th>Model</th>
<th>Fit-estimate</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>Recommended Values</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>9 item</td>
<td>9 item</td>
<td>8 item</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CMID/DF</td>
<td>14.10</td>
<td>6.62</td>
<td>2.32</td>
<td>&lt; 3&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>1-factor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RMESA</td>
<td>.18</td>
<td>.10</td>
<td>.05</td>
<td>.05</td>
<td>&gt; .06&lt;sup&gt;β&lt;/sup&gt;</td>
</tr>
<tr>
<td>CFI</td>
<td>.89</td>
<td>.93</td>
<td>.99</td>
<td>.99</td>
<td>&gt; .95&lt;sup&gt;β&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<sup>Note.</sup> CMID/DF = relative chi-square, RMSEA = root mean square error of approximation, CFI = comparative fit index.  
<sup>a</sup> Hair, Black, Babin, Anderson, and Tatham (2006)  
<sup>β</sup> Hu and Bentler (1999).

Since the items tap into similar constructs, we assumed that the correlations reflected non-random measurement error stemming from content overlap. Taking account of these findings, we then tested the fit of the adjusted two-factor 8 item model (model C), in which the error terms were allowed to be correlated and Item 3 was dropped. This adjusted interrelated two-factor model had good fit estimates (*CMID/DF* = 2.32, *CFI* = 0.99, *RMSEA* = 0.05), verifying that two factors underlie the higher-order CEDV variable. Fit estimates are presented in Table 1, while Figure 1 illustrates the best fit model (Model C). As predicted the two factors were inter-correlated (.81).
Reliability was analysed through Cronbach’s Alpha. Both exposure to physical DV ($\alpha = .76$) and psychological DA ($\alpha = .85$) demonstrated very good reliability. Items were totalled to give final scores between 0 and 12 for exposure to physical DV and between 0 and 20 for exposure to psychological DV, with high scores indicating high levels of exposure. However as low scores (<3) of exposure to psychological DV were regarded as more consistent with exposure to low-level conflict and not psychological DV, exposure to psychological DV was defined as a score of 3 and greater. 21.6% of participants ($n = 92$) reported exposure to physical DV (defined as a total score of 1 or more) while 55.7% ($n = 259$) reported exposure to psychological DV (defined as a total score of 3 or more).
Part 2. Exposure to Psychological and Physical Domestic Violence and Psychological Wellbeing and Social Support

To determine the association between the variables of interest, Pearson correlations were performed. Descriptive statistics and Pearson’s correlations are presented in Table 2.

Table 2

Pearson Correlations, Means, Standard Deviations for Exposure to Psychological DV, Exposure to Physical DV, Psychological Wellbeing and Social Support

<table>
<thead>
<tr>
<th>Variable</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Exp.-Psychological DV</td>
<td>.66***</td>
<td>-.37***</td>
<td>-.34***</td>
<td>4.27</td>
<td>3.92</td>
</tr>
<tr>
<td>2 Exp.-Physical DV</td>
<td>-</td>
<td>-.27***</td>
<td>-.13**</td>
<td>.50</td>
<td>1.34</td>
</tr>
<tr>
<td>3 Psychological Wellbeing</td>
<td>-</td>
<td>-</td>
<td>.50***</td>
<td>2.84</td>
<td>1.69</td>
</tr>
<tr>
<td>4 Social Support</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>5.65</td>
<td>1.30</td>
</tr>
</tbody>
</table>

Note. Exp. = Exposure to, *** p <.001, ** p <.01

In line with hypothesis 2, hierarchal linear regression analysis investigated the unique (independent) variance explained by each factor, physical and psychological DV, in relation to psychological wellbeing and social support. Two separate regression analyses were performed, with criterion variables of psychological wellbeing and social support respectively. To control for the possible impact of SES on outcomes, this variable (coded 0 = lower SES, 1 = higher SES), was added in step 1. As the correlations between gender and age with predictor and criterion variables were non-significant they were not included in the regression model. As we did not have an a priori hypothesis as to which of the underlying factors (psychological or physical) of CEDV would explain unique variance, both factors were added in step 2 using forced
Child Exposure to Domestic Violence

entry. Furthermore, as the variance inflation factors (VIF) for all variables were less than 2, multicollinearity was not an issue. Results are presented in Table 3.

Table 3
Hierarchical Multiple Regression Analysis Predicting Psychological Wellbeing (GHQ) and Social Support (SSQ6) using Exposure to Psychological and Physical DV

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Psychological Wellbeing</th>
<th>Social Support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Δ R²</td>
<td>β</td>
</tr>
<tr>
<td>Control Variables (SES, Gender)</td>
<td>.007</td>
<td>-</td>
</tr>
<tr>
<td>Step 2</td>
<td>.15***</td>
<td>-.02</td>
</tr>
<tr>
<td>SES</td>
<td>-</td>
<td>.02</td>
</tr>
<tr>
<td>Gender</td>
<td>-</td>
<td>-.05</td>
</tr>
<tr>
<td>Exp.- Psychological DV</td>
<td>-</td>
<td>-.33***</td>
</tr>
<tr>
<td>Exp.- Physical DV</td>
<td>-</td>
<td>-.07</td>
</tr>
<tr>
<td>n</td>
<td>356</td>
<td>348</td>
</tr>
</tbody>
</table>

Note. *** p < .001, ** p < .01, * p < .05, Exp. = exposure

Exposure to psychological DV (β = -.33, p < .001) was the sole significant predictor and explained 15% of the variance in psychological wellbeing (F (2, 352) = 30.34, p < .001). Higher levels of exposure to psychological DV predicted reduced levels of psychological wellbeing. There was no unique predictive effect for exposure to physical DV on psychological wellbeing (β = -.07, p > .05).

SES (β = .15, p = .02) explained a significant 2% of the variance (F (2, 346) = 3.98, p = .02) for the criterion variable social support. Higher SES predicted increased of
social support. Exposure to psychological ($\beta = -.46, p < .001$) and physical ($\beta = .18, p = .008$) DV explained 14% of the variance in social support ($F (2, 344) = 27.87, p < .001$). Higher levels of exposure to psychological DV predicted reduced levels of social support. However, as the Beta value for exposure to physical DV was positive, this suggests that when controlling for exposure to psychological DV, increased levels of exposure to physical DV predicted an increase in levels of social support.

To further elucidate the findings of the hierarchal linear regression for social support a mediation analyses using PROCESS model 4 (A. F. Hayes, 2013) was used. This was the preferred statistical tool as 78.4% of participants reported no exposure to physical DV, thus limiting the utility of the inclusion of an interaction term in multiple linear regression models.

Bootstrapping was applied as this makes no assumptions about the normality of the sampling distribution and reduces the likelihood of type 1 error (Preacher & Hayes, 2004). Bootstrapping involved drawing 10,000 random samples from the data pool to estimate each pathway’s effects, with computed bias corrected and accelerated 95% confidence intervals (CIs) determining the significance of each pathway. Results are presented in Table 4, while the model is presented in Figure 2.

As SES was shown to contribute to variance in social support in the hierarchical linear regression analysis, it was added as a covariate to the mediation model. Exposure to psychological DA predicted increased exposure to physical DV ($B = .22, p < .001$), which in turn predicted increased social support ($B = .17, p = .008$).
Table 4

Parameter Estimates of the Model Examining the Mediating Role of Exposure to Physical DV in the Relationship between Exposure to Psychological DV and Outcomes Social Support and Psychological Wellbeing.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Predictor/Effect</th>
<th>Path Coefficients</th>
<th>95% CL</th>
<th>R²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Path</td>
<td>B</td>
<td>SE</td>
</tr>
<tr>
<td>Exp.-Physical DV</td>
<td>Exp.-Psychological DV</td>
<td>a</td>
<td>.22***</td>
<td>.01</td>
</tr>
<tr>
<td>Social Support</td>
<td>Exp.-Physical DV</td>
<td>b</td>
<td>.17**</td>
<td>.06</td>
</tr>
<tr>
<td></td>
<td>Direct effect</td>
<td>c’</td>
<td>-.15***</td>
<td>.02</td>
</tr>
<tr>
<td></td>
<td>Indirect effect</td>
<td>ab</td>
<td>.04α</td>
<td>.02</td>
</tr>
<tr>
<td>Psychological Wellbeing</td>
<td>Exp.-Physical DV</td>
<td>b</td>
<td>-.02</td>
<td>.03</td>
</tr>
<tr>
<td></td>
<td>Direct effect</td>
<td>c’</td>
<td>-.06***</td>
<td>.01</td>
</tr>
<tr>
<td></td>
<td>Indirect effect</td>
<td>ab</td>
<td>-.01α</td>
<td>.01</td>
</tr>
</tbody>
</table>

Note. Regression weights a, b, c, and c’ are illustrated in Figure 2. The 95% CI for a × b is obtained by the bias-corrected bootstrap with 10,000 resamples. Exposure to psychological DV is the independent variable, exposure to physical DV is the mediator, and social support (model 1) and psychological wellbeing are the outcomes. R² is the proportion of variance explained. CI [lower bound, upper bound] of 95% confidence interval. α = both indirect effects were significant.

The direct effect was negative (B = -.15, p < .001), with exposure to psychological DV predicting reduced levels of social support. However as the indirect effect was positive (B = .04, 95%CL [.01, .07]), the statistical adjustment for exposure to physical DV within the model resulted in an increase in the predictive power of exposure to psychological DV for social support. This is referred to as a suppression effect which is statistically similar though conceptually different to a mediation effect. It occurs when you have incongruent mediation; opposite signs for direct and indirect effects (MacKinnon, Krull, & Lockwood, 2000). As such, within the current dataset, for the young adults who reported high levels of exposure to psychological DV, those who also
reported higher levels of exposure to physical DV fared better in terms perceived social support than those who reported lower levels of physical DV.

Figure 2. Suppression effect of exposure to psychological DV on social support by exposure to physical DV.
Table 5

<table>
<thead>
<tr>
<th>Item</th>
<th>Prefix</th>
<th>Question</th>
<th>Psychological</th>
<th>Mean</th>
<th>SD</th>
<th>Physical</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Humiliate</td>
<td>How often did one parent/step-parent swear, yell or scream at, threaten the other parent/step-parent or call them names (fat, stupid, idiot etc.)?</td>
<td>1.08</td>
<td>1.22</td>
<td>4.27</td>
<td>3.92</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Control</td>
<td>How often did one parent/step-parent stop the other, or made it difficult to do something they wanted to do, for example leave the house, go to the doctor, visit friends or relatives, use the phone or internet?</td>
<td>.53</td>
<td>.96</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Pet</td>
<td>How often has a parent/step-parent hurt a pet in your home on purpose?</td>
<td>.25</td>
<td>.58</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>DamProperty</td>
<td>How often has a parent/step-parent broken or destroyed something on purpose for example punched a wall, threw something, smashed a picture?</td>
<td>.60</td>
<td>.94</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Argue</td>
<td>How often did your parents/step-parents disagree, argue or fight?</td>
<td>1.84</td>
<td>1.15</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>HitChoke</td>
<td>How often has one parent/step-parent physically hurt the other, for example, hit, punched, kicked, choked, shoved, pulled their hair?</td>
<td>.29</td>
<td>.73</td>
<td>.50</td>
<td>1.34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>ThreatWeapon</td>
<td>How often has one parent/step-parent threatened to use a knife, gun or other object to hurt the other?</td>
<td>.15</td>
<td>.52</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>UseWeapon</td>
<td>How often has one parent/step-parent actually hurt the other with a knife, gun or other object?</td>
<td>.06</td>
<td>.30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Prevent Eat/Sleep</td>
<td>How often did one parent/step-parent stop the other from eating or sleeping or made it difficult for them to eat or sleep?</td>
<td>.26</td>
<td>.70</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Items are numbered in accordance with the order they appeared in the questionnaire.
Discussion

To date, studies based on the child exposure to domestic violence (CEDV) measure (Edleson et al., 2008) including adaptations, have conceptualized CEDV as a unitary construct, with higher total scores indicating higher levels of exposure. However, consistent with our first hypothesis, our findings evidence two distinct dimensions of young adults’ reported experience of their exposure to DV. These two distinct yet related underlying factors can be thought of as physical and psychological dimensions of DV. This is both a novel and important finding as for the verification of these two factors facilitated the analysis of the differing impact of being exposed to these distinct dimensions of DV. The two dimensions appear to drive different psychosocial outcomes. We argue that this more complete and nuanced understanding of the nature of CEDV will facilitate our longer term understanding of the consequences of exposure to DV.

In line with hypothesis 2a, which proposed a differing relationship between the underlying factors and psychological wellbeing, the patterns within our data suggests that it was exposure to the psychological dimension of DV which explains the reductions in psychological wellbeing for young adults, with no unique variance explained by the physical dimension when accounting for the impact of the psychological dimension.

The establishment of the psychological dimension as the driving factor in reduced psychological wellbeing is consistent with the broader DV literature which highlights the deleterious impact of psychological DV on victims (Kelly, 2004), but also with
finding by Tschann et al. (2008) who identified that non-violent parental conflict, but not inter-parental violence, was associated with increased emotional distress. A possible explanation for the current findings may be the higher levels of exposure to the psychological factor when compared to physical factor. However, our findings were consistent with those found by Cater et al. (2015) who, with a similar population, found higher reports of exposure to the individual items which cluster on the current psychological factor when compared to the individual items that cluster on the current physical factor of CEDV.

Consistent with our hypothesis (2b) that there would be a differing relationship between the distinct dimensions (physical and psychological) and social support, our findings suggest that while exposure to both dimensions contributed to variations in the level of satisfaction with social support, exposure to the psychological dimension resulted in reduced social support, while exposure to the physical dimension resulted in increased social support while accounting for the psychological dimension and SES. Reinforcing this finding, we established a suppression effect; when we accounted for exposure to physical DV, the negative impact of exposure to psychological DV on the levels of social support was magnified. Thus in terms of perceived social support, exposure to increased levels of physical DV can be said to reduce the negative impact of exposure to increased level of psychological DV.

While we cannot address the underlying mechanism that may explain these findings based on the current data, it is possible that the clearly visible parameters (kicking, punching, use of weapon) that underlie physical DV render it easier to make sense of and categorize as an unacceptable behaviour, therefore facilitating disclosure and
satisfaction with social support. However, as psychological DV lacks physical parameters, it may be more difficult to comprehend as abusive, and indeed less amenable to understanding from others. This argument is consistent with findings from a linked qualitative study (Naughton, O’Donnell & Muldoon, under review) which identified that the occurrence of extreme physical violence facilitated help-seeking.

While the current findings establish that exposure to psychological DV explains 14 and 16% of variations in psychological wellbeing and social support respectively, previous research has established other constructs which may account for the remainder of the variance. For example exposure to a wide range of violence including community violence, direct childhood abuse, and sibling abuse, also contribute to maladjustments (Margolin et al., 2010). Further, mediators such as young adults' family identification (Naughton, et al., 2015), threat appraisal (Grych, Jouriles, Swank, McDonald, & Norwood, 2000), parental warmth (Miller et al., 2015) maternal mental health (Miranda et al., 2013) have all been identified as underlining processes in the link between exposure to DV and adjustments.

It should also be noted that although previous studies have found gender differences in outcomes for young adults (Cater et al., 2015), no such patterns were identified within the current data set (Naughton et al., 2015). Although SES did explain 2% of the variation in social support in the current study, and although statistically significant, 2% may not hold practical significances. Finally, participants were predominantly Irish Catholic, so analyses of ethnic group differences were not possible.
Limitations

This study’s primary focus was to demonstrate the underlying factors of DV and the consequences of exposure to each, thus it was imperative to limit the scope of this study to focus solely on the psychological and physical factors of the higher order CEDV variable. The authors do wish to indicate the need to interpret these results with some caution. The current study captured both on-going and past exposure to DV (see Naughton et al., 2015 for further details) so may be subjected to recall bias (Hardt & Rutter, 2004), it was also cross-sectional in design, which precludes demonstration of causal effects, therefore the current findings should be considered preliminary. While we acknowledge that mediational analysis is a causal model, however, A. F. Hayes (2013) argues that the limitations of data collection should not limit the statistical tools we use to help us understand the underlying processes which may be at play within our data. The current study was undertaken with a university population which is predominantly white Irish, future studies should investigate the generalizability of the present results by investigating the differing impacts of each dimension with younger children, at-risk groups and community groups of various culture backgrounds, and in the context of other aversive childhood experiences. It is also imperative that future longitudinal studies further elucidate the suppression effect of exposure to physical DV on the association between exposure to psychological DV and social support.

Research Implications

Our novel findings extend previous literature and serve to clarify less conclusive results regarding the overall impact of child exposure to DV (Kitzmann et al., 2003). More importantly, they highlight how the differing impact of the underlying factors can vary between psychosocial outcomes. The patterns within our data clearly suggest a
need for future research to account for the effect of exposure to both physical and psychological DV when investigating the impact of this phenomenon. Our finding is therefore consistent with recent concerns raised by Grych and Hamby (2014), who highlight methodological issues relating to the ability of total scores on self-report violence instruments to fully capture the construct under investigation. Therefore, the current findings augment Grych and Hamby (2014’s) recommendations that researchers desist from oversimplifying complex phenomena such as DV.

The verification of the psychological dimension as the driving force in reduced psychological wellbeing also has implications for future research. Follingstad (2011) highlights the difficulty that academic researchers have in defining and conceptualizing psychological DV. Perhaps because of this, previous research in this area has tended to focus on exposure to physical DV (Jouriles & McDonald, 2015). Sullivan (2013) recommends that the broader DV literature places a ‘critical focus’ on psychological violence and the co-occurrence of different types of DV (p.123). The current findings suggest this is also an important issue when considering children’s exposure to DV.

There is an onus on social scientific research to provide reliable and valid evidence to inform interventions to facilitate the recovery of children and young adults who grow up in homes affected by DV. Grych and Hamby (2014) suggest that our understanding of a phenomenon is limited by how we conceptualize it. Consistent with theoretical arguments, the current findings verify that it essential that this complex phenomenon is not only conceptualized broadly (Haselschwerdt, 2014) but also that it is not reduced to a unitary homogenous construct (Grych & Hamby, 2014).
Clinical and Policy Implications

There is a need for increased awareness among practitioners and policy makers regarding the potential negative consequence of exposure to psychological DV. For example, much research in this area has highlighted the necessity for interventions to encourage the development of both peer relationships (Levendosky, Huth-Bocks, & Semel, 2002) and mother/child relationships (Owen et al., 2009) as protective factors for children who are exposed to DV. The current findings suggest that low levels of exposure to physical DV in conjunction with high levels of exposure to psychological DV which may be problematic in terms of young adults’ perceived satisfaction with social support. As such, young adults with exposure to low levels of physical but high levels of psychological DV are arguably the most in need of such intervention. It is, therefore, essential that this specific population is not excluded by systems which prioritize exposure to physical DV in their risk assessments.
Chapter 5

‘Ordinary decent domestic violence’: A discursive analysis of family law judges’ interviews.

Paper 4
Abstract

The present study examined judges’ constructions of the ‘best interests of the child’ in child custody and access arraignments where there were allegations of domestic violence within the context of an interview. Using interviews with six Irish District court judges a micro-structural discourse analysis enabled the identification of socio-cultural discourses, scientific knowledge, and judges’ own values beliefs and bias about custody arraignments in cases of domestic violence. Judges’ discourses were shaped by an idealisation of the nuclear family unit which resulted in a pro-access philosophy (theme 1). The knowledge that domestic violence had occurred challenged this ideology and, to rhetorically manage this dilemma, judges’ talk normalised, or trivialised abusive parents’ behaviour, which rendered domestic violence irrelevant to child custody and access (theme 2). Mothers who alleged domestic violence when they disputed contact between fathers and their children were pathologised through talk (theme 3). It is recommended that systems be put in place, including judicial training, to facilitate judges in their decision making process in this highly discretionary and complex area of the law.

Keywords: Domestic violence, child custody, discursive analysis, family law judges, interviews.
‘Ordinary decent domestic violence’: A discursive analysis of family law judges’ interviews.

Judicial systems throughout the Western world function to interpret and implement the rules of the land. Judges, instated by governments, are charged with carrying out this process in a fair, impartial and efficient manner. However, a large body of research on social cognitive processes indicates we all make use of cognitive schemas and heuristics in daily decision making. In order to reduce the complex social world into something more manageable to interpret, we not only use easily-accessible heuristics – shortcuts which reduce our cognitive load – but we also exhibit a tendency to pay increased attention to information which is in line with our own values and beliefs (Gilovich, Griffin, & Kahneman, 2002). This process can be seen as part of the explanation for the gap between laws on the books and law in action, and adds to our understanding of the relationship between formal law and everyday enactment (Krieger, 2000, p. 478). The aim of the current study, then, was to identify if there was evidence during interviews of judges incorporating such cognitive schemas and heuristics into their constructions of the best interest of the child.

Article 9 of the UN Convention on the Rights of the Child (Assembly, 1989), specifies: ‘that a child should not be separated from his or her parents’ unless ‘such separation is necessary for the ‘best interests of the child’. The socio-legal concept ‘best interest of the child’ is, however, subject to interpretation (Conner, 2009) and this places power and authority in the hand of judges, as contested child custody and access adjudications are made by a judge within a family law court. The complex nature of
custody and access adjudication tends to be incompatible with formal legal rules (Schneider, 1991), but is guided by legislation and dependent on the jurisdiction.

Thus, within the family law courts in Ireland where this study was undertaken, adjudications of contested cases are at the sole discretion of the presiding judge. Berger (2009) suggests that cognitive schemas may influence judges’ analysis when presented with evidence in relation to individual children. Furthermore, given that family law is particularly bound to ‘culturally embedded stories’ (Berger, 2009, p. 259), judges’ own values may act as a framework for their decision making process in this area. This is particularly significant in the context of domestic violence (DV), where adjudications have important consequences for children in that they may provide protection or may alternatively place a child at risk (Conner, 2009). For example, Zeoli, Rivera, Sullivan, and Kubiak (2013) in interviews with mothers, identified a belief that family courts failed to provide protection for their children. Moreover, (A. Holt, 2011) identified Irish children’s frustration at the assumption that contact with their abusive father was in their best interest.

Research in this area is sensitive and difficult. However, discourse analysis (DA) has been used previously to good effect. Using texts from trial judgements of sexual assault cases, Coates, Bavelas, and Gibson (1994); Coates and Wade (2004) found that sexual violence was reformulated discursively as non-deliberate, non-violent acts. Furthermore, the failure of discourse to recognise the power dynamics between victims and perpetrators resulted in blame being placed with the victim. And more worryingly, use of these discursive strategies within the trial judgements was directly related to reduced sentences for the convicted perpetrator (Coates & Wade, 2004). In a similar
Child Exposure to Domestic Violence

vein, Ehrlich (2007) examined judicial decisions of the trial, appeal and Supreme Court
case of one criminal sexual assault case in Canada. This analysis demonstrated the
influence of cultural gender norms around consensual sex at these multiple judicial
levels, which had real consequences in the acquittal or conviction of sexual
perpetrators. In fact these gendered assumptions ‘were so powerful’ that they were
interfering with Canadian law (Ehrlich, 2007, p. 471).

These discourse analyses of legal adjudications enable a direct link between the use
of discursive strategies employed and sentencing/judicial decisions (Coates & Wade,
2004). However in the current study, we use interviews as an alternative source of
data. In these contexts, judges are assured of anonymity and unbound by the
requirements of the legal system and thus are free to speak about their views in general.
Therefore analysis of somewhat banal discursive strategies within this data corpus can
be seen as an expedient means of unearthing the implicit and explicit cultural and
gendered assumptions made by powerful institutional representatives, about the
interests of children in situations of domestic violence. Indeed we argue that our current
focus on judges – an elite, influential group – is important as qualitative social science
has a well-established record of studying powerless and marginalised groups, which has
often been seen as giving voice to the voiceless (Duke, 2002). This is extremely
important, but it means there is perhaps less of a tradition of studying the powerful,
despite the fact that to study the powerful is to demystify power and enables challenges
to privilege.

Gaining access to elites is, however, more difficult and as these elite groups do not
have the same sense of being voiceless, they may be less motivated to participate in
Child Exposure to Domestic Violence

research. As a consequence, studies of the powerful, though equally worthy, are scarcer. A few examples in this area do exist nonetheless. Pond and Morgan (2008) undertook a DA of interviews with lawyers, where they identified discourses which portrayed the need to protect children via supervised access. However, they also identified discourses which portrayed mothers who alleged DV as both obstructive and ‘misusing the system’ to their own gain. Pond and Morgan argued that such discourses resulted in the reversal of perpetrator/victim status. Similarly, McCarthy, Edwards, and Gillies (2000) found that the discourses of British court-appointed mediators were shaped by what they saw as a ‘non-negotiable moral obligation’ for mothers to facilitate good quality contact with fathers, post-separation. Taken together, these studies suggest that the heuristic in operation within the judicial system may be one that is built on gendered expectations of parents and parenting behaviour, rather than justice or rights.

To date, no studies of direct interviews with judges on their understanding of child custody in DV cases are available in the published literature. As such, the aim of the present study was to identify how judges talked through interviews about the ‘best interests of the child’ in child custody and access cases where there were potential risks to child welfare, posed by the presence of DV within their families. The present research, then, adds significantly to the scant research in this area.

**Domestic violence (DV) context**

Extensive research has established the negative impact that exposure to DV has on children (Bancroft et al., 2011). The relevance of DV in child custody adjudications has also been highlighted in a growing body of research within the areas of law,
Child Exposure to Domestic Violence

psychology, and sociology (Eriksson, 2011; Jaffe, Lemon, & Poisson, 2003; Shea Hart, 2011). In DV situations, conflict can play out in separation and access proceedings, which can even be a site of further coercive abuse (Jaffe et al., 2003). Furthermore, the manipulation and control which encompass DV make it very difficult to prove within the courtroom setting, with judges often having to determine the credibility of parents as they present conflicting accounts of abusive events which occurred within the privacy of their own home (Jaffe et al., 2003).

Method

There are 40 District Court Judges currently presiding over private family law cases in Ireland (CourtServices, 2012). Of these, six (15% of the total national group) were recruited to this study through a general request through the court email system (1), personal contacts (2) and snowballing from initial respondents (3). Ethical approval was obtained from the Education and Health Sciences Research Ethics Committee at the University of Limerick. Five of the judges presided over private family law cases at the time of interviews. Time on the bench ranged from less than 6 months to 29 years. Four women and two men were interviewed. All participation was voluntary; all judges were made aware in the initial invitation letter and on the informed consent form that the major interest in this study centred on their private custody and access adjudications in the context of DV.

An extensive literature review informed the interview schedule (see appendix). However, interviews were semi-structured to enable flexibility, and to allow the researcher to probe salient areas as they arose. In line with this, questions were open-ended and designed to explicate information on judges’ incorporation of key scientific
Child Exposure to Domestic Violence

knowledge in their construction of the best interest of the child. Due to the extensive
gender symmetry debate within the literature and popular media, the interviewer did not
refer to gender in questioning undertaken, enabling judges themselves to construct the
gender of perpetrators/victims of DV within talk. Each interview lasted approximately
one hour, and all but one were digitally audio-recorded. Judge 1 declined to have her
interview audio-taped so was excluded from in-depth analysis, but her interview
informed theme formation and interpretation. Extensive notes were taken subsequent to
the interviews. Digitally recorded interviews were transcribed using an abridged form
of the Jeffersonian convention (Heritage & Atkinson, 1984) (see appendix for
Glossary). The first author carried out all interviews and transcriptions; this facilitated
complete immersion in the data set.

Analysis

Discourse analysis (DA) lends itself to an in-depth analysis of elites. Starks and
Trinidad (2007) identify that qualitative research using methods such as DA can
produce rich data from relatively small data sets (Talbot & Quayle, 2010). Moreover,
one way to unveil factors that influence judges’ navigation of this complex decision
making process is using a discourse analytic approach (McMullen, 2012). The
identification of such discursive devices in talk can illustrate how judges work-up the
factuality of their discourse, while managing their own position and accountability.
This therefore allows us to identify the incorporation of socio-cultural discourses and
scientific knowledge in the judges’ discourse, but also allows us to see how judges’
own values and beliefs are used, by them, to navigate these difficult decisions.
Transcripts were read in their entirety several times to gain an overview of the entire
data set. Each judge’s transcript was printed out on a different colour of paper to assist
with the analytic process. The data set was then systematically coded into 10 main categories which remained close to the data. For example, some of the codes included talk about: children, parents, decision making, or resources. These extracts were manually cut out and organised according to codes. Memos were kept throughout the analytical process, to track patterns, interactions between these patterns and authors’ interpretations. This led to the development of themes; identified as sets of data which ‘captured’ an element deemed important to the research question (Braun & Clarke, 2006, p. 88). Extensive reflexivity and triangulation between authors was undertaken to minimise the impact of individual beliefs and values on the interpretation.

The analysis process was iterative; three major themes were generated which provided a ‘concise, logical and coherent’ account of the data (Braun & Clarke, 2006, p. 93). Extracts which best exemplified these dominant themes were then analysed using resources from Discursive Psychology (MacMartin & Wood, 2005; Potter, 1996; Wood & MacMartin, 2007). The micro-structural approach included the identification of discursive devices employed, their local function and contribution to meaning. As language use is most ‘accurately understood’ when situated in context (Coates & Wade, 2004, p. 501) and since the interviewer’s questions forms an integral part of that context, each extract is accompanied either by the direct question (when immediately preceding the extract) or a reference to the preceding question which is contained in the interview schedule.

**Findings**

Analysis of all transcripts, as outlined above, resulted in the identification of three broad interrelated themes. Judges’ talk which oriented towards an idealisation of the
nuclear family, and constructed a presumption of post-separation parental contact
formed theme 1, *Pro-access philosophy*. Judges’ talk which constructed DV as singular
incidents which ended on the separation of the parties, or which minimised, trivialised
abusive behaviour, thus rendering DV as irrelevant to child custody and access
decisions, formed theme 2, *Irrelevance of DV to custody*. Finally, judges’ talk which
placed blame with mothers who contested contact with fathers or/and ignored abusive
behaviour formed theme 3, *Problematic mothers, invisible fathers*. Below each of these
themes, which were evident across the dataset, are presented in turn and accompanied
by an exemplar quote, for which the microanalysis is detailed.

**Pro-access philosophy**

Judge 2’s transcript contained detailed discourses on the ‘*horrendous damage*’ to
both women and children as a direct result of DV. Yet despite this, when the judge was
requested to talk about the role of a father in a child’s life, talk in the response referred
to both parents. This had the effect of decontextualizing the pre-established context of
abuse and enabling the idealisation of the nuclear family. This justified a pro-access
philosophy, as follows:

Extract 1: *Absolutely essential for a child to know both parents.*

1. Int  *What would your opinions be on (. ) the role of the father in a child’s life?*
2. Judge 2  *I absol (. ) I (. ) I (. ) I really feel strongly about it (. ) every child male or*
3.  *female (. ) needs  a mother (. ) and a father ( . . . )*
4. Judge 2  *it is absolutely essential (. ) for a child to know that (. ) they have a dad and a*
5.  *mam in their life (. ) and they have a dad and a mam who wants to be*
6.  *involved their lives*
Here, an idealisation of the nuclear family unit was instigated by a discourse which established and assumed the need for both parents to be part of a child’s life, post-separation. Judge 2 commences with a mental state avowal, ‘a description of private thoughts and feelings’ (Edwards & Potter, 2005, p. 247): ‘I really feel strongly about it’. Wittgenstein (1958), suggest that avowals of feelings are difficult to challenge, thus rendering an alternative argument as less feasible. The judge also utilises a discursive device referred to as an extreme case formulation (Pomerantz, 1986); this functions to work up a pervasive argument by invoking a maximal or minimal quantity on a relevant dimension. Here ‘every’ (Line 2) is all inclusive; it leaves no room to omit any child from any background or circumstance. This maximisation is further emphasised by the addition of both genders ‘male and female’. This discursive device also includes words which modify a description (Potter, 1996), as in ‘absolutely’ in Line 7 which also has a maximising effect. By using extreme case formulation, Judge 2’s talk communicates effectively that it is not ‘just important’ but that ‘it is absolutely essential’ (emphasised) that each parent ‘wants to be involved in their’ child’s life. In so doing, she portrays a normative assumption that the presence of two motivated and interested parents are essential to a child’s well-being.

Irrelevance of DV to custody

Extract 2: Ordinary decent domestic violence.

In response to Q2 of interview schedule (see Appendix)

1. Judge 3  So while the parties might have been up at high doe¹ (.) at the point of
2. separation because of a domestic violence situation (.) a flare up (.) a
Child Exposure to Domestic Violence

3. **striking or whatever (.) once the separation takes place it tends to be (.)**

4. **more (.) amh (.) amh (.) an issue of working out the mechanism as it were**

5. **Int** **Okay**

6. **Judge 3 of the custody and access (…) You have these mechanism or these dynamic**

7. **where you’re into hearing these issues of abuse all over again(.) now when**

8. **I say abuse I am talking about a striking I’m not talking about sexual abuse**

9. **(.) that that falls into an entirely separate and more severe category**

10. **Int** **Okay**

11. **Judge 3 so you have to differentiate between behaviours**

12. **Int** **Yeah**

13. **Judge 3 I'm talking about (.) amh (.) I won't say ordinary decent (2) domestic**

14. **violence because obviously it can be soul destroying**

The concept of DV of course challenged the idealised notion of the nuclear family unit. In their interviews, to manage their dilemma, judges’ talk oriented towards a normalisation, trivialisation and minimisation of DV. Lines 1 to 6 above are an example of script formation (Edwards, 1994); the discourse formulates a story which constitutes an event as commonplace, ordinary (Potter, 1996, p. 197). By formulating a script, Judge 3 portrays the presented scenario as factual, thus rejecting alternative versions, but also downplays the consequences of DV on its victims. Within this script, ‘a domestic violence situation (.) a flare up (.) a striking or whatever’, the description is passive; there is no agency attributed to the behaviour, for example as in ‘he struck her’ as opposed to ‘a striking’. Therefore the judge’s talk constructs DV as both mutual and as occurring in singular instances, as opposed to a regular pattern of behaviours perpetrated by one partner on the other, as is more often the case (Jaffe et al., 2003).
Child Exposure to Domestic Violence

Thus talk orients toward DV as a circumscribed or acute phenomenon within a relationship rather than a chronic or on-going problem, thus trivialising the horrors of ‘everyday’ DV. The judge’s use of ‘whatever’ can be seen to portray a very minimalist construction of DV. Indeed, his talk orients towards an overriding concern to provide access to the ‘non-live-in parent’ (the father), to the extent that it is only ‘an issue of working out the mechanics’ in Lines 3 and 4. Indeed, talk which portrays DV as a minimalist concern lacking consequences makes it less relevant to decisions around child custody.

The common parlance term ‘sexual abuse’ (Line 10) is generally used to refer to rape or abuse of a child, not an adult. Thus in Lines 8 to 11, talk constructs direct abuse on children, yet the need ‘to differentiate between behaviours’ in Line 13 orients towards an acceptance of DV through talk, as it is only sexual abuse on children which is portrayed as relevant to custody and access adjudication. This minimisation and normalisation of DV is reinforced by Judge 3’s description ‘ordinary decent (2) domestic violence’. There is a significant pause of two seconds between ‘ordinary decent’ and ‘domestic violence’. Pauses indicate that care is being taken in the choice of words (Potter, 1996). The judge still chooses to place these two incompatible terms together, but rhetorically manages the palpable inappropriateness of these juxtaposed terms with the addition of ‘because obviously it can be soul destroying’. The judge also engages in the management of the contentious statement, possibly to maintain his neutrality and objectivity, by including the disclaimer ‘I won’t say’. A disclaimer is ‘a verbal device that anticipates and rejects, potentially negative attributions’ (Willig, 2008, p. 103). Extract 2 illustrates how the judge’s talk oriented towards a normalisation and minimisation of the complex phenomenon of DV, which is thus...
categorised as irrelevant to child access. This process may be seen to rhetorically manage the challenge which DV places on the idealisation of the nuclear family.

**Problematic mothers, invisible fathers**

Evident throughout the interviews was the tendency for talk to sidestep both abusive behaviour and the parenting ability of an abusive partner. In this theme, talk placed mothers (DV victims) in a position of blame when they contested child-father contact. Mothers were portrayed through talk as problematic when they sought services to aid their children’s recovery, as exemplified by Extract 3; but when they failed to do so, talk oriented towards a pathologising of mothers (Extract 4).

*Extract 3: We’re all just super damaged and broken.*

In response to Q7 of interview schedule (see Appendix)

1. Judge 6  *If* they have money(.) they are probably going to tell you(.) that the child is
2. in counselling
3. **Int** Okay
4. Judge 6  *amh as a means of point-scoring of a point or two against the other parent*
5. **Int** Okay
6. Judge 6  *you know he's such an awful dad do you know what we're all just getting to grips with his(.) amh(.) brutality or his adultery or his meanness or his*
7. *wickedness or his irresponsibility or his drinking or his(.) and you know do*
8. *you know what we're all just super damaged and broken(.) the children*
9. *are in counselling.*
As discussed above, in Extract 2 the judge’s discourse orients towards a minimisation of DV. Here, in Extract 3, the judge’s talk positions mothers who allege DV, to challenge the awarding of access/custody to the father, as manipulative and calculating. The judge engages the discursive device of footing (Goffman, 2000), where a speaker acts as an animator to increase the ‘factuality’ of their discourse (Potter, 1996, p. 122). This device may be used as a strategy in obtaining attributional distance from the talk, and thus functions to manage the speaker’s neutrality and give the appearance of objectivity in a sensitive and controversial area. This technique is often utilised by media interviewers who have a legal requirement to maintain an impartial stance (Wetherell, Taylor, & Yates, 2001). The mere fact that the judge chose to change footing may be an indication that he is treating the current issue as contentious (Clayman, 1992).

Accordingly, by using the imaginary mother’s voice in talk (Line 6 to 9) the judge adds factual credibility to the discourse and also obtains attributional distance. This functions to manage the judge’s own accountability when talk through a mother’s voice portrays mothers as exaggerating both the cause (‘brutality or his adultery or his meanness or his wickedness or his irresponsibility or his drinking or his’) and effect (‘just super damaged and broken’). A three-part list is thought to obtain optimum impact, by giving a sense of comprehensiveness, with additional list items adding little. Yet in Lines 7 and 8, talk includes a series of six abstract adjectives which hyperbolises the father’s behaviour, so that it is inferred as exaggerated and hence untrue. Moreover violent descriptions are most effectively portrayed when they contain a vivid description with real consequences (Potter, 1996), for example ‘the child being hurt, or kicked, or beaten up’ (Judge 2).
In Line 1 ‘[if] they have money’, talk implies that being ‘in counselling’ is something affluent people do. When the judge chooses to use the word ‘probably’, talk then generalises this portrayal to the majority of mothers who ‘have money’; this is not sporadic but a likely occurrence. Obtaining counselling for her children could be interpreted as a mother’s wish to aid her children’s recovery from the negative trajectory which results from exposure to DV, but when talk delegitimises the mother’s concerns as ‘point-scoring of a point or two’, the judge’s discourse orients towards a portrayal of counselling for these children as supercilious. More importantly this discourse positions mothers as manipulative, as they are portrayed as using their children to manipulate the system to their own gain.

By positioning one parent as manipulative and self-serving, accountability is removed from the abusive partner; this facilitates the pro-access philosophy. The choice of discourse and the discursive devices employed may be considered suited to the local issue facing the judge. Hyperbolising fathers’ behaviour portrays it as untrue, which therefore works to delegitimise mothers’ concerns and imply that mothers have an embellished view of the negative impact of DV on both themselves and their children. What is more, mothers’ purpose in introducing the history of DV is portrayed as an attempt to gain the ‘upper hand’ in custody disputes.

Extract 4: Go from one abusive relationship to another.

1. Int [If] there is an abusive relationship (.) do you think that is completely
2. separate from the parents’ ability to parent?
3. Judge 3 Gosh that’s a very complex (.) amh (.) issue
4. Int um
Child Exposure to Domestic Violence

5. Judge 3 because I have seen situations where (.) amh (.) some mothers particularly

6. (.) would go from one abusive relationship to another

7. Int Yeah

8. Judge 3 and the (. ) you know I would ask myself the question (. ) why is this

9. happening? Is it something in the make up of the person? Is it just bad

10. luck? Amh (2) is a matter of social (. ) standing (. ) empowerment (. )

11. dependency? (. ) it’s very very complex.

Extract 4 is an example of ‘ontological gerrymandering’ (Clayman, 1992); the practical management of a boundary such that certain phenomena are treated as problematic, while others can be assumed to be unproblematic as they are ignored. So in this example, despite being asked about parenting within DV families, the judge’s talk treats the gender-neutral question as a request to present a description which generates implications of fault and accountability for mothers whilst at the same time ignoring fathers’ abusive behaviour. For example, in extract 4, Judge 3 stated in response to this question: ‘some mothers particularly (.) would go from one abusive relationship to another’. The addition of ‘particularly’ emphasises the focus on mothers. Therefore, by selecting and formulating this area (mothers’ behaviour in selecting abusive partners) the judge ignores fathers and the potentially negative effects of their parenting (Potter, 1996). By employing this discursive device, talk drew a rhetorical boundary around mothers’ behaviour, therefore making the mothers’ or victims’, rather than the perpetrators’, behaviour relevant. This may have an essential function, as introducing talk about perpetrators’ behaviour would undermine the implied explanation of mothers’ fault and compromise the pro-access philosophy.
Furthermore, talk constructs the image that mothers have in fact failed to protect their children, as it is mothers who ‘go from one abusive relationship to another’ – thus it is mothers who repeat the pattern. This discourse orients towards a pathologising of mothers, and implies that abuse is the mother’s fault; there is in fact something inherently wrong with her: ‘is there something in the make-up of the person?’ Talk orients towards placing responsibility for perpetrators’ behaviour with victims.

This categorisation is preceded by a marker of common knowledge ‘you know’ in Line 8 (Edwards & Mercer, 1987); such devices work up the legitimacy of the category by ensuring that the claim appears rational. The discourse is embedded in uncertainty, ‘very complex’, which is strategically placed at both the beginning and end of this discourse (Lines 3 and 10). This achieves the business of maintaining the judge’s attributional distance in the complexities of the situation. The judge’s talk engages in a nature versus nurture style debate: ‘is there something in the make-up of the person?’ (nature) is rhetorically countered after a pause of two seconds with an environmental explanation of mother’s behaviour ‘Amh (2) is a matter of social (. ) standing (. ) empowerment (. ) dependency?’ (nurture).

Overall, Extract 4 exemplifies the portrayal of mothers as going from one abusive relationship to another and places blame on the victim, while removing accountability from the perpetrator. Ignoring the impact that perpetrators’ abusive behaviour may have on their parenting ability thereby presents abusive behaviour as unproblematic in the context of child custody and access issues.
Deviant case analysis

Judge 4 was identified as a deviant case due to her application of scientific knowledge and her awareness of her nonconformity with her colleagues (Silverman, 2011). Judge 4 explicitly works up a category of entitlement (Potter, 1996); she positioned herself as an expert from the start of the interview with extensive scripting of membership of relevant organisations and qualifications in the area of psychology as well as law. This entitlement gives an epistemological right, therefore building up the factuality of the judge’s talk. However, it is the application of scientific knowledge which makes Judge 4 a deviant case (Silverman, 2011). Her awareness of her nonconformity with her colleagues is exemplified in Extract 5.

Extract 5: Now I am very extreme on that.

In response to Q2 of interview schedule (see Appendix)

1. Judge 4 I would be disinclined to have any access
2. Int Yeah
3. Judge 4 until I was assured that there was (. ) a benefit of this to the children
4. Int Okay
5. Judge 4 now I am very extreme on that (...)
6. Int It’s fantastic to hear your views on this because=
7. Judge 4 = maybe my colleagues wouldn’t necessarily ah agree with me
8. Int Yeah
9. Judge 4 some colleagues ah would say that domestic violence is one issue (. ) and
10. access is a different issue
11. Int Yeah
Child Exposure to Domestic Violence

12. Judge 4  *I don’t hold that view*

In Extract 5 the judge is ‘talking against established ideas’ (Taylor & Littleton, 2006, p. 24). The judge positions herself as ‘extreme’ because she ensures that child contact is of benefit to the child. She then uses the words ‘*some of*’ not ‘most of’ in Line 11 which contradicts her word ‘*extreme*.’ This may be reflective of the interactive nature of the construction. In Line 8, ‘*It's fantastic to hear your views on this because*’, the judge interrupts the interviewer to construct an explanation for her difference ‘=some colleagues ah would say that domestic violence is one issue (.) and access is a different issue’, but explicitly expresses her deviation ‘*I don’t hold that view*’. With this discursive work she remains respectful to her colleagues while convincingly presenting her own views which are in line with scientific knowledge (Antaki, Billig, Edwards, & Potter, 2003).

**Discussion**

The current findings emphasise a pro-access philosophy in judges’ talk throughout the interviews. This position is justified, in the context of DV, by a minimisation and normalisation of DV throughout talk. Mothers’ concerns for their child’s safety are thus set aside, and talk portrays them as controlling and manipulating when they object to contact between their child and the non-live-in father.

A discourse which idealised the nuclear family was evident throughout the interviews. Moreover, a discourse acknowledging the “horrendous damage” to women and children as the consequences of DV co-existed with an assumption that contact with the perpetrator was in the child’s best interest. Contra to this, available evidence suggests that children do not do well if their home lives are marked by parental conflict.
Child Exposure to Domestic Violence

(Bancroft et al., 2011). The findings of a pro-access philosophy concur with previous ethnographic studies in Irish courtrooms (Coulter, 2009; Mahon & Moore, 2011) which identified joint custody as the idealised post-separation family configuration by judges.

Evidenced discourses which construct DV as singular physical incidents, which end on the separation of the parties, function to justify a pro-access philosophy. Constructing DV as a singular physically violent incident defies the world-wide understanding of DV as a pattern of coercive behaviours (Bancroft et al., 2011). The explicit portrayal of DV as ending with the separation of the parents also contradicts extensive empirical research findings. In fact, it may be a well-established pattern, that DV will continue post-separation (Vatnar & Bjørkly, 2012) and that there is in fact an extremely high probability of the escalation of DV at the time of separation, with a high risk of femicide (Brownridge, 2006). Moreover, empirical research has demonstrated that both litigation and contact with the children can be used as a vehicle to sustain the abuse (Jaffe et al., 2003; Zeoli et al., 2013). B. E. Hayes (2012) identified that abusive fathers changed to more covert forms of DV (which can involve the children) post-separation, rather than ceasing the abuse.

Ontological gerrymandering had the effect of removing agency from abusive parents as their past and current abusive behaviours were ignored in talk; yet it is established that past violent behaviour is the best predictor of future violent behaviour (Elizabeth, Gavey, & Tolmie, 2010). Throughout the transcripts, there was an absence of talk about the violent behaviours of the perpetrators of DV, nor were the judges overtly concerned with the negative impact witnessing DV has on children (Bancroft, et al., 2011). Furthermore judges’ talk made no link to either the comorbidity between DV
and direct child abuse (Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003), or the parenting deficits of perpetrators of DV (Bancroft et al., 2011). Kernic, Monary-Ennsdorff, Koepsell, and Holt (2005) highlighted this rendering of DV as irrelevant to child custody by family courts, when they identified no significant difference in the granting of custody between perpetrators and non-perpetrators of DV.

Rather than placing accountability with the alleged perpetrators, agency was firmly placed with mothers, who were depicted as exaggerating their situation. This is in line with arguments made by Conner (2009) who identified that judges held a belief that women had a tendency to exaggerate DV. Furthermore, the positioning of mothers as alleging DV as a means to manipulate the system concurs with previous findings; Pond and Morgan (2008) found that some lawyers’ discourses questioned mothers’ integrity and their motivations in obtaining protection orders. However, it is in direct contrast with the known cost of DV to women and children in Irish society. A recent survey conducted by the European Human Rights Federation (EU-FRA, 2014) consisting of 42,000 women across 28 countries including Ireland, identified that 1 in 3 women disclosed experiencing partner violence and that 73% of mothers identified that at least one of their children were aware of the partner violence.

The pathologising of mothers who attempted to protect their children has also been established by Harrison (2008), who identified that the family law system labelled mothers (victims of DV) as implacably hostile when they obstructed fathers’ right to a relationship with their children. Furthermore, Johnston and Steegh (2013) identified a tendency for courts to penalise mothers who do not encourage child-father contact. In line with this, Zeoli (2013) found that mothers feared that advocating for
children’s safety within the court system could backfire and place the children at greater risk. This points to the extent to which values and discourses of wider society are sexist, paternalistic, and misogynistic, as they may act to influence values of those operating within the system at an implicit level.

This resonates with previous research. Coates et al. (1994); Coates and Wade (2004) findings that the passivity of a victim during a sexual attack was positioned as compliance rather than fear, facilitated the portrayed of sex as consensual. Ehrlich (2007) demonstrated that such constructions stemmed from gendered cultural norms. Our findings hinge on similar gendered ideologies. Stereotypes of victims of DV as passive, meek and vulnerable fail to acknowledge the power dynamics that may result in women appearing passive in an abusive context. In an alternate context where they feel more secure and are motivated to protect their children, such as during court proceedings, they may appear agentic. As a result of these more agentic behaviours, such mothers may be seen by our judges as incompatible with the narrative of abuse, thus are constructed not as victims but rather as aggressors.

**Limitations and Future Research**

The heavy caseloads of judges and the sensitive nature of the study contributed to a difficulty in gaining access to this elite group. In any case, it would not be appropriate to generalize the current findings, as sampling was purposeful, and the judges who placed themselves at some inconvenience and took time out from a busy schedule to speak on this subject may have an increased interest in the subject area. They may also be considered more liberal than their fellow judges who, despite repeated invitation, declined to partake in this study. In line with this there was a two thirds majority of
female participants, despite the fact that they consist of less than one fifth of the current district court judiciary (CourtServices, 2012). However, the finding of a pro-access philosophy does concur with court statistics; whereby only 2% of access applications were refused by the family law courts in both 2010 and 2011 (CourtServices, 2011).

The current findings were grounded in judges’ discourse in the context of an interview; they highlight the need for future investigation in this area. These assumptions which define judges’ understanding of gender norms have been shown to play an influential role in their sense-making framework (Ehrlich, 2007) but cannot be directly linked to judges’ adjudications of individual child custody and access cases in this interview study. A discourse analysis of court files is warranted to undertake an in-depth analysis of gender differences, identify if judges’ discourse transfers to their adjudications, and the weight which is given to scientific knowledge in the determination of the best interest of the child.

Conclusion

The current findings establish that when Irish judges were questioned in recorded interviews about the extremely complex and fraught issue of child custody and access in the context of DV, their talk oriented towards a use of heuristics which portrayed mothers as manipulative and controlling. There is a clear need for a change of discourse from one which normalises DV and places agency for the impact of separation with mothers. If we are to be true to legislation and take the welfare of the child as the ‘first and paramount consideration’ (Ireland, 1964s. 3 ), then it beholds the family law system to place the weight on DV within their adjudications, in line with empirical research. The gap between academia and reality needs to be bridged, but first and
foremost the concept of ‘ordinary decent domestic violence’ should be relegated to a
 discourse of the distant past.

Note: ¹ ‘up at high doe’ is a colloquial expression meaning that one is in a state of high
 anxiety.
Chapter 6

General Discussion
This thesis research aimed to make a substantial contribution to the literature on child exposure to DV. Specifically, the current thesis aimed to gain increased insights to explain the established heterogeneity of outcomes, both between and within studies (Haselschwerdt, 2014; Holt et al., 2008; Kitzmann et al., 2003), for children/young people who grow up in homes affected by DV. Further, by analysing how child exposure to DV is constructed at both a micro and macro level, I aimed to obtain a more complete picture of how child exposure to DV is understood by (a) young people, and (b) those who makes decisions that have a direct impact on children/young people who grew up in homes affected by DV.

This thesis consists of four discrete empirical studies. This general discussion is a reflection of the totality of the work presented. I commence with a brief summary of each chapter and then synthesise the main findings. I then interpret these findings, first with regard to theory and second with regard to policy and practice. This is followed by an account of the methodological limitations of the current research and an overview of future directions for research. Finally, in a general conclusion, I summarise the contribution of this thesis research to the current child exposure literature.

Summary of Chapters

Chapter 1 sets the scene for the thesis. The initial background section outlined both the prevalence and relevance of child exposure to DV, and identified the gaps in the current child exposure literature. I then outlined the objectives of the thesis and discussed the theoretical underpinnings of the project's research. Finally, I presented a rationale for my choice of methodologies.
The objective of Chapter 2 was to explore possible psychosocial processes that may help to explain why not all children/young people are impacted equally by exposure to similar levels of intra-parental DV. Applying a social identity approach, my key argument was that a strong identification with the family might somewhat paradoxically be beneficial for the wellbeing of young people who grew up in homes affected by DV. Consistent with this argument, findings suggest that strong identification with family mediates the link between exposure to DV and wellbeing in young people.

Chapter 3, a qualitative study, aimed to build on findings from Chapter 2. Applying a discursive psychological perspective, the objective of Chapter 3 was to obtain in-depth insights on how young people construct both their exposure to DV and family processes in this context. Findings suggest that the young people’s construction of DV depends on the type of intra-parental DV they were exposed to. Specifically, physical DV was recognised as DV, and this recognition facilitated access to social support and meaning-making. However, the occurrence of the less tangible psychological DV was not recognised as DV, and this lead to confusion. These findings, however, also posed further questions; as such, Chapters 4 and 5 aimed to address these.

The objective of Chapter 4 was to investigate whether, in line with findings from Chapter 3, there was statistical evidence for the presence of two distinct dimensions of child exposure to DV, namely physical and psychological DV, as experienced by young people. Further, as identified in Chapter 2, I aimed to identify which of these dimensions best explained the reductions in psychological wellbeing and social support.
Child Exposure to Domestic Violence

for this population. As such findings evidences that the higher order exposure to DV construct consisted of two underlying variables, namely physical and psychological.

Bronfenbrenner (1977) suggests that happenings within *macrosystems* can impinge indirectly on the individual. Additionally, there is evidence that decisions made by family law systems in the context of child exposure impact on children (Eriksson et al., 2013; S. Holt, 2011). To strengthen my argument, it was therefore important to extend my findings to investigate constructions of DV at a macro level. Chapter 5 was a discursive analysis of interviews with Irish Family Law Judges, who are charged with making child custody and access arrangements. Findings from Chapter 5 suggest that District Court Judges (Ireland’s first level court) constructed child exposure to DV as irrelevant to child custody and access arrangements.

**Main findings**

In this section, I discuss in depth our main findings from Chapter 2 through to Chapter 5, and integrate these. I highlight the research questions answered and new questions raised by each specific chapter, highlighting the progression of findings throughout the chapters. In this way, while presenting a complete and integrated picture of findings, I also demonstrate the trustworthiness and validity of the overall thesis findings, through the triangulation of the findings between the different chapters and indeed different methodologies.

Findings from Chapter 2 establish that while the family may be seen as part of the problem for young people who grow up in homes affected by DV, it can also be part of the solution. Family identification mediated the relationship between child exposure to DV and wellbeing (self-esteem and anxiety). That is, strong identification with the
Child Exposure to Domestic Violence

family *buffered* young people’s cognitive and affective status in the face of child exposure to DV. Therefore, our findings highlight the beneficial effects of having a strong sense of belonging to the extended family for such young people. However, as those who reported the highest level of exposure also reported the lowest level of identification with their family, those most in need of this beneficial psychological resource are least likely to access it.

Chapter 3, a discursive analysis of semi-structured face-to-face interviews with young people who were recruited through the previous quantitative study, aimed to provide an in-depth understanding of the findings identified in Chapter 2. Specifically, Chapter 3 established that how young people constructed DV depended on the type of DV that occurred in their homes. Indeed, the young people’s constructions incorporated socio-cultural discourses reflecting a violence model of DV (Stark, 2007), where DV was portrayed as physical violence only within their constructions. Young people, therefore, had difficulty in recognising the occurrence of intra-parental psychological DV as constituting DV. However, although young peoples’ discourses explicitly minimised the occurrence of psychological DV, they concurrently constructed psychological DV as deviating from their normative expectations of idealised intra-parental behaviours. They were not able to name the psychological dimension as DV, but at the same time its occurrence did not sit right with them, and this inherent conflict contributed to their ambiguity and confusion. This therefore suggests that exposure to psychological DV may play a major role in reduced wellbeing, as identified in Chapter 2.
In contrast, the occurrence of extreme incidents of physical DV enabled the recognition and naming of DV, and this labelling facilitated help-seeking. Similarly, the presence/absence of extreme incidents of physical DV also impacted on family processes. It was the occurrence of extreme incidents of physical DV, where fathers were clearly positioned as the primary perpetrator, which enabled discussion with their mothers about the occurrence of DV in the home. On the other hand, in the absence of tangible incidents of physical DV, young people portrayed that they were unable to instigate discussions on the occurrence of DV with their mother. This therefore may have limited the young peoples’ ability to make sense of their experiences (Tedeschi & Calhoun, 2004).

These findings, therefore, add clarity to the findings from Chapter 2. The young people constructed psychological DV as deviating from their normative expectations. They also constructed physical DV as wrong; it was not normalised in their talk. Additionally, the young people portrayed that the occurrence of physical DV may have facilitated mothers to initiate conversation around DV with the young person, and these conversations were portrayed as contributing to the young peoples’ increased wellbeing. It is therefore probable that strong identification with the family acted as a helpful psychological resource, which facilitated recovery from their traumatic experiences (exposure to DV). Findings from Chapter 3, taken together with findings from Chapter 2, suggest that strong identification with the family acts as a ‘social cure’ for this vulnerable population.

The overarching findings from Chapter 3 suggest that young people construct physical and psychological dimensions of DV differently, and that these constructions
Child Exposure to Domestic Violence

appear to impact on their wellbeing and access to social support. Chapter 4, therefore, aimed to corroborate these findings by investigating whether or not there was statistical evidence for the presence of two distinct dimensions of child exposure to DV as experienced by young people. Further, we aimed to investigate how these dimensions impacted on both wellbeing and social support. Consistent with findings from Chapter 3, findings from Chapter 4 evidenced two discrete yet inter-related dimensions of DV, namely physical and psychological DV. While Chapter 2 used the overall, higher-order DV construct to evidence that exposure predicted reduced wellbeing, the more fine-grained analysis presented in Chapter 4 allowed for greater nuance. Specifically, in Chapter 4 I provided statistical evidence for the occurrence of two underlying factors of child exposure to DV, which permitted the subsequent statistical investigation as to which dimension best explained the earlier demonstrated reduction in wellbeing. Significantly, and consistent with findings from Chapter 3, findings from Chapter 4 verified the psychological dimension as the main driver in the reduction in psychological wellbeing, with exposure to the physical dimension contributing no additional impact.

Further, while we also found that exposure to psychological DV was responsible for reductions in social support, exposure to physical DV impacted on this effect: when we accounted for exposure to physical DV, the magnitude of the relationship between exposure to psychological DV and wellbeing was increased. Specifically, those reporting high levels of exposure to psychological DV fared better regarding their satisfaction with their available social support when they also reported higher (as opposed to lower) levels of exposure to physical DV. Therefore, the findings from this
quantitative analysis confirm the findings of the qualitative study as identified in Chapter 3. This infers credence and trustworthiness to the overall thesis findings.

Importantly, Chapter 3 also identified that young people incorporated social-cultural discourses that framed DV as physical violence only, into their constructions of DV, while they framed the occurrence of psychological DV as not warranting external intervention. This, taken with the established impact of decisions by family court systems on the wellbeing of children (Holt, 2011), warranted an analysis of how the relevance of child exposure to DV is constructed at a macro level by Family Law Judges. As such, I applied a discursive psychological perspective to investigating how Family Law Judges constructed the relevance of exposure to DV to their own adjudications, in the context of an interview. In this chapter, therefore, my analysis switched from a micro to a macro level.

The findings suggested that Judges were influenced by socio-cultural discourses which shape the nuclear family as essential to the wellbeing of a child. To rhetorically manage these beliefs and values, Judges normalised, ignored and trivialised the DV abusive parent’s behaviour in talk. This functioned to position DV as irrelevant to child custody and access. These findings, which evidence the minimisation of the relevance of DV to children from a macro (institutional level), add clarity and context to findings from Chapter 3. Here, young people felt that the occurrence of DV – especially psychological DV, where there was no clear or apparent evidence – would not be construed as problematic or in need of intervention by external sources. Finally, Judges, through their talk, also pathologised and undermined mothers who alleged DV when they disputed contact between fathers and their children. In a similar vein, young
people positioned their mothers as taking responsibility for (not) ending the DV by leaving the relationship (in Chapter 3).

**Interpretation of findings with regard to theory**

The thesis findings make a significant contribution to theory, both within social psychology, in particular the social identity approach, and the child exposure literature. In this section, I will initially outline the contribution that the findings make to reinforce the presence of a ‘social cure’ (Jetten et al., 2012). Next, I will outline how my findings highlight the insights that the application of a social identity approach can bring to our understanding of how young people can be impacted differently by exposure to similar levels of frequency and severity of DV. I will then discuss how my findings relate to the proposed resilience portfolio model (Grych et al., 2015), specifically in relation to psychological resources, a sense of meaning and social support, and how these resources impact on the appraisal of adverse events. Finally, I discuss how the current findings contribute to the ongoing debate on the conceptualisation and operationalisation of the concept child exposure to DV.

**Social identity approach**

Previous studies have identified the link between family identification and positive psychological outcomes (e.g., Sani et al., 2012). However, our findings extend these findings by evidencing the explanatory role of family identification in the link between child exposure to DV and psychological outcomes (anxiety and self-esteem). The current thesis research, therefore, builds on a body of previous studies which also evidence the presence of a ‘social cure’ (Jetten et al., 2012) for diverse populations who have experienced various forms of trauma. However, these studies focused on
traditionally researched salient social groups at both community and national level. For example, both Walsh et al. (2014) and C. Haslam et al. (2008) established the buffering role of identification with self-declared community groups for those suffering acquired brain injury and stroke respectively. Further, Wakefield et al. (2013) established the buffering role of identification with specific multiple sclerosis support groups for those diagnosed with multiple sclerosis. While in the context of political violence, Muldoon et al. (2009) established the buffering role of strong national identity during the Northern Ireland conflict, and Kellezi et al. (2009) established the buffering role of ethnic identities for those living in Kosovo during the conflict.

In this regard, the current findings establish that identification with family, an affiliative social group, provided explanation as to how exposure to DV may impact differently on young peoples’ wellbeing. Importantly, as with the previous studies outlined above, family identity is also salient to the source of the traumatic experience: exposure to intra-parental DV. As such, the young people, who reported high levels of exposure to DV but also stronger family identification, may have mobilised this affiliative identity. This, in turn, may have functioned as a useful psychological resource, impacting how they not only appraised intra-parental DV events and attributed meaning to their experiences, but also how they evaluated their available resources to facilitate coping. Significantly, as a strong integration with the family fosters healthy adaptation in young people, the current findings provide novel insights, highlighting how – somewhat paradoxically – the family goes beyond being part of the problem, to become part of the solution.
Importantly, by evidencing that levels of family identification explain variations in wellbeing, my findings afford insights as to one of the primary aims of the thesis: to gain understanding as to the heterogeneity in outcomes for children and young people. The current findings, therefore, demonstrate the valuable insights that can be gleaned by a paradigm shift from individually-focused research, to research which explores the influence of group-level factors on the individual.

**Resilience portfolio model**

The current findings can also be considered timely, as they add considerably to the recent theoretical discussions on the importance of developing a strengths-based approach to research in the area of childhood adversity (Grych et al., 2015). Grych et al.’s (2015) proposed resilience portfolio model aims to conceptualise how psychosocial factors interact to promote psychological health in those who experience adversity, including exposure to DV. Such factors include not only access to social support, but also individuals’ appraisals and meaning-making behaviour. It is of note that this thesis did not set out to directly measure the concept of resilience; further, the resilience portfolio model was proposed after the commencement of the thesis research. However, given the overlap between the theorisation of the social identity approach and the resilience portfolio model, I will outline how the thesis findings relate to elements that are considered key constructs in the resilience portfolio model (Grych et al., 2015) in substantial areas, specifically social support, meaning-making, and appraisals.

**Social support.** Consistent with the dominance of social support within both the resilience literature (Rutter, 1987) and the child exposure literature (Hines, 2014),
Child Exposure to Domestic Violence

social support also received much attention throughout this thesis. Indeed, in the context of childhood exposure to violence, social support is considered the most frequently studied protective factor (Grych et al., 2015). However, the current findings expand on this literature as we evidence that it is both the type of DV that young people are exposed to and their level of identification with their family, which influences young people’s access to and satisfaction with their social support. Within their interviews, young people portrayed that while the occurrence of intra-parental psychological DV placed a barrier on their access to social support, on the other hand, the occurrence of intra-parental physical DV facilitated access to social support. Further, these findings were strengthened by triangulation across the mixed methods, with consistent findings in both the qualitative and quantitative methodologies.

Moreover, Grych et al. (2015) suggest that research within the violence exposure literature is limited in its focus on the presence of social support, or perception of availability of different forms of social support. They recommend a need to address the factors that promote the access to, or uptake of that social support. The current findings address this critical gap, as they suggest that strong family identification promotes the harvesting of social support from within the family group. Indeed, this is consistent with previous research, which suggests that strong social identities are said to promote both the giving and receiving of social support from group members (Gallagher et al., 2014).

Meaning-making. Meaning-making is also an essential element of the resilience portfolio model. Consistent with this theorising, the impact of young people’s ability to make sense of their experience was also evidenced within the thesis. I found that the
Child Exposure to Domestic Violence

young people’s meaning-making was also dependent on the type of DV which occurred within the home. The occurrence of extreme physical incidents of DV assisted the young people’s discussion with their mothers; we suggest that this may have led to a reframing of their DV experience, which in turn promoted wellbeing. The occurrence of intra-parental psychological DV, on the other hand, resulted in ambiguity and confusion. As psychological DV lacks physical parameters, the young people portrayed it as harder for them to comprehend as abusive, and indeed less amenable to understanding from others. We also suggest that a strong family identity, which may have been fostered by a strong relationship with their mother, offered the young people the opportunity to find meaning in their traumatic experiences. That is, it facilitated them to make sense of their experiences and how these impacted on their life. My findings, therefore, add to previous resilience research, for example Park and Gutierrez (2013), who found that establishing a sense of meaning is linked to wellbeing in the face of traumatic experiences. Additionally, Calhoun, Cann, Tedeschi, and McMillan (2000) linked meaning-making strengths with the development of post-traumatic growth.

Further, the social identity approach posits that our social identities are incorporated into and strengthen our self-concept, and therefore contribute to increased self-esteem (Reicher et al., 2012). In line with this, the thesis findings suggest that strong identification with family in the context of exposure to DV promotes the development of positive self-esteem over time. This is important because self-esteem is believed to be the building block of resilience (Guille, 2004). Indeed, Moore, Pepler, Weinberg, and Hammond (1990; as cited in Guille 2004) suggest that both a stronger self-concept
and self-esteem enable children to have a sense of control, which therefore promotes their ability to cope with and foster healthy adaptations after their exposure to DV.

**Appraisals.** Our findings also build on previous research concerning appraisals of intra-parental DV. Grych et al. (2000) proposed a cognitive appraisal model to conceptualise how children’s appraisals of intra-parental DV as being threatening resulted in reduced wellbeing. How the young people construct the different dimensions of DV provides insights into not only their appraisals of DV events, but also their subsequent coping behaviour. The occurrence of extreme physical DV, where their mother’s physical safety was evaluated to be in immediate danger, resulted in the mobilisation of proactive and problem-solving coping strategies – specifically, the young person’s direct intervention and external help-seeking. However, the occurrence of psychological intra-parental DV led to confusion, frustration and despair. Importantly, my thesis findings suggest that the young people’s uptake of a violence model of DV had an adverse impact on their understanding, meaning-making, and ability to make sense of their exposure to psychological DV.

Further, the thesis also investigated how DV is appraised at a macro level. Findings suggest that in the context of an interview, Judges minimised, trivialised and indeed normalised DV to position child exposure as irrelevant to their child custody and access decisions. As the only published study to date that focuses on interviews with Family Law Judges, our findings add considerably to the literature on child custody and access arrangements in the context of child exposure to DV. Further, applying a discursive psychological approach to interview data from both young people and Family Law
Judges ensures triangulation, and adds a degree of completeness to the overall thesis findings.

**Conceptualisation of child exposure to DV**

The current findings also offer insights regarding another objective of the current thesis: to increase our understanding of the established variability in outcomes between studies. In this regard, findings add to the recent discussion within the child exposure literature on methodological issues that highlight the tendency for the exposure to DV literature to oversimplify this complex phenomenon, by conceptualising child exposure in line with the physical violence model (Haselschwerdt, 2014; Haselschwerdt et al., 2016). Indeed, consistent with the broader DV literature (e.g., Kelly, 2004), the current findings provide strong evidence as to the damaging impact of child exposure to psychological DV. The totality of our findings, therefore, evidence the need for a paradigm shift in future research on exposure to DV, to conceptualise exposure as including both the physical and psychological dimensions of DV.

**Domestic violence theorisation**

As discussed in the introduction, much of the child exposure literature adopts either a feminists or family violence approach. In this thesis, by using a modified version of the CEDV scale (Edleson et al., 2008) to measure DV, which was inclusive of DV as perpetrated by fathers, mothers and both parents, I initially set out to take a neutral ground. Moreover, although I did not take a feminist perspective, much of the analysis, in particular the qualitative analysis, required a feminist understanding of DV to interpret the patterns within our data. Indeed, in line with a feminist perspective, within their interviews young people clearly articulated their constructions of DV.
Child Exposure to Domestic Violence

consistent with Johnson’s (1995) concept of intimate terrorism, when they portrayed their fathers as controlling, manipulative, and intimidating. Significantly, they did not recognise the perpetration of intimate terrorism/coercive control as DV. As such, my analyses and my contribution to the exposure literature could be considered as feminist.

Further, throughout the thesis I refer collectively to young people, rather than differentiating according to gender; this is in line with analysis in Chapter 2, which found no difference in the impact of exposure to DV between genders within the data. However, a full gender-based approach, although important, is beyond the scope of the current research.

**Interpretation of findings with regard to policy/practice**

The thesis findings have implications for policy and practice in three main areas. First, in the promotion and nurturing of strong family identification. Second, in the acknowledgement of the detrimental impact of psychological intra-parental DV on the wellbeing of young people. Third, in the requirement to build awareness around, and the necessity to alter our societal discourses on, DV.

Understanding how psychosocial processes influence behaviour, emotions, cognitions and social interactions to foster adaptive functioning is critical to understanding individual differences in adaptation to child exposure to DV (Grych et al., 2015). However, this knowledge is also essential for developing prevention and intervention, strategies and programmes that can promote recovery and the development of resilience in young people who have grown up in a home affected by DV. Previous research has focused on protective factors that tend to be static in nature (Grych et al., 2015). However and importantly, identification with the extended family
Child Exposure to Domestic Violence is malleable; it can alter over the life span and can be promoted and developed through intervention. Further, as discussed previously, social identities support the development of other protective factors included in the resilience portfolio model. For example, strong social identification can result in an improved self-concept, sense of belonging and sense of meaning, and also enables access to and uptake of social support. Therefore, the development and enhancement of identification with the extended family offers the potential for both intervention and prevention programmes in the area of child exposure to DV.

The thesis findings suggest that it is exposure to the psychological dimension of DV, rather than physical DV, that is most deleterious to the wellbeing of young people. Further, the current findings demonstrate that psychological DV occurred more frequently than physical DV. As such, my findings are consistent with the general DV literature which suggest that it is the persistent occurrence of psychological DV which is considered both the hallmark of DV (Stark, 2007) and is also associated with long lasting negative consequences for the psychological wellbeing of its adult victims (Kelly, 2004). This would suggest that children/young people exposed to the psychological dimension of intra-parental DV would benefit from external intervention. However, the pervasiveness of child exposure to DV is well documented (UNICEF, 2006), and it is important to find alternative interventions, so as not to place extra pressure on already overburdened child protection services. Indeed, Edleson (2004) suggests that generalised interventions from within welfare and community systems may best serve the majority of children. The current thesis findings indicate that cost effect interventions, which emulate from and within the extended family, may be effective for most young people.
We also found that exposure to DV predicted reduced family identification, and this suggests that benefits can be obtained from promoting stronger identification with the extended family for this group. Moreover, as social isolation is an established phenomenon within the dynamics of DV (Buckley et al., 2007), children may become isolated from their extended family (Kruttschnitt, Gartner, & Ferraro, 2002). It is, therefore, important to build awareness among practitioners, government bodies and society in general of the beneficial role of a strong family identification for this vulnerable group. Specifically, how positive relationships with the extended family can reinforce a strong sense of belonging and access to social support, which thereafter can be available as a buffer for these young people in times of need.

Within the child exposure literature, there is already an awareness of the beneficial role which positive mother/child relations (Katz, 2015b) and positive grandmother-child relationships (Cox et al., 2003) can have on children’s recovery. Our findings reinforce the need to build awareness among extended family members (grandparents, aunts, uncles, cousins) of the positive role that they can play, by ensuring that young people feel that they are an integral part of that family. Indeed, as these young people may have become isolated from the extended family (Kruttschnitt et al., 2002), such awareness could, therefore, result in the increased motivation of extended family members to re-engage and become part of the child/young persons’ life.

However, we must at all times prioritise the child/young persons’ physical and psychological safety. Above all, it is essential that our finding not be taken out of context. Therefore, the above recommendation comes with two important caveats. First, it is critical to emphasise that positive relationships within a group are a
fundamental requirement for identification with that group to act as a positive buffering system. Indeed, identification with conflictual groups (including families) may have an adverse effect, that is, they can serve as a social curse rather than a social cure (Sani et al., 2012). This is in line with findings by McCloskey, Figueredo, and Koss (1995), who suggest that relationships within severely dysfunctional families (involving severe violence) fail to play a protective role for children.

Second, promoting a strong identification with the family where intra-parental DV has taken place may risk normalising and perpetuating negative relationship dynamics. Strong identification promotes the uptake of norms, values and beliefs of that group (Tajfel, 1982), which can be problematic if those norms endorse DV. Further, strong identification can also result in increased commitment to the group (S. A. Haslam et al., 2006); this sense of loyalty could work as a barrier against the young/people disclosing DV. It is therefore important that these factors are taken into account when promoting the development of strong identification.

It is also of note that the thesis findings indicated that Family Law Judges prioritise contact with both parents, regardless of whether a parent was a perpetrator of DV or not. Given the caveats discussed above, intervention programs, child protective system and in particular family law systems need to guard against encouraging the continued development of adversarial relationships. For example, contact should not be prioritised where there is a conflictual relationship between the child and parent, or where there is a possibility that a parent may use the child as a mechanism through which to continue the DV (Bancroft et al., 2011).
The thesis findings indicate that the occurrence of extreme physical incidents of DV may give rise to the young people’s visibility to services providers, while those who are exposed to only the psychological dimension may remain invisible. This is important, as findings also suggest that it is exposure to psychological DV that places young people most at risk in terms of their wellbeing. Indeed, our findings indicate that young people who are exposed to low levels of physical DV but high levels of psychological DV are arguably the most in need of intervention. It is therefore essential that this specific population is not excluded by systems which prioritise exposure to physical DV in their risk assessments. My thesis findings, therefore, have substantive implications not only for family law systems, but also social policy and service providers, and in particular, those who tend to prioritise exposure to the physical dimension over the psychological dimension of DV in assessments of risk.

However, it is important to note that the relationship between exposure to psychological DV and reduced wellbeing may be more pronounced for older children and/or young people, than a younger child population. The general DV literature suggests that the experiencing of psychological DV can have long lasting effects for adult (female) victims (Kelly, 2004). I therefore suggest that the impact of exposure to psychological DV may also have a more lasting effect on children than exposure to physical DV. It is therefore probable that exposure to physical DV may have a more immediate but not as long lasting an impact on children’s wellbeing. Further research is needed in this area; however, it is also an important point for intervention/prevention and mental health programs to be cognisant of.
Further, the young participants in this thesis study were all third level students. The current findings highlight the necessity for student services, including counselling services, to be aware of the impact that growing up in a home affected by DV can continue to have on their students. It is of particular importance that the young people’s voices are heard and their experiences validated, so that they can be facilitated in making sense of their experiences. Building an awareness of the dynamic of DV and in particular the nature of psychological DV, may aid in the young people’s reframing of their experiences of exposure to DV. Further, third level education is a time of high risk for students to adopt risky behaviours (Smith et al., 2011). Intervention at this point may, therefore, go beyond promoting recovery and resilience, to have the added value of enabling these young people on the bridge of adulthood to adopt healthy behaviours, and indeed cognitive, emotional and relational functioning so that they can achieve success in their adult lives. Consistent with this argument, Howell et al. (2015) suggest that this is an important area for policy in the context of higher education. This implication for policy is of particular importance given the pervasive nature of DV.

At a micro level, analysis of young people’s talk identified how they are impacted by societal discourses. Additionally, at a macro level, analysis of Family Law Judges’ talk was also influenced by socio-culture discourses on the importance of the nuclear family regardless of the occurrence of DV within that family. These are the people who make decisions that may have a fundamental impact on children. When those in positions of power (e.g., Judges) normalise DV and minimise its relevance for children, it is not surprising that young people themselves are confused and unsure if the occurrence of psychological DV warrants external intervention.
A lack of awareness of the dynamics of psychological DV can lead to a misunderstanding or ‘fuzziness’ around its occurrence, and the devastating consequences it may have on the children and young people who live in homes affected by DV. In totality, therefore, our findings emphasise the need for the education of the judiciary on the dynamics of DV, in particular, the damaging impact of the psychological dimension. This is of particular importance as (a) DV tends to happen behind closed doors (Miller et al., 2015), (b) the adversary system within the Irish family law system places substantial weight on concrete evidence which is more likely to exist for physical DV as opposed to ‘hear say’ evidence consistent with psychological DV (Shannon, 2010).

Awareness campaigns all too often rely on visual images of battered women to represent DV, while the media also have a tendency to sensationalise physical DV. We suggest that this may feed not only the societal construction of a violent model of DV, which places the focus on acute incidences of physical DV (Stark, 2007), but also works to normalise the chronic occurrence of psychological DV, considered the hallmark of DV by researchers. The move by service providers to refer to DV as domestic abuse (DA) is a step in the right direction, as this is intended to incorporate more than just physical violence. However, it is also important that those who influence societal discourses for example media, public and religious representatives, are educated of the significance of exposure to intra-parental psychological as well as physical DV.
Method and Topic Limitations

This thesis presents integrated findings with triangulation between both quantitative and qualitative methodologies. However, longitudinal and/or experimental data are seen as a requirement to determine causality, and as a cross-sectional design is said to impede a conclusive causal interpretation, our thesis findings should be considered exploratory. The cross-sectional design prevents the inference that exposure to DV has a causal effect on the wellbeing of young people. However, taken in conjunction with previous research, including longitudinal studies on the impact of exposure to DV (see Vu et al., 2016), previous cross-sectional studies on the protective role of family (e.g., Owen et al., 2009), and the social identity and health literature (Jetten et al., 2012), our study provides compelling support regarding the importance of strong identification with family in driving improved psychological outcomes for young people who grow up in homes affected by DV.

Further, young people who have attained the degree of academic success necessary to meet university entry requirements may present differently to those who have not. Additionally, as the young people in this thesis project were all students in a third level university that is predominantly white Catholic, the lack of diversity within the thesis participants may also create a barrier to the generalisability of the findings. It should also be noted that Irish society places great emphasis on family (Shannon, 2010). Therefore, findings (particularly those relating to the protective role of strong family identity) may vary in less family-oriented cultures, or indeed more individualist focused societies.
Child Exposure to Domestic Violence

Although a discursive psychological approach was appropriate in the analysis on understanding of exposure to DV, a complex, multifaceted phenomena, it is not without its limitations. My analyses were dependent on both the young people’s and Family Law Judges’ perceptions of events in the context of an interview. Young people’s versions of reality may differ considerably from their parents’ versions of their reality. However, this is arguably a strength, because as previous research highlights (Grych, 2000) and as I have argued throughout this thesis, it is young people’s appraisal of intra-parental DV that impacts on their wellbeing.

The current findings also highlight that child exposure to DV is not a unidimensional construct. However, to demonstrate this, it was necessary to focus on the variable of child exposure to DV, to the exclusion of other forms of childhood adversity. It is important to note that there is a high comorbidity between exposure to DV and direct child maltreatment (Herrenkohl et al., 2008). As such, children may be exposed to many forms of violence and abuse (Haselschwerdt et al., 2016; Margolin, et al., 2010) all of which may affect the young person’s wellbeing. A focus solely on child exposure to DV, although necessary for the objectives of the current thesis, may have neglected some of this context.

There are also many questions surrounding the validity of self-report measures of adverse childhood events within cross-sectional data (Widom et al., 2004) and the direction of the relationship. For example, individuals with low psychological wellbeing may be more likely to reflect on their childhood experiences in a more negative light (Horwitz et al., 2001). However, a strength of the current study was the
corroboration of findings across both quantitative and qualitative methodologies, and the consistency of the findings with previous studies (Cater et al., 2015).

**Future directions**

Our findings evidence that there are two distinct dimensions of exposure to DV as experienced by young people, and suggest that it is exposure to psychological DV that is most deleterious for the wellbeing of these young people. Taken with Vu et al.’s (2016) findings that internalising problems (e.g., depression and anxiety) increases with age, our findings highlight the need for future research to verify the impact of exposure to both physical and psychological DV across development stages. Indeed, the current findings point to the need for future research to investigate if and when the impact of exposure to both dimensions of DV changes over the life span. In particular, research that investigates the long lasting impact of exposure to both dimensions of DV is warranted.

Further, in line with previous research (Jouriles & McDonald, 2000), this thesis highlights the importance of the young people’s appraisals of their exposure to DVA to their wellbeing. However, despite literature which establishes the impact of affective responses to cognitive appraisals in the evaluation of risk (Loewenstein, Weber, Hsee, & Welch, 2001) and stress (Lazarus, 1982), the limited child exposure research on threat appraisal has tended to focus on cognitive appraisals of such threat (Fosco, DeBoard, & Grych, 2007; for an exception see DeBoard-Lucas & Grych, 2011). I argue this is insufficient and must be extended to include children’s/young people’s affective and physiological responses to exposure.
For example, as young people may have experienced cumulative exposure to intra-parental DVA (Vu et al., 2016), I suggest that depending on the young person’s previous experiences, it is feasible that certain relatively benign behaviours (for example a look, or a word) by a parent who is a perpetrator of DVA, may act as a trigger to the young person. While this hyper-vigilance can be considered adaptive (Bancroft et al., 2011), such triggers may also result in repeated physiological and affective arousal. Indeed, repeated over-arousal has been linked to long term negative consequences for wellbeing (Marigol & Vickerman, 2011). Such apparently benign events (triggers) are not currently captured by child exposure to DVA instruments. Current instruments tend to focus on frequency and severity of DVA events and not affective or cognitive responses. Therefore, to obtain a more comprehensive picture, future research of the interaction between different aspects of responses to exposure to DVA may help increase our understanding in this complex area. Such aspects would include affective reactions (fear/horror), cognitive reactions (helplessness) and behavioural reactions (avoidance). Moreover, it would be beneficial to investigate the young person’s response at a physiological level, for example by investigating levels of stress reactivity (cortisol, immune response) associated with exposure to parental DVA.

Despite the limitations discussed previously, the current findings do provide strong evidence as to the protective role of strong identification with family for young people who grew up in homes affected by DV. As these findings have important implications for social policy, they strongly indicate the need for future research to systematically investigate the protective effect of strong family identification across the life span. It is
also important that future longitudinal research accounts for the impact of co-existing childhood adversities and cumulative trauma.

Valuable insight may also be gleaned from research that explores how, over time, identification with the family is developed and changed in the context of exposure to DV. However it should be noted that strong identification with the family may promote a strong sense of loyalty to the family group (Tajfel, 1982). This in turn may act as a barrier to disclosure. It is therefore essential that this possibility is also explored. Taking this into account research that includes an in-depth investigation of how strong family identity may influence factors or processes conceptualised in the resilience portfolio model (Grych et al., 2015) is also warranted. An important understanding of the processes of coping, recovery and resilience building can be gained from investigating which of these attributes (self-concept, self-esteem, sense of belonging, meaning, access to social support), or indeed which combination of attributes, may foster increased wellbeing and adaptive functioning in the context of exposure to DV.

Further my thesis findings have clearly demonstrated the valuable insights that the application of a socio-psychological approach can bring to our understanding of the impact of exposure to DV. I would suggest that valuable insights can also be gained from future research which applies a social identity perspective to the broader DV literature.

On a final note, the domestic violence and abuse literature is marred by the abundance of terminology used to capture the same phenomenon. This indeed has even been problematic within the current thesis. An article which systematizes both the
Child Exposure to Domestic Violence

terminology and the meaning of the terms used around violence and abuse may provide consistency going forward. This would help add clarity to not only the child exposure literature but also the domestic violence and abuse literature in general.

**Contribution to knowledge**

The current thesis aimed to address current gaps in the child exposure literature. As outlined throughout this general discussion, the current thesis contributes to knowledge as my findings (a) increased our understanding as to why there are established differences in findings, both between and within previous studies, and (b) evidenced how DV is constructed, therefore reflecting how DV is understood, within both micro- and macrosystems. To this end, the thesis research is based on two discrete populations which can be considered understudied in these specific areas: (a) Young people, both in terms of the impact of exposure to DV on wellbeing and also the psychosocial factors that may protect and promote recovery subsequent to their exposure to DV, and (b) Family Law Judges, regarding how they construct through interviews, the relevance of exposure to DV for children.

I also applied and illustrated the importance of a theoretical perspective that is not normally applied to this topic. As such, I demonstrated how a social identity approach can aid our understanding of the underlying processes which explain the relationship between child exposure to DV and wellbeing in young people. Indeed, I evidenced how group processes can impact at an individual level to function as a buffering system for this vulnerable population. This thesis research has therefore provided valuable insights, which inform both the child exposure literature, and policy and practice.

The thesis findings also evidence two distinct yet interrelated dimensions of child exposure to DV as experienced by young people, thereby building on previous
qualitative research in this area (Callaghan et al., 2015; Izaguirre & Cater, 2016; Øverlien, 2013). I showed that it is exposure to the psychological dimension which was most deleterious to the wellbeing of young people, rather than physical DV as might be expected. As such, the thesis findings contribute to not only the current academic debate on the conceptualization of child exposure, but also to societal discussions on DV in general as to the significance of coercive control. Further, and significantly, my findings demonstrated that the occurrence of extreme physical incidents of DV resulted in increased visibility for young people, both in terms of their ability to recognise and name DV, but also their ability to access and harvest social support.

Additionally, given the secrecy that surrounds DV, I demonstrated how applying a discursive psychological perspective provided increased insights to aid our understanding of this stigmatised phenomenon. Specifically, an analysis of interview data at both a micro and macro level (involving young people themselves, and family law judges) resulted in the unearthing of implicit values and beliefs and norms around DV across societal groups. On the one hand, young people adopted socio-cultural discourse that framed a violence model of DV, and this restricted their ability to name psychological DV as DV, which in turn had a direct impact on their wellbeing. On the other hand, Family Law Judges constructed exposure to DV as irreverent to their child custody and access decisions, which in turn may have an indirect impact on young people’s wellbeing.

**Final Summary**

The current thesis has provided triangulated findings that evidence that family can move beyond being considered solely problematic to being part of the solution.
Child Exposure to Domestic Violence

Significantly, I evidenced that which dimension of DV occurred in their homes was important for the wellbeing of young people. Exposure to the psychological dimension contributed to reductions in wellbeing, whereas the co-occurrence of high levels of exposure to the physical dimension facilitated access to social support.

I have also highlighted the importance of societal discourses on DV and the need to build awareness on the dynamics of psychological DV and the long lasting impact of exposure to intra-parental psychological DV. In this final section of my thesis, I have outlined the valuable contribution that my thesis research has made to the literature and its important contribution to inform policy and practice.
Child Exposure to Domestic Violence

References


Child Exposure to Domestic Violence


http://readtogether.uncc.edu/hdf/facultystaff/Tudge/Bronfenbrenner%201999.pdf


Child Exposure to Domestic Violence


Child Exposure to Domestic Violence


10.1177/1558689808316807

158
Child Exposure to Domestic Violence


159
Child Exposure to Domestic Violence


Child Exposure to Domestic Violence


161
Child Exposure to Domestic Violence


Child Exposure to Domestic Violence


Child Exposure to Domestic Violence

efficacy trial. *Journal of consulting and clinical psychology, 75*(2), 199. doi: 10.1037/0022-006X.75.2.199


Child Exposure to Domestic Violence


Child Exposure to Domestic Violence


Child Exposure to Domestic Violence


167
Child Exposure to Domestic Violence


Child Exposure to Domestic Violence

Retrieved from: http://www.personal.psu.edu/faculty/m/p/mpj/boothfinal2.htm


Child Exposure to Domestic Violence

practice implications. *Violence and victims*, 23(2), 221-235. doi: 10.1891/0886-6708.23.2.221


Child Exposure to Domestic Violence


Child Exposure to Domestic Violence


Child Exposure to Domestic Violence


McMullen, L. M. (2012). Discourses of influence and autonomy in physicians’ accounts of treatment decision making for depression. *Qualitative health research, 22*(2), 238-249. doi: 0.1177/1049732311420738


Child Exposure to Domestic Violence


Child Exposure to Domestic Violence


Child Exposure to Domestic Violence


Child Exposure to Domestic Violence


Child Exposure to Domestic Violence


Talbot, K., & Quayle, M. (2010). The perils of being a nice guy: Contextual variation in five young women’s constructions of acceptable hegemonic and alternative masculinities. *Men and Masculinities, 13*(2), 255-278. doi: 0.1177/1097184X09350408


Child Exposure to Domestic Violence


Towns, A. J., & Adams, P. J. (2015). “I didn’t know whether I was right or wrong or just bewildered” ambiguity, responsibility, and silencing women’s talk of men’s domestic violence. *Violence against women, 22*(4), 496-520. doi: 1077801215605918


180
Child Exposure to Domestic Violence


Widom, C. S., Raphael, K. G., & DuMont, K. A. (2004). The case for prospective longitudinal studies in child maltreatment research: commentary on Dube,
Child Exposure to Domestic Violence


Appendixes

Appendix 1

Survey used for quantitative study

Part 1

1. How often the adults in your family disagree with one another
   - Never  □ Seldom  □ Sometimes  □ A lot  □ Constant
   If never go to section A

2. How often did one parent/caregiver swear, yell or scream at, threatened the other parent/caregiver or call them names (fat, stupid, idiot etc.)
   - □ Never  □ Seldom  □ Sometimes  □ A lot  □ Constant

3. How often did one parent/caregiver stop the other, or make it difficult to something they wanted to do, for example leave the house, go to the doctor, visit friends or relatives, use the phone or internet
   - □ Never  □ Seldom  □ Sometimes  □ A lot  □ Constant

4. How often did one parent/caregiver stop the other from eating or sleeping or made it difficult for them to eat or sleep
Child Exposure to Domestic Violence

☐ Never ☐ Seldom ☐ Sometimes ☐ A lot ☐ Constant

5. How often did a parent/caregiver hurt a pet in your home on purpose
   ☐ Never ☐ Seldom ☐ Sometimes ☐ A lot ☐ Constant

6. How often did a parent/caregiver broken or destroyed something on purpose for example punched a wall, threw something, smashed a picture.
   ☐ Never ☐ Seldom ☐ Sometimes ☐ A lot ☐ Constant

7. How often did one parent/caregiver physically hurt the other, for example, hit, punched, kicked, choked, shoved, pulled hair.
   ☐ Never ☐ Seldom ☐ Sometimes ☐ A lot ☐ Constant

8. How often did one parent/caregiver threatened to use a knife, gun or other object to hurt the other
   ☐ Never ☐ Seldom ☐ Sometimes ☐ A lot ☐ Constant

9. How often did one parent/caregiver actually hurt the other with a knife, gun or other object
   ☐ Never ☐ Seldom ☐ Sometimes ☐ A lot ☐ Constant

Part 2
Child Exposure to Domestic Violence

When answering the above questions

a. Can you please tick who the main perpetrator of the behaviours were?

☐ Father/stepfather

☐ Mother/stepmother

☐ Both

b. When did these behaviour last occurred?

☐ currently ongoing

☐ Occurred within the last 6 months

☐ Occurred within the last 3 year

☐ Occurred greater than last 3 year ago

c. Are your parents still living together?

☐ Yes

☐ No

D. Do you still live at home?

☐ All the time

☐ Weekends only

☐ Occasionally

☐ Never

B

Please indicate whether you agree or disagree with the following statements 185
Child Exposure to Domestic Violence

1. On the whole, I am satisfied with myself.
   - [ ] Strongly agree  [ ] Agree  [ ] Disagree  [ ] Strongly disagree

2. At times I think I am no good at all.
   - [ ] Strongly agree  [ ] Agree  [ ] Disagree  [ ] Strongly disagree

3. I feel that I have a number of good qualities.
   - [ ] Strongly agree  [ ] Agree  [ ] Disagree  [ ] Strongly disagree

4. I am able to do things as well as most other people.
   - [ ] Strongly agree  [ ] Agree  [ ] Disagree  [ ] Strongly disagree

5. I feel I do not have much to be proud of.
   - [ ] Strongly agree  [ ] Agree  [ ] Disagree  [ ] Strongly disagree

6. I certainly feel useless at times.
   - [ ] Strongly agree  [ ] Agree  [ ] Disagree  [ ] Strongly disagree

7. I feel that I'm a person of worth, at least on an equal plane with others.
   - [ ] Strongly agree  [ ] Agree  [ ] Disagree  [ ] Strongly disagree

8. I wish I could have more respect for myself.
   - [ ] Strongly agree  [ ] Agree  [ ] Disagree  [ ] Strongly disagree

9. All in all, I am inclined to feel that I am a failure.
   186
Child Exposure to Domestic Violence

☐ Strongly agree  ☐ Agree  ☐ Disagree  ☐ Strongly disagree

10. I take a positive attitude toward myself.

☐ Strongly agree  ☐ Agree  ☐ Disagree  ☐ Strongly disagree

C

Please indicate how much the following statements apply to you

1. I feel calm

☐ Not at all  ☐ A little  ☐ Somewhat  ☐ Very much so

2. I feel tense

☐ Not at all  ☐ A little  ☐ Somewhat  ☐ Very much so

3. I feel upset

☐ Not at all  ☐ A little  ☐ Somewhat  ☐ Very much so

4. I am relaxed

☐ Not at all  ☐ A little  ☐ Somewhat  ☐ Very much so

5. I feel content

☐ Not at all  ☐ A little  ☐ Somewhat  ☐ Very much so

6. I am worried.

☐ Not at all  ☐ A little  ☐ Somewhat  ☐ Very much so
How often have you recently….

1. Been able to concentrate on whatever you are doing
   - Not at all
   - A little
   - Sometimes
   - A lot

2. Lost much sleep over worry
   - Not at all
   - A little
   - Sometimes
   - A lot

3. Felt that you are playing a useful part in things
   - Not at all
   - A little
   - Sometimes
   - A lot

4. Felt capable about making decisions about things
   - Not at all
   - A little
   - Sometimes
   - A lot

5. Felt constantly under strain
   - Not at all
   - A little
   - Sometimes
   - A lot

6. Felt you couldn’t overcome difficulties
   - Not at all
   - A little
   - Sometimes
   - A lot

7. Been able to enjoy your normal day to day activities
   - Not at all
   - A little
   - Sometimes
   - A lot

8. Been able to face up to your problems
   - Not at all
   - A little
   - Sometimes
   - A lot

188
9. Been feeling unhappy and depressed
   □ Not at all   □ A little   □ Sometimes   □ A lot

10. Been losing confidence in yourself
    □ Not at all   □ A little   □ Sometimes   □ A lot

11. Been thinking about yourself as a worthless person
    □ Not at all   □ A little   □ Sometimes   □ A lot

12. Been feeling reasonably happy about things
    □ Not at all   □ A little   □ Sometimes   □ A lot
Child Exposure to Domestic Violence

1. a. Please name the people you can really count on to be dependable when you need help?:
   - No One (1) (2) (3) (4)
   b. How satisfied were you with this?
   - Very dissatisfied (☐) fairly dissatisfied (☐) a little dissatisfied (☐) a little satisfied (☐)
   - fairly satisfied (☐) very satisfied (☐)

2. a. Please name the people you can really count on help you feel relaxed when you were under pressure or tense?
   - No One (1) (2) (3) (4)
   b. How satisfied were you with this?
   - Very dissatisfied (☐) fairly dissatisfied (☐) a little dissatisfied (☐) a little satisfied (☐)
   - fairly satisfied (☐) very satisfied (☐)

3. a. Please name the people who accepts you totally, including both your best and worst points?
   - No One (1) (2) (3) (4)
   b. How satisfied were you with this?
   - Very dissatisfied (☐) fairly dissatisfied (☐) a little dissatisfied (☐) a little satisfied (☐)
   - fairly satisfied (☐) very satisfied (☐)

4. a. Please name the people you can really count on to care about you regardless what is happening to you?
Child Exposure to Domestic Violence

b. How satisfied were you with this?

☐ Very dissatisfied ☐ fairly dissatisfied ☐ a little dissatisfied ☐ a little satisfied ☐ fairly satisfied ☐ very satisfied

5. a. Please name the people you can really count on to help you feel better when you are feeling generally down in the dumps?

No One 1) 2) 3) 4)

b. How satisfied were you with this?

☐ Very dissatisfied ☐ fairly dissatisfied ☐ a little dissatisfied ☐ a little satisfied ☐ fairly satisfied ☐ very satisfied

6. a. Please name the people you can count on to console you when you are very upset?

No One 1) 2) 3) 4)

b. How satisfied were you with this?

☐ Very dissatisfied ☐ fairly dissatisfied ☐ a little dissatisfied ☐ a little satisfied ☐ fairly satisfied ☐ very satisfied
1. I see myself as a member of my family

<table>
<thead>
<tr>
<th>Totally disagree</th>
<th>Agree completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7</td>
<td></td>
</tr>
</tbody>
</table>

2. I am pleased to be a member of my family

<table>
<thead>
<tr>
<th>Totally disagree</th>
<th>Agree completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7</td>
<td></td>
</tr>
</tbody>
</table>

3. I feel strong ties with my family

<table>
<thead>
<tr>
<th>Totally disagree</th>
<th>Agree completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7</td>
<td></td>
</tr>
</tbody>
</table>

4. I identify with other members of my family

<table>
<thead>
<tr>
<th>Totally disagree</th>
<th>Agree completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7</td>
<td></td>
</tr>
</tbody>
</table>
Child Exposure to Domestic Violence

Demographics please indicate

a. You age

b. Are you

Female

Male

c. Are you in receipt of a Susi grant?
Appendix 2

_Glossary of Jefferson transcription symbols (Jefferson, 1984)_

**Int**  
Interviewer’s talk.

**Essential**  
Underlining indicates emphasis.

(2)  
Numbers in round brackets measure pauses in seconds (in this case, two 2 seconds).

(.)  
A micro pause, hear-able but too short to measure.

[…]  
Indicates that some of the data (deemed non-essential for analysis) has been removed to add clarity.

[I/]  
Added by the researcher to aid understanding.
Appendix 3.

Interview schedule for chapter 3

1. I really appreciate you giving up your time to talk to me. If you can remember taking part in the survey that we talked about earlier, can you tell me a bit about your thoughts on that survey?

2. Can you talk about your family life growing up? I am interested to hear about things like how you functioned as a family group, the role your family played in your life, and the relationships within your family.

3. a. Can you tell me what your family means to you now?
   b. What do you think are the most important things about family?

4. I am interested in your experiences of disclosure about your family background. Have you talked to anyone, either family members or people outside your family, about what was happening within your family? Can you talk a little about that?

   Probes: how easy was this to do, how you felt and what were peoples’ reactions to your disclosure?
5. Are you currently or have previously been in a relationship? Can you tell me a little about what your expectation are/were from that relationship?

Probes: what being part of a couple means to you, how you treat each other, what kind of behaviour do you think might be inappropriate but forgivable, what kind of behaviour do you think is completely unacceptable

a. When you are in a relationship it can be difficult to find time for everyone. Can you talk a little about how you divide your time between your boy/girlfriend, friends and family?

b. Relationships are to some extent about compromise. Can you talk a little about some compromises you have made within your relationship?

c. Are there any areas where you are unwilling to compromise, or behaviours that would be a no-go area or breaking point for you?
Appendix 4

Interview schedule for chapter 5

1. Can you tell me about your family law caseload specifically your private child custody and access cases and what proportion of those involve allegations of domestic violence.

2. Without identifying any specific people, can you tell me about your experiences with custody cases that has come before you that the court had already granted protection in the form of protection/safety/barring orders?

3. What about cases where there are allegations of DV, but no protection order has been granted, can you tell me a bit about these.

4. Can you tell me a little about your general impressions of the mothers and fathers who come before the court because of custody cases involving DV?

5. What are the factors which make it easy or hard to understand what is in the child’s interest?

6. These cases appear to be very complicated, do you ever consider bringing in additional outside expert advice and what form would that take?

7. If a parent tells the court that the child is refusing to see that other parent because they are afraid, how much weight would you put on this type of information?

8. We hear a lot about secure attachment, you know, how important it is for children to know both parents, how important it is for their happiness and their ability to form relationships in the future, what are your thoughts on this?
9. A lot of people think of domestic violence as solely an adult issue which does not affect the children. What are your feelings on that?

10. Are there examples that come to mind where you have recommended supervised visitation, can you tell me your reasons for deciding on this?
Child Exposure to Domestic Violence