

Children's experiences of domestic violence and abuse: Siblings' accounts of relational coping

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Jane EM Callaghan¹, Joanne H Alexander²,
Judith Sixsmith³ and Lisa C Fellin¹

¹Division of Psychology, University of Northampton, UK

²Centre for Children and Youth, University of Northampton, UK

³Institute of Health and Wellbeing, University of Northampton, UK

Abstract

This article explores how children see their relationships, particularly their sibling relationships, in families affected by domestic violence (DV) and how relationality emerges in their accounts as a resource to build an agentic sense of self. The 'voice' of children is largely absent from the DV literature, which typically portrays them as passive, damaged and relationally incompetent. Children's own understandings of their relational worlds are often overlooked, and consequently, existing models of children's social interactions give inadequate accounts of their meaning-making-in-context. Drawn from a larger study of children's experiences of DV and abuse, this article uses two case studies of sibling relationships to explore young people's use of relational resources, for coping with violence in the home. The article explores how relationality and coping intertwine in young people's accounts and disrupts the taken-for-granted assumption that children's 'premature caring' or 'parentification' is (only) pathological in children's responses to DV. This has implications for understanding young people's experiences in the present and supporting their capacity for relationship building in the future.

Keywords

Domestic violence, children, relational coping, siblings, interpersonal violence, space, relationality, family

This article explores how young people see their relationships in families affected by domestic violence (DV), and how relationality emerges in their accounts as a resource to build an agentic sense of self. In understanding children's experiences of DV, the academic literature has typically positioned children as passive 'victims' and 'witnesses', 'damaged' or impacted by the violence

Corresponding author:

Jane EM Callaghan, Division of Psychology, University of Northampton, Boughton Green Road, Northampton NN27AL, UK.

Email: jane.callaghan@northampton.ac.uk

they live with. Children who grow up in circumstances of DV are described as at risk of a range of psychosocial difficulties, including risk of mental health difficulties across the lifespan (Meltzer, Doos, Vostanis, Ford, & Goodman, 2009; Mezey, Bacchus, Bewley, & White, 2005), educational challenges (Byrne & Taylor, 2007) and interpersonal difficulties in their own future intimate relationships and friendships (Black, Sussman, & Unger, 2010; Ehrensaft et al., 2003; Siegel, 2013). They are also more at risk of both bullying and being bullied (Baldry, 2003; Lepistö, Luukkaala, & Paavilainen, 2011) and are vulnerable to a range of other possible abuses across their lifespan (Finkelhor, Ormrod, & Turner, 2007; Turner, Finkelhor, & Ormrod, 2010). They are represented as having more 'concrete' styles of relating and reduced emotional competence (Katz, Hessler, & Annett, 2007; Katz & Windecker-Nelson, 2006). Recently, literature has suggested that not only are children impacted psychosocially, but that the lasting traumatic impact of witnessing violence also raises children's risk of neurological difficulties as a consequence of the severe stress associated with these incidents (Anda et al., 2006; Choi, Jeong, Polcari, Rohan, & Teicher, 2012; Koenen, Moffitt, Caspi, Taylor, & Purcell, 2003). While recognising the importance of understanding the negative impact in supporting children and in demanding appropriate services for children affected by DV, we also argue that this only tells a partial story. Focusing only on the production of discourses of damage produces an account of these childhoods as almost inevitably damaged, obscuring possible resources for resilience, healing and recovery.

The limited literature on DV that does focus on resilience is largely quantitative (neglecting an articulation of personal meaning and context) and emphasises resilience as a property of individuals (e.g. cognitive ability, social skills) or as facilitated/produced by adults (e.g. mothers, educators) (e.g. Gewirtz & Edleson, 2007; Howell, 2011; Martinez-Torteya, Anne Bogat, von Eye, & Levendosky, 2009). Much of this literature is focused primarily on mother-child relationships (Katz, 2015), arguing that mothers' own coping mediates children's capacity to be resilient (Conde-Agudelo, Belizán, & Lammers, 2005; Flach et al., 2011; Whitaker, Orzol, & Kahn, 2006). This literature generally implies that children are resilient when their mothers are resilient and that if children experience negative impacts from DV, it is largely a consequence of compromised mothering (damaged by violence and abuse histories) (e.g. Wekerle et al., 2009) or of mothers' mental health or addiction-related difficulties (e.g. Levendosky, Leahy, Bogat, Davidson, & von Eye, 2006). Much of this literature is quite mother blaming, emphasising the role of competent versus deficient mothering in the production of children's mental health outcomes, obscuring the role of perpetrator violence in the production of both mothers' and children's distress (Callaghan, 2015). A small number of qualitative studies have highlighted the importance of children's experiences (Callaghan et al., 2015; Houghton, 2015; Mullender et al., 2003; Øverlien, 2011; Øverlien & Hydén, 2009; Swanston, Bowyer, & Vetere, 2014), but most literature neglects an in-depth engagement with young people's voices. The use of quantitative measures and a trend towards the reliance on adult completed questionnaires means that the voices of children are not represented in a body of literature that purports to be about them. Furthermore, quantitative and adult completed questionnaires cannot easily capture the complexity of embodied relationships, particularly those affected by DV. The relational and intersubjective context within which children's responses to DV are played out is consequently under-theorised.

The most frequent relationships considered in the DV literature on children are either future romantic relationships (Black et al., 2010; Ehrensaft et al., 2003; Siegel, 2013; Sims, Dodd, & Tejada, 2008) or relationships between children and their mothers (Dollberg, Feldman, Tyano, & Keren, 2013; Flach et al., 2011; Katz, 2015; McManus, Belton, Barnard, Cotmore, & Taylor, 2013; Swanston et al., 2014). Children's lived experiences of relationships are largely overlooked, as they are seen as passive recipients of other people's relational actions, rather than as actively involved in relationships themselves. Similarly, despite the well-established relevance of sibling

relationships for both individual and family experience and development (Buist, Deković, & Prinzie, 2013; Feinberg, Solmeyer, & McHale, 2012; Pike, Coldwell, & Dunn, 2005), few studies explore sibling relationships in the context of DV (Piotrowski, 2011; Piotrowski, Taylor, & Cormier, 2014), particularly using a qualitative approach (Waddell, Pepler, & Moore, 2001). This is particularly surprising if we consider that most families experiencing DV have more than one child and that sibling relations can play a crucial role as either risk factors and protective factors in each other's unique developmental trajectories, wellbeing and adjustment (Gass, Jenkins, & Dunn, 2007; Pike et al., 2005). Siblings' varying perceptions and reactions to stressful family events are often reduced to individual differences between them (e.g. birth order, age and gender, length of exposure), and psychological accounts rarely investigate and grasp their personal and highly contextual lived experience of sibling relationships (Pike et al., 2005; Piotrowski et al., 2014). Sibling relationships are often only explored in the DV literature with regard to sibling violence (Khan & Rogers, 2015; Pinel-Jacquemin, Cheron, Favart, Dayan, & Scelles, 2012; Sims et al., 2008), which is often understood as emotional and behavioural 'spillover' from the parental to the sibling subsystem (Pike et al., 2005) or the older sibling to the younger one (Piotrowski et al., 2014). Children who experience DV are known to take on strong caring relationships in the family, and these caring relationships with other family members are typically problematised as 'parentification' in the DV literature (Goldblatt, 2003; Holt, Buckley, & Whelan, 2008; Katz, 2015; Mullender et al., 2003). Children's caring is typically described as a premature adult role that 'robs' children of their sense of childhood. This representation of caring relies heavily on constructs of normative childhood (Burman, 2008) that position alternative roles for children as necessarily problematic. This notion has been challenged, for instance, in literature on child carers (O'Dell, Crafter, de Abreu, & Cline, 2010). A reliance on normative constructions of childhood obscures the complexity of relationships in which children cope with and manage the impact of violence and underestimates the role of relational coping (Banyard & Graham-Bermann, 1993; Fine, 1992) in children's responses to violence.

The complexity of children's relational worlds, and their meaning-making within those relational worlds, is neglected in the literature on children's experiences of DV, and young people's understanding of their relationships is barely considered. Dryden, Doherty, and Nicolson (2010) highlight the importance of understanding the 'complex and subtle differences in children's sense making in order to avoid an oversimplified or deterministic approach to understanding impact' (p. 192). Research and practice must attend to social and relational trajectories in children's account to understand the complexity of their responses to violence and the subtleties of their relational functioning in relation to that violence. Our focus on relational aspects of children's experiences of DV involves attending to the intersubjective spaces of children's lives. We draw on a model of subjectivity that understands the self as socially and spatially constituted. The notion of relationality suggests that subjectivity is constituted and renegotiated within social and cultural interactions and that these are necessarily embodied and spatial interactions (Blackman, 2008; Venn, 2010). In other words, a relational lens suggests that human beings are always-already relational, always-already-embodied, and that our subjectivities are constructed in socio-spatial interactions. Human subjectivity is seen as articulated with others, interactionally (Ugazio, 2013). For example, this model of the self would suggest that children are not 'parented' – they are not passive recipients of parenting behaviours. Rather they are in relationship with their parents, actively co-constituting these relationships bi-directionally (Burman, 2008), triadically and polyadically (Fivaz-Depeursinge & Philipp, 2014). Furthermore, these relationships with parents, siblings and other carers are constituted within space and time (Alexander et al., 2016), and within multiple, intertwining cultural contexts, all of which are constitutive of the self-hood of the child. The children and the family cannot exist other than as a 'co-positioning' of individuals in a given socio-cultural

context, and cannot be understood outside the complementary relations in which they are embedded. Through these inevitable (and primarily tacit, embodied) positionings, family members anchor their lived experience, in relationship with one another (Ugazio, 2013). However, these familial positionings are contextual and located, and therefore fluid in nature.

This article considers how children understand and construct their sibling relationships, in families affected by DV. It explores children's use of relationalities to produce spaces in which they feel in control, capable and have a sense of agency. Using two case studies, it outlines the importance of the sibling relationship as a resource for coping with violence in the family and articulates some of the complexity and social locatedness of children's experiences of relationality in situations of DV.

Method

The project 'Understanding Agency and Resistance Strategies' centres on semi-structured interviews with 110 children, exploring their experience of DV. To enable a detailed consideration of the complexity of relational processes in the context of families affected by DV, this article takes an exploratory case study approach (Yin, 2014), to explore in detail the role of three participants' stories of their sibling relationships. Two case studies were drawn from the larger set of interviews – one with two brothers (Paul, 9 years, and George, 11 years¹), and one focused on a brother–sister dyad (Rachel's, 11 years, account of her relationship with her brother Marcus, 7 years).²

Interviews were analysed using Denzin's (2001) *Interpretive Interactionism*, a method that focuses on the construction of personal experience within social and political contexts. This method enabled researchers to consider the interface of the personal and the social in participants' life stories, allowing us to explore how young people live with and cope with the often socially stigmatised experience of violence in the family. Transcripts were coded independently by two members of the research team, and codes were then shared and discussed to facilitate refinement of the coding system. Codes were then classified, re-ordered and categories were produced to enable increasing interpretive abstraction. Finally, the various transcripts were considered together to contextualise the accounts, exploring how meanings and experiences were constituted across different children's accounts. Caring for siblings was one form of caring relationship described in the interviews we conducted and was conceptualised in our analysis as an element of a broader theme around relational management. Our analysis suggests that children actively managed their multiple relationships with others within and outside the family in ways that enabled them to be agentic and to build a more resistant and resilient sense of self.

The two case studies presented here were chosen from the larger data set because they were typical of the kinds of accounts children gave of their sibling relationships, but in these two interviews, the descriptions of the sibling relationships were particularly detailed, rich and elaborated. Caring was an important theme across the interview set. Caring for siblings was one form of relational coping within the data set, but was one that was very regularly occurring in the interviews.

The research was designed with safeguarding of children in mind. Children were interviewed if they had left situations of DV and were assessed by professionals working with the families to be living in safe circumstances (Morris, Hegarty, & Humphreys, 2012). Prior to arranging interview, the aim of the project and the ethical rights and protections were explained to participants and their non-violent parent at an initial meeting with the interviewer, and interviewers ensured children were aware of the kinds of questions they would be asked. Interviews were structured to take into account children's developmental level, and the interviewers were flexible in their interactions and adapted phrasing, the form of questions and style of interaction to the needs of the young person in

each interview (Pascal & Bertram, 2009). To protect anonymity, all identifying information (names, place names, etc.) and case-specific information were changed at the time of transcription.

Analysis and discussion

In our interviews with children, caring for others emerged as a frequent theme. While the interviews had not explicitly focused on relationships, or on caring, looking after people was something children spoke about a lot, as they narrated to us the ways they coped with DV. The case study analysis highlights children's experiences of their relationships with their siblings and the way these relationships functioned in relation to their broader experiences of living with and coping with violence. These relationships functioned in a complex and at times paradoxical way: on one hand, children sometimes experienced caring for their siblings as burdensome, or their caring role seemed to overwhelm their capacity to express their own needs and have those needs met; on the other hand, their positioning as 'carer' facilitated the construction of a more empowered and agentic sense of self.

Case study 1 – Rachel and Marcus

At the time of interview, siblings Rachel (11 years) and Marcus (7 years) had been living in a women's refuge for 6 months with their mother, after fleeing the children's father, who had been physically violent and emotionally abusive. Because of their relocation, they had moved away from extended family and Rachel and Marcus had to start new schools. Through the course of her interview, Rachel's relationship with Marcus emerges as a key focus for her. She positions herself as his carer and protector, a role which seems to offer her a sense of control and value in her often chaotic family.

Sister as mother? Caring relationships. A key feature of Rachel's story of living with DV centred on her description of her strong care-giving relationship with her brother Marcus. In this relationship, she positions herself primarily as nurturing and maternal, describing how she would help Marcus feel safe when there were aggressive interactions in the home. In the extract below, she tells the interviewer how she would build a tent formed out of Marcus' cabin bed, a den to which they would retreat together when family life became fraught:

We were trying not to think about it, we just like, my brother would think of a game and we'd just start playing it under there, we'd get out some of his toys and stuff like that but we'd still hear the shouting, like at some points when the shouting got really loud my brother would just like pause for a minute and look at me ((mimics frightened look)), I'd be like, 'It's OK, it's OK', cause sometimes he'd just like freak out and stuff like that, he'd be quite scared about what was going on cause he was, probably scared if someone was going to get hurt . . . You could see like he was going to start crying or something and you'd just try and like, try and get on with the game quite quickly, ((umm)) just try and like carry on playing, make the game like amusing and stuff so he could try and forget about it.

Rachel describes how she produces a safe space for her and her brother to retreat to, and comforts Marcus when he is afraid. She presents herself as carer, shield and protector. Her focus is not on managing her own fear, but rather on reducing his. Her caring role affords her a particular kind of strength, built up in relation to his apparent need for protection. She manages his emotions through active interventions – reassurance, distraction, humour. While her own need to be calmed or reassured is not directly acknowledged, nonetheless it is clear that, in soothing her brother, she is also able to manage her own emotional reactions to the violence she hears. In this sense, coping

is managed relationally (Banyard & Graham-Bermann, 1993). In focusing on his needs, she is able to produce a safe space for them both.

Rachel's protectiveness extends beyond talk, to active monitoring and protection:

It was on a Friday and my mum was going to go out with her friends . . . and my dad didn't like it when my mum went out so he was like trying to stop her and all of a sudden I heard this screaming and I thought for a minute, should I go down there? And then I realised that my brother was down there, so ((umm)) I went to go and run down there but then I saw my mum and my brother walking up stairs and my dad had squirted ketchup all over them and he'd ruined all their clothes and everything, my brother was covered in it ((umm)) and basically my brother was crying, I took my brother into the bathroom while my mum went into the bedroom, my mum got herself cleaned up and I put my brother in the shower ((umm)) ((.)) and I like sorted it out.

Rachel expresses considerable power in her capacity to (as she phrases it) 'sort it out'. Caring for her brother enables her to position herself, not as a passive recipient of abusive family interactions but as a powerful agent, able to make judgements and take responsibility for the sake of her brother. She describes her fear and her concern about whether she should leave her place of safety (presumably to care for her mother), but it is only when she realises her brother is downstairs that she mobilises, shifting from monitoring to action. Her positioning of herself as an agent who is able to make a difference is signalled by strong statements in a first person, pro-active and agentic voice, underscored by the repetitions of 'I' – 'I took my brother', 'I put my brother in the shower' and 'I sorted it out'. Far from the passive, damaged victim described in pathologising DV literature, Rachel positions herself as an action taker. Her ability to take action is framed by a socially authorised, feminised care-giving role as sister–mother, through which she carves out a positive and powerful self-identity as responsible care-taker and active problem solver.

Throughout our interviews, the narratives of children who had lived with DV routinely contested normative notions of childhood. Here, Rachel experiences a sense of competence and mastery ('I sorted it out'), which suggests that taking on of an adult role might be a source of pride and positive self-identity, in a set of family relationships that are often disempowering. However, this sense of strength is only a part of the story, and it is important not to idealise the place of these care-giving roles. They are paradoxical in nature. On one hand, they position children as powerful and capable agents in their own lives. On the other, such adult roles can be overwhelming, painful and confusing. In this extract, Rachel is able to use her quasi-parental role as Marcus' carer to intervene in the violence and the arguments:

He used to be like standing in the corner shaking or crying or something ((umm)) so I'd like grab his hand and he'd be screaming and I'd just like run and take him upstairs and then I used to like, not so I'd get hurt but try and stop the row, like try and tell them like, 'Stop it, Marcus is really upset', and stuff like that and they'd stop but like as soon as I went back upstairs it just started all over again.

This care-giving intervention required that Rachel monitor the situation, evaluate the risk to herself and take decisive action to protect her brother and to halt the argument. She does not tell her parents to stop because *she* is upset, but in her (gendered) role as quasi-mother, she asserts this on behalf of her brother. By positioning herself as adult-like, she invites the adults to behave like adults and consider the impact on Marcus, the little one. This represents a sophisticated use of emotional competence to draw on the sympathies of her parents to protect her brother, rather than herself. She also recognises the emotional leverage that the smaller child has in this situation and uses this knowledge to gain a solution. This can be considered as an emotionally competent intervention, one that is at odds with the DV literature that suggests children who experience DV *lack*

emotional competence (Katz et al., 2007; Katz & Windecker-Nelson, 2006). However, her self-positioning is not straightforwardly powerful; it is complex and emotionally costly:

((erm)) I felt that, ((.)) I don't really know a word to describe it really ((umm)) for them, for me to have to tell them to stop and them not stopping themselves, it was quite like, ((.)) I don't really know a word to say it ((erm)) ((.))

The extra-normative nature of her experience here is evident in the trailing off of her explanation; there is no word for the feeling a child has when they have to intervene to stop parental violence. This experience echoes research on child carers in other contexts, that the intensity of these caring relationships, combined with a sense of social isolation or difference, can result in 'tensions and contradictory feelings that may be difficult to manage' (Evans & Thomas, 2009, p. 111). Rachel's ability to articulate breaks down, and she lacks the language to talk about an experience that sits so far beyond our taken-for-granted assumptions about normal childhood.

Caring relationships: are you ok? Care-giving was also a strong feature of Rachel's account of other relationships, particularly her relationship with her mother. For instance, after describing an aggressive interaction with her father (post-separation), Rachel explains,

It was kind of scary really, my brother didn't see it so he was OK, he was just walking around talking to my dad while I was texting my mum. She said she was 'OK' and everything and I wanted to go back home and stuff 'cause I was scared that like something was going to happen to us ((umm)) but when we got back ((umm)), I remember saying to my mum, 'Are you OK?', and, 'What happened?' and stuff like that. She said, 'I'm fine, ((erm)) nothing major happened', and stuff like that but I didn't really want her to worry and know that I had seen it all and stuff like that.

Despite her own upset about the scene she had just witnessed, Rachel positions herself as primarily concerned about others' wellbeing and safety. Having established that her brother is 'OK', her concern is to contact her mother to establish that she is 'OK'. The interaction is typical of many of children's descriptions of their care-taking for their parents or others in their families. There is a clear adult tone in the way she describes the interaction, as she moves to care-take her mother and to try to establish the details of the interaction with the father. In turn, her mother 'care-takes' back, suggesting 'nothing major happened'. An interesting aspect of this narrative is the way Rachel hides her knowledge of the event in order to protect her mother, who, in turn, is trying to protect her.

In taking an adult role, Rachel is, it could be argued, reiterating traditional feminised care-taking, doing the 'emotional labour' for the family (Hochschild, 1979). While care-taking is often pathologised in child survivors of DV as a problematic premature role (Goldblatt, 2003; Holt et al., 2008; Katz, 2015; Mullender et al., 2003), Rachel's case also illustrates its relational benefit, validating her *capacity to care*, and her sense of relative emotional maturity. She sees herself as playing an important part in her mother's life, as protector, confidante and care-giver. It is also worth noting that texting her mother was a secret and subversive act: she was texting without her father's knowledge, subverting his control over her by maintaining her emotional connection to her mother. In that sense, her caring relationship with her mother provides her with the resources to offer a resistant gesture of defiance.

The phrase 'Are you ok' is a repetitive trope across Rachel's interview, a form of emotional work she engages in to monitor those she cares about and to maintain a sense of emotional connectedness. For example, she describes what happened in the family on the occasions her father was arrested and taken away by the police:

((umm)) Mostly after he'd been taken away it was just silent, no one really spoke to each other . . . Me and my brother just sat watching TV ((umm)) while my mum was upstairs and we wouldn't talk to each other for about 20 minutes till like someone would say something like, 'Are you OK?' or something, ((.)) and then everything would be all right again ((umm)) ((.)) (Rachel)

The family finds it hard to articulate the impact of the abuse, and the phrase 'Are you OK?' does not really require much response; rather it is a way of checking in, an invitation to speak. Mother, brother and sister all know that no one will actually talk about what has happened, but 'Are you OK' serves as code for and an acknowledgement of the emotional rawness that they share – a recognition that no one is really 'OK'. It is a highly skilled strategy that simultaneously enables an acknowledgement of what they have just gone through, maintaining emotional connectedness and care, while avoiding explicit discussion of the violence they have experienced and its impact. In this sense, it papers over the violent rupture of their father's behaviour and his removal from the home and enables a restoration of some sense of 'normal', however tenuous, in the family home. Rachel says,

'cause you wouldn't want to like ((.)) when it was all silent you wouldn't want to say something what might make your mum or your brother upset, that's what it was like, you don't really want to say something that you shouldn't.

Learning not to speak becomes an important and paradoxical form of emotional management and work. Rachel does not want to unsettle the tenuous calm that the family has reached, by talking about what has upset her. She learns not to speak directly about the experience which is both expressed and silenced through the formulaic 'Are you OK?', 'I'm OK' trope. While the DV literature suggests that children who have experienced violence are less able to manage emotional situations or to understand the emotional needs of other people and respond accordingly (Katz et al., 2007; Katz & Windecker-Nelson, 2006), our interviews offer a more complex picture. While Rachel's emotional expression may well be constrained by the lived experiences of abusive control, nonetheless she does complex and skilled emotional labour in her personal relationships, echoing feminised notions of women as emotionally literate nurturers of personal relationships (Hochschild, 1979). Understanding the complexity of her response is, perhaps, more important than simply describing her as 'less competent'.

Across the data set, children reflected on similar instances of keeping quiet and carefully managing what they said to others. The management of verbal articulation functioned to preserve a veil of silence around the family context of violence, thereby reducing the risk of emotional and physical harm to children and their families which could be a consequence of disclosing violence. This 'silence' extended beyond the family home and carried through into every area of the children's lives, including their education. In reading silence as an inability to communicate, as a sign of social or emotional incompetence (occurring as a result of the trauma of violence), is to misinterpret an important and effective coping strategy and render children open to labelling, disempowerment and further disadvantage.

What about me...? The disappearing care-giver. The emotional care work Rachel does for her family does not come without a cost and is not straightforwardly or unproblematically empowering for her: Rachel's emotional labour masks her own needs. She moderates her reactions to protect Marcus. She works hard to ensure her mother is 'Ok'. She also manages her disclosure of her own distress in order to protect her mother. Rachel is simultaneously and paradoxically positioning herself as important in managing everyone else's distress and emotional needs, and as entirely

insignificant, as her own emotional needs are subsumed under those of her mother and brother. She can go through the ritual incantation of ‘Are you OK?’, but there is no space within this set of relationships for her to articulate her experiences. Unable to express her feelings or emotional needs to family members, she finds other ways to express herself:

- Rachel: ((jovial)) I used to like talk to the toys or I used to have like a couple of teddies on the end of my bed or I used to talk to them and just like let it all out and everything ((laughs)) . . .
- Int: What did that feel like?
- Rachel: ((umm)) It was quite fun actually, but after you’d finished talking, you’d just be like, ‘What are you doing?’ ((Laughs))

Unable to find the space to talk to anyone in her family about how *she* feels, Rachel finds an adaptive but far from optimum way to express herself. Unable to burden her family, she finds release by ‘letting it all out’ with her teddies. She clearly experiences this as a release (‘it was quite fun actually’), but she does recognise the limited nature of this quasi-supportive space she carves out for herself. The moderators Rachel uses here to qualify her account (‘It was quite fun actually’), her laughter and her self-criticism (‘what are you doing?’) also suggest that she feels some vulnerability in describing this incident and an awareness that others might judge the strategies she found to cope as inappropriate, immature or even silly.

Throughout her interview, Rachel draws heavily on a feminised ethic of care. This is consistent with a broader pattern of female children taking on care-giving responsibility – for instance, O’Dell et al.’s (2010) study of child carers found the majority of young people who identified as carers were girls. Particularly marked in this narrative is the way her emotional needs become inarticulate, as her own needs are subsumed in the role of carer–mother–sister. Relationality is simultaneously her main mechanism for coping and the means by which her sense of self almost disappears into the caring role.

Case study 2: George and Paul

At the time of interview, siblings George (11 years) and Paul (9 years) were living in a women’s refuge with their mother. The family emigrated from South America to the United Kingdom when the boys were small. Initially, the boys were left with their father, as he had convinced police attending an incident that it was his wife who had been violent. The boys became involved in their father’s criminal activities, while their mother fought for nearly a year to have the boys returned to her care. Following an incident in which Paul attempted suicide after his father had a temper outburst, the boys were removed from his care and placed with their mother. As the extent of his abuse and his illegal activity became clearer, the boys’ contact with their father became increasingly limited.

George and Paul asked to be interviewed together – perhaps a reflection of the importance of their relationship with each other. Their interview was conducted in a play room, and they played loudly with noisy toys as they spoke to the interviewer. The interview was very much a co-construction. As in the case of Rachel and Marcus, the relationship between the siblings is key to their coping with violence and its aftermath. However, while Rachel draws strongly on a feminised ethic of care in looking after her little brother, George and Paul’s relationship is less straightforwardly nurturing and is often characterised by highly masculinised constructions of brotherly affection. In our analysis of the case study of George and Paul, we explore how their caring relationship is

constructed triadically in relation to their relationship with their father (and their mother), and the complexity of growing up as boys in a family where their main example of being a man is criminalised and violent.

Risk-taking and adrenalin

While Rachel often describes very careful monitoring and planning of her behaviour, George and Paul position themselves as much more impulsive. Their descriptions of their relationship reflect cultural assumptions about what it means to be men and boys – that boys ‘should’ be ‘tough’, aggressive and casual in their interactions with others (Frosh, Phoenix, & Pattman, 2001; Phoenix, 2003). Much of the boys’ narrative centred on incidents of risk-taking – stories they told with pride and glee:

And there was a hill where we lived called Death Hill. And George went down and fell off and like ripped his face on the tree. (Paul)

Here, the boys frame their shared play encounters in hyperbolic terms. Phrases like ‘Death Hill’ and ‘ripped his face’ elevate their story of a bike accident to an almost mythic heroic encounter, in which they risk death and triumph, with a wound that serves to memorialise their tribulations. This kind of account reproduces stories of heroism and survival that typify cultural understandings of hegemonic masculinities (Connell & Messerschmidt, 2005; Dryden et al., 2010). Wounds and scars emerged as an important element of their story of coping with domestic abuse. They catalogue their scars – most of them from their involvement in risky pursuits, rather than the direct effect of violence at home:

George: No. Yeah. No. I know I hit myself on the tree. It’s just, well I bumped and I hit myself, but it didn’t hurt. I’ve got a little scar down here. But it’s healed up now.

Paul: My one’s healed now. And my back one.

George: He fell down with his roller blades, right. And I don’t know how it happened, but because he scraped, when it scraped, the t-shirt . . . the skin stuck on Paul’s t-shirt. ((both laugh))

George: It’s him. Here. ((Paul shows scar))

In their interview, their talk of accidents and daredevil adventures accompanied telling about (and sometimes showing) the physical scars these exploits left behind. The brotherly relationship emerges as a stereotypically masculine one, in which the boys play together, act aggressively, indulge in macho posturing and bond through participation in risk-taking activities. They enact (often playfully) hegemonic masculinities (Connell & Messerschmidt, 2005; Messerschmidt, 2000), and their sense of masculinity is co-constructed in both their play and their talk about play (see Wetherell & Edley, 2014 for a discussion of the performative and discursive construction of masculinities). Masculinity for the boys is constituted within a relational space, where articulations of caring and emotion are enabled through their focus on ‘wounds’, couched in terms of masculine pride. Traditional constructions of masculinity make more emotional expressions of woundedness harder to articulate, but emotional expression is facilitated through their talk about risk-taking, woundedness and survival. Showing their physical wounds leads to the disclosure of a more difficult emotional scar, which has also left a physical mark on Paul:

George: That cut down there. You remember when that happened.

Paul: Climb, climb, climb. Fall down.

- Int: From where?
- George: Did he really . . . ? ((unclear)) [If that was me, yeah
- Paul: [From a window
- George: That was me, if he was annoying me. I'd punch him (Father) in the face.
- Paul: A window. I got very angry. And I went upstairs. And I climbed out of the window. I was using some rope. And about half way I fell down.
- George: You mean you tried to jump and kill yourself.
- Paul: Yeah.
- George: You didn't want to be alive. He got half way, and then he let go. And he, he fell.
- Paul: Blood shot there.
- George: Blood shot.
- Paul: The next day I had bloodshot on that eye.

Here, George and Paul talk over and around each other, building together different but complementary stories of Paul's fall. The story is built up in interaction, from two perspectives, with Paul building a story of being upset and angry and having an 'accident' in which he climbed out of the window and fell, while George tells the story as an apparent attempt at suicide (the more 'authorised' version of the incident, that is also shared by professionals). Their speech overlaps in the middle of the account (marked with the square bracket). George positions himself as different from his brother; he claims that if he was upset, if his father had treated him in the way he had treated Paul, he would be angry and would punch him, not hurt himself. In contrast, his brother is portrayed as more victimised, wounded and self-wounding. The co-constitution of the experience of violence and coping is evident. The boys articulate two very different coping strategies for dealing with the stress of their father's control and violence. One hurts himself (internalising his response to violence). The other (says he would) hurts others (externalising his response). The two accounts, intertwining around each other, are discursively interdependent, co-produced in the sibling narrative. George's masculinised account of how he would cope with his father's bullying – that he would 'punch him' – is made powerful in relation to Paul's story 'I hurt myself'. George can be brave only in relation to his brother's vulnerability (which is perhaps why George is so insistent in the interview on Paul telling his 'suicide story'). At the same time, George's bravado functions as a foil to Paul's confused and desperate self-wounding.

George is invested in the story of his brother's 'suicide' attempt – this functions as a resource for him to position himself as a 'coper'. His capacity to be resilient emerges here as *relational*. This has echoes of Rachel's coping, but the form of relationality here is different. While Rachel coped relationally through the construction of herself as carer and emotional labourer, George uses a more masculinised strategy, positioning himself as strong to Paul's weakness, as tough in relation to Paul's vulnerability. The father's victimisation of both boys functions as a 'masculinity challenge' (Messerschmidt, 2000) that George resolves by positioning of himself as a dominant masculine figure in relation to Paul's positioning as victim. At several points in the interview, George positions Paul as the one who speaks for both of them – Paul is encouraged to 'tell his story', 'get it out':

((speaking quietly to Paul)) What about at night, at night? ((whispers)) Say that, just so you can get it out. (George)

In speaking through his brother, George has found a safe route to self-expression, without risking his own identification with the feminine or the victim position. In getting his brother to speak for him, Paul becomes the therapeutic subject, while George is, again, the coper. This enables George to articulate his experiences, without jeopardising his positioning as masculine.

As in Rachel's case, the sibling relationship between George and Paul is an important one for both boys, and their interactions in the interview underscore this. However, the form of their relationship is influenced and shaped by gendered constructions of what it might mean to be brothers. As the interview progresses, Paul goes off to play, and George continues to talk to the interviewer about the incident in which Paul hurt himself. It is clear in the interaction that he is quite upset by it, and the interviewer notes this:

George: ((voice of bravado)) I didn't really care. Cause I hate him.
 Int: Not sure that's really true?
 George ((laughs))

This exchange reveals some of the complexity of articulating emotional intensity in boys' sibling relationships. They are coping with fraught, challenging emotional circumstances. However, just like Rachel, their capacity to express their emotional bond, and the distress they experience, is couched within dominant constructions of gender and emotionality, and roles like victim and aggressor. Growing up with DV has important implications for boys and girls, for brothers and sisters. Children learn to cope with the impact and aftermath of violence at home within relationships that are often caricatures of dominant ideas of masculinity and femininity. This has implications for how children make sense of the violence, or their role in the home, and how they see themselves and their relationships with others.

While George might insist that (in keeping with conventional wisdom about brotherly relationships) he 'hates' his brother Paul, he is also fiercely protective of him, perhaps using this extreme expression as a distancing mechanism from more feminised admittance of 'loving' his brother. For example, he says,

George: If someone tried to hurt Paul, I'd kill him. And that's the end of the film. If someone, someone tried to hurt Paul . . . ((loud noises))
 Int: OK, if you get angry when someone tries to hurt Paul . . . did you feel angry when he hurt himself?
 George: Nah, I didn't care about that.

While this extract is couched within highly masculinised conventions around expressing emotional intensity, nonetheless, George's strength of the feeling for his brother is evident. Unlike Rachel, he feels less free to express his affection and protectiveness in gentler or more overtly affectionate ways. The intensity of his feelings for his brother is expressed in the absolutism of his stylised statement – he would 'kill them. And that's the end of the film'. However, his expression of affectionate protectiveness invokes hegemonic masculine identity, bound up in aggression and threats. While Rachel is bound to 'care' in her sibling story, George is bound to defend.

Masculinities and gestures of defiance

Living with DV is a complex and ambivalent experience for George and Paul, as they both draw on and resist the masculine logic of the familial culture:

I love my dogs a lot, and I love nearly everybody in my family and stuff. It's just my dad I don't like . . . Well all the time he's shouting and stealing and stuff. And it's hard work. (Paul)

Paul here describes a dislike (expressed by both boys) for their father – the way he shouted and stole things and was 'just hard work'. They overtly reject the aggressive and confrontational masculinity

performed by their father. In the following extract, the interviewer asked the boys how they coped with the violence, and with their father's criminality, and George explains that they 'just did it':

- Int: How did you cope?
 George: You just did it. You didn't cope. You just did it so we could get by.
 Int: So you did things just to get by?
 George: Yeah
 Int: What sorts of things?
 George: Porsche bonnets, Porsche spoilers, Porsche doors, Porsche wheels, Porsche tyres.

George amusingly shifts the interview from the therapeutic language and framework of the interviewer back to a more instrumental reading of what 'coping' and 'just doing' might mean. He copes by 'just doing' Porsche bonnets and spoilers ('doing' in this context being a colloquialism for theft). 'Just doing it', for the boys, meant embedding themselves in practices of manhood associated with their father and his criminality – taking on the identity that they find such 'hard work'. In many senses, it was easier to go along with him, to 'just do it', than resist his demands. However, they frame this as 'just doing it to get by'. They see it as a performance of masculinity, not a central aspect of their own identity.

George and Paul also found a range of relational strategies for managing life with their abusive father. For instance, Paul talks about using text messaging to maintain contact with his mother:

- Int: Were you allowed to do that?
 Paul: Yeah . . . Sometimes. Cause like sometimes I sended a text. Like upstairs. I missed my mum!
 I used to say in the text 'I hate my life'. Cause I never got to see my mum.

Paul's hesitation and 'sometimes' suggest that texting his mother was not really allowed. In reaching out to his mother via text, Paul was resisting his father's control over his relationship with his mother. He also found a route to express his desperation about his circumstances, letting her know he missed her, maintaining emotional connection, and expressing his own emotional state. At the same time, he resists the dominant construction of masculinity in his family, positioning himself as the younger, vulnerable brother, needing interaction with his mother. In managing their relationships with each other, with their mother and with their father, there is a powerful interplay between emotional expression (which has been implicitly associated with a feminised victim position), macho posturing (associated with masculinity and with fathering) and resistance to coercive control. Resistance is managed in relational interactions, but relational interactions are in turn couched in highly gendered terms that reproduce the gendered dynamics of DV and abusive control.

The boys manage complex and competing images of their father, as violent and difficult, but also as their image of masculinity and strength. They must find ways of working with this within themselves and in their relationship with each other:

- Paul: Oh yeah! At night time we used to steal with our dad.
 Int: Your dad used to take you out stealing?
 Paul: Yeah. I didn't like it . . .
 George: When we were out stealing . . . But Paul is well strong. You know the front of the Porsche, where it has, you know, on the bonnet? We could carry that all by ourselves

Here, Paul's ability to 'keep up' with their father's criminal activities and to be 'well strong' is a source of pride, both for him and his brother. Their relationship with their father emerges as a complex and ambivalent one, with their images of masculinity bound up in their father's performance of manhood – as aggressive, criminal, physically strong. In turn, this shared sense of masculinity is produced and reproduced in the sibling relationship itself, where the relative value of each brother is worked out against their father's standard of masculinity.

While the boys could not speak about their father directly in affectionate terms, they did find alternative ways of articulating a sense of connection to him. For instance, when they returned with photographs for a follow-up interview, the boys said that they had not been allowed to bring photos of their dad, and so they had brought pictures of his dogs instead. They smuggled him into the interviews in symbolic form, finding ways to express him despite a sense that he was not someone they could speak about. They often steered the interview to conversation about their xbox and their favourite game 'Grand Theft Auto' – a game that reflects and reproduces their father's lifestyle:

- George: And because it's a game, you can just shoot them. Or you can go and drive around and go on a rumble.
- George: When Paul gets angry, he can go and play on Grand Theft Auto. He can go on the xbox and he has all these cars and he has like the FBI chasing him, and military cars, like chunky cars he can drive around . . .
- Int: Sounds like as well like you can get away from things, when you're on your xbox.
- George: It's like having a world of your own. A world of your own. Cause like, when you've got a game, you can do what you want.

Through their xbox, George and Paul have found a safe environment in which they can express the kind of masculinity that their father performs, but without actual risk to self or others; a safe space where they can express anger, and be hypermasculine, without hurting anyone. It is a space where they have a sense of mastery over their environment, where, together and independently, they can symbolically be with and like their father.

Conclusion

This article used two case studies to explore how children who have experienced DV use relationality to facilitate a sense of agency. Our analysis has highlighted how caring for siblings and other family members is both empowering and constraining for children. We have emphasised the complexity of children's sense of caring, showing how pathologising care-giving as just 'parentification' (Goldblatt, 2003; Holt et al., 2008; Katz, 2015; Mullender et al., 2003) occludes the real potential for agency and resistance that is enabled by being a carer, while acknowledging the points of constraint that are also implicit in children's experiences of caring relationships. This sense of relatedness is constituted within dominant representations of masculinity and femininity. In considering Rachel's response, the paradoxical nature of her coping is revealed in its gendered nature. Drawing on a feminised construction of caring (Hochschild, 1979), Rachel subsumes her own emotional needs in the emotional labour she does for her brother and her mother. At the same time, this caring work enables her to find space to be strong and resilient, taking on an adult role from which she is able (albeit in a limited way) to offer some resistance to her father's violence. George and Paul's relational coping takes a different form, as they wrestle with the complexities of identifying as masculine, when their main model of masculinity is violent. Their relationship centres on resolving the masculinity challenge (Messerschmidt, 2000) inherent in boys growing up in a context characterised by such overt expressions of male violence. Both George and Rachel take on a

‘big sibling’ role in relation to their younger brothers, and this role enables them to create resistant spaces from which to etch out a sense of self that is resilient and strong. However, the big brother and big sister roles take highly gendered forms, and the nature of the protection work each sibling engages in is quite different. Pathologising these forms of relating just as ‘parentification’ does not adequately engage with the complexity of children’s active relational co-positioning within the unstable family dynamics.

The space for agency and resistance to dominant modes of relating is constrained in a family living with DV. Traditional roles of masculinity and femininity are strongly inscribed and policed through repetitive acts of violence and control, particularly in families where the main perpetrator is male. One of the productive effects of hegemonic masculinity is the maintenance, legitimation and naturalisation of certain forms of relating, enabling powerful groups to further shore up their influence and control (Donaldson, 1993). In DV, hypermasculine forms of relating are naturalised and entrenched through the shape of familial interactions, which in turn are interpenetrated with gendered constructions of masculinity and femininity. Children learn to be masculine and feminine in environments where these constructs are rigidly and aggressively enacted. It is unsurprising that these are reproduced by young people, in their own relationships. This is an important concern for clinical practice, highlighting the importance of attending to the complexity of children’s experiences of family relationships, particularly in circumstances of DV. Children do not simply acquiesce to acts of violence and coercive control. They also do not just conform to gender roles. Dominant cultural ideas about gender, violence, victimhood and caring are worked through by children in the embodied and relational spaces of the home. Family, group and individual therapy can support them by anchoring their experiences in words and integrated self-narratives – often for the first time. However, this must be done in an empowering, careful and child-led way to prevent retraumatisation and foster their sense of ownership and agency with regard to their lived experience and mixed and ambivalent feelings towards themselves, family members and other people in general. It is also necessary to explore the discursive fissures around these dominant constructions, the gestures of defiance and the creative relational spaces children produce for themselves, to see how they renegotiate and resist the oppressive regulative environment of the home, and where there might be footholds for the construction of positive alternative relational selves moving forwards. In our research, it is apparent that children do not simply take on the cloak of hypermasculinity, femininity or victimhood in their efforts to negotiate the difficult situations they find themselves in. Rather, they locate themselves within strong biographical relational boundaries, often focused on the notion of care, using their knowledge of what talk and behaviour works and what has previously failed to work in the context of their multiple and gendered relationships. In many ways, the children appear to craft explanations and actions out of the various spaces of masculinity and femininity available to them, never quite reproducing the perceived normative worlds of men and women but creating their own stories, legitimised within and through the violence and other relational encounters held within their family context. In this way, they can claim an agentic space for themselves, a different positioning within their family and generate the possibilities for positive social relations despite the violence within which they live their lives. Sibling relationships offer a potential resource to help children to develop social skills and understanding that can be exported in other social arenas. Our interviews also support the findings that sibling relationships can be characterised by warmth, intimacy *and* conflict, given their intrinsic intensity, ambivalence and emotionality.

These case studies highlight the complexity of children’s responses to DV, challenging dominant representations of them as non-gendered passive witnesses (‘The Child Witness to Violence’) and emphasising the importance of seeing their responses as contextually located. Children’s capacity to build and engage in relationships, and the form of those relationships is constituted

through the activity of the children themselves. While the family in DV may function as a space in which social relationships of abuse and control are negotiated and navigated, children do not simply passively receive these patterns. Rather they position themselves, in relationship with other members of their households, as copers, as resisters, as managers of their relational selves. Furthermore, their engagement with family culture is also located within other cultural contexts, and discourses of gender, power and relationship also play a role in the way that children are able to work with relationships within the family. The range of resistances available to them are constituted within gendered constructions of self and other. Gender intertwines with experiences of DV in multiple ways. Existing relational models in DV are inadequate in taking into account children's meaning-making-in-context. This requires a subtle engagement with the lived experience of self and other within these complex family systems.

This has implications for how researchers and practitioners make sense of children's experiences in the present, of their capacity for relationship building in the future. Understanding children's situation from their own perspective is essential for professionals who wish to help smooth their paths towards a fulfilling adulthood. It is important for clinicians to recognise that children who experience DV are not passive witnesses and also that they are not *only* damaged by the violence and disruption they experience. They find complex and subtle ways to maintain an agentic sense of self, and we argue that this offers a possible route into a more respectful and resource-focused approach to intervening with children who experience DV. When working with children, it is important to focus on the meanings they attribute to their own experiences. Children do not understand their caring as 'parentification'. Rather it is embedded in a complex and highly located set of relational practices that make sense in the context of their own family. Furthermore, this caring is also constituted within both local and larger social constructions of gender and gendered relations. To effectively support children, sibling and other relationships need to be understood in their broader context, and specific expressions of those dyadic relationships (like care-giving) need to be seen in terms of their function for the whole family and for the young person – not simply as a symptom to be removed.

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Notes

1. Our participants were routinely interviewed singly, unless they preferred to be accompanied, as in the case of Paul and George, who wished to be interviewed together.
2. All names used in this account are pseudonyms, and some details have been edited from the accounts to protect the anonymity of the young people.

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Author biographies

Jane EM Callaghan is a Professor of Psychology at the University of Northampton, where she is course leader on the MSc CAMH, and chairs the Centre for Family Life, and the Social and Cultural Research in Psychology group.

Joanne H Alexander is a Researcher based in The Centre for Children & Youth at The University of Northampton. She is also a doctoral researcher, exploring the intergenerational transmission of family violence

Judith Sixsmith is Professor of Public Health Improvement and Implementation at the University of Northampton, UK and Professor of Public Policy at Simon Fraser University, Vancouver, Canada. Her research interests lie in the areas of public health and wellbeing and ageing where she explores the ways in which people living in disadvantaged communities experience processes of marginalisation within existing social systems.

Lisa C Fellin is a PhD in Clinical Psychology and a systemic family therapist. She is currently the Research Director of Professional Doctorate in Counselling Psychology at the University of East London, UK. She teaches, researches and publishes in the area of systemic and family therapy, critical perspectives on mental health and domestic violence.