

Alone, Misunderstood, Angry.  
An interpretative analysis of young  
people's experiences of witnessing  
domestic violence and abuse.



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## **Abstract**

The purpose of this study was to explore how young people make sense of their lived experience of witnessing<sup>1</sup> domestic violence and abuse (DVA) and to consider whether practice in education could be modified to better support this vulnerable group of young people. In-depth, semi-structured interviews were carried out with three young people who had witnessed DVA as school-aged children.

After due consideration, Interpretive Phenomenological Analysis (IPA) was chosen as a methodological approach to conducting the interviews and analysing the subsequent transcripts. The interviews were structured in two parts, with the first part focusing on the perceived impact of the experience and the second part exploring their experiences of support either during or after the abuse. Three Master Themes emerged: The Complexity of Living with Domestic Violence and Abuse, A Need for Support and Intervention, A Role for Education Staff.

Research findings are discussed in the context of the existing literature in the area of DVA and in relation to relevant theory. Recommendations are provided for those professionals working with children and young people in schools and include the development of peer support groups and whole-school awareness training.

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<sup>1</sup> The term 'witnessing' will be used as a short-hand throughout the thesis, although it is acknowledged that some participant's had direct experience of domestic violence and abuse and that the experience became all encompassing.

## **Chapter 1: Introduction**

This thesis explores the lived experiences of young people who have witnessed domestic violence and abuse (DVA) and aims to improve knowledge about the impact upon education and develop an understanding of how education staff can support these young people.

The structure of the thesis will guide the reader as follows:

- a critical literature review reflecting the theoretical underpinnings of the research
- the rationale for the adopted methodological approaches
- the procedures followed for data collection
- an interpretation of the data obtained
- a discussion of the data, relating to theory
- future implications of the research for practice and research and the limitations of the research

### **Section 1: Personal and Professional Background**

I have both personal and professional experience of the topic area, which I am aware, has influenced my decision to explore the phenomenon of DVA for this piece of research.

#### **1.1.1. Personal Experience**

My personal experience of DVA began when I was aged 10, when my parents split up and my Mum remarried. Initially, I saw my step-dad as *just* having a bad temper, so I quickly learnt what triggers to look out for and how to reduce the likelihood of them occurring; I became desperate to avoid confrontation. Not every day was characterised by DVA, however the uncertainty and fear grew as the predictability decreased, with rows between my step-dad and my Mum becoming progressively more intense and violent.

The longer the violence and abuse went on for, the harder it became for my step-dad to hide it from me; the more I witnessed 'it', the greater the impact on my own behaviour with friends and at school. At the time, I'm not sure I understood what 'it' was, but I knew I was scared and felt unable to talk to anybody but my Mum. Even this was hard, as I could see that she was terrified too. I remember begging her to leave him, but knowing that she wouldn't due to the fear and on some level, her love for him. She also felt she had nowhere to go, despite having a big family in the town; when I suggested the possibility of a Refuge, she cried even more.

The abuse wasn't always physical, in fact it was usually psychological and emotional; by wearing my Mum down he was able to maintain control of both her and me. As I got older however, I became tired of his temper and controlling behaviour and would often argue with him in the hope he would also hit me. He never did though, because he knew I would report it to the Police, unlike my Mum; this was proof for me that he did have some self-control.

In some ways, being away at University was the hardest time, as I wasn't able to protect my Mum anymore. I would dread phone calls with her as I could hear the pain in her voice and all I wanted to do was go home and support her, but she wouldn't let me. I think my absence actually removed some of the embarrassment she felt, as nobody was there to witness it anymore. Alcohol became a regular way of coping with the pain and guilt I felt, but being a student, nobody thought anything of it.

This chapter in my life ended when I was 24 when my Mum finally found the strength to leave her abuser whilst he was away for a week with work. Personally, I think I noticed the greatest impact as I started to have relationships of my own and when I started to try and make sense of what had happened through my late childhood and adolescence. I didn't feel that I had anybody who could be objective enough to talk to about these thoughts and feelings and on reflection, I believe that if I had had some support when I was younger, I may have been able to make sense



of the situation earlier. I was aware of support for my Mum, but not that there was anybody to help me. I have since spoken openly about my experiences to my Mum, who was understandably hurt as she didn't understand how it was affecting me and I think now she feels an enormous amount of guilt about the situation.

### 1.1.2. Professional Experience

My first job as a Psychology graduate was working in the Prison Service and became my first professional experience of DVA as it involved offence analysis and assessment with offenders, some of whom were violent and convicted of domestic violence offences. Due to my professional capacity I never revealed my own experience, though I found it very interesting listening to their stories of how the only victim was often their partner who 'deserved it'; their children were never considered victims having witnessed the violence and abuse, nor for having a Father who was now imprisoned. Working as part of a family intervention project with these offenders, I was able to hear from the children and partner themselves about the negative impact of living with DVA and for the first time I consciously acknowledged that I wasn't the only child who had been affected by a violent and abusive home environment. I remember feeling selfish at this point, having not previously thought in much depth about the pervasiveness of the phenomena, and for the first time started to reflect on how my experiences had shaped my development and behaviour through late childhood, adolescence and now adulthood. Following this experience, I went on to work with young offenders, some of whom had also grown up in violent and abusive homes and who had difficulties regulating their emotions; perhaps as a result, some of the young people found themselves perpetrators of DVA in their own relationships.

Since working within educational psychology, I have been reminded of the prevalence of DVA and found myself seeking to add depth to my knowledge and understanding, to be able to better advise and support adults working with this vulnerable group of young people. I have also experienced frustration about the

seemingly entrenched belief in western society that “it is better not to discuss upsetting events with children” (Saunders, 1995). Whilst I believe there are ways in which this should be done, I find it concerning that we are further victimizing children by ignoring the powerful impact of being given a voice.

### 1.1.3 Reflexivity

Due to my own personal and professional experience of DVA, it was important to consider my welfare as an individual, as a Trainee Educational Psychologist and as a Researcher, to ensure that the impact of exploring such an emotive and controversial topic did not have an adverse effect upon my own well-being. As a way of monitoring and regularly reviewing the situation, I made use of both university and fieldwork supervision, where I talked openly about the process of completing the research and reflected upon my own reactions to interviews and challenges faced at each stage. I also found it helpful to keep a reflective log where I recorded my thoughts and feelings at the time, whilst they were still fresh in my mind. Excerpts from this log have been included at key points throughout the write up to reinforce the interpretative nature of this study and to offer transparency and coherence.

## **Chapter 2: Critical Literature Review**

This chapter aims to critically review the literature surrounding DVA and young people and will explore:

- what is meant by the term domestic violence and abuse and how it is different to other forms of abuse;
- the impact that experiencing DVA has upon children and young people;
- types of support and interventions that may be available to young people who have witnessed DVA and
- the 'local picture' – an overview of DVA in the local authority where I work, followed by a summary of the literature and formulation of my research questions.

### **Section 1: What is Domestic Violence and Abuse?**

Growing numbers of children in the United Kingdom (UK) are growing up in home environments characterised by abusive relationships (Home Office, 2005); unlike poverty, DVA can affect children of any social class, race, religion and age group (Sterne & Poole, 2010; Mullender, Hague, Imam, Kelly, Malos, & Regan, 2002).

DVA is essentially the misuse of power and an exercise of control, which can take the form of physical, sexual, emotional and economic abuse and may include acts such as humiliation, deprivation and isolation. Smith and Sharp (1994) focus on the unequal power structure of such abusive relationships and also classify it as a form of bullying, which may therefore imply that the children become the helpless bystanders. The risk posed to victims and their children does not diminish when they decide to leave the relationship; in fact for many it is heightened. It is at this stage that the abuser may realise that he is losing the one thing he has been trying to maintain – control (Sterne & Poole, 2010). The resultant response can be an escalation in the intensity of the abuse, or a change in the type of abuse or behaviour that can increase the psychological impact, such as stalking and harassment. For the child this can also be an extremely stressful period as the

abuser may increase their unpredictability and use contact visits as an opportunity to:

- release anger and frustration;
- assign blame to the Mother with the hope of causing a divide between her and the child and
- exert control over the mother's movements and freedom.

The child therefore continues to be used as a pawn by the abuser, which maintains the fear and distress that the child experiences. According to McGee (2000) this is also the time when the abused parent is most likely to become aware of how much their child has been exposed to the abuse and what the impact of such an experience has been. Despite this factor, some studies (for example, McGee, 2000) still continue to rely upon parental reports of the impact of DVA on children.

Dell and Korotana (2000) adopt a feminist stance to explore how participants (n=40) construct both their understanding of what the researchers deem predominantly a social construction (domestic abuse) and the actions required to tackle the situation. Participants were aged between 21 and 44 years of age and included those who had direct experience of DVA, and university students with an interest in the topic area; it should be noted that all participants were social contacts of the researchers and may therefore not be considered impartial. The 63 statements used for the Q-sort were developed through a thorough process of reviewing social science literature and searching various media sources, alongside informal interviews with professionals working within the field and victims of DVA. The attention given to the development of the data collection tool is commendable as it helps to ensure breadth of coverage (Watts and Stenner, 2005). In this study 'domestic abuse' emerged as a cluster of discursive practices, defined knowledges and forms of social control (Dell and Korotana, 2000) as opposed to an act with underlying causes that can be understood, pathologised and 'treated'. The researchers conclude that DVA is multiple, diverse, socio-historically contextualised and produced through discourses that regulate subjectivity. Whilst a common

understanding of DVA has been sought for the purposes of understanding the literature for the present study (Section 2.4.4.), it is also acknowledged that the use of Q-methodology allowed multiple realities to be considered and therefore according to Dell and Korotana (2000) prevented a naivety, that there is only one understanding of 'domestic abuse'.

According to some researchers (For example, Sterne and Poole, 2010; Mullender et al, 2002) there is a recognised link between DVA and child sexual, physical and emotional abuse and neglect. The abuse of children is thought to occur as another form of punishment towards the Mother and rarely exists in isolation. In addition, pets have also been known to become victim to violent abuse. Children often have strong attachments to family pets and so can more easily be coerced, controlled and intimidated by their abusers, in order to protect their pet (Becker and French, 2004). Furthermore, the victims of DVA report delaying escape from the home out of fear for their pets, that would be left either homeless or to experience further abuse; the child is likely to find this distressing (Sterne & Poole, 2010), having relied on the pet for comfort during unsettled and stressful times.

'Honour'-based violence and forced marriages are also included under the umbrella of DVA, as both usually involve abuse in the form of control over an individual, usually a female. The consequences of refusing the forced marriage can include home imprisonment, physical assaults and reduced freedom of choice (Calder, Harold, & Howarth, 2004). Seeking help is seen not only as a family betrayal, but also a dishonour to the local community; women and their children therefore become ostracised. In contrast, a person deemed to have dishonoured the family can fall victim to abuse by one or multiple members of a family, or even the wider community (House of Commons, 2008), making them feel isolated, with a fear of seeking support.

### 2.1.1. Prevalence

It is estimated that 750,000 children a year are exposed to DVA, with almost all schools coming into contact with children growing up in abusive environments (Department of Health, 2002). This estimate is much higher than four years earlier when it was thought to be only 5000 children a year (Stanko, Crisp, Hale & Lucraft, 1998). It is likely that the estimates differ so dramatically because of the different definitions operationalised by different researchers and because these statistics are often just *estimates*. DVA often goes unreported for a number of years (McGee, 2000) and so crime statistics or those related to child protection will only account for reported cases. Further reasons for the underestimation include: fear of the child being taken into care, or shame and embarrassment (Kelly, 1994), fear of others not believing that the public persona they know is capable of such acts in private (McWilliams and McKiernan, 1993) and the use of maladaptive coping strategies by victims such as repression and denial (McGee, 2000).

## **Section 2: The Impact of Witnessing DVA on Children and Young People**

Experiencing DVA can affect children's development and education in a number of ways; those who live with severe or prolonged abuse are more likely to develop social, emotional and behavioural difficulties (Sterne & Poole, 2010; Mullender et al, 2002; Hester, Pearson, & Harwin, 2007) and may continue to show such signs post-trauma.

Schools may notice external behaviours such as hostility, aggression and oppositionality, as well as internal behaviours such as children withdrawing, appearing depressed or anxious and responding passively (Hester et al, 2007). Such behaviour can impact upon attendance, concentration and attention, social, cognitive and language development as well as overall school achievement (Sterne & Poole, 2010). Conversely, some children may use school as a refuge and focus all of their energy on academic progress, therefore giving teachers little indication that there may be problems in their home life. The emotional development of such

children is not however, protected from the impact of experiencing abuse (Sterne & Poole, 2010).

Hester et al (2007) identify a number of factors that can influence the extent of the impact following experiencing trauma:

- The age and developmental level of the child at onset of abuse.
- The length of exposure to abuse.
- The nature of the abuse and level of fear created.
- The relationship with the abuser.
- The impact of the DVA on the mother in terms of her mental health and parenting capacity.

Sterne & Poole, 2010, p23

McGee (2000) adopted a qualitative approach to research by interviewing mothers (n=48) and their children (n=54) who were exposed to DVA. Bearing in mind the nature of the experiences their participants were being exposed to and the associated impact upon well-being, an 'opt-in' procedure for recruiting participants was utilised, as opposed to 'opt-out'. Allowing the mothers and children to make an active decision to take part in the research was much more ethical than obtaining their names and addresses and then writing to them stating that they would be included in the research unless they contacted the researchers to decline. It is anticipated that this method would have led to a much higher level of attrition and would also not allow for the fact that as part of the control over their victims, the perpetrator may be intercepting their mail; the consequences for the mother and her child could therefore involve further abuse.

Unfortunately, the exact form of analysis carried out on the interview transcripts is not described by McGee (2000) and so it is not possible to comment further upon methodological aspects of the research, which also means caution should be taken in interpretation of results and conclusions. However, it would appear that some analysis was of a quantitative nature; for example McGee (2000) found that 85% of

the children were present while their mothers were being abused, with 71% also present during physical attacks. 58% of children overheard the violence; however, only 28% reported witnessing the outcome of the violence, for example injuries to the abused mother. It is also relevant that McGee (2000) states that information regarding the child participants' experiences only includes what was volunteered and that children were not asked any direct questions about the abuse they had experienced. Again McGee (2000) does not offer a rationale for this decision, however, one may hypothesize that this may have been because her participants were very young (ages were not reported) or that they were still experiencing DVA and to ask them to talk about such emotive events as a 'one-off' interview may be considered unethical.

It should be noted that like many research studies, McGee (2000) did not include any males as victims of DVA and also disproportionately used girls' experiences over boys, which does not allow for any gender comparisons to be made. In particular McGee (2000) discusses the impact of experiencing DVA on teenage girls' negative attitudes towards relationships with boys; however, it is not clear whether boys are similarly cautious about entering relationships with girls or if the same is true for same-sex couples. Whilst the majority of victims of DVA are female, such research studies may create connotations of a feminine victim group, with men predominantly being portrayed as 'bullies', therefore inhibiting abused boys from coming forward for help. McGee's (2000) research is one of the few qualitative studies published on this topic and therefore one of the few to take into account the voice of the child. However, as a piece of research commissioned by the NSPCC, the rationale included identifying risk factors for Child Protection Workers and a recognition that women need support in accessing services and over-coming the barriers associated with leaving abusive environments. So whilst children's views were obtained, there was limited attention given to these in the analysis, especially in terms of the impact upon education.



Similarly, Saunders (1995) worked with the charity ChildLine and Women's Aid Federation England to interview four young adults about their childhood experiences. Again focusing on the role of social care, Saunders (1995) explores the experience of living in a refuge, something he himself is familiar with. Saunders (1995) concludes that the welfare and needs of the children are not always met; he believes staff are too afraid of talking to children because of the belief that we as society shouldn't talk to children about trauma.

### 2.2.1. Pregnancy and Early Brain Development

The women's charity *Refuge* emphasises the over-representation of under-5s growing up in environments where DVA takes place. Their research (Refuge, 2005) highlights that DVA most commonly begins during pregnancy, with the risks being heightened for babies and pre-school children. The impact of such abuse can include miscarriage, premature labour or forced termination, poor foetal development, failure to thrive, developmental regression, disturbed sleep and insecure attachments (Sterne & Poole, 2010).

The developing brain is most vulnerable to trauma during its growth spurt between the seventh pre-natal month and when the child reaches 12 months of age (Sterne & Poole, 2010), so even before birth DVA can impact negatively on a baby's development. Furthermore, the first three years of life are recognised as a fundamental developmental period in which neural development takes place; exposure to severe trauma during this period can result in difficulties coping with stress, influencing development through childhood, into adolescence and later into adult life (Perry, 1997). Quinlivan (2000) refers to the Fight or Flight concept, describing such babies as having been primed to be reactive and hyper-vigilant – always on the lookout for threats. Whilst always being in a state of high anxiety can have negative health implications, Quinlivan (2000) ignores the protective nature of such a response in helping a child to cope with the threats and risks they are faced with.

The alternative response to Fight or Flight is referred to by Sterne and Poole (2010) as 'freeze and surrender' which involves a child dissociating from the situation and remaining inactive. Emotional neglect in early life is associated with the impairment of brain-mediated functions including empathy and attachment and can affect emotional regulation (Schoore, 2001).

*Refuge* (2005) also state, that an abusive home environment is likely to have a negative impact upon the development of language and cognitive skills. Due to the stress and trauma experienced by the mother, her interactions with the child are likely to be of a lesser quality and in more extreme cases, constrained by fear. There are therefore likely to be fewer opportunities for the child to listen to and imitate sounds, or engage in stimulating play. The child may become dissociated as a coping strategy and avoid potential interactions with adults. The unpredictability and unstable home environment is not conducive to nurturing early experiences to stimulate development.

### 2.2.2. Attachment, Loss and DVA

According to Attachment Theory (Bowlby, 1953, 1969; Ainsworth et al, 1978), an attachment is a bond with an individual or attachment figure, based on the need for safety, security and protection. Infants instinctively attach to their parents, whilst in adult relationships the bond is more likely to be mutual (Prior and Glaser, 2006). The role of the attachment figure is thought to be to provide a 'secure base', which is a term commonly used to refer to a safe and predictable environment from which the child can explore and learn about the world, with the option to retreat when feeling threatened (Prior and Glaser, 2006). Bowlby (1969) describes attachment behaviour as the need for proximity to the attachment figure when a threat or discomfort is experienced; however, as Rutter (1985) emphasises, separation need not be harmful. The consistency of the relationship was also important for Bowlby (1953) who believed that a child would experience an emotional, cognitive, social and physical impact on their development (Geddes, 2006) if they did not feel

warmth and intimacy continually from their carer. Winnicott (1960) however, felt that the image of a perfect parent as described by Bowlby (1953, 1969) was unrealistic, and instead used the term 'good enough' parent, which refers to those parents who he felt were able to benefit from instruction and guidance to improve their parenting skills (Hoghugh & Speight, 1998). Whilst Winnicott (1960) felt consistency was important, he felt it was unhelpful to suggest that parents can provide warmth and intimacy *continually*.

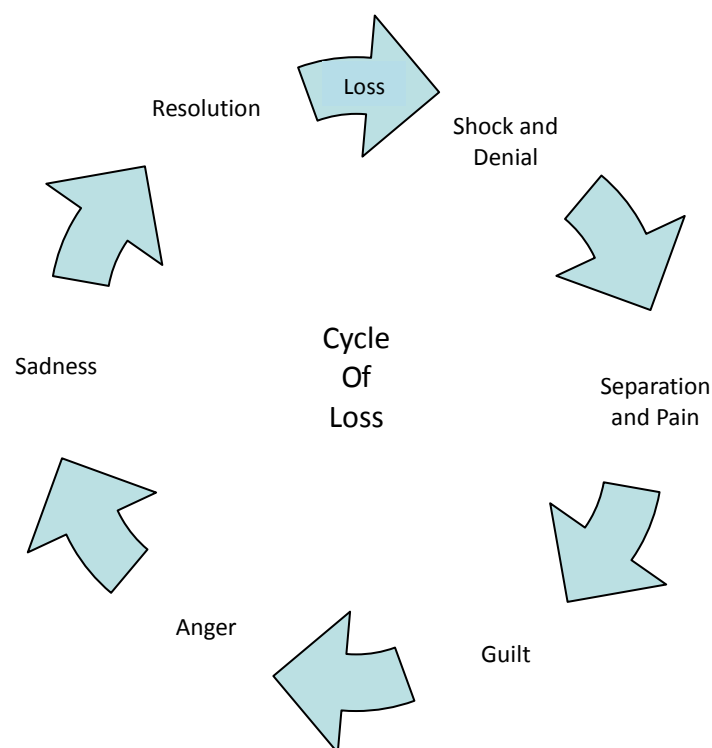
Attachment is also criticised for being a culture-specific construct, as research carried out in non-western cultures does not appear to provide convincing support for the concept (Goldberg, 2000; Burman, 2008). Developed around the experiences and development of children in residential care and war conflict, Bowlby's (1953, 1969) attachment theory has perhaps been transferred too readily to generic parent-child relationships and is unpopular with many feminists (Burman, 2008), however, it can provide a useful basis for understanding the potential impact on development for children living with DVA.

DVA has the potential to affect the process of attachment between a baby and its caregiver, with the risk increasing with the severity of the abuse (Gerhardt, 2004). The baby can remain in a state of confusion, associating both fear and comfort with the Mother, for example fearing *of* and *for* the caregiver, which interrupts the baby's development of strategies in ensuring its needs are met (Sterne & Poole, 2010). The Mother's response to the abuse is important in helping the young child to make sense of their experiences and to feel safe in their home environment. Therefore, a Mother who responds helplessly and begins to dissociate from the chaos, may begin to behave as if nothing is wrong. This leads to the child's thoughts and feelings becoming disorganised and fragmented (Gerhardt, 2004). Without the skills to communicate effectively, by the age of three, a child who has experienced DVA is likely to show signs of aggression and heightened distress. The insecure or inconsistent attachment with the Mother can result in self-blame, and feelings of guilt and anxiety (Sterne & Poole, 2010).

When the attachment bond is disrupted, as often occurs in families where DVA is occurring, the reaction a child experiences may feel like a loss. This response could be compared to the death of a close family member (Worden, 1991) as the grieving process relates to loss in general, with death being only one part. The cycle of grief can be understood in a number of ways; however, the most common is shown below in Figure 1.

According to Kubler-Ross (1970) there are six stages involved in coping with a loss. To apply these to DVA, initially children may be shocked and experience disbelief that this is happening in their home. The place where they are supposed to feel most safe has become a confusing and frightening environment that they may not understand. They do not talk about the experience as they are still trying to make sense of it and may be under pressure to keep the DVA a secret; in the early stages of DVA the child can feel torn between parents, struggling to cope with the hurt they see inflicted upon one parent, by another whom they may have thought would provide safety.

Figure 1: Passive Model of Loss



Adapted from Kubler-Ross (1970)

As the DVA continues and potentially escalates, the child may begin to accept that the perpetrator of the DVA is no longer a secure attachment figure; it may be that the perpetrator of the DVA has never been viewed as a source of warmth and security. Conversely, it may be that the victim of the DVA is also no longer a reliable source of comfort and safety as they have become worn down and emotionally drained due to the enduring nature of the abuse. The child may feel pain at the reality of the loss of a secure attachment relationship.

The third stage occurs when the child may experience guilt or regret about the situation. Children frequently blame themselves for DVA (Sterne & Poole, 2010); they may question how events may have happened differently if they had intervened or had not gone to school that day. Anger is thought to follow guilt (Kubler-Ross, 1970), which may be directed towards school staff or peers who may not understand the child's circumstances, or towards the attachment figures.

The fifth stage involves sadness and sometimes feelings of depression. The child may be starting to accept their circumstances, but feel unhappy, especially if they do not see an end to the experience. Increased social isolation, difficulties at school and confusion about their changing sense of self, can lead to feelings of hopelessness and helplessness, which act as barriers to positive coping strategies. For some young people, in time they develop acceptance and a resolution, however, this is not always the case (Kubler-Ross, 1970) as individuals can become 'stuck' at a stage, depending on their individual situation and the resources available to them at the time, which may include their own resilience, but also the support of external agencies. Resilience is most commonly understood as an individual's ability to cope with stress and overcome adversity and is a process as opposed to a personality trait (Rutter, 2000).

### 2.2.3. Trauma and DVA

*“It is very difficult for children and young people to fully engage in and benefit from education when they have an insecure base, when they are fearful, anxious and uncertain, when they feel helpless, their mother is possibly disorganised, depressed and even neglectful.”*

Mill and Church, 2006, p9

For a child living with DVA it can be difficult to relax; they live with the fear and insecurity, not daring to let their guard down (Sterne & Poole, 2010). The intensity of emotions that are experienced can be exhausting and impact severely on well-being if respite cannot be found. Whilst some children use school as a break from the abuse, others spend their time worrying about their parent and even making up excuses to play truant and therefore remain in the volatile home environment; attachment theory (Bowlby, 1953, 1988) suggests that their sense of security and safety is also affected. Drotar, Flannery, Day, Friedman, Creedland and Gartland (2003) interviewed children who had been exposed to DVA and found that almost three quarters had perceived the incident as a direct threat to their own safety and felt they had no control in the situation.

It is often the case that the family is able to hide the abuse from authorities including the school (Mullender, et al, 2002), which could result in the child being labelled as having behavioural difficulties or diagnosed with clinical disorders such as Attention-Deficit Hyperactivity Disorder (ADHD) or Oppositional Defiant Disorder (ODD), which describe a similar pattern of behaviours as is sometimes associated with young people who have witnessed DVA (Sterne & Poole, 2010). Conversely, if the DVA is reported, the child may also fear the repercussions of the abuser expressing further anger towards them (Sterne & Poole, 2010; Mullender, et al, 2002). Sometimes a child may think they are just confiding in their teacher or a member of support staff and assume that the confidentiality will not be broken; however due to strict safeguarding protocols, all information regarding potential DVA has to be reported to the appropriate authority within a school (Sterne &

Poole, 2010). Those children who are aware of this may be less likely to discuss their fears and believe they have nobody to talk to, instead keeping the trauma a secret, which can have an impact upon their well-being.

The trauma of witnessing DVA can lead to academic difficulties, cognitive delays and poor social skills (Edleson, 1999a; Kitzmann, Gaylord, Holt and Kenny, 2003). There is evidence to suggest that these children are more likely to develop mental health difficulties such as anxiety, depression and low self-esteem (Kolbo, Blakely and Engleman, 1996; Kaufman, Ortega, Schewe and Kracke, 2011), and engage in substance abuse, anti-social behaviour and violence (Kitzmann et al, 2003).

A number of studies, for example, Levondosky, Huth-Bocks, Semel and Shapiro (2002) have found that the emotional distress and resultant impact of experiencing DVA can at times meet the clinical criteria for what the International Classification of Diseases-10 (ICD-10, a standard international diagnostic classification) would term Post-Traumatic Stress Disorder (PTSD). I find it helpful to view PTSD as a social construct and as such as a term used to refer to the anxiety and stress experienced by a person following either an individual traumatic event or succession of events.

Kaufman et al (2011) asked the parents of 2,798 children to complete the Traumatic Events Screening Inventory—Parent Report Revised—Brief Version (TESI; Ghosh-Ippen, Ford, Racusin, Acker, Bosquet, Rogers et al, 2011) which is a 24-item semi-structured interview that determines a history of exposure to traumatic events in children aged six years or younger. They found that 25% of the children affected by violence were reported to have clinical-level symptoms of PTSD - whilst 47% of the Mothers reported clinical levels of stress. Kaufman et al (2011) concluded that more research is needed into the types and frequency of violence that young people who develop symptoms of trauma, have been exposed to, whilst Herman (2004) refers to the long-term traumatic stress experienced by some who live with DVA as distinct from PTSD. I believe that it is necessary to consider each child individually

however, as 75% of young people in Kaufman et al's study were not reported to have developed clinical-level symptoms.

Terr (1991) states that the experience of DVA and its association with the home environment leaves children feeling trapped in their 'safe haven'. He compares the experience to that of those living in war zones when children have also reported hyper-vigilance, flashbacks, nightmares, bed-wetting and soiling, self-abuse, irritability and over-activity (Nicolson, 2010), as well as impaired concentration and memory. With these behaviours in mind, children's experiences of sustained trauma following DVA are likely to impact on all areas of their education, including social relationships, engagement in lessons, achievement and overall behaviour.

More recently, Kitzmann, et al (2003), have carried out a meta-analytic review of studies focusing on the psychosocial outcomes for children exposed to what they term inter-parental violence. Again, it was highlighted that the variation in research design and limited attention directed towards certain areas of the phenomenon, made drawing firm conclusions difficult; however some tentative inferences were made. For example, pre-school children are thought to be more at risk of atypical development due to their limited understanding of conflict and strategies for coping with it, whilst gender and other age characteristics were not thought to be significant. Children, who were also the victims of abuse, were not found to show significantly worse outcomes than those children, who were witnesses to DVA, suggesting that any exposure to DVA is sufficient to impact upon development. Externalised and internalised behaviours were also examined. Overall, there was more conclusive evidence to suggest that children are more likely to intervene or respond aggressively to hypothetical inter-adult conflict, than to withdraw or feel distress, perhaps as internalised behaviours are more difficult to assess (Kitzmann et al, 2003). Whilst many of the recommendations made by the researchers involve statistical analysis, they believe that resiliency factors should be considered, as not all children show signs of an impact. Differentiating between milder forms of DVA



and more serious examples was also thought to be helpful in understanding the variation of response in children and young people who have witnessed DVA.

A number of researchers have considered gender as a factor influencing the impact of witnessing DVA on children (McGee, 2000; Mullender et al, 2002; Hughes, 1992); however, the results appear to be complex (Hester et al, 2007). The typical gender stereotypes which describe females as passive and boys as aggressive (Jaffe, Wolfe, Wilson and Zak, 1985) have been replaced by explanations based upon both gender and age. For example, Davis and Carlson (1987) concluded that pre-school and school-aged girls were more likely to respond passively to witnessing DVA, yet school-aged girls were more likely to be aggressive than school-aged boys. They found that school-aged girls and pre-school boys were most likely to be affected by living with DVA; in addition, teenage boys were most likely to run away from home and experience suicidal thoughts (Davis and Carlson, 1987).

Following on from Kitzmann et al (2003), it is important to consider the protective factors which children and young people develop to help them to cope with adversity (Mullender et al, 2002). Rutter (1985) identifies a number of factors which he describes as protective and therefore contributory to resilience. These are positive self-esteem, humour, secure attachment to a non-abusive parent and social support. According to McGee (2000) and Edleson (1999b) however, these factors are commonly reduced in children who have witnessed DVA, especially self-esteem. The role of a supportive and warm relationship with a parent is also thought to be a positive factor for both the child and parent. Hague, Mullender, Kelly, Malos and Debbonaire (2000) warn however, that this is often underestimated by social care procedures, which may view a Mother as unable to protect her child when she does not leave the violent home. This can result in the child being taken into care and a break in the bond with the attachment figure. Reasons for remaining in the family home such as lack of support, lack of material resources and the socio-legal system (Nicolson, 2010) are overlooked.

#### 2.2.4. Education and DVA

As stated previously, the experience of DVA can significantly delay and impair global development, most commonly cognitive, speech and language, and social skills (Guzman, et al, 2011). Withdrawn and passive children who avoid interactions with peers and adults are most likely to continue to struggle academically, especially if attendance is also problematic. Gaps in learning coupled with feelings of distress when in the classroom can have a severe impact on both the child's progress and also self-esteem and confidence, with some children disengaging totally from their education.

Kolbo, et al, (1996) carried out a systematic review of the literature surrounding children and DVA stating that despite studies concluding that witnessing DVA was harmful to children, the *“state of knowledge was quite limited due to the use of exploratory methodologies, reliance on untested theories and the presentation of inconsistent findings”* (Kolbo et al, 1996, page 282); unfortunately, the researchers do not make explicit what acts they are referring to in their use of the term 'domestic violence'. As has been described, much of the research in this area has been quantitative and so their review focuses upon scientific knowledge. To summarise their findings, Kolbo et al (1996) conclude that from the 29 articles reviewed (all of which involved adults completing checklists, for example the Conflict Tactics Scales, CTS; Straus, 1979), children who witness DVA are at risk of 'maladaptation' in one or more of the following areas of development: behaviour, emotional, social, cognitive and physical. However, a recurring issue was the amount of variation in findings between studies, making the drawing of meaningful conclusions about the impact of witnessing DVA, extremely difficult. Furthermore, many studies adopted group comparison designs, which involved using children residing in domestic violence shelters (presumed to have witnessed DVA) with those living in the community (presumed not to have witnessed DVA). Research based upon such assumptions, is highly lacking in validity.

Kolbo et al (1996) recommend that future research should include those young people who have witnessed DVA, whilst displaying typical development. I believe as Educational Psychologists (EPs), we are perfectly positioned to assess such areas of child development and make recommendations for support and intervention based upon the individual child's needs.

Guzman et al (2011) evaluated the impact of mental health problems in first-grade Chilean children, upon fourth-grade school achievement. The Chilean government introduced the Teacher Observation of Classroom Adaptation-Revised (TOCA-RR) and Paediatric Symptom Checklist (PSC-CI) to approximately one-fifth of its elementary schools by way of identifying which children present with risk factors for "psychosocial dysfunction". This large-scale quantitative study obtained data on 7,903 pupils and concluded that being identified with a mental health problem in the first grade by use of a screening tool, predicted significantly poorer academic performance (in science, maths and language) three years later on routine standardised achievement tests. The research also states that mental health was shown to be the second most powerful predictor of academic achievement after teacher ratings of performance at the baseline. It is important to note however, that not all mental health problems are associated with poor academic performance; for example, medical conditions such as Anorexia Nervosa are often linked to females who are high achievers (Pryor and Wiederman, 1996). Guzman et al's (2011) study is in contrast to previous research, which ignored mental health and focused on other factors such as socio-economic status and parental education.

There are however limitations to the research, most notably that it was carried out within Chilean schools, using Chilean standardised measures and Chilean achievement tests and therefore it is difficult to generalise the findings to the UK education system. There was also a large amount of missing data, which the authors accounted for by using 'multiple imputation', which effectively repairs the incomplete data, by filling in the gaps based on the remaining data. The problem occurs when the missing data constructs a biased sample, which is no longer

representative (Wayman, 2003). The extent to which this occurred in Guzman et al's (2011) research is not known and so the impact of missing data is difficult to assess. With this in mind, it is important to note that the research does seem to suggest that at times mental health is a strong predictor of later academic achievement, and one that can be responsive to intervention, unlike parental education, pre-existing ability and low socioeconomic status.

Poor attendance has also been linked to the experience of witnessing DVA (Sterne and Poole, 2010). This vulnerable group of children can miss out on a regular education for a number of reasons including, separation anxiety from the mother or home, when a child may try to delay being taken to school by running away, losing homework or soiling themselves; older children may also refuse to go to school to enable them to support their mothers or feign illness to ensure they are sent home if forced to attend (Sterne & Poole, 2010). Furthermore, some families need to move house and area frequently to avoid a perpetrator of abuse and therefore the child also changes school frequently and struggles to develop a sense of belonging and safety associated with education. More severe cases also may develop into a 'school phobia' born out of an insecure attachment (Johnson, Falstein, Szurek, Svendsen, 1998). It is also possible that older children with younger siblings can fall into the role of carer as the impact of sustained DVA impedes the mother's parenting capacity (Department of Health, 2002).

The impact upon education can also have social implications as maintaining friendships or forming new ones following school transfers can be a part of a child's life that they no longer show an interest in (Sterne & Poole, 2010). They may find it particularly difficult to socialise with peers outside of school, fearing inviting them round to their home due to the unpredictable nature of the abuse. By becoming close to other children, the child who has experienced DVA may feel pressure to share secrets and stories about their home lives, which for them would have severe consequences. For these reasons, remaining distant can be the easiest solution. Conversely, younger children tend to respond in the opposite way (Sterne & Poole,

2010) by becoming more clingy and insecure in their social relationships, perhaps fearing further loss of control and stability. Following their own agenda and resisting adult mediation is thought to be common in such groups of children.

There is also growing research that suggests that young girls in particular are choosing and tolerating abusive relationships, some even normalising the violence (Home Office, 2013) and viewing it as a 'badge of honour' (House of Commons, 2008). Sterne and Poole (2010) also suggest that those teenagers most at risk of entering and staying in an abusive relationship are those who have grown up within households that model aggressive and controlling behaviour.

Perhaps the most common impact noted in schools is externalised behaviour (Sterne and Poole, 2010). Calder, Harold and Howarth (2004) believe that around 40% of children who have experienced DVA will demonstrate what they term clinically significant behavioural problems. Such children are likely to become agitated very quickly and experiencing low levels of stress and frustration becomes the norm, so that challenging behaviour can be triggered more easily. It is important for teachers to be aware however, what may be expressed as an aggressive response, may actually be fear or distress. Calder et al (2004) state that quick dips in concentration while the child thinks about their home circumstances can mean they have missed the instructions for the task. The teacher then chastises them in front of peers for not listening, eliciting an angry outburst from the pupil, which to an observer would appear unprovoked and irrational.

Social Learning Theory (Bandura, 1977) has been used to explain the way in which children that have witnessed violence and abuse in the home, often respond similarly to conflict themselves. For example, family members act as models for children who observe the violent behaviour that occurs around them, according to Bandura (1977). Observational Learning then occurs with the child imitating the violence themselves. McCue (2008) however, reports that only 30% of boys go on to be violent to partners as a teenager or adult and so the theory does not account

for the other 70% who do not. She also argues that there is no conclusive research evidence to support the notion that females seek relationships with abusive men as adults. As has previously been mentioned, resilience may be a factor in explaining the different responses to the experience (Kitzmann, et al, 2003).

### **Section 3: Support and Intervention**

Although there appears to be an increased understanding about how DVA can impact upon the development and education of children and young people, there is significantly less knowledge about how best to support young people and families who are living with DVA (Devaney, 2010).

#### **2.3.1. Refuge Support: Mother-Child Relationships**

The impact of the 'emotionally unavailable' parent has been highlighted by Mullender et al (2002) as detrimental to the child's ability to remain resilient through the experience of DVA. It can impact upon the child's feelings of safety and love and result in them seeking containment from other sources (Geddes, 2006).

Warren-Dodd (2009) reported successful outcomes of therapeutic group work with pre-school children and Mothers. This involved a multi-agency approach to improving the psychological well-being of parents and children following the recommendations from Mullender et al's (2002) research. The group aimed to provide: therapeutic play experiences for the children to promote self-esteem and emotional well-being, as well as enhance development, a parenting support group for the Mothers to promote positive parenting and provide a social network and Theraplay (Jernberg and Booth, 1999) activities to encourage joint play between Mothers and their children and promote secure attachments.

The outcome of the groups was reportedly positive from the perspective of parents and group leaders (Educational Psychologists and Social Care staff), with parents also feeling that the experience had been worthwhile for their children. Warren-Dodd (2009) concluded that for those families who are in need of support, the

groups acted as a successful way of supporting the Mothers to improve their own emotional well-being to enable them to overcome and cope with the adversity associated with DVA. However, the support groups were only available to Mothers – and children living in a local refuge and therefore not to children who were still living in the abusive home environment. The focus appears then to have been upon overcoming an experience and not coping with a current abusive situation.

### 2.3.2. Support for Young People Outside the Refuge

For children and young people who have witnessed DVA, but that are living outside the refuge, there seems to be less structured and consistent support (Saunders, 1995) and for those who feel unable to report the DVA, there may be even less. Some charities, for example ChildLine, NSPCC, Women's Aid and The Hideout, offer anonymous support to young people who are experiencing DVA through their free phone lines and interactive websites; here children can find case studies, chat rooms and frequently asked questions and answers to help them to cope with their experience. Confidentiality is easier to ensure due to anonymity, however, there are exceptions. The ChildLine website states "we would only need to say or do something if:

- You ask us to
- We believe your life or someone else's life is in immediate danger
- You are being hurt by someone in a position of trust who has access to other children like a teacher or police officer
- You tell us that you are seriously harming another young person"

ChildLine, 2013

It may be however, that children are too fearful to access these sources of support, are unaware that they exist, or that they feel they need to talk to somebody in person. Here, the problem is that the confidentiality available to these young people has stricter limits, as adults have a duty of care and safeguarding responsibility which would necessitate them having to report the abuse (Mullender

et al, 2002).

## **Section 4: The 'Local Picture', Summary of the Literature and Formulation of Research Questions**

### 2.4.1. An overview of DVA in the local authority

The local authority where I am based as a Trainee Educational Psychologist is an urban area in the north of England, with a population of approximately 264,000<sup>2</sup>. Based upon statistics reported in the British Crime Survey 2009/10 (Home Office, 2010), using the 'Violence Against Women and Girls Ready Reckoner' it can be estimated that there are 6,522 women and girls aged 16 and above, who have been the victim of domestic violence, 3,366 who have been the victim of sexual violence and 9,669 who have been the victim of stalking in the last year. As has been noted, DVA often goes unreported and so these figures may be under- estimates.

Recent crime figures for the area also show that whilst violent crime in general is falling, reported incidents of DVA are increasing; this may show increased confidence in victims to report DVA as a crime, or may reflect an increase in the prevalence of DVA in the city. According to Citysafe (2007) gender trends follow that of the national profile, whereby 81% of victims are female and 89% of perpetrators are male. The city launched a dedicated Domestic Abuse Partnership (DAP) in 2005 and by February 2010 had supported 8,522 survivors of DVA and 10, 693 children. There is also now a dedicated support service for male victims of DVA. Of the total number of children on Child Protection Plans in the city, 21% are due to a primary concern of DVA.

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<sup>2</sup> Based upon information provided by the Office for National Statistics (2010).



**Reflection Box:** *My experience as a Trainee Educational Psychologist in this local authority has involved working with children and young people who have witnessed DVA, although this has often only been mentioned to me as an 'after-thought' or I may have been asked not to mention it to families. I feel that this approach can restrict my ability to effectively formulate the needs of a child and makes understanding them in the context of the family or school system, extremely challenging. The impact of witnessing DVA on children's development and education has been extensively researched, yet in my experience education staff often feel ill-prepared to support such children, whilst some professionals have disclosed that they do not see this as part of their responsibility as it is 'not an educational issue'. I think that I disagree with this statement and therefore feel strongly that research into this area is important to improve educational practice.*

#### 2.4.2. Summary of the Literature

It appears that much of the research in the area of DVA has been done 'to' children as opposed to 'with' them by involving them directly to seek their views and experiences. As stated by the Home Office (2003), children remain the silent victims in such cases of abuse, with their voice rarely being heard. An important aspect of research data has therefore been neglected.

It is also perhaps salient that there have been few research studies published by Psychologists in the area of DVA, especially those working in the field of education. The limited number of Educational Psychology contributions therefore has led to a bias in research perspectives, and an emphasis on clinical diagnoses or social care and safeguarding descriptions. As Dell and Korotana (2000) state, much attention has been given to the psychological predictors of DVA, describing the 'abnormal' personalities that are often associated with abusive relationships. However, by considering DVA from a social and contextual perspective and using qualitative accounts one can access the powerful stories constructed by those who have

experienced the phenomenon, as opposed to treating the psychological discourses as fact and privileging this knowledge over individual discourse (Dell and Korotana, 2000).

#### 2.4.3. Research Aims

Having reflected upon my interpretation of the literature presented above, the aim of this piece of research is to gain insight into the experience of witnessing DVA from the perspectives of a sample of young people who have been exposed to the phenomenon. I intend to explore my participants' experiences of DVA and any support or intervention they may have been offered, or indeed accessed. Moreover, I hope to build upon Saunders' (1995) research to establish more explicitly how education staff can support young people who have witnessed DVA.

#### 2.4.4. Research Questions

Two research questions have emerged from my reading of the literature, which also support the theoretical underpinnings of my chosen methodology, Interpretative Phenomenological Analysis, which will be discussed further in the next chapters.

1. How do young people make sense of their experience of witnessing domestic violence and abuse?
2. How can an understanding of this experience, help school staff to modify how they support young people, who have witnessed domestic violence and abuse?

To aid clarity, it will be necessary to further define the following terms used in the research questions:

- Domestic Violence and Abuse:

There are a number of terms used in the literature to describe abuse in the home, such as domestic violence, domestic abuse, spousal abuse and intimate partner

violence. The latter is used by the World Health Organisation (WHO) due to the nature of the majority of reported incidents of violence in the home, occurring between adults in an intimate relationship (WHO, 2002); however, this is not the only form of abuse that occurs in the home. The UK government previously favoured the term 'domestic violence'; however, in September 2012 the Home Office announced a change to their definition, which involved broadening their preferred term to 'domestic violence and abuse', which they define as:

*“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:*

- *psychological*
- *physical*
- *sexual*
- *financial*
- *emotional”*

Home Office, 2012, p3.

Controlling behaviour encompasses a range of acts performed with the intention of making a person subordinate and/or dependent by isolating them from sources of support (for example family and friends), exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour would include an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse with the intention to harm, punish, or frighten their victim.

The decision to change the definition by the Home Office is reportedly the result of the Teenage Relationship Abuse Campaign and the British Crime Survey 2009/10 (Home Office, 2010, known since 1<sup>st</sup> April 2012 as the Crime Survey for England and

Wales), which found that 16-19-year-olds were the group most likely to suffer abuse from a partner.

Whilst the physical act of violence is perhaps emphasised more within the media and literature, it is my own experience that some young people are aware of the bigger picture within their home environment and would therefore pick up on psychological, financial, emotional and perhaps also sexual aspects of abuse. The local authority where I am currently placed also commonly uses the broader description of domestic violence and abuse, which may mean that the school settings are also more familiar with this terminology; the choice of language is important to me as part of the aim of this piece of research is to improve the understanding of education staff and help them to support this vulnerable group of young people more effectively. I would like to allow the young people participating in my research the choice to talk about the elements which are most important to them.

- Witness:

This will be used to refer to the nature of abuse experienced by the children involved in this study. Witnessing DVA can include, over-hearing the abuse, being in the same room while the abuse is taking place or seeing the physical or emotional impact of the abuse on the parent, for example bruising, depression, and fear.

- Support:

This term will encompass the roles carried out by all education staff, including teaching and non-teaching roles, those based within school and those who are not, and refer to all aspects of the school day.

Chapter 3 will describe my chosen methodology in terms of theory and rationale and explain ethical considerations and decisions made in relation to this research study.

## **Chapter 3: Methodology**

This chapter aims to explain the journey taken in deciding upon the chosen methodology. I will begin by considering the emergent design of the research study, including the rationale for using Interpretative Phenomenological Analysis (IPA) and an outline of its theoretical basis (Sections One and Two respectively). Section Three will discuss issues of validity and quality assurance for this piece of research, as well as consider my own positionality as a researcher, whilst Section Four will focus on the ethical considerations.

### **Section 1: Emergent Research Design**

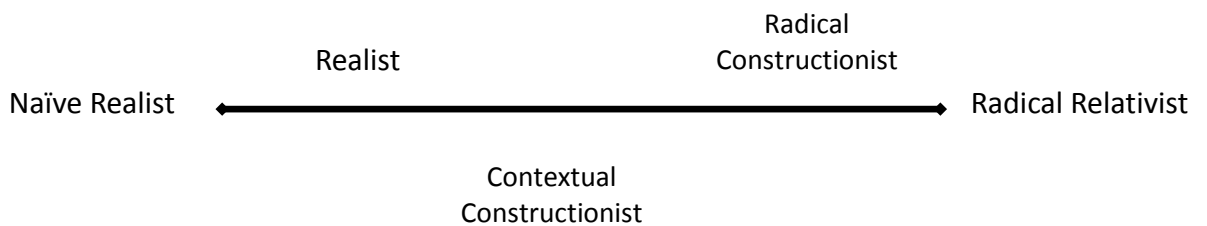
Due to the interpretative nature of this piece of research, the word 'design' is used tentatively. With such studies, it is more appropriate to talk about 'emergent designs', as rigidity and structure are not fitting with interpretative traditions (Thomas, 2009); this element of flexibility allows me as the researcher to incorporate elements of reflexivity, co-construction through semi-structured interviews with participants and subsequent interpretation of transcripts, that a more rigid design would not complement.

#### **3.1.1. Epistemological Positional**

I have reflected upon my positionality throughout the research process with reference to epistemological and ontological continua. Willig (2001, p13) uses the following definitions: epistemology - how knowledge is created, 'how can we know' and ontology - how knowledge exists, 'what is there to know'. Madill, Jordan and Shirley (2000) describe qualitative research as possessing epistemological diversity and attempt to classify qualitative approaches onto a continuum (see Figure 2) which ranges from 'Naive Realism' which follows the ontological position that the world is 'an orderly, law-abiding enduring, fixed and objectively knowable and constant place' (Moore, 2005, p 106), to 'Radical Relativist' with the ontological position that the world is not an objective entity that can be 'known'; it is

ambiguous, irregular and constantly changing. The three other epistemological positions on the continuum are: 'Realist,' which is characterised by a discovery orientation (Madill et al, 2000), 'Contextual Constructionist' which posits that all knowledge is contextual and relative to the individual's standpoint and 'Radical Constructionist' that sees all knowledge as socially constructed by language and discourse.

Figure 2: Ontological and Epistemological Continuum



(Adapted from Madill et al, 2000)

Having reflected upon my own experiences of witnessing DVA and those of the young people I have worked with so far during my training, I have been drawn towards a more central position on the continuum, that of a contextual constructionist. This position fits with an acceptance of the experience of witnessing DVA as a 'real' phenomenon that exists; however, my understanding and knowledge of this, and that of others, is shaped by the construction of meaning within the context within which it is experienced. Knowledge is therefore local, provisional, and situation-dependent (Jaeger & Rosnow, 1988). Giorgi (1995) talks of networks of cultural meaning, within which researchers and participants are conscious beings who are interpreting and acting on the world around them. Importantly for my chosen methodology, the concepts of objectivity and reliability are rejected and all accounts of the experience are viewed subjectively.

Contextual Constructionism is well suited to the use of Interpretative Phenomenological Analysis (IPA), as IPA derives from epistemological realism where knowledge is produced about what people think about a phenomenon, and ontological relativism, where what is important is *how* participants experience the

phenomenon (Willig, 2001). Subsequently, IPA operates under the premise that participants can experience the same 'objective' phenomenon, in this case witnessing DVA, in different ways because their experience is context dependent and is therefore mediated by the thoughts, beliefs, expectations and judgments that as an individual, they bring to it. Phenomenological knowledge is therefore knowledge about the subjective experiences of the phenomenon in question (Willig and Billin, 2011).

Young people who have witnessed DVA have so far had little attention paid to their own voices in the published literature, with many studies perhaps trying to protect their best interests (Becker-Blease & Freyd, 2006), choosing to ask parents and carers about a child's experience of the phenomena in question. As Todorova (2011, p8) asserts "*we are drawn to qualitative research precisely because it allows a valuing of agentic individual subjectivities and voices otherwise ignored or silenced*". The costs of not asking young people directly about their experiences (Becker-Blease & Freyd, 2006) have been considered deeply in relation to this piece of research and the decision taken to conduct research *with* young people was made following much deliberation about my epistemological position, reading at the planning and pilot stage of the study and discussions with my Research Supervisor.

It is the intention of qualitative research to understand and bring to light the experiences and actions of people as they come into contact with, participate and live through experiences. Whilst there are different approaches to qualitative research, one common purpose that is shared is the contribution to a process of appreciation and enrichment of understanding, rather than verification of conclusions or theory (Elliott, Fischer, & Rennie, 1999). As Willig (2008) argues, in carrying out qualitative research it is also important to consider power. I was keen to pick a methodology that would not position myself as the researcher outside of the phenomenon being explored, or view me as the expert on the participant's accounts of their experiences. As a Trainee Educational Psychologist studying at

doctoral level, therefore with some prior experience of research, I am able to contribute a degree of expertise in the close reading and interpretation of the interview transcripts.

Collection of detailed and rich qualitative information about the participants' experiences will follow a flexible 'bottom-up' approach, which allows the meanings generated by participants to shape the interviews, facilitating the emergence of new categories of experience (Willig, 2001), as opposed to participants being asked a series of highly structured closed questions. It is intended that the interviews will provide insight into participants' interpretations of their experience, to help improve understanding and knowledge within this area; as will be discussed in more detail in Chapter 4 it is also believed that a participant-led interview would be more sensitive to the nature of the research topic.

**Reflection Box:** *The opportunity to empower young people was important to me both personally and professionally, as I found it difficult to understand the contradiction that parents who are not often aware how much of the abuse their child has witnessed, are asked to report upon the impact of the DVA on the child. The ability of qualitative methodologies to elicit detailed and rich accounts is exciting as it would hopefully allow for both shared and variation of experience to be highlighted.*

The research aims to be predominantly exploratory, in relation to the lived experiences of the young people and their idiographic perspectives on the experience of witnessing DVA. Positivist approaches, it was felt, would be too reductionist and therefore unable to seek to try and capture the individual meaning offered by participants, instead seeking to find a single truth. A qualitative methodology that fits within a phenomenological approach is therefore considered most appropriate for this piece of research.



## Section 2: Theoretical Basis of Interpretative Phenomenological Analysis

Interpretative Phenomenological Analysis' (IPA) theoretical underpinnings stem from phenomenology, which is not only a qualitative research method, but also a philosophy based upon the motto "zu den sachen" (Dowling, 2007, p132) meaning "let's get down to what matters" and 'to the things themselves' (van Manen, 1990, p184).

### 3.2.1. Transcendental Phenomenology

There are many different phenomenological approaches in use today, all of which have grown from Husserl's (1927, 1931, 1990) attempts to construct a philosophical science of consciousness. One of the key concepts for Husserl was intentionality, which was the term he used to convey that whenever we are conscious, it is to be conscious of something (Langdrige, 2007); this is in contrast to the consciousness referred to by Descartes who saw it as something directed with-in at our thoughts and feelings. Husserl however, believed that consciousness was directed outside on to the world and it is the relationship between a person's consciousness and the world, the way in which it appears to each individual, that phenomenological psychologists are primarily concerned with. Intentionality is concerned with what is perhaps best thought of as a correlation, between Noema (the experience or 'things themselves') and Noesis (the reflexive nature, the way it is experienced) (Langdrige, 2007).

Husserl was part of the transcendental phenomenology movement, which argued that it was possible to go outside of the experience, to follow the principle of epoche, which means to 'bracket' all of one's previous assumptions or knowledge about the experience and their 'natural attitude' (everyday way of seeing the world; Langdrige, 2007), with the intention of allowing the participants to ascribe their own meanings (Husserl, 2002b). Also referred to as descriptive phenomenology, Husserl's approach acknowledges that interpretation is an important part of how people perceive and experience phenomena. However, he feels strongly that it is possible to minimise interpretation and to focus on 'that which lies before one in

phenomenological purity' (Husserl, 1931, p262). Therefore, "description is primary and interpretation is a special type of description" (Giorgi and Giorgi, 2008, 167).

### 3.2.2. Existential Phenomenology

Phenomenology was developed further by Heidegger (1962/1927) who changed the focus to hermeneutics (the theory of interpretation), and symbolic-interactionism, which posits that the meanings an individual ascribes to events are of central concern but are only accessible through an interpretative process; this is known as the 'existential turn' within phenomenological literature. For Heidegger, phenomenology was all about 'being-in-the-world' and so he moved away from the principle of epoche, believing that it was impossible to separate 'being' from 'the world'. The hermeneutic tradition suggests that all description involves interpretation; interpretative phenomenology therefore, does not attempt to separate the two. It is also expected that the researcher's own presuppositions and assumptions about the world will impact upon the data collection and analysis; the researcher acknowledges this previous experience of the phenomena and uses it to advance understanding (Willig, 2008).

**Reflection Box:** *I find the Husserlian concept of epoche, in the strictest sense, difficult to embrace, due to my own personal and professional experience of domestic violence and abuse. The level of engagement with the research literature around the topic, would also make it extremely difficult to put aside all of my own understandings and reflections and so I feel more aligned with hermeneutic phenomenology, as opposed to the more traditional descriptive approaches. I feel it is appropriate to state my own position as a researcher throughout the process and therefore continually aim to heighten my awareness of any preconceptions.*

### 3.2.3. Idiography

Idiography is an important component of IPA and refers to a focus on the particular as opposed to the general. It therefore seeks to understand how individuals may experience witnessing DVA. This is in contrast to nomothetic approaches that are associated with positivist psychological research, which aims to apply its findings to the wider population. As Smith, Flowers and Larkin (2009) state, much psychological research is nomothetic, seeking to make claims at the group level, but in doing so the individual is lost; IPA however is committed to the individual's experience in a particular context.

Eatough and Smith (2008) argue that idiographic approaches require *“the intensive examination of the individual in her/his own right as an intrinsic part of psychology’s remit,”* they also claim that the *“logical route to universal laws and structures is an idiographic-nomothetic one”* (Eatough and Smith, 2008, p183). This means that generalisations can only be established by first locating them in the particular, before developing them cautiously (Smith et al, 2009). Whilst IPA also outlines analytic procedures for combining cases to identify patterns across the data set, the individual is never lost, as their unique experiential account can always be traced.

### 3.2.4. Summary of Rationale for Choosing IPA

The use of IPA is appropriate as it is used to examine in detail, how people make sense of major events within their lives, including the reflections, thoughts and feelings that are associated with the experience. The word ‘interpretative’ is important, as it refers both to the interpretations made by the participant of their own experience, and my interpretations as the researcher of the research event in its totality, including reflections and language used by the participant to describe experience (Thomas, 2009). This is known as a double hermeneutic (Smith et al, 2009). The phenomenological emphasis also fits with my own values as a Trainee Educational Psychologist and as an individual; I appreciate the value of privileging lived experience and in exploring the meaning of that experience. In exploring the

meanings that participants have assigned to their experiences of witnessing DVA, the approach recognises each individual as the expert in their own experience. However, I believe that it is never truly possible to gain access directly to other people's experiences; instead we can aim to be "experience-close" (Smith et al, 2009, p33). Hollway and Jefferson (2000) suggest that:

*"If we wish to do justice to the complexity of our subjects an interpretative approach is unavoidable. It can also be fair, democratic and unpatronising, as long as this approach to knowing people through their accounts is applied to the researcher as well as the researched."*

Hollway and Jefferson, 2000, p3.

This reference to the researcher becoming part of the research is particularly important in IPA, due to my role in interpreting the participants' accounts of their individual experience and the emphasis upon reflexivity, which will be explained in more depth in the following sections.

IPA has been chosen because it allows rigorous exploration of idiographic subjective experiences and, more specifically, social cognitions. Consequently, IPA acknowledges that the researcher's engagement with the participant's text has an interpretative element, yet in contrast to some other methods (e.g. discourse analysis); it assumes an epistemological stance whereby, through careful and explicit interpretative methodology, it becomes possible to access an individual's cognitive inner world. Both Willig (2001) and Langdrige (2007) find IPA's reference to cognitive psychology troubling, however, Smith et al (2009) clearly defend their engagement with mainstream psychology by stating that cognitions are not "isolated separate functions" (p191) but are part of the phenomenological concept of being-in-the-world; they can therefore be accessed indirectly through participants' attempts to make sense of their experience through language and narrative.

### 3.2.5. Limitations of IPA

As with all methodological approaches, there are limitations to the use of IPA. Firstly, as has been discussed, IPA requires participants to provide rich, detailed accounts of their personal experience, which necessitates being able to communicate articulately and be able to reflect back upon the experience at both a descriptive and affective level. If participants do not possess the appropriate linguistic competence then accounts may stop at the descriptive level and therefore not provide the depth of account necessary to perform such detailed analysis at the micro-level. To overcome this difficulty, the age of participants was carefully considered.

In addition, IPA is based upon the assumption that language provides participants with the necessary instruments to share their experiences. Willig, however, argues that “language constructs rather than describes reality” (Willig, 2001, p63). Therefore, the words that a participant chooses to describe an experience, will only construct a particular version of their experience. I believe it is therefore important to attempt to understand the ‘*particular version*’ a person chooses to articulate, as direct access is not possible.

A further potential limitation as stated by Giorgi (2000) is also regarded as a strength by Smith et al (2009) and described by Pringle, Drummond, McLafferty and Hendry (2011) as a contributing factor to the rise in popularity of IPA as a qualitative research method in psychology. IPA involves a series of stages of analysis, which Giorgi (2000) sees as an attempt by Smith et al (2009), to present phenomenological analysis as a fixed set of prescribed steps. Smith et al (2009) have emphasised the flexibility of the stages, which they state are only intended as guidance; Pringle et al (2011) have acknowledged the latter point and feel that a flexible approach may seem alien to traditional positivist researchers. However, despite the move away from strictly philosophical approaches to research, the steps towards operationalizing phenomenological analysis may offer a more user-friendly approach for researchers new to the qualitative field. Nevertheless I have

chosen not to neglect the philosophical roots of IPA as suggested by Smith et al (2009) to ensure the subtleties of the method are not overlooked.

### 3.2.6. Rejected Methodologies

In order to answer the research questions, several potential methodological approaches were considered before deciding upon IPA. These included Q-methodology, Grounded Theory and Narrative approaches.

Initially, as I was interested in the views of participants on what school staff and other professionals could do to effectively support young people who have witnessed DVA, I considered using Q-Methodology (Stephenson 1935) which positions the participants' points of view and understanding as central to the research study; it involves participants sorting a number of statements about a given topic, into those they agree with most and those they agree with least. The latter is seen as something different to disagreeing with a statement (Watts and Stenner, 2012). A form of factor analysis is then completed which in its most basic form reveals patterns of association between expressed viewpoints, which represent the main discourses at work within the data (Watts & Stenner, 2012). Q-Methodology is described by Stenner and Watts (2012) as fitting into a social constructionist position, due to the emphasis on social viewpoints; however, following further exploration of the method, I found the process of completing a Q-sort and positioning statements onto a Q-sort diagram, to be too fixed, lacking the flexibility and choice I wanted to be able to offer to participants. A further difficulty I saw in adopting Q-Methodology for my research was related to its link to quantitative approaches and statistics, which would necessitate having a larger number of participants than I believed I would be able to recruit.

Grounded theory was considered as in seeking to answer a research question using this approach, it is assumed that very little is currently known about the social process under investigation, a voyage of discovery is therefore undertaken (Glaser

and Strauss, 1967); this felt appropriate for the current research study. However, grounded theory also tends to use larger participant numbers to substantiate theory and does not privilege the individual perspective (Barbour 2007) in the same way as IPA. Although smaller sample sizes might be a limitation of IPA studies, Smith et al (2009) considered that reduced participant numbers allows for a richer depth of analysis, which I felt was important in trying to explore the phenomenon in question. Furthermore, the literature on grounded theory suggested that researchers were required to put aside their preconceptions and theoretical understandings of the subject area (Barbour, 2007), in a similar vein to Husserl's concept of epoche; this was not something I felt able to do effectively due to my own personal and professional experience.

Finally, a narrative approach was also considered, having decided that in-depth accounts of the experience of witnessing DVA were important in furthering understanding in the field; narrative approaches allow researchers to remain faithful to participant voices (Hollway & Jefferson, 2000). It is based upon the premise that we make sense of our lives through telling stories or narrativizing our experiences (Billington, 2000).

Like IPA, narrative approaches explicitly acknowledge the presence and influence of the researcher as *"resulting narratives are always a product of the relationship between interviewer and interviewee"* (Hollway and Jefferson, 2000, p45). Pomerantz (2005) described this form of research as empowering, as it encourages agency, as participants share the version of their experience that they choose; accounts are not viewed as single truths about the experience being explored. Narrative approaches are therefore social constructionist in terms of the context and situated occasion, yet also phenomenological in terms of meaning making.

**Reflection Box:** *My preference for IPA came from the structure it provided during analysis and the ability to complete cross-case analysis and therefore consider both shared and variation in experience. I did however, try to develop an interview schedule based upon the narrative principles, using open questions and allowing participants the freedom to talk about the aspects of the experience they chose. Whilst I wanted participants to experience freedom in the interviews, I was less sure of how I, as a novice qualitative researcher, would respond to the amount of freedom that a narrative methodology would allow during the analysis stage.*

### Section 3: Validity and Quality Assurance

Measures of reliability and validity in quantitative research have long been established as ways of assessing the usefulness and quality of studies; however, the same criteria are not considered appropriate to apply to qualitative research due to the clear differences in research aims and methodologies (Elliott, et al, 1999). It has therefore become the goal of many qualitative researchers to develop a set of guidelines for reviewing qualitative research, that are explicit, yet still flexible (Elliott, et al, 1999). Smith et al (2009) and Willig (2008) cite Yardley's (2000) criteria, which consist of four broad-based principles for assessing the quality of qualitative research. I endeavoured to draw upon elements of Yardley's (2000) principles, as well as those suggested more recently by Tracy (2010) who proposes eight "big-tent" criteria, which aim to also be broad and therefore applicable to all qualitative research studies, regardless of theoretical orientation. Due to the breadth of both sets of criteria, some overlap occurred between the principles as they were merged:

#### 3.3.1. Sensitivity to Context and Credibility

Sensitivity to context was considered throughout the research procedure, starting with the choice of analysis and type of study, and ending with the written thesis. IPA was chosen as the preferred methodology due to my desire to give the young



people who participated in the study a voice that is represented using their own interpretations of, and reflections on their experiences of DVA. The recruitment of potential participants and facilitation of the interviews required sensitivity and an appreciation of the possible emotional impact of engaging with potentially traumatic experiences. Whilst I did not disclose details of my own experiences of witnessing DVA to participants, I think my position gave me some insight into how difficult the conversations could be, and how best to approach the topic, build up a rapport and ensure a closure to the interview.

Furthermore, sensitivity to context applied to the analysis being carried out, as my own interpretations of the raw data played a part in shaping the results and outcome of the research; grounding the analysis in examples using verbatim extracts from the transcripts (Elliott, Fischer, & Rennie, 1999) allowed appraisal of the fit between the data and my understanding and subsequent interpretations. This helped to ensure I remained true to the participant's lived experiences. This aspect also linked to the concept of Credibility (Tracy, 2010), which refers to trustworthiness (dependable enough to act and make decisions, Lincoln and Guba, 1985) and plausibility ("*a credible account of a cultural, social, individual, or communal sense of the 'real'*", Richardson, 2000, p. 254) of the findings.

Tracy also uses the term "verisimilitude" to refer to the way in which the experiences of interviewees are expressed as a reality that seems true. It comes from Latin *verum* meaning truth and *similis* meaning similar (Oxford University Press, 2012) and in this context involved using 'thick' or detailed and contextual description to illustrate meaning and provide detail to support interpretations. Tracy (2010) advocates using thick description to encourage readers to draw the same conclusions as the researcher, without having to *tell* the reader what to think. Therefore, there was also the need to include concrete detail or tacit knowledge, to communicate the subtle and non-verbal contextual factors that occurred during data collection.

### 3.3.2. Commitment and Rich Rigour

Tracy (2010) argues that rigour provides face validity as well as rich data. She states that researchers should be diligent and exercise an appropriate amount of time, care and thoroughness, in order to prove their commitment to the participants and the qualitative research field. Weick (2007) adds that a requisite variety of theoretical constructs (a term he borrows from cybernetics), should be achieved, and refers to a need for a data collection tool and subsequent analysis to be at least as flexible, multi-faceted and complex as the phenomena being studied. Therefore, a researcher who understands their methodology and who has taken care in designing their research is best prepared to see and attend to complexities.

By adhering to the principle of homogeneity in the selection of participants, it was anticipated that the principle of rigour be met. Exploration of the possible sources of participants were covered carefully, which included discussions with Children and Young People's Services in the local authority where I am currently placed (discussed in more detail in the 'Ethics' section of this chapter); the decision taken to recruit each individual was made with care and consideration, based on their unique circumstances. Rigour was also achieved through the data collection process by conducting in-depth interviews. As well as following the interview schedule, follow-up questions and probes were asked in response to both verbal and non-verbal cues to ensure attention to detail and commitment to illuminating participants' lived experiences. Transcriptions aimed to be detailed and accurate to allow analysis that was systematic and based upon Smith and colleagues' (2009) interpretation of IPA; a focus on idiographic engagement, going beyond pure description and exploring shared aspects of the participants' experiences, was necessary. Commitment to participants continued throughout the interview and data analysis, with attention to what was being said and care in ensuring accurate representation of each participant's experience.

### 3.3.3. Transparency, Meaningful Coherence, Sincerity and Resonance

In order to ensure transparency within the research, attention to detail when writing up each stage of the project important to help readers to understand the decision-making process throughout, and therefore follow the stages of design and analysis more clearly, adding to the coherence. Transparency also involved honesty about obstacles that arose throughout the process and how these were overcome, creating what Tracy (2010) calls an audit trail.

Coherence was considered in terms of the match between the theoretical assumptions of the approach and the manner in which the research was conducted, for example being explicit about the principles of IPA, including a commitment to attending to the “thing itself” (Husserl, 2002a, Husserl, 2002b) and understanding the double hermeneutic concept. I therefore ensured that the language used in the write-up and the stages of the research fit with the underlying principles of interpretive research and more specifically IPA. In contrast, acceptance of contradictions was considered part of the process and was embraced by explaining these clearly so that whilst data may contradict, interpretation and analysis did not. The coherence of a piece of research is ultimately judged by the reader and so it was my aim to create a data-based narrative to represent the phenomenon. As part of my planning I allowed extra time for a research colleague to read this document as a way of ensuring a phenomenological psychological flow throughout.

Transparency and Coherence link nicely with Tracy’s (2010) criterion of Sincerity and Resonance. Sincerity was achieved through transparency, whereby the researcher engaged in self-reflexivity that exhumes vulnerability and honesty. In the present study, this related to the authentication and genuineness of the researcher and process, as well as the participants’ accounts. The self-reflexivity process began when choosing whether or not to embark on such a personal topic, necessitating a heightened personal awareness. It continued as I considered my impact upon each stage of the research process and how interactions with participants shaped the direction of the study. I recorded my reflections throughout the process and have

included some of these to add transparency and coherence, as well as providing a more critical engagement with IPA (Dowling, 2007). Use of the first-person voice will also remind the reader of my presence within the research and influence on the interpretation process. In deciding how much reflection, or “*self-as-instrument information*” (Tracy, 2010, p842) to include, I followed Denzin (1997) and Krizek’s (2003) guidance that researchers should not confound self-reflexivity with personal catharsis or squeeze out the object of study (i.e. young people’s experiences of witnessing DVA). Instead I aimed to “*illuminate the readers’ understanding*” (Krizek, 2003, p149) of what it may be like to witness DVA and the impact this may have had on their education.

Tracy (2010) and Elliott et al (1999) use Resonance to refer to the ability of a piece of research to resonate and influence the reader. This was particularly important due to the emotive topic area being explored; care was therefore needed when choosing the language to report the results and discuss the interpretations. Ellis (1991) calls for the use of the researcher’s own emotional experience as a way of presenting and theorizing the experiences of interviewees, which Tracy (2010) refers to as aesthetic merit; avoiding jargon and starting with clarity, resonance requires a “*story that moves the heart and the belly as well as the head*” (Bochner, 2000, p271). Whilst at first glance this appears to only refer to those using a narrative methodology, on closer inspection, I believed that IPA too could produce vivid and engaging material that is evocative; this was the aim of the current research.

#### 3.3.4. Impact, Contribution and Worthiness

In order to answer the ‘so what?’ question, it is necessary to consider what impact the research may have and why that impact is important. According to Tracy (2010) this involves a worthy topic that will make a significant contribution. The rationale behind my research topic may be viewed as a contextual priority, as tackling DVA is currently a high priority in the local authority I am working in. I also feel that the

study is worthy because it aims to raise awareness about a little-known aspect of DVA, which according to Tracy (2010) makes it intrinsically interesting and therefore makes a significant contribution. There are different types of significance in research, which include theoretical, heuristic, methodological and practical; this research is considered to have the latter. Practical significance involves the production of useful knowledge, which may be empowering or liberating either for participants or those living or working in the context.

### 3.3.5. Ethical Quality

Ethics are not just a means of conducting research, but also a “universal end goal” (Tracy, 2010, p846) of quality qualitative research, irrespective of the paradigm.

There are four common sub-categories of ethics, these are:

- i. Procedural
- ii. Situational
- iii. Relational
- iv. Exiting

In order for a piece of qualitative research to be of an acceptable ‘quality’, Tracy (2010) states that all four categories should be attended to.

Procedural ethics focus on the ethical actions of the researcher and are predominantly governed by research committees within organizations or institutions where the research has been commissioned. In the present study, the procedural ethics are approved by the University of Sheffield, School of Education Ethical Review Panel (Appendix A) and the local authority’s Research Governance Committee. Procedural ethics encourage accuracy, honesty, transparency and integrity.

The second category of ethics relates to the unpredictable and subtle moments that arise in the research field (Ellis, 2007). Whilst some planning can be done to overcome obstacles, it is not always possible to plan for every eventuality and so

Tracy (2010) advises researchers to continually reflect, critique and question the decisions they are making. As has already been discussed, reflexivity played a large part in this research study, as did supervision both in the field and university.

Relational ethics involve a self-consciousness and reflexive state, whereby the researcher is mindful of their actions, body language and relational dynamics with participants. Relational ethics are related to the aspect of care (Tracy, 2010) that values and attends to mutual respect, dignity and the relationship between the researcher and their participants (Ellis, 2007). This aspect of ethical quality was particularly important for this research topic. Participants talked about what was anticipated would be an emotive topic that holds strong memories and emotional reactions that may have been different for each young person. Whilst a level of empathy was present during interviews, it was important that the situation was not used as a therapeutic relationship, but was viewed as the research tool that was intended. It is also for this reason that any follow-up support that was required, was not provided by myself but, instead, was offered by either another Educational Psychologist within the service or a member of staff from the a local counselling service. I also chose not to share my own experiences of witnessing DVA with the young people participating in the research, as this could have impacted upon the dynamics of the researcher-participant relationship and the nature of data collected. It was acknowledged however, that as part of the IPA methodology, my own previous experience is likely to have impacted upon the interpretations I made of the participants' bringing to mind and sharing their experiences.

Finally, exiting ethics should not be forgotten as they refer to how the research comes to a close and how participants are debriefed. When agreeing to participate in the study, the young people were made aware of the nature of the research and it's aims, therefore at the end of the interviews, there were no surprises for participants as part of the debrief process. It is also part of the IPA methodology that participants' experiences are written up as accurately as possible, using evidence from the transcripts to support the interpretations; whilst a researcher does not have full control over how their work is understood or read (Tracy, 2010);

they can take care during the write up stages to avoid unjust or unintended consequences.

### 3.3.6. Reflexivity

Langdridge (2007) describes reflexivity as:

*“the process in which researchers are conscious of and reflective about the ways in which their questions, methods and very own subject position...impact upon the psychological knowledge produced in a research study”.*

Langdridge, 2007, p58-59.

From the start of this piece of research and consideration of the topic, I have reflected upon my positionality with regard to epistemological and ontological continua. As a methodology, IPA readily accepts the presence and role of the researcher within the data collection and analysis process, most notably in its emphasis on the double hermeneutic, where the researcher acknowledges their own previous experiences of a phenomenon in making sense of the participant's interpretation of their own experience (Smith et al, 2009). Transparency is also key to maintaining validity in qualitative research and in helping the reader to gain an understanding of the interpretative stance that has been taken. As has been described above, this will be achieved through sharing my positionality (Chapter 1) in relation to the current research and also through maintaining a reflective log throughout the process; excerpts of which will be presented where appropriate in this thesis.

## **Section 4: Ethical Considerations**

In planning this research, ethical issues were considered according to the British Psychological Society's Code of Ethics and Conduct (BPS, 2009). Ethical approval

was granted by the University of Sheffield's School of Education Ethical Review Panel.

#### 3.4.1. Informed Consent

As participants were all aged 18 or over, it was deemed that they were able to agree to their involvement without parent/guardian consent. One participant did choose to bring their parent along to the initial meeting, where the 'Participant Information Sheet' (Appendix B) was used as a basis for discussion; all participants were encouraged to ask questions and think fully about consenting to take part, including the purpose of the research, nature of their involvement and potential consequences that had been identified. Following the initial meeting, participants were able to take away the information sheet and consent form (Appendix C) to consider further, however, all chose to sign during the meeting. Participants were reminded of their right to withdraw at the start of the interview and were encouraged to keep the information sheet post-interview.

#### 3.4.2. Protection, Wellbeing and Right to Withdraw

Participants were made aware in advance of the potentially challenging nature of material to be discussed during interviews via the 'Participant Information Sheet'. All three participants were made aware of their right to terminate the interview at any point should they feel unable to continue and were also signposted to external sources of support if they felt this would be helpful; one of the three young people took advantage of this service and was assisted in accessing the most appropriate support service for her needs.

The contact details for both myself and my Research Supervisor at the University of Sheffield were provided on the Participant Information Sheet.



### 3.4.3. Confidentiality and Anonymity

All the information that was collected from interviews was kept confidential; no real names were used, however, participants were asked if they would like to choose a pseudonym to be referred to throughout the written piece of work. Where participants were recruited via a local college, only one key contact person was aware that the participant was considering taking part in the research study, however, interviews took place in separate locations that were mutually agreed by the participant and myself, for example a local community centre. Participants were informed about the exception to maintaining confidentiality which would occur if information was shared regarding the participant or someone else being at risk of actual harm; the local authority safeguarding guidelines would then be followed. Other pupils, staff members or family would not be informed unless the participant chose to disclose the information themselves.

Throughout the research process the only people who had access to the raw data were myself, as researcher, and my research supervisor at university. The audio recordings of interviews were stored securely (on an encrypted laptop) and will be disposed of safely at the end of the research project; this will involve deleting audio recordings from both devices that were used. Transcripts were anonymised and used only for analysis, with some selected quotes being presented in the final write up. No other use will be made of them without participants' written permission, and no one outside the project has been allowed access to the original recordings.

Participants were informed via the 'Participant Information Sheet' that there is a chance that the conclusions from this project might be used more widely in the future, for example in training events, or in a journal article. However, all information would remain anonymous, involving use of the pseudonym.

Chapter 4 will now outline the procedural elements of the research, which include work undertaken as part of the pilot study, recruitment of participants, difficulties experienced in seeking the approval of the local authority and analysis of data.

## **Chapter 4: Procedures**

This chapter seeks to provide a descriptive yet reflective account of the key parts of the research journey, giving a sense of how particular decisions were made. The chapter is split into sub-sections and will outline the implications of the Pilot Study, the selection of participants and the challenges faced in accessing this particular group of young people in the local authority where I work. I will also describe the process of data collection and provide a summary of the steps followed in data analysis.

### **Section 1: Data Collection and Analysis**

#### 4.1.1. Pilot Study

To inform the draft interview schedule I primarily drew upon the literature review previously completed, but also interviewed relevant professionals working within either education or DVA prevention. This included meeting with the Head of my local authority's domestic violence and abuse project, a support worker from the local Women's Aid charity who supports both adults and children in her role and various teachers in both primary and secondary schools. Following discussions with the aforementioned, I also gained their feedback on my draft interview schedule. I found this helpful in ensuring the schedule covered key aspects of witnessing DVA, without becoming too specific or restricting. The final wording of the questions was however decided by myself to ensure that they were in keeping with the interpretative phenomenological tradition.

Having constructed an interview schedule, I then arranged a pilot interview with a pupil in a local secondary school; I was keen that the parent, young person and school consented to the interview taking place. The pilot interview was useful in many ways, including highlighting additional ways of supporting the discussion. For example, the pupil chose to draw a chronology to help me to understand the different areas in the city that he had lived and which schools he had attended and

for how long. This became a valuable tool for both of us to refer to when exploring his experiences, especially when encouraging him to reflect on how he may have felt at the different stages of his experience.

The pilot interview was also helpful when considering the structure of the schedule. For example, the questions appeared to be in a logical order; however, there were two questions that seemed to elicit a similar response and so I decided these may require further consideration. In particular, the main learning point seemed to be that at 14, the young man may have been too young to offer in depth reflections about his feelings in relation to his experience. His account was detailed in terms of description, however, lacked the richness that may have been found in dialogue at an affective level. Having reflected on my experience of the pilot interview, I decided it would be beneficial to increase the minimum participant age from 14 years to 16 years of age.

#### 4.1.2. Participants

Coming from an idiographic perspective, IPA's primary concern is engaging with detailed and rich accounts and therefore it is the detail of the interview transcript and subsequent analysis that is the focus, as well as the homogeneity of the participant group, which is an important consideration according to Smith et al (2009). With this in mind I had initially aimed to interview between 4 and 6 young people, who would be aged between 16 and 21. The intention was to ensure participants were still in or had recently left education and therefore still able to reflect on their experiences within an educational context.

Participants were initially to be recruited from the local authority's young people's support service; however, I experienced a number of difficulties and significant delay in gaining the support of the local authority research governance committee. To aid the transparency of the study I will provide a brief descriptive account of the barriers that I encountered.

During the early planning stages of my research project I was informed that there was no additional ethics process within the local authority and that once ethical approval was provided by the university, I would be able to begin data collection. I therefore made contact with the local authority's young people's support service who agreed to support the research. Once approval had been given, I submitted the evidence of ethical approval to the support service to no avail. Having sent a number of emails and left telephone messages, I then received a telephone call from the Operations Team informing me that I would have to apply to the local authority's research governance committee. Having completed the form that I had been given, it was then approximately 10 weeks before I received a telephone call inviting me to an informal meeting with the panel to discuss my research proposal; a process that according to their application guidance, should take one month. I had already provided evidence of my ethical approval from the university, a draft interview schedule, timetable for research including university deadlines and a review of the literature. I was told in the meeting that in its current guise I would not be given approval, and so it was suggested that I may want to consider interviewing the parents of the children or doing a file sift to gain the information I required. It was felt that interviewing the children would be inappropriate as I would 're-traumatise' the young people.

**Reflection Box:** *At this point I began to think that the research project I had planned and was committed to would not happen; also this series of events left me feeling my skills as a psychologist and those of the profession were also called into question. I felt deflated and frustrated, however on reflection I can see that had I not picked a topic I was so passionate about, I may have been less motivated to carry on 'fighting' to complete the research.*

The impact of having witnessed DVA was compared by the committee, to 'having a scab form over a cut'; by speaking to the young people about their experience I would reportedly be picking away at the scab and therefore opening the wound up

again. Whilst I have never ignored the emotive nature of the topic, to continue using the Research Governance Committee's analogy, I believe that a scab is only a short-term fix and that until the skin is able to heal, the issues remain beneath the surface. I wanted to give the young people the opportunity to share their experiences, if they chose, with careful and considered support available through signposting and if required support from local agencies. This would enable an important step to be taken in ensuring 'young person voice', currently largely silent within the general discourse on domestic violence, is heard.

My own insight into the area, combined with my professional role and responsibilities for safeguarding and promoting the well-being of young people, places me in a rare position to be able to understand the potential risks referred to by the Research Governance Committee, whilst also placing me in the position to appreciate the value in making the discourse around DVA more general. I believe that denying young people this opportunity is more harmful and encourages the taboo nature of the topic. The alternative is the status quo? I believe Phenomenology is sensitive to this possibility.

**Reflection Box:** *I found the attitude towards my research unhelpful, yet also symptomatic of the issues I have discussed regarding the voice of young people being forgotten and attempts to protect becoming over-protective. This experience of trying to gain access to participants only sought to ignite my passion for the topic area more.*

It appeared that the main barrier to being allowed access to participants lay in the Research Governance Committee's dominant research position and the phenomenological approach I valued and wanted to use; unfortunately, nobody on the committee was sufficiently familiar with qualitative research and associated methods of analysis. It was firmly believed that the subject area of DVA lay within the domain of social care and therefore it was felt inappropriate that educationalists or psychologists were attempting to conduct research in this area.

After approximately a 6 month delay, and several meetings involving the Research Governance Committee, the Educational Psychology Service and my university Research Supervisor, I was given approval to begin collecting data, under the supervision of the Assistant Head of Children and Young People's Services, who would use her social care background to oversee the project. Due to the delay, the schools I had previously liaised with were now unable to help as they had closed for the summer holidays, whilst the local authority's commissioned services were also now 'unable' to find any appropriate young people that matched my criteria, despite having approximately 650 incidents of DVA being reported in the authority every month. The local authority stated they were unable to support me further, but reiterated their offer to allow me access to the social care file information to seek answers to my research questions.

I had hoped that colleagues in the Educational Psychology Service would be able to help in identifying participants; however, this was difficult for two reasons. Firstly, very few colleagues worked with pupils aged 16+ and secondly, as has been discussed in my review of the literature surrounding DVA, identifying children and young people who may be witnessing DVA is very challenging due to the embarrassment and shame that many victims feel, along with the fear that keeps the behaviour secret. The decision was taken to attempt to recruit participants who were no longer in local authority educational establishments and so participants were in fact recruited with the support of a college and through word of mouth. Participants were first approached by the professional who was currently working with them, for example College Tutor, who outlined the nature of the research and established whether they would be interested in taking part. A three-way meeting (young person, known professional and myself) was then arranged, which allowed me the opportunity to explain in more depth about their involvement using the Participant Information Sheet and the young person to ask any questions that they had about the research.

All three participants that were approached agreed to meet with me and subsequently to take part in the study. I believe that this was due both to my friendly and informal approach to the meetings and the collaborative nature of the narrative-style interview schedule, which offered a degree of control and ownership to participants.

I was able to recruit 3 participants (1 male and 2 female) who were aged between 18 and 19, and who had witnessed DVA during their childhood; I maintained my decision not to recruit those who were currently known to be witnessing, or who reported being in intimate relationships involving DVA. Whilst it was difficult to assess the potential risk to each individual, I was honest during the initial meetings and again at the interview, about the potential difficulties they may encounter in talking about their experiences and felt satisfied that I would be able to help them to access support if necessary. As participants were also required to have expressive and receptive language skills to take part in the interview, I used the initial discussions with the participant about their involvement to informally assess these aspects. Sampling therefore took place purposively; this is a form of non-probabilistic sampling and does not profess to be representative or allow generalisations to be made to the general population.

**Reflection Box:** *Whilst I had amended my initial participant brief, I was relieved to finally be able to begin the next stage of the research. Had I known the difficulties I would encounter in gaining the support of the local authority and that I would collect my data outside of LA educational establishments, I would have been able to start data collection much earlier and potentially recruit more participants. However, I believe that this experience was helpful in a number of ways; not only did I become practised at formally presenting my proposal and answering questions about it, I also experienced first-hand some of the reasons why this area is neglected within psychological research and why some young people do not receive the support they need to overcome their experience of DVA.*

#### 4.1.3. Data Collection

In keeping with the approach of IPA, the views of participants and their reflections on their experiences of DVA were elicited using a semi-structured interview method. Due to the sensitive nature of the topic area, it was anticipated that a semi-structured interview approach would be more appropriate than other tools such as a questionnaire or focus group discussion, as I was able to gain more detailed and rich qualitative information about the participants' experiences, through the use of follow-up questions and exploration. As the interviewer I was also able to monitor any potential difficulties experienced through discussing the topic. Offering the same level of support and signposting to participants when using a questionnaire method would have been more challenging as I would not necessarily have been aware of how participants' reacted to thinking about the potentially emotional experiences. The focus group may allow for more in-depth discussions; however, due to the sensitive nature of the topic, participants may not feel able to talk openly or share examples from their experience. Some less dominant voices may also be lost. Furthermore, the questionnaire would produce quantitative data which would not fit with my epistemological and ontological position; it would be less likely to produce the rich information required by IPA and



would necessitate a large number of participants. As I have mentioned previously, identification of young people who have witnessed DVA is problematic. A semi-structured interview schedule was constructed as part of the pilot study (Appendix D); this was split into two sections focusing on the impact of witnessing DVA and the support they received, or would have liked to receive.

#### 4.1.4. Analysis

There is no single prescriptive method of analysis for IPA; however, the stages proposed by Smith et al (2009) appear to be the most commonly used. I selected this approach based upon the structured nature of the method and clarity of the procedure as described in their book. In summary, the method of analysis adopted by IPA is a cyclical process where the researcher proceeds through several iterative stages:

##### **1. First encounter with the text**

At this stage the researcher familiarises themselves with the data through transcription and by re-reading a number of times. This brings the participant to the focus of analysis and provides the opportunity for active engagement. I also referred to my reflexive log where I had recorded some brief notes about my thoughts and feelings towards each interview; this added to the picture I was able to create of each individual participant's experience.

##### **2. Initial noting**

A series of initial thoughts and observations are noted in the right-margin of the text; these may include comments about language and questions the text raises. I chose to make my comments electronically as this felt more comfortable, allowing me to easily make amendments and search through the interview transcripts for recurring words or

themes. Appendices E, F and G contain examples of what I termed ‘exploratory comments’ for each participant.

There are no rules at this level of engagement and so noting is fairly open, however, in keeping with Smith et al’s (2009) framework, I split the process into three discrete stages:

- Descriptive comments – focused on describing the content of what the participant has said (grey italics).
- Linguistic comments – focused on exploring the specific use of language by the participant (green font).
- Conceptual comments – focused on engaging at a more interrogative and conceptual level (red font).

### 3. Developing emergent themes

The key to this stage is to reduce the large data set (transcript and initial notes) to some emergent themes, without losing the complexity of interrelationships. An example of this can be found in Appendix E. The interview as a whole becomes separate chunks of data that are renamed as the emergent themes, in the left-margin. Psychological concepts became more common at this stage as I took a more central role by starting to organise the data through my own interpretations to generate a “concise and pithy statement” (Smith et al, 2009, p92).

**Reflection Box:** *I found this stage of analysis the hardest at the time, as I seemed to be worrying too much about how the initial comments were being reduced. For this reason, I seemed to end up with an almost unmanageable number of emergent themes, but also struggled to reduce them down, as I was keen not to ‘lose’ any of the young people’s voice.*

#### **4. Searching for connections across emergent themes**

This stage involves charting or mapping how the emergent themes for one participant, may fit together to form superordinate themes. I printed out my emergent themes and cut them into individual strips of paper to allow me to physically move the emergent themes into potential superordinate groups. It was necessary to continually refer back to my research questions to ensure I remained focused in my analysis.

#### **5. The next participant**

The process was repeated for each participant in the study. Following the steps precisely is important in reducing the likelihood of a bias towards already identified themes.

#### **6. Looking for patterns across cases**

Here the researcher is tasked with looking for similar themes across all of the participants' accounts. Smith et al (2009) state the goal is to find participants who represent unique idiosyncratic instances, but also share higher order qualities. Superordinate themes from each transcript were kept in mind but all emergent themes were considered and new connections across the cases were looked for, as well as distinctive themes which were particular to individual participants. This process led to reconfiguring the superordinate themes and creating higher order Master themes which encompass a number of related superordinate themes.

Adapted from Smith et al, 2009; Willig, 2008

The outcome of the analysis will be described in the next chapter.

## **Chapter 5: Interpretative Phenomenological Analysis of the Data**

This chapter begins by briefly introducing each participant, which it is hoped will help in allowing the reader to follow the analysis as I present my interpretation of the data, as well as contributing to the transparency of the research. The chapter then presents an interpretative account of the phenomenological analysis applied to the data set as a whole, with reference to both commonalities and differences between participants' experiences. My observations from the interviews about participants' non-verbal communication and my reflective notes made post-interview were also included to build up a picture of the idiographic experience.

In keeping with the interpretative nature of this research, both descriptions and some preliminary interpretations will be provided in this chapter. These interpretations will be taken further in the following Discussion chapter when links between the analysis and critical literature review will be made.

### **Section 1: Participant Biographies**

Langdridge (2007) proposes including a 'brief-biography' for each participant to enable readers to gain an understanding of the main background details for each participant and to observe the level of homogeneity achieved. I have therefore included a mini biography for the three young people who participated in this study.

#### 5.1.1. Participant 1

**Lucy**

**Current age:** 18

**Approximate length of Interview:** 1 hour, 15 minutes

**Age range when abuse occurred:** 10-17

**Perpetrator of DVA:** Step-dad

**Key Educational Information:** One mainstream primary school followed by mainstream secondary school. Attending local college; hoping to go to university.

**Details of support accessed:** No formal support at the time or since. Has spoken to a Counsellor recently, however, this was not specifically linked to having witnessed DVA and is described negatively during the interview.

**Approach to interview:** Lucy talked about her experience in a 'matter of fact' way, which suggested to me that she had already spent a lot of time thinking and reflecting upon what it was like for her to live with DVA.

**Reflection Box:** *Interviewing Lucy was a strange experience as I saw a number of similarities between our childhoods; for example having an abusive step-parent but still having contact with her Dad, a good social network and using school as a place of sanctuary, where she could forget about her home life for a few hours every day. Her determination to move on from the experience and build a life for herself also struck a chord with me.*

### 5.1.2. Participant 2

Jane

**Current age:** 18

**Approximate length of Interview:** 1 hour, 45 minutes

**Age range when abuse occurred:** 8-17

**Perpetrator of DVA:** Dad

**Key Educational Information:** Multiple mainstream primary schools due to Dad being in the Army, before being enrolled at boarding school. Attending local college; hoping to train to be a chef.

**Details of support accessed:** No formal support at the time or since. Jane attempted to see a Counsellor during the abuse, however this was sabotaged by her Dad. Has recently been referred for Counselling via her GP and is awaiting an appointment.

**Approach to interview:** Jane seemed to be vulnerable when I met her with her Mum to discuss what may be involved in the interview. The experience seemed to be very raw still and I wondered how she would cope talking about the experience in the interview. I shared my concerns as I explained the process. Along with her Mum, she looked at the interview schedule and I had to gently try and direct the conversation away from her experience a few times as I was unsure she would remember to treat the interview as the first time we had talked about her experience of DVA. I could see she was so keen to talk to somebody and probably had been for a long time; we agreed that Jane would take part and afterwards I would support her in accessing the local Women's Aid service.

## 5.1.3. Participant 3

Robert

**Current age:** 19**Approximate length of Interview:** 55 minutes**Age range when abuse occurred:** 7-16**Perpetrator of DVA:** Mum's partner**Key Educational Information:** One mainstream primary school followed by mainstream secondary school. Joined the Royal Navy aged 16.**Details of support accessed:** No formal support at the time or since.**Approach to interview:** Robert's need for control was apparent in the way he conducted himself in the interview. A lot of his responses appeared almost rehearsed; he took time to consider each question and rarely gave away more information than I had asked for. His responses were clear and succinct on the whole, however, there were occasions when he almost seemed to relax and would talk more openly, before reverting back to the controlled persona.**Section 2: Presentation of Themes**

The convergent analysis (across participants) produced three master themes, each made up of superordinate themes from all three participants. An account of each master theme is presented below, using the associated superordinate themes as a structure. As analysis first occurred individually for each participant, the names assigned to participant superordinate themes show variation; for the purposes of presenting the convergent analysis, a shared label was developed.

To maintain the validity and quality of the research, extracts from transcripts will be used to support my interpretations and highlight the participant's lived experience; quotes will be referenced to each participant using their chosen pseudonym, as well as line and page numbers.

A visual map of themes is presented in Appendix H, whilst Appendix I contains a table illustrating the thematic make up of each master theme, including corresponding superordinate themes, emergent themes and illuminatory quotes with page and line numbers. Appendices J, K and L break the analysis down to each participant revealing the emergent themes that were grouped to form individual superordinate themes.

### 5.2.1. The Complexity of Living with Domestic Violence and Abuse

Table 4 shows the superordinate themes that were collated to form the master theme – The Complexity of Living with Domestic Violence and Abuse.

Table 4: Master Theme 1

Master Theme	Lucy	Jane	Robert
The Complexity of Living with Domestic Violence and Abuse	1. The Experience of Living with Domestic Violence and Abuse	1. Impact of Living with Domestic Violence and Abuse	1. Living with Domestic Violence and Abuse
	2. Lost Identity	2. Impact on Sense of Self	2. Impact on the Self
	3. Loss of Childhood	3. Change of Role	3. Loss of Childhood
	4. Tied to the Family	4. Impact on Family Relationships	4. Fractured Family Bond

#### 1. Impact of Living with Domestic Violence and Abuse

A strong message that I interpreted from all participants was the complexity of living with domestic violence and abuse. Secrecy was a recurring topic, with participants expressing their mental struggles in trying to find a balance between keeping the DVA secret and having to lie to friends and other family.

*“It would be hard if I actually had to lie about something...something little like saying I’d had a good weekend when in fact it’d been hell. That didn’t feel nice so I usually tried to avoid answering...Lying just didn’t sit comfortably with me.”*

(Lucy; Lines 130-139, page 6)

*“I used to talk to my dog, he was a good listener... I couldn’t tell my friends and I couldn’t tell my teachers.”*

(Jane; Lines 41-42, 46-48, page 2)

The consequences of revealing the secret were constantly at the forefront of their minds, with Lucy suggesting that she was also lying to herself as much as other

people, in order to cope with the reality of her home life.

*“I did just accept that the secrecy was the lesser of two evils...I would rather have pretended everything was fine than face the truth and deal with the aftermath”.*

(Lucy; Lines 139-144, page 6)

Jane also made reference to ‘pretending’ and described her life as a performance, trying to convince the world that they were a typical happy family, when in fact they were hiding behind the pretence.

*“We’d spent years pretending to be a happy family, walking round theme parks, the supermarket, doing normal things, but underneath we weren’t normal or happy.”*

(Jane; Lines 498-503, page 19)

Lucy talked about the constant performance in a manner that suggested she became tired of the effort it took to convince others that she was ok, including her Mum.

*“I couldn’t continue with the pretence...as the abuse escalated...it started to feel like a performance, always having to pretend like everything was ok, even to my Mum.”*

(Lucy; Lines 151-158, page 7)

Robert explained that his Mum was friends with the school caretaker and his wife and so on occasions he would get a lift home with him.

*“I could see that they were always concerned about us.”*

(Robert; Lines 42-44, page 2)

Robert believes that the caretaker was aware to an extent, of what was going on in the family home, however, Robert also seemed to perceive this as a difficult position for him. I think here Robert was referring to the safeguarding responsibility that the family friend had as a member of school staff, yet also his concern for the



family if Robert's Mum's partner found out that something had been reported.

**Reflection Box:** *From my own experience, I am aware that prior to the introduction of the Domestic Violence Crime and Victims Act (UK Parliament, 2004) the Police response to reports of DVA varied between Police forces and even Police Officers and so reporting DVA would not have necessarily resulted in any action and therefore have put the family in more danger. This may explain why the caretaker chose not to act upon his suspicions and may have seen his opportunities to take Robert home as a way of monitoring the*

Jane described how the pressure not to disclose the secret led to her feeling isolated from friends and her sister. Robert also alluded to his experience of DVA not being discussed within the family home.

*"Since I was a little girl I remember just being alone, I had nobody else."*

(Jane; Lines 216-218, page 9)

*"I didn't talk to anyone and we didn't really talk about it as a family."*

(Robert; Lines 483-484, page 20)

Not being able to talk about their experiences left participants feeling helpless and lonely and seeking their own ways to deal with their complicated feelings. Jane talks about how she felt isolated and how she retreated into herself. Robert on the other hand tried to take action, but felt confused by what he felt he needed to do and what he felt society expected.

*"I tended to put myself in myself; I was very to myself"*

(Jane; Lines 49-50, page 2)

*“I got my revenge and it felt good to be honest, it felt really good...it was funny, it’s never funny to hurt someone but he hurt my family a lot.”*

(Robert; Lines 369-373, page 16)

Robert’s use of the word ‘funny’ felt significant to me as it didn’t appear that he meant it in relation to a humorous act, but more in reference to the combination of feelings he experienced at the same time. It seemed that Robert felt a mixture of relief, anger, closure, satisfaction, disbelief, guilt, hurt and fear, yet was unsure how to express such confusion.

Lucy seemed preoccupied with understanding the root of her experience and whilst she believed that financial pressures were at the heart of the DVA she witnessed, she also talked about a spiralling impact that this had upon her family, which resulted in physical, emotional and financial abuse.

*“(Having lost his job) he was depressed, felt unable to provide for his family, put on weight. He became insecure, gambled, got in debt without us knowing. I think he was living in fear of us finding out, which resulted in us living in fear of him. The stress and anxiety and fact he didn’t like himself very much triggered the need for control.”*

(Lucy; Lines 218-227, page 10)

## **2. Impact on the Self**

Perhaps one of the biggest factors that participants were struggling to come to terms with was the impact that their experience had had upon their own development and identity. All three young people felt that growing up with DVA had shaped their personalities, responses to situations and relationships, although the impact appears to be different for each individual.

*"I had to understand why he was like that and consequently why I'm now like this."*

(Lucy; Lines 235-237, page 10)

*"I don't know who I am or who I want to be."*

(Jane; Lines 735-737, page 28)

*"I just knew I was kinda deeper and that was definitely the result of what happened when I was younger."*

(Robert; Lines 293-295, page 13)

On the whole, Robert talked about his response to situations as almost non-human, like a robot. He used terms like "adjusted" (page 31) to describe his behaviour in front of others, which led me to wonder whether in private he was the opposite of this.

*"I give little away and have control over how I come across."*

(Robert; Lines 460-461, page 20)

In contrast, Jane seemed to portray herself as a more emotional person, who was heavily burdened by the experience. She used very emotive language such as "it destroys you inside" (page 30) and described herself as "a miserable person" (page 3), which suggests she sees being miserable as a trait of her personality, as opposed to a temporary state or emotion that she was experiencing. The transformation of her identity even stretched to the clothes she wore:

*I went through a stage where I wouldn't wear low tops or bikinis...I'd wear a shawl all the time."*

(Jane; Lines 141-142, 147-148 page 5)

She felt a great sense of disappointment, which has continued even after leaving the DVA environment. I got the impression that being a disappointment for Jane is linked to being accepted, something that she is still seeking today.

*“I felt like such a disappointment. I still do and I still don’t want to be a disappointment.”*

(Jane; Lines 344-345, page 12)

Whilst Lucy presented as a confident and outgoing young person, this had not always been the case as she described how in the past she had struggled to cope with the impact of living with DVA on her sense of self. Some of the language she used was particularly poignant; she described herself as “broken, damaged” (page 10), which suggested to me that she sees herself as beyond repair now. I also saw similarities to Robert’s non-human portrayal of self, as Lucy compared herself to fictional characters who cannot feel emotions and therefore cannot be hurt.

*“I’m like the Snow Queen in The Lion, the Witch and the Wardrobe or the Tin Man in the Wizard of Oz. No heart.”*

(Lucy; Lines 263-266, page 11)

It seems that Lucy saw a change in her ‘self’ and wasn’t very comfortable with this. The reference to such fictional characters suggested to me that she believed she was no longer able to feel and was cold towards others as a result of all the pain and confusing emotions that she had experienced.

The emotional impact for Lucy therefore, appears to have been most prominent. Her academic achievement did not reportedly change and she described having the same social group throughout school.

*“I threw myself into school and really enjoyed being there; just really appreciating the little things like spending time with friends, learning...”*

(Lucy; Lines 400-403, page 17)

*“I don’t think it affected my work, I still did well...Nobody knew though, I hadn’t told anyone.”*

(Lucy; Lines 104-108, page 5)

I wondered whether Lucy meant that had she told somebody about the DVA, she felt there may have been an impact upon her education, perhaps because they would have to have reported it and then her family may have been separated. This may explain why despite feeling the strain of having to 'perform' in front of others, she continued to do so as it was better than potentially being taken into care or seeing her Mum experience further hurt.

Lucy was able to admit that the experience is part of who she is now, but does not want it to define her future self. She was concerned about being:

*"known as the girl who's witnessed domestic violence and abuse and now is a little crazy."*

(Lucy; Lines 334-337, page 14)

### **3. Loss of Childhood**

For all participants, the experience of living with DVA meant that they had to take on the role of an adult, whether that be in protecting a parent physically from harm, looking after siblings or making sure a parent took care of themselves by eating regular meals. Lucy described the impact as "massive and not just for the adults" (page 1).

*"I was the parent...She [Mum] wouldn't have eaten some days if it wasn't for me taking care of her. I was just tired of being ok when I wasn't...I knew I'd seen a lot of things some kids never see or understand. I knew I had to grow up faster to be more of an adult and keep my Mum safe...losing my innocence."*

(Lucy; Lines 159-162, 184-192, page 7-8)

The burden of responsibility described by Lucy, was shared by Jane who also took on the role of carer to her Mum and parent to her sister.

*“She needed someone then, we both did but I had to be there for her. I had to be there for my Mum. I had to be there for everyone.”*

(Jane; Lines 473-476, page 18)

Jane seemed to feel the responsibility to emotionally and mentally support her family lay with her, yet “nobody sat there and asked themselves how does Jane feel?” (page 19).

In contrast, Robert seemed to reflect upon the time of the DVA and see himself as helpless and unable to protect his family. Perhaps being the only male in the house (apart from his Mum’s partner, the perpetrator of the DVA) influenced this feeling, which seems to follow the male stereotype of Protector; interestingly both Lucy and Jane saw their role as providing emotional support, something that they seem to believe they were successful in providing. On the other hand, Robert did not feel able to fulfil his perceived role.

*“I wasn’t there to protect then [during the DVA]...especially my female family, when I was younger.”*

(Robert; Lines 259-261, page 11)

As a young adult Robert chose to take revenge on his Mum’s partner and now appears to over-compensate for his perceived lack of ability to protect and rescue his family during the DVA.

*“I never back down and I never, I never say no to people or a challenge that will potentially hurt my family.”*

(Robert; Lines 313-315, page 13)

The emphasis seems to be on ‘never’, suggesting never again will he allow his family or himself to experience something so potentially hurtful both emotionally and physically. The revenge also appears to have acted as closure for Robert allowing him to move on, despite being 16.

*"I wouldn't call it at peace but just a lot more like justice had been served...after I...quit school and went on with my life in a different way...I left home."*

(Robert; Lines 379-386, page 16)

#### **4. Impact on Family Relationships**

As has already been discussed the experience of living with DVA appears to be extremely complex in terms of the way in which it can impact upon different individuals in different ways at different stages. It is perhaps not surprising then that following such changes to a young person's sense of self and a perceived loss of their childhood that the impact of living with DVA also impacts upon the family as a whole.

Lucy described stages of feeling both closer to her Mum and also resenting her and seeing her as weak.

*"I think me and my Mum were each other's support. The secrecy, shame and embarrassment made sure of that."*

(Lucy; Lines 466-469, page 20)

*"I started to really resent my situation at this point, including my Mum for being what I thought at the time was just weak."*

(Lucy; Lines 437-440, page 18)

Robert shared the latter feelings towards his Mum describing their relationship as "greatly strained" (page 4). This theme continues for Jane as an element of resentment lingers just below the surface.

*"If my Mum had left him that day when he beat her while she was pregnant...I wouldn't have known any of this and I wish I didn't but I understand she was scared."*

(Jane; Lines 737-742, page 28)

Robert admitted that the impact of the experience changed how he viewed his whole family; they were no longer a supportive unit.

*“My confidence maybe was knocked, but I think that was more a confidence with my family members. I think when something like that happens, I think it is a bit shattering within the family environment.”*

(Robert; Lines 61-64, page 3)

I found the use of the word ‘shattering’ interesting, as it suggested to me that even though the pieces may have been stuck back together, the cracks will still remain. I have already described how Robert continues to be protective of his family; however, I wonder to what extent the relationships exist when there is no challenge to be overcome or danger to protect them from?

Of the three participants, Jane was the only one whose Dad was the perpetrator of the DVA, which seems to be significant in explaining the impact upon her family unit and on Jane’s emotional well-being. Jane talked about feeling lonely and unsupported in the family, especially after her Mum fled the home leaving Jane and her sister to live with their Dad. Jane and her sister viewed the DVA very differently, which caused a number of arguments as her sister seemed to side with her Dad, which Jane did not understand. Jane remained confused as to why she was not allowed to live with her Mum, but does recall the emotional blackmail that her Dad used in ensuring she continued to live with him. She described herself as “in the middle of things” (page 20).

*“It took me 5 attempts to finally move to my Mum’s because he’d always manage to put pressure on me to stay and he made me question my relationship with my Mum.”*

(Jane; Lines 551-556, page 21)



I also got the impression that Jane sees her sister as having been the favourite child.

*“I didn’t cry but my sister did. My Mum rushed over to comfort her and was sat trying to reassure her but nobody asked how I was or gave me a cuddle.”*

(Jane; Lines 480-484, page 19)

Jane’s relationship with her sister continues to be difficult.

*“It’s quite hard because like, I can’t talk about it in front of her [sister] or others. It just starts an argument. I do get on with my sister, but we clash. We’re both very different. She’s more for my Dad and I’m more for my Mum.”*

(Jane; Lines 175-183, page 7)

Finally, in describing her strong feelings towards financial abuse, Lucy talked about the long-term implications that her family had experienced due to her step-dad’s gambling addiction.

*“Bruises fade, but even though they’re now divorced, she’s still tied to him with tens of thousands of pounds of debt.”*

(Lucy; Lines 43-46, page 2)

### 5.2.2. A Need to Provide Support and Intervention

Table 5 shows the superordinate themes that were collated to form the master theme – A Need to Provide Support and Intervention

Table 5: Master Theme 2

Master Theme	Lucy	Jane	Robert
A Need to Provide Support and Intervention	1. Barriers to Support	1. Barriers in Seeking Support	1. Difficulties in Accessing Support
	2. Importance of Time	2. Importance of Context and Time	2. A Focus on Time
	3. Life Without Support	3. Challenges in Trying to Move On	3. Long-term Impact
	4. A Need for Support	4. Seeking Support	4. Psychological Need to Understand
	5. A Need for Control	5. The Need to Gain Control	5. Control and Containment
	6. Emotional Struggle	6. Difficulty Regulating Emotions	6. The Anger-Within

#### 1. Difficulties in Accessing Support

Bearing in mind the complexity of the experience of living with DVA, it is perhaps unsurprising that participants felt there was a need for support and intervention. Robert did not attempt to access any support during or after the experience and suggested that he saw the difficulty in accessing support as a result of the secrecy involved. He saw that keeping the secret acted as a barrier to accessing support and that without the knowledge that he was living with DVA, school staff or other professionals were powerless and unable to help him.

*“they [teachers] weren’t aware, you know like teachers and people weren’t aware so...they never intervened or anything like that.”*

(Robert; Lines 51-53, page 3)

Interestingly, Robert also believes that he didn’t know that anything was happening for him either in the early stages, as he didn’t know what typical family life was like.

*"I can't really think of what it could affect me like at the time, because I didn't know what the difference was from life."*

(Robert; Lines 164-167, page 8)

Accessing support was therefore difficult, as he wasn't aware that he needed any, never mind the nature of the support that would have been most effective. Jane and Lucy, on the other hand did try to seek support in the form of a counsellor, however, their experiences were not very positive. The strength of emotion when both girls talked about this aspect was clear to see from both their body language and discourse.

*"The woman just tried giving all this advice and telling me what the problem was, except she was way off and I'm pretty sure counsellors are supposed to just listen. I did mention the abuse, but it didn't help. Her lack of understanding just pissed me off and has made me more reluctant to ever try anything like that again. I felt judged."*

(Lucy; Lines 505-514, page 21)

*"I tried to [access support] when I was still living with my Dad when I was feeling suicidal, but my Dad found out and came to the appointment because he'd opened my mail and found out. So I couldn't actually talk openly and they discharged me because they said I wasn't depressed".*

(Jane; Lines 748-756, page 29)

Jane talked about the courage it had taken to finally seek support, which would have involved disclosing the secrets of her life, which had become so troublesome that she had contemplated taking her own life. I sensed great depths of hopelessness when Jane spoke about this part of her experience.

*"I'd finally got the courage to go and get help and he ruined it. He played the caring Dad role in front of them and they were fooled. It's just been one big punishment for something I haven't done."*

(Jane; Lines 756-760, page 29)

I began to understand just how desperate Jane must have felt to have taken the steps to seek support and then the impossibility that followed when her Dad also exerted control over this area of her life too. Similarly, Lucy explained how she feared that people may not believe her because of the stereotypes surrounding perpetrators of DVA.

*“my step Dad was well-educated, had a high-powered job and was well respected and liked by colleagues and family. Nobody would have believed it ... but I have to accept that’s why he got away with it for so long – nobody suspected.”*

(Lucy; Lines 373-382, page 16)

Jane had previously mentioned the risk involved in sharing her secret, which was in part the reason for her submission.

*“I didn’t want to talk about it. I was scared I’d get taken away; I’d seen it happen to other families. I was scared. I was scared my Mum would hate me for it, for telling someone what had happened.”*

(Jane; Lines 443-449, page 17)

*“they [counsellor] were accessible ... via the school nurse but they would have told my Dad because I saw that happen to others. It needed to be more confidential, I couldn’t have spoken if I’d known that my Dad could find out or anyone else at school. I was scared of it continuing, but scared of also reporting it.”*

(Jane; Lines 782-791, page 30)

Lucy also understood that talking to a counsellor or teacher about her experience came with risks, but equally she didn’t feel that an anonymous helpline would meet her needs.

*“I think the Samaritans or ChildLine are different but I think that would have seemed too impersonal. Not for me.”*

(Lucy; Lines 494-497, page 19)

Lucy seemed angry with society's treatment and response to DVA and believed a lot of the difficulties in accessing support stemmed from society's ignorance.

*"It's about people trying to understand ... They never will unless they go through it themselves, but if society stops judging victims and the kids then maybe it'll make it easier for people like my Mum to get help and have the courage to leave the guy. I didn't need wrapping up in cotton wool; I needed someone to listen to me. That's it.*

(Lucy; Lines 580-588, page 24)

**Reflection Box:** *I think Lucy's experience of building up to an acceptance that she couldn't cope with the experience alone, trying to find the right support for her and then feeling judged when she finally did talk about her secret life has made her feel bitter towards support services, but also towards society as a whole for failing her and her family. This section of her interview struck me the most, as the emotion and feelings still seemed so raw and influential in her life.*

## 2. Importance of Context and Time

Throughout the interviews I had a feeling that time and context played an important role in the participants' understanding of their experience. All three young people talked about a 'then and now' experience.

*"at the time I didn't think it affected my work."*

(Lucy; Lines 105-106, page 5)

*"I didn't really understand at that time."*

(Robert; Lines 29-30, page 2)

Due to their young age during the abuse, it was not always clear to them that what they were experiencing was wrong or causing them any particular difficulties; however, now as adolescents, they are able to reflect on their childhood and

understand more about the impact of witnessing DVA.

Lucy talked about her experience as a staged process, with her and her Mum moving through the different stages as time passed, eventually reaching a point when her Mum was able to leave her step-dad.

*“I knew she wouldn’t leave him at that stage.”*

(Lucy; Lines 97-98, page 5)

The stages also included her readiness to access and accept support.

*“I wasn’t ready when the abuse was taking place or immediately after. If it had been forced upon me or like the counsellor if it had been a negative experience, it would put me off wanting to deal with what happened at an appropriate time in the future.”*

(Lucy; Lines 536-543, page 23)

Robert was less specific about how time was important for him; however he did feel that time had acted as a healer and when mixed with his developing maturity, he felt more able to come to terms with his experience of DVA.

*“Yes I would have [behaved differently] if I’d known what I know now, and I had the resources and information available... I understand that there’s nothing to be angry about, I couldn’t have done anything.”*

(Robert; Lines 389-391, 422-425, pages 17 and 18)

Jane went further by stating she believed that support and intervention should be tailored to the age of a child.

*“The child doesn’t understand but they need to be taken out of that environment, which is hard but it’s the best thing for them in the long term to give them a chance.”*

(Jane; Lines 863-868, page 33)

Whilst Jane feared being taken into local authority care as a younger adolescent, she felt this was the right thing to do for younger children. In her own life Jane is now working to repair the damage that occurred to her relationship with her Mum. I think that Jane felt abandoned by her Mum at the time of the DVA, although seemed to be more willing to consider the situation from her Mum's perspective now. Jane seems to still struggle to reconcile the experience.

*"I live with my Mum now and hadn't done for five years so it's weird. I think I talk about things and it upsets her, like I'll be oh yeah I saw that in Egypt with my Dad and she'll be like don't talk about him. I don't do it on purpose but it's part of my life and I don't wanna erase all of it."*

(Jane; Lines 569-577, page 22)

### **3. Life Without Support**

This was a particularly prominent theme for Jane, who talked extensively about how living with DVA and now having left the environment, she feels her life has been impacted upon.

'Healthy relationships' were an area that Jane felt she had a very confused understanding of; having only known her parents relationship, she was unsure as to what behaviours were acceptable and what were not.

*"I'm scared that they'll seem nice to start with like my Dad, but then change and start being violent and controlling like my Dad. He cheated on my Mum and so have my boyfriends. I just push people away now because I'm scared of getting hurt or ending up like my Mum and Dad. ... I don't know how to be in a relationship that's healthy."*

(Jane; Lines 628-639, page 24)

Not only does Jane struggle with romantic relationships, but also friendships; she made numerous references to being bullied and not fitting in.

*“if I was sat on the edge of a playground looking in and watching the children, I’d be the one that was sat in a corner reading or watching and wishing I could join in.”*

(Jane; Lines 282-287, page 11)

*“All I remember ... is being bullied, I was always bullied. I was bullied a lot.”*

(Jane; Lines 200-202, page 8)

Jane therefore felt she was coping with the DVA alone, as she also didn’t have a social network to support her, which she explains impacted upon her ability to be with others.

*“my Dad wouldn’t let me have friends round so I was always by myself, I didn’t know how to be around other people.”*

(Jane; Lines 205-208, page 8)

She referred to one girl whom she would play computer games with and create virtual families; however, Jane never confided in this friend.

*“There was another girl, a bit geeky, who just sat on her bed reading or on her laptop like I did. She had siblings who she didn’t get on with and what actually brought us together was Sims 3. I think we both liked it because you can make your own family.”*

(Jane; Lines 312-319, pages 12 and 13)

In terms of her education, Jane also remembers that expectations of her academically were low and that it was perhaps not as much of a priority as it should have been.

*“My teachers didn’t expect much of me but I did do better than I or they expected...When you only do it half-heartedly, your work won’t come out your best. I could have got better grades than I did, so I’m disappointed.”*

(Jane; Lines 399-401 and 405-409, page 16)



As has already been mentioned, Jane suffered with depression and felt suicidal during the experience of DVA. This was not the only impact upon her mental health that she alluded to.

*"I worry I'll see my Dad, it's happened once and I had a panic attack. The anxiety and fear was crazy."*

(Jane; Lines 535-538, page 21)

Despite such a profound impact upon her well-being, Jane seemed uncomfortable with emotions and stated that she didn't like the thought of other people knowing she wasn't ok, as then they would worry about her.

*"I don't want people to know anything is wrong, or to worry about me. In my head I think they're my worries and I don't wanna put them on other people."*

(Jane; Lines 519-524, page 20)

Lucy also described the impact upon her behaviour that continues after the DVA has ended.

*"The slamming door thing still gets to me too: I freeze; my whole body tenses up in anticipation of what's to come. Doesn't matter where I am, it's like I've been conditioned."*

(Lucy; Lines 295-300, page 11)

As she described this, I noticed her body tensed as if she was reliving the experience. This appeared to be the warning sign for Lucy; I got the impression that when she heard doors slam, it was the first sign that her step-dad was angry and that the situation would escalate from then. She has struggled to unlearn this relationship and still freezes and feels anxious at the sound of a door slamming. She acknowledges that the experience isn't typical and has made her feel different in comparison to peers.

*“I guess I knew I’d seen a lot of things some kids never see or understand.”*

(Lucy; Lines 184-186, page 8)

**Reflection Box:** *As Lucy talked, her words formed an image in my head of DVA as a disease that seemed to slowly infiltrate her life. First impacting on her relationships, especially creating a lack of trust, then spreading to her ability to manage her own emotions, her view of herself, hopes for the future, and bond with her Mum, until it had affected most areas of her life.*

For Robert, the lack of support he experienced meant that it became a very private experience, with him feeling lonely, an outsider in his school.

*“I don’t think they really knew much about it, you know ... I was maybe 7 or 8 years old so... I wasn’t able to really, tell them or kind of any of my friends, about it ‘cause I didn’t know what to tell them”.*

(Robert; Lines 23-29, page 2)

*“I didn’t fit in ... I needed something else and I just knew that (pause) ...I was kinda, I wouldn’t call it a loner but just not able to like (pause) ... I just knew I was kinda deeper and that was definitely the result of what happened when I was younger. I had a more of a, you know, I had a more dimension to most kids.”*

(Robert; Lines 285-297, page 13)

This made having the social support of his peers very difficult and encouraged more insular behaviours.

#### 4. A Need for Support

Having described the impact that living with DVA and having limited or no access to support, the participants described why they felt support would have been helpful and how it may have helped them in making sense of their experience.

Lucy felt that an understanding of human behaviour would help her to cope with the experience. It has also influenced her decision to study Psychology at A-Level.

*“Living with domestic violence and abuse gave me an interest in human behaviour, the thoughts, feelings and stuff that makes people act that way.”*

(Lucy; Lines 212-216, page 9)

I got the impression that researching DVA and human behaviour acted as a coping strategy for Lucy, as did talking to me about her experience; the possibility that she may be able to help others by taking part in the study was a motivator for her and seemed to give her a sense of empowerment.

*“I suppose in an ideal world I would have liked to have talked to other kids my age who were going through similar stuff...knowing I wasn't the only one that would have helped me.”*

(Lucy; Lines 562-565, page 24)

Her preference for support in the form of a peer group who had also experienced similar home environments also reinforces her need to help others who have lived with DVA, whilst also feeling listened and valued herself. It was Lucy who described society's response as unhelpful and so having somebody who shared her experience as part of the support, may be less patronising and offer that non-judgemental environment. A proactive role may also be in stark contrast to what I believe felt like a passive role whilst living with DVA.

Jane also talked about improving her understanding, but admitted this was hard and I felt that had this been done in a safe supportive environment, it may not have

been quite as difficult for her to accept.

*“I’ve had time now to think about what’s happened and I’ve started to understand my issues...It destroys you inside.”*

(Jane; Lines 851-859, page 33)

In considering support, it was interesting that Jane seemed to describe a hierarchy to her needs, with feeling safe as a priority; a package of support that involved the whole family was hinted at, although not necessarily working together in the same way as Family Therapy (Andersen, 1987) may involve.

*“A school counsellor who was trained to deal with domestic violence cases and if my Mum had got support too. If my Dad had been arrested too or was in prison, I’d like that because then I could feel safe again. I don’t know how I’ll feel safe knowing he’s still around.”*

(Jane; Lines 772-779, page 30)

Understanding was also important for Robert in coping with the experience; however, he continues to have a number of unanswered questions that he seemed to struggle with.

*“Whys? Misunderstandings. Why couldn’t my Mum say or make an intervention so he’d go away or stop doing it, why did she let it persistently go on? Why didn’t she believe me and my sisters that it was happening to us too, when she wasn’t there?”*

(Robert; Lines 191-197, page 9)

Repetition of the word ‘why’ above really emphasised his confusion about the situation and need to make sense of his Mum’s behaviour at the time.

## 5. The Need to Gain Control

Control was a recurring theme in Robert’s interview; he talked explicitly about needing to control how he is perceived by people and how he responds to everyday events.

*"I have to understand the points that could get to me being like that and stop myself from ever even starting on that track."*

(Robert; Lines 223-226, page 10)

*"I give little away and I have control over how I come across."*

(Robert; Lines 460-461, page 20)

It appears as if Robert's need to control situations stems from his feelings of helplessness as a child; Robert had a strong belief that it was his responsibility to protect his family and so I think felt guilt and anger that he wasn't able to. Hence why Robert felt the need to take revenge years later.

*"I took out all my anger at that point on him there and I thought I got my revenge and it felt good to be honest."*

(Robert; Lines 267-270, page 16)

Robert later admits that he wouldn't have sought revenge if he knew what he knows now, which made me question whether he felt out of control during the assault and it scared him; he therefore now feels the need to remain in control of his emotions and his actions to prevent something like that happening again.

*"I would never want to get to that stage and if I do get angry or if I do get depressed like that, I, I, I'm able to talk myself round, in myself, to not go down that line."*

(Robert; Lines 238-243, page 11)

*"I know when now to fight and when to walk and I can control a lot of emotional situations instead of letting them get on top of me (pause) a negative is I can detach myself from a situation and assess it, this is a negative only to people around me, it's a positive to me as I can see what is actually happening and use logic instead of emotions to drive my actions."*

(Robert; Lines 444-453, page 19)

This is another example of what seems to be Robert's robotic and mechanical approach to life. The detachment and internal locus of control that he describes appear to be his way of coping with his more natural responses to situations that may involve his emotions. Whilst many thinking skills programmes (for example, 'Speaking Together', Dawes, 2000) may promote reducing impulsivity and avoiding making decisions when feeling emotionally aroused, Robert appears to have taken this to an extreme.

I wondered to what extent Robert was seeking refuge and to what degree the routine and structure of the Royal Navy, played a part in this.

*"for the first time ever thrown in with people from very similar and very dissimilar backgrounds to me with all the emotional challenges of that, that concentrated me so much. And I was still aggressive there but they gave me a purpose to be aggressive and it was good and I learnt a lot."*

(Robert; Lines 395-402, page 17)

**Reflection Box:** *Robert's body language and tone of voice were very different when he talked about life in the Royal Navy. I got the impression for the first time he felt proud of his achievements and like he had perhaps proved people wrong who may have felt at school that he would amount to nothing. The fresh start it provided seemed to allow him to let go of his past and focus on his future. However, I do wonder how long the perceived control over his actions and emotions will continue and what the long-term impact upon his well-being may be? Robert admits (Appendix G) that he is unable to "indulge in life", which suggests to me superficial living, that it is more important to control than to experience and live freely.*

In contrast, Lucy and Jane talked about living with control and the impact that a lack of freedom and choice had upon their lives. Jane very clearly felt that her life had

been controlled by her Dad in a number of ways, including her health.

*“I’ve been controlled for too long and I find it difficult to be told what to do now.”*

(Jane; Lines 615-617, page 24)

*“There’s a genetic kidney problem in my Dad’s side that he’s never told me or my family about until now...I’ve only just got checked out and found out I also have kidney problems too! I don’t know how long they haven’t been working properly, as I was never allowed to go to the doctors if I was poorly but I did get back pains from being young.”*

(Jane; Lines 581-593, page 22)

Lucy however, seemed to have a confused relationship with the concept of ‘control’ as can be seen in the excerpt below:

*“I’ve never had a boyfriend that’s hit me or anything, but they probably have been controlling and psychologically abusive... I also seem to let them get away with it because I’ll do anything to avoid conflict. I hate it. It’s daft but I think every time we argue we’ll split up or it’ll get out of control because that’s what I grew up with. The scariest thing is I’ve noticed it’s me who gets angriest and feels most out of control. I can’t seem to control it, even though I know it’s wrong.”*

(Lucy; Lines 280-295, pages 12 and 13)

She uses the word ‘control’ multiple times; however, the meaning she attaches seems to change between ‘control’ being a negative feature of her own relationships, her fear of being out of ‘control’ and also a desire to ‘control’ her emotions and behaviour.

## 6. Emotional Struggle

Participants talked about a range of feelings and emotions that they experienced and the difficulties they had in trying to make sense of the situation and their thoughts about it.

In keeping with her previous admission about being uncomfortable talking about emotions, Jane didn't go into depth about her feelings; however, she did talk about a difficulty in regulating her emotions, which was linked to suicidal ideation.

*"It's all a big fear. I think sometimes it'd be easier if I didn't wake up tomorrow (pause) then there'd be no more feelings like this. Fear, hate, love, sadness, happiness, anxiety, lost, confused."*

(Jane; Lines 700-705, page 27)

Lucy described a similar tangle of emotions, although seemed uncomfortable with certain words that she felt were associated with mental health.

*"I know I'm not crazy by the way I don't need therapy; I just have a few issues."*

(Lucy; Lines 337-339, page 14)

It seemed that Lucy struggled with her emotions, especially their unpredictable nature, but found it difficult to accept that she may benefit from accessing support to help her to understand and manage her emotions more effectively. Lucy could admit to feeling low or crying, however, to attach a label such as 'depression' to herself, was a step too far.

*"I would get really down, I'm not sure I would say I was depressed, but I cried a lot and my moods could be quite erratic!"*

(Lucy; Lines 172-175, page 8)

Lucy described how she would purposely isolate herself when feeling low, but felt that this was just something she had to do to cope; this reminded me of the saying 'survival of the fittest' – Lucy was doing what she had to, to survive the experience.



*“It felt necessary sometimes. I didn’t always do it...but there were the times when I couldn’t continue with the pretence, especially towards the end of their relationship, as the abuse escalated as time went on.*

(Lucy; Lines 148-155, page 7)

Anger was a recurring theme for both Robert and Lucy. For Lucy, anger was a negative emotion which I think she felt ashamed of. I also wondered if when it occurs, she makes herself angrier by thinking about where her anger comes from, which may escalate the situation and result in her feeling tearful:

*“I’ve had some fiery arguments with boyfriends and felt all hot headed and shaky after. Then I go into a mini depression, wanting to be on my own, crying because I’ve scared myself. I don’t know how else to explain it, my Mum and Dad are really calm people and I always used to be...”*

(Lucy; Lines 313-320, pages 13 and 14)

I also sensed insecurity in her, something that she tries to hide from others. I wondered to what extent Lucy may still be ‘performing’.

In contrast, I felt at times that Robert saw a positive side to the emotion. When talking about taking revenge, he described his anger as the driving force that powered his actions. It sounded as if he could no longer control the strength of the emotion, which had grown stronger within him over the years.

*“that anger came from me not being able to do anything at that time. And I carried that anger for a long time.”*

(Robert; Lines 411-414, page 18)

As has already been referred to, Robert felt contradicting emotions following the revenge, with part of him experiencing closure, whilst another less visible side, I felt faced the shame of resorting to the action he had hated so much, that had coloured

his childhood. Alcohol also played a role in his attempts to cope with his emotions.

*“I drank too much for a kid that age, but you know at the time it helped me. I get now that it wasn’t helpful but I didn’t know what else to do.”*

(Robert; Lines 490-493, page 23)

Having reflected on his use of alcohol as a coping mechanism, Robert was able to acknowledge that he was only suppressing his emotions and not taking action to address how he was feeling; had appropriate support been available to Robert, it is likely he would have managed that period in his life differently.

*“if I’d known what I know now, and I had the resources and information available.”*

(Robert; Lines 389-391, page 17)

### 5.2.3. A Role for Education Staff

Table 6 shows the superordinate themes that were collated to form the master theme – A Role for Education Staff.

Table 6: Master Theme 3

Master Theme	Lucy	Jane	Robert
A Role for Education Staff	1. School as Sanctuary	1. School is a Safe Haven	1. Unsafe Home
	2. A School’s Role	2. A School’s Role	2. A Role for the School

#### 1. School is a Safe Place

The word ‘fear’ was used by all participants to refer to their experience of living with DVA.

*“I think he was living in fear of us finding out, which resulted in us living in fear of him.”*

(Lucy; Lines 222-224, page 10)

*“The anxiety and fear was crazy. I had dreams about him coming and murdering me; it was awful.”*

(Jane; Lines 537-540, page 21)

*“it was definitely more of a feared relationship rather than a loved or respected one.”*

(Robert; Lines 83-86, page 4)

Lucy was able to reflect and understand that her step-dad was also living in fear; not of violence or abuse, but of his family finding out about his gambling addiction and their financial position as a result. As mentioned previously, being able to understand was important to Lucy; however, this understanding did not reduce her own fear for herself or for her Mum.

*“I knew I was scared a lot. You know, not knowing what to expect when I’d go home from school or from weekends at my Dad’s.”*

(Lucy; Lines 61-64, page 3)

Jane seemed to talk the most about wanting stability and needing to feel safe in school. She even created her own virtual family on a computer game and admits that she used to talk about this virtual family, as opposed to her real one.

*“you can make your own family and I did wish that my life was more like that. When we talked about families, it wasn’t our real ones, it was the ones we had created for ourselves”*

(Jane; Lines 318-323, page 13)

Robert also described a home environment that was feared and unsafe. His use of the word ‘evidence’ built up a picture of a crime scene in my head and emphasised the unlawful nature of DVA.

*"I didn't go to school for up to a week after it would happen. Because of all the physical evidence, by the looks of things to other people"*

(Robert; Lines 36-39, page 2)

Lucy and Jane both described school as their 'refuge' or safe place; somewhere they could relax and be a child, without having to be constantly in fear. For Lucy this was helped by her Mum working and therefore not being trapped at home.

*"I think on reflection school became a sanctuary. I could relax ...because I knew I was safe and my Mum would usually be at work so I didn't worry as much about her either. I threw myself into school and really enjoyed being there, just really appreciating the little things like spending time with friends, learning and especially at the start, just forgetting what life at home was like."*

(Lucy; Lines 395-405, page 17)

*"School and my mam's was like a safe haven for me. When I was there I could be myself, go out, have freedom. Be a child."*

(Jane; Lines 271-274, page 11)

School therefore played an important role for Jane and Lucy as it provided a secure base and allowed them to feel contained and safe, something that home did not offer for any of the participants.

## **2. A School's Role**

Jane perhaps identified most succinctly why she felt school could play a vital role in supporting young people who are or have been living with DVA.

*"It's ok having counsellors and psychiatrists but they're not the people who we see every day and have relationships with and so teachers are who we turn to first and it's really important how they respond."*

(Jane; Lines 836-842, page 32)

She felt talking was important, but also that education could play an important part in helping her to cope with her experience, a view that was shared by Lucy, who admitted to being unsure about 'normal' relationships.

*"It's about education too, though. I need help in learning how to build relationships, what is normal and acceptable and what's not."*

(Jane; Lines 848-851, pages 32 and 33)

*"I've also got shit taste in men, or so my Dad says.. I don't know why I pick them, my Dad says it's like I don't think I deserve any better but it's probably because I don't know what a 'normal' relationship is. I mean I've not had the best role models have I?"*

(Lucy; Lines 269-270, 274-280, page 12)

Lucy identified that one of the main difficulties with wanting to talk confidentiality to education staff, was their responsibility to safeguard children and therefore a duty of care to report the DVA.

*"I would have liked to have talked to someone I knew in confidence, without the risk of anyone finding out, like social services or my step-dad...In reality though that wasn't possible. I know teachers and professionals have a duty of care and there's all the child protection stuff."*

(Lucy; Lines 481-495, pages 20 and 21)

**Reflection Box:** *Being a practitioner I almost felt the need to defend school staff and their safeguarding role, to explain to Lucy that they have young people's best interests at heart, yet at the same time I felt angry that it was this very responsibility that had prevented her and other young people from talking about their experience and seeking support. The issue was also still raw in my mind having had to fight to carry out my research in the first place. It felt like an ethical dilemma: in protecting young people from the physical abuse and reporting the DVA am I therefore ignoring the impact DVA has on their emotional well-being by making them feel that they are alone and trapped in the experience?*

I have already described how Lucy would have appreciated a peer support group. School seemed like an appropriate place for this to occur, as whilst she had friends who she socialised with, this wasn't enough.

*"If I just wanted to chat or take my mind off things I had friends; it was the talking about the specifics and knowing I wasn't the only one that would have helped me."*

(Lucy; Lines 568-572, page 24)

Jane also felt peer support would have helped her to cope with her experience of DVA, but the issue of confidentiality was raised again.

*"I wouldn't have minded talking to other children or students that had gone through similar stuff - that would have been ok. You're not alone. It would take courage though, so it would have to be something that parents didn't need to know about. Just pupils getting together to support each other. If someone in school had organised it and it was a safe place to talk I would."*

(Jane; Lines 815-827, page 31)

Robert's ideas about support were creative and interested me because he seemed to think of the ideas while we were talking. Robert seemed to feel very strongly about the school's role in supporting young people who have witnessed DVA. He described how he felt that reflection was an important skill to help staff to monitor well-being and that the best way to support vulnerable groups was through a whole-school approach.

*"it has to be a whole approach, something that is implemented for everyone at school."*

(Robert; Lines 530-532, page 21)

It almost seemed as though Robert was describing a proactive way of supporting young people, which suggested to me that Robert wouldn't have necessarily wanted a targeted intervention that drew attention to him directly. A whole-school activity

that became part of the routine and that may have detected difficulties at home without him having to approach an adult may have been effective; he stated the suggestion was not something he had seen in practice.

*“I think a letter you write once a month, (pause) called reflection time. These letters are then read in class by the classroom teacher. The teacher then says whether there is action required, and at this point sits down with the pupil and asks specific questions. Based on the answers given, the teacher then submits a form to a pastoral support worker who would then come and speak to the child directly.”*

(Robert; Lines 500-510, page 21 and 22)

The Reflection Time idea encourages all children to reflect upon their month and write about anything they wish. Although not clear from the quote, I believe the teacher reads the letters privately and if concerned approaches the pupil to explore their letter. Robert felt that as every child would do this routinely, he would have felt more able to disclose information about his home life, without feeling he was different. The whole school approach would normalise the process, whilst also empowering the children.

*“It can be on the last month’s highlights and lowlights, it’s about culture change!”*

(Robert; Lines 515-517, page 22)

School achievement was important to Robert and Lucy, who saw education as a distraction from their home environment.

*“Having to go to school did help though because I guess I had routine to stick to.”*

(Lucy; Lines 175-177, page 8)

*“I was competitive due to me not having the best of everything, unlike my friends from school, (pause) this drove me onto being good at things and making things work for me where others complained and failed.”*

(Robert; Lines 432-437, pages 18-19)

I got the impression that having felt like a failure as a younger child in the early stages of the abuse, Robert needed to succeed as an adolescent and so knowing his strengths, he used school achievement to boost his confidence and self-worth.

In contrast, all three participants reported challenges with school that ranged from difficulties concentrating to avoidance of authority and rules.

*“It got harder as I started thinking about my future because all my friends were set on going to uni, but I had to think about my Mum and how she would cope if I wasn’t there.”*

(Lucy; Lines 405-410, page 17)

*“I was top of the class in Maths and also good at English but my grades started to slip; I had other things on my mind because of home. I got told off by my Dad but that didn’t help; they still continued to slide because of him really.”*

(Jane; Lines 413-419, page 16)

*“I definitely didn’t want to spend as much time in an authoritarian environment at that point...I used to bunk off school or just do something else rather than just concentrate at school.”*

(Robert; Lines 97-101, page 5)

Robert believed his difficulties slipped under his teachers’ radar, whilst for Jane, having attended multiple schools due to her Dad being in the army, there was no consistency to allow staff to notice change.



*“My teachers would probably see it, but there are so many other kids in the class that they wouldn’t really, there wasn’t enough one on one time for them to see anything.”*

(Robert; Lines 113-117, page 5)

*“staff in general don’t know what to look out for or how to approach it. And for me I’d been to a few schools and so new teachers didn’t know I’d changed because they didn’t know what was normal for me.”*

(Jane; Lines 799-805, page 31)

#### 5.2.4. Summary

In this chapter I have attempted to present my interpretation of the experiences described to me during the interview process. I have endeavoured to remain true to my participants’ stories, by supporting my interpretations and description by using their words where possible, to support the analysis. Whilst the process of IPA involves creating themes and therefore looking for shared experience, I hope I have also been able to convey the multiplicity of experiences that seemed to have occurred, as a result of the diversity of the phenomenon of DVA.

The next chapter will aim to build upon this analysis by linking the interpretations I have made of my data, to the existing literature presented in Chapter 2.

## **Chapter 6: Discussion of Interpretative Analysis**

This chapter aims to answer the two research questions identified in Chapter 2 (Table 7); this will be done by discussing the Master Themes developed in the previous chapter and making links to relevant existing literature.

Table 7: Research Questions with corresponding Master Themes

<b>Research Question</b>	<b>Master Theme</b>
1. How do young people make sense of their experience of witnessing domestic violence and abuse?	The Complexity of Living with Domestic Violence and Abuse
2. How can an understanding of this experience, help education staff to modify how they support young people, who have witnessed domestic violence and abuse?	A Need to Provide Support and Intervention.
	A Role for Education

### **Section 1: Dialogue between my analysis and existing literature**

The three Master Themes will be used to structure the discussion, which will involve using the literature to interpret my analysis and also my analysis to re-interpret the literature. This section will continue to focus upon the experiences of my three participants; however, through reference to the literature critiqued in Chapter 2 and a selective sample of additional literature (Smith et al, 2009), more general experiences of DVA may be discussed tentatively.

#### **6.1.1. The Complexity of Living with Domestic Violence and Abuse**

The complexity of living with DVA renders making sense of the experience very challenging, both emotionally and mentally for the young people involved. Participants talked about the confusion they experienced and in some cases continue to feel. An impact upon family relationships was also highlighted, as well as difficulties in understanding their own identity and new role within the family environment.

To link attachment theory (Bowlby, 1953, 1988) to this complex experience, the early attachment relationships we develop, impact upon how we continue to relate to others as older children, adolescents and adults (Nicolson, 2010). It is for this reason that violence is often referred to as a cycle or generational pattern (Mullender et al, 2002), as children who experience insecure attachment as infants, are more likely to continue to form insecure attachment relationships in the future, perhaps as they do not understand healthy relationships, as appears to be the case for Lucy and Jane.

When children experience a traumatic event such as DVA, it can impact significantly upon their trust in their attachment figure's ability to protect and keep them safe (Bowlby, 1953). The experience of fear can interfere with the parent-child relationship and cause what Oppenheim and Goldsmith (2007) refer to as post-traumatic stress reactions in the child and parent, which not only prevent the child from seeking comfort, but also prevent the parents from being able to provide security and reassurance. For example, when the mother is the victim of DVA, her parenting capacity may be hindered due to the stress and emotional strain she experiences.

Lucy and Jane emphasised the change in their role from child to carer as their Mums struggled to function effectively under the increasing stress of the DVA. The change seemed to be perceived as a loss of their childhood, which led to them having less time to be children and having more responsibilities in the family home. Robert on the other hand, experienced a role change from child to protector. It is difficult to make gender comparisons due to the small number of participants; however, my interpretation of Robert's experience is that he felt he had to take on the role of protector as the 'man of the house'. Many findings reported in relation to gendered responses to DVA, have been over-emphasised according to Hester et al, (2007) who state that the stereotype of aggression in boys and passivity in girls is out of date. They blame this assumption on the hypothesis that boys copy the behaviour of their fathers and girls of their mothers, which does not take into account relationships

where the father is the victim of DVA, or where girls develop aggressive coping mechanisms and boys become passive bystanders. For example in describing her behaviour in relationships, Lucy stated “I don’t think I’d ever hit anyone, but I’ve had some fiery arguments with boyfriends and felt all hot headed and shaky after” (Lines 312-315, Page 13-14). Research reported by Davis and Carlson (1987) both supports and contradicts the experiences of my participants. They suggest that adolescent boys were most likely to run away from home and express suicidal thoughts; this was partly true for Robert whose decision to leave home and join the Royal Navy following the assault on his Mum’s ex-partner, could be interpreted as ‘running away’. However, it was Jane who reported thinking about suicide leading to a referral for counselling.

As has been discussed, DVA can impact upon children in different ways and to different extents. This is thought to be due to each individual child’s level of resilience (Oppenheim & Goldsmith, 2007). The quality of the attachment is linked to the child’s ability to cope with the trauma and so a child who has an insecure attachment, where the carer or parent is unpredictable or unable to meet their child’s needs, is less likely to trust that the support is available to them to recover from the threat of violence and abuse. Conversely, a child who is securely attached will be reassured that they are able to seek the support of their parent and will therefore be more likely to possess the inner resources to cope with the emotional struggle (Belsky and Fearon, 2002).

Jane seemed to talk about a secure attachment with her Mum, who was the victim of the DVA. Her bond with her Dad was much more confused, due to what she described as his conflicting personas – caring and supportive versus controlling and abusive. Whilst her Mum remained in the family home, Jane was understandably fearful, however, she talked about her ability to cope much more positively; when her Mum and Dad separated and Jane was left to live with her Dad, I noticed she talked more about emotional instability and avoiding her Dad where possible. According to Ainsworth, Blehar, Waters and Wall, (1978) avoidance is an indicator of

both insecure attachment and trauma. Oppenheim and Goldsmith (2007) therefore recommend that a combined attachment and trauma framework would be most effective in supporting young people who have witnessed DVA. Kitzmann et al (2003) and Kolbo et al (1996) recommend that a focus on the quality of the relationship between child and parent or potential resiliency factors, should not be ignored.

#### 6.1.2. A Need to Provide Support and Intervention

As Bowlby (1988) very honestly admits, when he began his training it was not felt appropriate to question children or their parents about their private family life and as such adverse behaviour by parents towards their children was a taboo subject. The unmentionable nature of DVA has continued today, with society continuing to fear the reality of the phenomenon (Hester et al, 2007). Whilst it is the campaign of a number of DVA charities to remove the taboo associated with violence and abuse in the home, it is increasingly believed to be the case that “violence breeds violence” (Bowlby, 1988, p77) and therefore children who witness violence and abuse in the home are thought to be more likely to grow up to be violent and abusive towards others. Social Learning Theory (Bandura 1977) has been used to support this notion, where by children and young people learn how to respond to conflict by the behaviour they witness firstly in the home and also in the community and in society as a whole.

Of the three participants I interviewed, only Jane reported trying to seek support at the time of the DVA. This was unfortunately sabotaged by her Dad’s presence at the appointment. Jane had referred herself for counselling due to feelings of suicidal ideation, yet the Counsellor accepted her version of events in the session that she was now feeling ok and no longer needed support. Jane understandably felt let down by ‘the system’; her story could have been very different had she been able to talk to the Counsellor at that stage. In addition, Lucy has attempted to seek support since the DVA; however, her negative experience reinforced her fears that nobody would understand her and that people would judge her based upon her past.

Robert chose not to seek support and instead attempts to control many elements in his life to prevent a reoccurrence of his childhood experience, when he felt unable to exert control over his life and protect his family.

Participants talked about the experience of DVA as a staged process and made reference to age, 'time' and the phases. As has been discussed in the review of the literature (Chapter 2), as part of witnessing DVA over a period of time, young people may feel as if they 'lose' a parent or attachment figure and therefore go through a similar process to those who grieve following the death of a person (Kubler-Ross, 1970). The stages referred to in his model of Loss may share some parallels with the stages referred to by Lucy in particular, who referred to not being ready to seek support at certain points during her experience, yet wanting it later on. To view the process of accepting the loss and also feeling ready to seek or accept support as a linear process, is perhaps too simplistic given the complex nature of the experience. However, an understanding of some of the similarities may be beneficial in planning support and intervention. For example, the model suggests that young people may go through phases of different emotions, such as guilt, anger and sadness which may each require a separate response; however, when presented in a cyclical diagram the stages may appear discrete, yet participants described their emotions in terms of complex relationships between their thoughts and feelings, therefore needing more detailed assessment and intervention.

The language used by participants in relation to change, for example feeling ready to leave the abusive environment, ready to talk to somebody, society being ready to accept the prevalence of DVA and feeling motivated to change behaviour patterns, reminds me of the Stages of Change Model, also known as the Transtheoretical Model (Prochaska and DiClemente, 1983; Prochaska, DiClemente and Norcross, 1992; Prochaska & Velicer, 1997) used originally in the treatment of addictions and now more widely in behaviour modification. The premise is that change is seen as a process involving progress through a series of six stages: pre-contemplation, contemplation, preparation, action, and maintenance with a possibility of relapse at any stage. This model too, is a circular, rather than linear process; for example, the

individual may experience contemplation a number of times before reaching action, or progress through all the stages as far as maintenance sequentially, but then experience a relapse and revert back to the contemplation stage. It is helpful to understand the need to target the intervention to the appropriate stage that the individual is currently at, whilst the ability to facilitate progress from one stage to the next is essential in reaching a goal of termination (Prochaska & Goldstein, 1991).

Hence, when Jane referred herself for Counselling, she was likely in the action stage, however, the presence of her Dad at the appointment seemed to trigger a 'relapse' to the contemplation stage; Jane was still aware that she needed support, however, was not yet planning or preparing for further attempts. Similarly, during the DVA Lucy appeared to remain in the contemplation stage, aware that she was experiencing difficulties managing her emotions and in trusting others, but not yet ready to seek support. Once away from the abusive environment Lucy moved to the preparation and action stages, but then also experienced a relapse due to her negative experience. Finally Robert seems to have remained in the pre-contemplative stage, as he is not yet ready to see his need for control as a negative coping mechanism; he did occasionally acknowledge some of his difficulties, however he did not appear to be contemplating seeking support.

As can be seen in these examples, environmental and relational factors also contributed to the participant's readiness to change, something which the model seems to neglect when it locates motivation solely in the individual. As with Kubler-Ross' (1970) model of loss, the Stages of Change model has been criticised for over simplifying the process of motivation to change (Etter and Sutton, 2002), however, as a reference tool, such approaches to informally assessing needs and planning support may be helpful to professionals working with young people who have witnessed DVA.

The presence of traumatic symptoms in children who have lived with DVA (Mullender et al, 2002) was a recurring theme in the interviews I conducted. Lucy, Jane and Robert all described having reduced self-esteem and battling with their emotions as they tried to overcome the adversity they were experiencing. Jane's

description of her symptoms was perhaps most explicit as she talked about dreams and flashbacks of the violence and aggression, however, more subtly Lucy recalled how she still experiences tension and fear when doors are slammed, whilst Robert repeatedly talked about his need for what appears to be extreme control in his life.

Control for Robert seems to act as a coping mechanism, which is how Mullender et al (2002) and Kaufman et al (2011) explain that children and young people build up their level of resilience. Robert disclosed that he and his sisters found their relationship with their Mum (perhaps their only attachment figure as the perpetrator of DVA was Mum's partner) coming under increasing strain, which brought them closer together, but meant that security and consistency was missing from their lives. Robert did not talk about any other attachment figures; this absence of emotional security mixed with his low self-esteem (stemming from not being able to protect his family) and lack of social support, meant he was vulnerable and seeking a sense of belonging and security. Perhaps this was one of his reasons for considering the Armed Forces.

Lucy also found her relationship with her Mum was impacted upon, however, for the majority of the experience they remained close and were each other's support as they both felt unable to talk to anybody else. This meant that Lucy's bond with her secure attachment figure was maintained and acted as a protective factor. She also talked about a good social network and experienced regular contact with her Dad (the perpetrator of DVA in this case was her step-dad). However, Lucy hinted that it was because of her close bond with her Mum that she almost didn't apply to go to University, which could have impacted upon her confidence, sense of self and hope for the future. Lucy's relationship with control is similar to Robert's in that her perceived lack of power during the period of DVA has led to her need for control in her later life; however, for Lucy this can be seen more specifically in the area of relationships. Lucy talked about having witnessed her Mum struggle to leave the DVA predominantly due to financial dependence and fear and so Lucy emphasised that she does not want to be financially dependent upon a partner in her future.



Jane did not discuss having social support and in fact described herself as quite detached, especially from her sister. Her attachment relationships with both her parents were impacted upon by the DVA and having experienced bullying at a number of her schools, she had few protective factors to build resilience; this apparent lack of emotional and mental strength may be linked to the emphasis on trauma symptoms (Oppenheim & Goldsmith, 2007) during her interview, especially those that continue to occur after leaving the abusive home environment.

### 6.1.3. A Role for Education Staff

Social Learning Theory was identified as an explanation for problematic development in the review of literature carried out by Kolbo et al (1996); they also refer to criticisms of this linear relationship. Whilst all three of my participants admitted to experiencing feelings of anger, it was only Robert who described using physical violence himself and Lucy who explained about the unhealthy relationships she had since found herself being part of. Jane who appears to have witnessed the most severe violence and who hinted towards experiencing direct abuse herself, spoke the least about her own aggressive behaviour, yet expressed the most fear about becoming like her Dad. Whilst it is important to remember that analysis and interpretation is based only upon the experience described during the interviews, it appears that the linear nature of Social Learning Theory is too simplistic to accurately explain the varied impact upon the behaviour of children who have witnessed DVA. It does not seem able to account fully for the internalising and externalising behaviours that have been described in this study or the process by which the young people developed or did not develop maladaptive coping strategies and responses to conflict.

Whilst a healthy scepticism is helpful (Kolbo et al, 1996), the part played by positive role models should not be underestimated. Adverse attachment experiences are often associated with young people who have witnessed DVA and were discussed by all three participants. According to Geddes (2006) negative experiences of attachment also have implications for the teacher-pupil relationship and therefore

learning. She identifies five features that are associated with insecure attachments and limited success in education:

1. Little capacity to tolerate frustration or uncertainty
2. Anger with those who are perceived as 'letting you down'
3. Low self-esteem
4. Insensitivity to the feelings of others
5. Lack of trust in adults

Geddes, 2006, p128.

The above features are often communicated through what education staff may perceive as challenging behaviour, (as was seen in the case of Robert and to a lesser extent, Jane) which can be extremely stressful for all involved, especially when this is experienced over a period of time. The response of the adult in this situation is crucial, however, is often in the form of anxiety, rejection, criticism and punishment (Geddes, 2006), which seek to reinforce the insecure attachment that the child or young person is likely to display. The anxiety, frustration and distress experienced by the child, is mirrored in the adults, therefore leaving both in search of a secure base and containment. Thus, there is a role for education staff in helping vulnerable young people to feel safe and secure and able to learn.

In order to support education staff in meeting the needs of young people who have witnessed DVA, they too need to be able to access an emotional refuge (Geddes, 2006) to feel contained and maintain their own emotional well-being, to enable them to support that of their pupils. The use of a staff support group, for example in the form of a Reflecting Team (Andersen, 1987) or Group Consultation (Stringer, Stow, Hibbert, Powell, Louw, 1992), whereby staff create a safe space to talk about challenges they are facing regarding specific pupils or groups, may be effective in enabling education staff to cope with the increasing demands of their role. Knowing that they have a regular, planned opportunity to share their anxieties and potentially engage in solution focused discussions has been found to be reassuring to education staff and can help to improve practice across the whole school

(Geddes, 1991; Pettit, 2012). Robert in particular talked about whole school approaches as being the most effective way to support the emotional well-being of pupils, suggesting the implementation of 'Reflection Time'.

Healthy relationships were also discussed during interviews, but from different perspectives. Jane explicitly stated that she felt schools should be teaching healthy relationships 'as standard', and admitted that she didn't know what one would look like and seems to avoid getting close to anyone emotionally or romantically. Lucy on the other hand, described her unhealthy relationships and was able to reflect in what way these were impacting upon her at present, whereas Robert only hinted that his controlled approach to life may prevent him from "indulging in life" (Line 457, page 20). This statement suggested to me that Robert's apparent need for control in his life was the most important thing, with relationships seen as a non-essential indulgence that he could not permit himself to have, due to what I perceived as fear.

As Bowlby (1988) points out, anger is an acceptable emotion and can have its purpose in relationships. He explains that parents often become angry with their children when they engage in risky behaviours and that the same is true in intimate relationships, or between siblings when a new baby enters the family. Anger's purpose is therefore to protect special relationships that are valued by the angry person (Bowlby, 1988). It struck me as being important to participants to understand that it is natural to experience feelings of anger in life and to not feel ashamed when this occurs. Having only witnessed anger in a negative guise, it is perhaps understandable for young people who have witnessed DVA to fear such an emotion, however, it is how they respond to the anger that is crucial; education staff can therefore play a part in teaching children more explicitly about emotions and healthy relationships. It is positive that the British government are currently targeting adolescents and young adults to promote healthy relationships with their 'This is Abuse' campaign (Home Office, 2013).

Both Lucy and Jane referred to their school as being a sanctuary, somewhere where they felt safe and received consistent support and positive interactions. Robert also

talked about the role that school played in helping him to focus on his future goals and improve his self-esteem. Importantly however, none of the participants had felt secure enough in the school environment to disclose their experiences of DVA.

For the majority of young people their home is their secure base, but for those who live with DVA, home can feel like one of the most unsafe and unpredictable environments they interact with (Mullender et al, 2002) and so they may seek a surrogate secure base (Geddes, 2006) which acts to reduce anxiety both about the home situation and the challenges of learning. Jane in particular talked about seeking an additional attachment figure at school, somebody she could talk to about her thoughts and feelings, who would know *her* and be able to support her in coping. Now living with her Mum again, Jane is working to repair the attachment relationship that was affected by the DVA, but she admits it isn't easy to learn to trust again. Interestingly, Robert found his surrogate secure base and sense of belonging when he joined the Royal Navy at 16, a place where he experienced consistent responses and boundaries.

## **Chapter 7: Conclusions, Recommendations and Limitations**

This chapter aims to present the conclusions that I have drawn from my interpretative analysis of the interview transcripts (Section 1) and outline subsequent recommendations for educational practice (section 2). In section 3, I have chosen to start by describing what I believe are the strengths of the study before outlining the identified limitations. Finally, I share my recommendations for future research on the topic of the impact of domestic violence and abuse on young people.

### **Section 1: Conclusions**

This study aimed to add to the current knowledge and understanding about what it is like to live with DVA for children and young people, with a specific emphasis on education; I have also endeavoured to highlight ways in which young people would like to have been supported to inform the development of recommendations for future practice.

The phenomenon of DVA is extremely complex; not only can the term encompass a range of behaviours from physical violence to control of financial resources, but it also affects children and young people in different ways, depending upon the nature of abuse, the age when it occurs, the length of time it occurs over and a number of individual characteristics, such as resilience, relationships with attachment figures and self-esteem. DVA continues to be a taboo subject within society despite government and charity campaigns; the fear, embarrassment and shame families feel reinforce this by keeping their experience a secret. Children wanting to talk about their thoughts and feelings in particular, find the pressure of keeping the secret over-whelming and may feel trapped and hopeless about their future.

Living with DVA also impacts upon the sense of self and identity of young people, seemingly as a result of the trauma and change in family dynamics, such as relationships with parents and siblings. Young people may also lose touch with their own independent lives due to changes to their role in the family, which not only

becomes a source of added responsibility and stress, but also restricts the opportunities to engage in hobbies and attend social events, which they associate with their childhood. The changes to behaviour also leave the young person questioning who they have become and fearing further changes to their sense of self.

The need for support was expressed by all three participants, although the point in which they felt they needed it was different. It seems helpful to understand the process of coping with DVA in conjunction with models of loss and readiness to change; a 'one-size-fits-all' approach does not seem appropriate.

Young people talked about wanting to access support to help them to better understand and manage their conflicting emotions and growing need for control over situations. The experiences described by participants, support more recent research that avoids making statements about the impact of gender on coping mechanisms.

It appears that accessibility of support for young people is problematic, if they are not living in a refuge or are not yet ready to report the DVA to the Police or Social Care. They described a desperation to talk to somebody who was familiar and whom they trusted, without the risk of that person reporting the abuse. As young people were aware that this was unlikely to happen, they chose not to tell anyone; it seemed that continuing to 'cope' in silence was preferable to the fear they felt about the unknown situation once the DVA was reported.

The young people lived both in fear of somebody finding out and the abuse escalating or the family being torn apart, and in fear of them not finding out and the DVA continuing. They seemed to be continually experiencing conflicting thoughts, not knowing what action to take for the best. The future became unimportant, just taking their new lives a day at a time.

School and school staff were generally talked about positively, with school often being the one continuity they had; it became a place of safety and security due to the predictable nature of the routines and staff. Education and learning were not

always the main motivators and so achievement may not have been consistent, however, the school environment, relationships with teachers and opportunities to socialise with friends away from home, meant that it became part of their coping strategies.

## **Section 2: Considerations for Educational Practice**

Whilst this study does not aim to generalise the experiences of the three participants who took part, I would like to highlight the following suggestions for staff working within education, that have emerged from this research and my reading of the literature:

### **1. Increased knowledge and understanding of DVA**

Having carried out this piece of research, I have learnt more about the complexity of living with DVA and how it can impact upon young people's lives in a number of ways both in the short- and long-term. This increased understanding and knowledge has enabled me to contribute more effectively in multi-agency meetings and to develop more detailed case formulations when report writing. If supporting young people who have witnessed DVA is seen as a priority in Educational Psychology Services, other EPs may also be better placed to do so.

Improving the understanding of education staff is also important in enabling them to identify young people who may be living with DVA and to better support them through the experience. EPs can contribute to this indirectly through the use of consultation in schools and directly by delivering training to all education staff from Teachers and Teaching Assistants to Lunchtime Supervisors and Administrators. An emphasis upon building professional relationships with all young people is necessary, as Jane described it is the staff that young people see and work with everyday who are best placed to support young people in her position (Lines 836-842, Page 32). Research carried out by Saunders (1995) on behalf of ChildLine and Women's Aid Federation England also recommended easy access to face-to-face confidential counselling services and emphasised the role of school's as a first point of contact. Lucy's account also offered some guidance about how she had hoped to

be treated by people she spoke to (Lines 500-526, page 21-22); Rogers' (1962) core conditions seemed to be important.

## 2. Information sharing and collaborative working

Whilst the local authority I am placed with does have a specific service to tackle DVA at a local level, it is predominantly social care that they work closest with. I would like to see education staff better represented at their meetings or perhaps a separate subgroup of education staff who would meet with a representative from the core DVA group. This would allow for better communication and sharing of best practice. For example the recent change in the governments definition of DVA (Home Office) to include young people aged 16 and over, may impact upon educational settings, however, many staff may not be made aware of the change, unless they are the school's Safeguarding or Emotional Wellbeing officer. I think this research argues that DVA is more than just an issue for social care to tackle alone and that services need to work together to be effective and share information with other relevant professionals. This was also a recommendation from Saunders' (1995) research regarding inter-agency cooperation and information sharing.

Communication between schools and local authorities could also be improved. Jane described moving schools frequently and felt that this impacted upon her teachers' ability to understand what was 'normal' for her and to monitor changes (Lines 802-811, page 32). Attending multiple schools and moving frequently is often associated with families experiencing DVA (Sterne and Poole 2010).

## 3. Formal monitoring of attainment as well as emotional well-being

Young people who are known to be living with DVA may benefit from a Pastoral Support Plan (PSP) that is reviewed every term. In some cases an Individual Education Plan (IEP) may also be useful to monitor the potential impact upon the young person's educational achievements. Robert described how he initially avoided school (Lines 97-99, 109-112, page 5), however, later found it to be a positive factor and chose to focus upon his academic achievements and sport (Lines 425-431, page



18). As part of having a PSP, young people would benefit from having a Key Worker in school, who they felt able to talk to.

#### 4. The role of reflection in school

Robert also described the need for a whole school approach to reflection (Lines 494-511, page 21-22). He seemed to have found reflection a helpful skill in coming to terms with, and making sense of his experience and therefore believed it would have been beneficial had he been able to reflect at the time. He suggested that every month each class would write a piece of reflective writing focusing on the highlights and lowlights that month. It is anticipated that this would give staff an opportunity to pick up on any recurring issues or difficulties young people may have been experiencing, which may include DVA. Robert felt writing down his experience would be easier than having to say it aloud. Similarities to 'Circle Time' may be seen here, which aims to improve the self-esteem of children and young people (White, 1993), and can be used to tackle issues such as identity, belonging and competence. The difference lies mostly in the confidential nature of Reflection Time, with written work only being seen by a member of staff. Both approaches emphasise the need for a whole-school approach.

I also reflected upon the role of Narrative approaches when considering Reflection Time, due to the opportunity for young people to construct a story by reflecting upon their life (Winslade and Monk, 1999). The impact of narrative approaches can not only provide the basis for professionals to monitor well-being, but also impact upon identity (Bruner, 2004), which was a theme that arose from interviews. Furthermore, narrative practice incorporates the core conditions identified by Rogers (2003), for example congruence, unconditional positive regard and empathy, which were perceived as important to all participants when describing support.

It may also be helpful to encourage reflection amongst education staff themselves. I am aware that the role of the Teacher and support staff is being stretched in recommendations made in this and similar studies; along with the daily stress that

education staff experience, encouraging reflective practice and a culture that values supervision, may help in improving teaching practice, as well as the emotional wellbeing and mental health of staff and pupils. EPs are appropriately skilled to support schools in offering such a service to its staff.

#### 5. Peer support

Peer support groups were mentioned by two of the three participants. These may consist of a group of young people who are experiencing similar difficulties, e.g. DVA, divorce and separation of parents. Whilst a member of staff may be needed to oversee the group and monitor any difficulties, both participants talked about it being a group for young people, run by young people. Similar interventions with young people whose parents have recently separated or divorced have been found to be effective in supporting children to accept the change and improve emotional well-being (O'Hara, 2004). The importance of a shared experience and understanding was emphasised. Again, EPs are well placed to support staff and young people in setting up and running such an intervention (O'Hara, 2004).

#### 6. A confidential helpline managed by a familiar adult

Lucy stated that talking to ChildLine may have felt too impersonal as she would not know who she was talking to. It may have been more useful for a familiar adult to offer a regular time when young people could call a school or community helpline and talk confidentially about their difficulties. The young person would know who they were talking to, but the adult would not. EPs have the skills-base to facilitate this or to train other members of staff to enable them to provide the service.

As can be seen there are a number of ways in which educational practice can be modified to improve outcomes for young people living with DVA and the skills and knowledge of EPs could play an important role in many of them.

### Section 3: Strengths and Limitations of this research

#### 7.3.1. Strengths

In keeping with my positionality and chosen methodology, participants were given the opportunity to express their perceptions of their experience of living with and witnessing DVA. This piece of research was phenomenological in its focus on participants' conscious lived experiences of DVA, hermeneutic due to the presence and acceptance of interpretation throughout the research process and idiographic, as attention is given both to individual and shared aspects of the participants' experience.

As outlined in the literature in Chapter 2, the topic of DVA has been somewhat neglected within the field of Educational Psychology in the UK, and young people's voices protected in the wider literature. I therefore felt strongly that young people should be given the opportunity to talk about their experiences, especially in relation to their education and potential support and intervention. Whilst I experienced a number of hurdles in gaining access to a participant group, the reactions of those who did take part made the journey worthwhile for me both personally and professionally.

*"I just think it's really good that you're asking these questions and that I'm able to answer them. I hope it helps someone... I needed someone to listen to me. That's it."*

(Lucy; Lines 576-579, 587-588, pages 24-25)

*"They [people] don't listen, just assume and it hurts me. I mean like this is weird. Just talking with nobody interrupting or telling me I'm wrong. I've never had this. You haven't been like oh I know how you feel because you don't, nobody does, even if they've had a similar experience it'd make them feel different so I hate how people tell you that they know how I feel."*

(Jane; Lines 683-693, pages 26-27)

The rich and detailed accounts expressed by participants are evidence of the rapport I was able to develop with participants, despite the short period of time I spent in their company. The positive feedback I received was spontaneous and therefore perhaps a more meaningful evaluation of their experience of taking part in the study.

Throughout the research process I have also continually reflected upon the process and shared details of the challenges faced in completing the study. This has enabled me to maintain transparency and sincerity, which are both important criteria to achieve when completing qualitative research. Coherence and credibility were also maintained through the inclusion of quotes from all three transcripts to support my interpretations during analysis and samples of transcription and analysis from all participants being presented in Appendices J, K and L. Whilst my own individual interpretation is important in the analysis stages, I also wanted the reader to be able to understand the basis of my interpretations, when forming their own opinions.

As is often one of the main aims of a piece of research, this study is able to contribute to the limited amount of literature on DVA within the field of Educational Psychology, as well as add to the wider research community within psychology and social care. Dissemination within schools, support services and the wider local authority may also impact upon local practice in response to DVA, as well as protocols within the authority's Research Governance Committee. Following a restorative meeting that I attended with my Fieldwork Supervisor, I am aware that they have already begun to make changes to their application form and are reviewing the process of gaining approval for research in the local authority.

### 7.3.2. Limitations

In Chapter 3 I outlined a number of limitations specific to IPA and so this section will briefly summarise these before focusing primarily upon the limitations of this specific piece of research.

As with all methodologies, IPA has its critics, however, as Smith (2011) argues, the

methodology is still in its infancy and so it is likely that it will continue to evolve. Recent critics include Chamberlain (2011) who is concerned about the links to phenomenology and hermeneutics and states that the relationship should be more clearly explained; she would like to see IPA distinguish itself more clearly from thematic analysis, which could involve shifting further towards both phenomenology and hermeneutics.

The role of language has also been questioned. Whilst it is clear that IPA relies upon language in the form of text, it is also necessary for participants to be able to communicate effectively using language. In recruiting adolescents as opposed to young children, I was confident that I would be able to gain in-depth interviews with the thick description that is required. However, a further language-related limitation outlined by Willig (2008) lies in this reliance upon language, as she argues that language constructs as opposed to describes reality. Therefore the language that we choose to use to talk about an experience is important as it constructs a particular version of this experience, therefore the same experience of DVA may be talked about using different language on a different day. Willig (2008) concludes that the interview transcripts used in IPA can tell us about the way in which a young person talks about their experience, but not about the experience itself.

Whilst I placed my positionality and methodology under the strengths of the research, I also see there are limitations to such an approach, primarily in the interpretative nature of the study. The analysis of transcripts and subsequent discussion are only based upon my interpretation of the three participant's accounts and I can therefore not make claims about how transferable these interpretations are to other young people who have witnessed DVA. To aid the reader I have included examples of transcripts with analysis, which allow the process of developing themes to be followed from initial comments to Master Themes, and endeavoured to maintain transparency throughout. It should be noted however, that despite my efforts, the onus is on the reader to make their own interpretations and generalisations, which may allow for misinterpretation or misuse of these findings.

As mentioned in Chapter 4, I had hoped to recruit between 6 and 10 participants as this is the range recommended by Smith et al (2009), however, the small number of participants is not unusual in IPA studies, as the methodology is also used in case study designs, with smaller numbers of participants allowing for greater depth of analysis. A larger number of participants may have allowed for a greater variety of experiences to be highlighted and may have provided more examples of the nature of support that was available or accessed by young people who have witnessed DVA. Conversely, a larger number of participants may also have affected the depth of analysis I was able to present in the word limit of this thesis.

Unfortunately, the three participants that were interviewed had very limited experiences of support or interventions and so I have been unable to explore this aspect of my study in as much detail as I had hoped. It remains uncertain as to whether in a larger sample of young people there would have been more participants who had some experience of support, or whether the experience of myself and my participants is typical of the population. A larger sample may also have allowed for some gender comparisons to be made.

It is also necessary to point out that due to the literature around DVA being significantly skewed towards clinical populations, the conceptual frameworks utilised in this thesis are also limited. On reflection, adopting a wider ecological lens towards theory would have helped to frame psycho-social interventions that could be implemented over time, to compliment the current dominant clinical focus.

#### **Section 4: Recommendations for Future Research**

I have explored three young people's experiences of living with and witnessing DVA using interpretative phenomenological analysis. Based upon my reflections of the research process, my findings and the limitations of this study, the following have emerged as potential recommendations for future research:

- Purposive sampling of young people who have received support or intervention during or after living with DVA using either IPA or a narrative approach.
- Purposive sampling of young people who are about to undertake support or intervention. Interviews could be carried out pre- and post- support, as well as at regular intervals throughout, depending upon the length of the intervention.
- The present research suggested there was a role for education staff in supporting young people who have witnessed DVA. It may be useful to conduct discourse analysis of focus groups with education staff to explore how they talk about working with young people who have witnessed DVA and construct such experiences. Alternatively, narrative interviews to explore what staff understand by the concept of DVA may also be useful in planning and developing training programmes.
- Purposive sampling of young people who have witnessed DVA followed by a Q-sort analysis of their views on their needs following the experience.
- To help in identifying participants, a mixed methods study using questionnaires to collect information about young people's awareness about DVA. Follow up interviews with those who have had direct experience.
- The present research has made recommendations regarding the role of the Educational Psychologist (EP). It may be useful to conduct interviews or focus groups with EPs to explore their experiences of supporting this group of vulnerable young people and if they perceive a role for themselves in the future.
- All participants emphasised the need for confidentiality in accessing support, however, it was also acknowledged that staff have a duty of care. It seems that the physical wellbeing of a child is put before their emotional wellbeing, despite the well-documented impact on development of living

with poor emotional and mental health. Young people seem willing to forego emotional support in order to maintain the secrecy of DVA; as this study did not attempt to answer this dilemma, I do not profess to have the resolution to this issue, but feel strongly that the demand for confidential emotional support is currently a vast unmet need. Further research is needed into how all professionals can better meet the emotional and mental health needs of young people.

- All future research carried out on this topic area would be greatly improved if supported by local authority DVA Services and local Women's Aid charities. Not only can they potentially support the identification and recruitment of participants through promoting the importance of this form of research, but they are also best placed to action resultant recommendations for practice.



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## **Appendices**

### **Appendix A: University Ethical Approval Letter**



## **The School Of Education.**

Katie Worrall  
DEdCPsy

**Head of School**  
Professor Jackie Marsh

Department of Educational Studies  
388 Glossop Road  
Sheffield  
S10 2JA

25 July 2013

**Telephone:** +44 (0)114 222 8096  
**Email:** DEdCPsy@sheffield.ac.uk

Dear Katie

### **ETHICAL APPROVAL LETTER Children's Experiences of Witnessing Domestic Abuse**

Thank you for submitting your ethics application. I am writing to confirm that your application has now been approved.

You can proceed with your research but we recommend you refer to the reviewers' additional comments (please see attached).

This letter is evidence that your application has been approved and should be included as an Appendix in your final submission.

Good luck with your research.

Yours sincerely



Dr Simon Warren  
**Chair of the School of Education Ethics Review Panel**

**Appendix B: Participant Information Letter****Participant Information Sheet (June 2012)**

To \_\_\_\_\_

As part of my Doctoral training at the University of Sheffield I am carrying out a research project to explore the experiences of children and young people who have witnessed domestic violence and abuse. The title of the research project is:

**An interpretative analysis of children's experiences of witnessing domestic violence and abuse: Implications for practice.**

I would like to invite you to take part in this project, but before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please contact me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

**Purpose of the research**

The research aims to find out more about the experiences and views of young people who have witnessed domestic violence and abuse. Gaining such information can help both school staff and other professionals to understand what it's like to live with domestic violence and abuse and what they can do to in school to help.

**Why have I been invited to take part?**

You have been chosen to take part in this project because you meet the selection criteria and it is felt that your views would be of great value to the project. Several other young people will also be asked to take part individually.

**Do I have to take part?**

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. You can drop out of the project at any time prior to Friday 30<sup>th</sup> November 2012 and you won't get into trouble or have to give a reason. If you have already completed an interview when you decide to drop out, this means that your responses will not be used in the analysis and final write up that I submit to university.

**What will happen if I take part?**

You will be given a time for your interview, which will take place in a quiet space. An interview is a conversation about a particular topic and will involve you talking to me about your experiences in education and views on support. There are no right or wrong answers. The interview will last approximately 1 hour; you will only have to talk about experiences that you feel comfortable discussing and will be free to leave the room at any point. The focus of the interview will be on your education and any support you may or may not have accessed.

**What are the main advantages and disadvantages of taking part?**

The main advantage to taking part is that the more as adults we can understand about domestic violence and abuse, the more able we are support children and young people effectively in school. By talking about your own experiences, you may help us to support other children and young people more effectively.

The main disadvantage to taking part is that it can be quite difficult, sometimes even upsetting, to describe what witnessing domestic violence and abuse is like and to talk about the feelings and emotions, such as loss, that you may have felt. If you do feel upset after the interview, you can be put in touch with another Educational Psychologist or support service, who will be able to support you.

**Will my taking part in this Research Project be kept confidential?**

'Confidential' is to do with things being kept private. All the information that is collected about your experiences will be kept confidential; this means that nobody, except for (Contact Name), will even know that you have taken part. The only exception would be if information was shared that you or someone else was at risk of actual harm.

There is a chance that the conclusions from this project might be used more widely in the future, for example in training events, or in a psychology journal article. However, all information will remain anonymous (no real names will used).

**Will the interview be recorded?**

The interview will be tape-recorded and then transcribed (typed out) on paper. The tapes and transcripts will be stored securely and then disposed of safely at the end of the research project. Transcripts will be anonymised and used only for analysis, with some selected quotes being presented in the final write up. No other use will be made of them without your written permission, and no one outside the project will be allowed access to the original recordings.

**Who is organising and funding the research?**

The research is organised by myself as the main researcher, under the direction of the University of Sheffield, who oversee the professional training of Educational Psychologists. Sheffield University Research Ethics Committee also reviews the research, checking that the safety of those taking part has been properly considered.

**Who do I contact for more information?**

Katie Worrall, Trainee Educational Psychologist  
XXXX Educational Psychology Service  
Tel: XXXX      E-mail: [katie.worrall@XXXX.gov.uk](mailto:katie.worrall@XXXX.gov.uk)

Tony Williams, University Lecturer/Research Supervisor  
University of Sheffield  
Tel: 0114 2228119      Email: [anthony.williams@sheffield.ac.uk](mailto:anthony.williams@sheffield.ac.uk)

Thanks for reading this ☺

## Appendix C: Example Participant Consent Form

Participant Consent Form

**Title of Project:** An interpretative analysis of children's experiences of witnessing domestic violence and abuse: Implications for practice.

**Name of Researcher:** Katie Worrall

**Participant Identification Number for this project:**

**Please initial box**

1. I confirm that I have read and understand the information sheet dated June 2012 for the above project and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw prior to Friday 30<sup>th</sup> November without giving any reason. Researcher contact details as follows:  
Tel: XXXX      Email: [katie.worrall@XXXX.gov.uk](mailto:katie.worrall@XXXX.gov.uk)

3. I understand that my responses will be anonymised before analysis. I give permission for members of the research team to have access to my anonymised responses.

4. I agree to take part in the above research project.

\_\_\_\_\_  
**Name of Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Researcher**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

Copies: Participant/Secure research file

*Note: this consent form must either be returned before the research interview, or brought along to the interview itself.*

## Appendix D: Semi-structured Interview Schedule

### Interview Schedule

#### Part A: The Impact

1. Can you tell me what you understand by the term ‘Domestic Violence and Abuse’ (DVA)? *Descriptive*
2. Can you tell me how at the time, you thought witnessing the DVA affected you? (School – learning, peers, teachers, socially, role in the home) *Evaluative*
3. I’m curious to know more about your views on how the experience has affected you since? (relationships, education) *Contrast*

#### Part B: The Support

4. I’m interested to know what forms of support young people (who are witnessing DVA) might find useful in school.
  - a) Can you tell me about any experiences of support you had:
    - i) At the time of the DVA? (Who, what, when, for how long, impact?) *Narrative*
    - ii) After the DVA? (Who, what, when, for how long, impact?) *Narrative*
  - b) Can you tell me about anything you did not find helpful at the time? *Descriptive*
  - c) I wonder how you thought this could this have been improved upon at the time? *Evaluative*
5. I’m interested to know more about your ideas of what would have helped now that you’re able to look back? *Evaluative/Contrast*
6. Is there anything else you would like to tell me about your experience of support?



Appendix E: Sample Page from Interview Transcript with Analysis - Lucy

Emergent Themes	Line No.	Original Transcript	Exploratory Comments
<p><b>Focus on the positives as coping strategy.</b></p> <p><b>Self as broken and damaged, beyond repair.</b></p> <p><b>Fear of trust.</b></p> <p><b>Perpetrator as dictator.</b></p>	<p>241</p> <p>242</p> <p>243</p> <p>244</p> <p>245</p> <p>246</p> <p>247</p> <p>248</p> <p>249</p> <p>250</p> <p>251</p> <p>252</p> <p>253</p> <p>254</p> <p>255</p> <p>256</p> <p>257</p> <p>258</p> <p>259</p> <p>260</p>	<p>I: Can you tell me what you meant by 'like this'? You said you're now 'like this'.</p> <p>L: Course I got side tracked. I do think it's a positive though that he kind of gave me some direction because I didn't know what I wanted to study! That's probably the only positive though. Ok. Right. I feel like I'm... broken, damaged. I know you probably think that's crazy but it's true. I'm not the same as some of my friends. I don't trust people easily for a start. I'm adamant I'm going to earn my own money and never have to rely on a man for anything. That's where my mum went wrong. She was happy to let him rule the roost financially and in other ways. He dictated. I'll never let someone do that. I'm having my own</p>	<p><i>Positive factors</i> Seeing positive factors and making them known is important – coping strategy</p> <p><i>Negative impact – feel misunderstood.</i> "I feel like I'm... broken, damaged" Metaphor – beyond repair? No longer who she was. If we are not ourselves, who are we?</p> <p><i>Resolution to not be in the same position as her mum.</i></p> <p><i>Trust issues</i></p> <p><i>Own need for control now.</i> "He dictated" - Step-dad was in charge, not equal partners, like a ruler or leader</p>

Emergent Themes	Line No.	Original Transcript	Exploratory Comments
Self as non-human that can't feel.	261 262 263 264 265 266 267 268	house, not someone else's or if it's joint I wanna know exactly what's going on all the time. My friends say I'm like the snow queen in the Lion, Witch and the Wardrobe or the Tin Man in The Wizard of Oz. No Heart. And they're probably right these days, that way you don't get hurt.	<i>Learnt from Mum's mistakes</i>  "I'm like the snow queen in the Lion, Witch and the Wardrobe or the Tin Man in The Wizard of Oz. No Heart". Simile – comparing herself to fictional characters that show no emotion, don't get hurt. Coping strategy.  <i>Control. Time-situated. Who was she before? Despite wanting control, can't seem to control all emotions</i>
Seeks out unhealthy relationships.	269 270 271 272 273 274 275 276 277 278 279 280	Weirdly though, I've also got shit taste in men, or so my dad says. I know it's true though. I seem to like the bad boys; the ones who make you feel like you're on cloud 9 one minute, then drop you from a great height the next. I don't know why I pick them, my dad says it's like I don't think I deserve any better but it's probably because I don't know what a 'normal' relationship is. I mean I've not had the best role models have I? I've never had a boyfriend	<i>Fear of getting hurt so will avoid</i>  <i>Likes 'bad boys'</i>  <i>Agrees with Dad about poor taste in men but not his reasons. "the ones who make you feel like you're on cloud 9 one minute, then drop you from a great height the next" - Contrasting feelings.</i>  <i>If we are not normal, are we automatically abnormal and vice versa?</i>  <i>Implies she is abnormal in some way. Rhetorical question or seeking reassurance? Doesn't know what a 'normal' relationship is, lacks positive role models</i>

Emergent Themes	Line No.	Original Transcript	Exploratory Comments
<p><b>Continuum of control.</b></p> <p><b>Need for control as a learnt behaviour.</b></p> <p><b>Learnt behaviours continue.</b></p>	<p>281</p> <p>282</p> <p>283</p> <p>284</p> <p>285</p> <p>286</p> <p>287</p> <p>288</p> <p>289</p> <p>290</p> <p>291</p> <p>292</p> <p>293</p> <p>294</p> <p>295</p> <p>296</p> <p>297</p> <p>298</p> <p>299</p> <p>300</p>	<p>that's hit me or anything, but they probably have been controlling and psychologically abusive. Making me feel like shit or like I'm lucky to be with them so I should put up with anything they throw at me. I also seem to let them get away with it because I'll do anything to avoid conflict. I hate it. It's daft but I think every time we argue we'll split up or it'll get out of control because that's what I grew up with. The scariest thing is I've noticed it's me who gets angriest and feels most out of control. I can't seem to control it, even though I know it's wrong. The slamming door thing still gets to me too, I freeze, my whole body tenses up in anticipation of what's to come. Doesn't matter where I am, it's like I've been conditioned.</p>	<p><i>When does control become abusive? No direct physical abuse but has had emotionally abusive boyfriends</i></p> <p><i>"Making me feel like shit" - Metaphor – interesting choice of word, suggests abusive/aggressive behaviour</i></p> <p><i>Avoids conflict – coping strategy</i></p> <p><i>Lucy says that her step-dad lost control through his gambling and therefore sought it in other ways. The lack of control she felt in witnessing the DVA, has now led to her need for control in her life today. Pattern of behaviour</i></p> <p><i>Own anger scares her, feels out of control. Lots of reference to 'control'.</i></p> <p><i>Slamming doors trigger anxiety "I freeze, my whole body tenses up" - Metaphor – coldness again. "it's like I've been conditioned" - Reference to psychological theory. Does 'not feeling' and being cold, make you less human and therefore able to carry on with life without fearing further pain and hurt both physically and emotionally?</i></p>

Emergent Themes	Line No.	Original Transcript	Exploratory Comments
<b>Vicious cycle of emotional response</b>	301 302 303	So what have I talked about so far? My lack of a heart, relationship choices. Ok friends.	
	304 305 306 307 308 309	I: Erm, can I just pause you there before you start talking about friendships. I'd just like to go back to what you said about feeling out of control and angry. Can you tell me any more about this, how it makes you feel.	<i>Compares self to step-dad – anger directed towards him and self</i>
	310 311 312 313 314 315 316 317 318 319 320	L: Shit. Just like him. And that makes me feel angrier still because of what he's done to me. I don't think I'd ever hit anyone, but I've had some fiery arguments with boyfriends and felt all hot headed and shaky after. Then I go into a mini depression, wanting to be on my own, crying because I've scared myself. I don't know how else to explain it, my mum and dad are really calm people and I always used to be...	<p><i>"I've had some fiery arguments"- Fiery metaphor again.</i></p> <p><i>Physiological impact of anger, scared of own behaviour. Fear of becoming step-dad becomes a vicious circle – Anger at him, try to gain control so can't happen again, become angry when cant, get even angrier at step-dad, feel sad and upset about feeling angry, but then get angry again at step-dad for making her feel low.</i></p> <p><i>"I go into a mini depression, wanting to be on my own, crying"- Still not depressed but some similarities. Contrast current self to self prior to abuse. Time-situated</i></p>

Appendix F: Sample Page from Interview Transcript with Analysis – Jane

Emergent Themes	Line No.	Original Transcript	Exploratory Comments
<p><b>Fear of being a burden.</b></p> <p><b>Family life as a performance.</b></p> <p><b>Relief</b></p>	<p>494</p> <p>495</p> <p>496</p> <p>497</p> <p>498</p> <p>499</p> <p>500</p> <p>501</p> <p>502</p> <p>503</p> <p>504</p> <p>505</p> <p>506</p> <p>507</p> <p>508</p> <p>509</p> <p>510</p> <p>511</p>	<p>J: My Mum was crying I didn't want to make it worse. I needed to be there for her. My sister would cry at boarding school, I knew how upset she was but I just didn't cry. We'd had years of <b>pretending to be a happy family</b>, walking round theme parks, the supermarket, doing normal things but underneath we weren't <b>normal</b> or happy. If it hadn't been for the violence and arguments it would have been much sadder but we knew it was for the best and there was a relief in some ways, knowing Mum would be safer.</p> <p>People say it's harder on you if you're a baby but they (babies)</p>	<p><i>Didn't cry because didn't want to be a burden, to make the situation worse. Is her reluctance or inability to express emotion linked to her difficulties with social interaction and own discomfort with other people's emotions?</i></p> <p><i>"pretending to be a happy family" a performance to their audience.</i></p> <p><i>Hadn't been a 'normal' family anyway and became a relief thinking the violence was over. Again Jane sees only one "normal".</i></p> <p><b>Relief – the performance was over and no longer needed to fear coming home.</b></p>

Emergent Themes	Line No.	Original Transcript	Exploratory Comments
<p><b>Torn between parents.</b></p> <p><b>Secrecy.</b></p> <p><b>Confused sense of self.</b></p> <p><b>Invisible.</b></p> <p><b>Burdening others.</b></p> <p><b>Seeking support.</b></p>	<p>512</p> <p>513</p> <p>514</p> <p>515</p> <p>516</p> <p>517</p> <p>518</p> <p>519</p> <p>520</p> <p>521</p> <p>522</p> <p>523</p> <p>524</p> <p>525</p> <p>526</p> <p>527</p> <p>528</p> <p>529</p> <p>530</p> <p>531</p>	<p>don't understand, we understood.</p> <p>That made it really hard. I've always been in the middle of things. Nobody knew I cried, I've told my Mum since and she didn't even remember me going upstairs. I was just invisible. I don't like showing emotions though in public. I don't want people to know anything is wrong, or to worry about me. In my head I think they're my worries and I don't wanna put them on other people. I think that's why I've never spoken to anyone before, I don't want to put my problems on other people. I don't like the thought of people worrying about me.</p> <p>I've realised recently though that I needed to talk to somebody, to get</p>	<p><i>Felt like it's harder to go through DVA when older like she was as you understand more.</i></p> <p><i>Felt torn between her parents.</i></p> <p><b>Confused identity and low self-esteem</b></p> <p><b>"I was just invisible. I don't like showing emotions though in public". If she didn't express herself or cry in front of people, nobody noticed her.</b></p> <p><i>Felt invisible, nobody noticed how it was impacting on her.</i></p> <p><b>Repetition of "I don't..." What does she want or like? I don't think Jane knows herself.</b></p> <p><i>Doesn't want to be a burden, so keeps her emotions to herself and tries to get herself through difficulties.</i></p> <p><i>Realised she does need support and can't solve all her problems herself.</i></p> <p><b>Reflection.</b></p>

Emergent Themes	Line No.	Original Transcript	Exploratory Comments
<p><b>Impact on mental health.</b></p> <p><b>Fear of Dad.</b></p> <p><b>Life as a bad dream.</b></p>	<p>532</p> <p>533</p> <p>534</p> <p>535</p> <p>536</p> <p>537</p> <p>538</p> <p>539</p> <p>540</p> <p>541</p> <p>542</p> <p>543</p> <p>544</p> <p>545</p> <p>546</p> <p>547</p> <p>548</p> <p>549</p> <p>550</p>	<p>this off my chest. I've felt really stressed by it as I've grown up, headaches, mouth ulcers, not sleeping you know. Stressed. It's still there in my head. I worry I'll see my Dad, it's happened once and I had a panic attack. <b>The anxiety and fear was crazy.</b> I had dreams about him coming and murdering me, <b>it was awful. But the dreams weren't new, I had them before they split up, that he'd hurt me, rape me. (pause) Woah. I've never told anyone that before (pause). I suppose I wish the whole thing had been a dream.</b></p> <p>He started hitting me once my Mum left, so I wish I'd gone with her now but he'd guilt-tripped me</p>	<p><i>Physical symptoms associated with witnessing DVA.</i></p> <p><i>Has affected mental health – anxiety, panic attacks.</i></p> <p><b>Negative thought patterns. “The anxiety and fear was crazy” Irony to use ‘crazy’ when talking about mental health.</b></p> <p><i>Fear of her dad hurting or even raping her. Sounds like a lot of pain in her voice.</i></p> <p><b>Are the dreams based on any reality other than what she has mentioned?</b></p> <p><i>Wish life had been a dream.</i></p> <p><i>Abuse became more direct once parents split, wanted to leave but always felt pressure to stay. Tried to turn her against her mum.</i></p>

Emergent Themes	Line No.	Original Transcript	Exploratory Comments
<p><b>Manipulation as control.</b></p> <p><b>Emotional abuse as control.</b></p> <p><b>Search for the truth.</b></p> <p><b>Dad as abusive and controlling.</b></p>	<p>551</p> <p>552</p> <p>553</p> <p>554</p> <p>555</p> <p>556</p> <p>557</p> <p>558</p> <p>559</p> <p>560</p> <p>561</p> <p>562</p> <p>563</p> <p>564</p> <p>565</p> <p>566</p>	<p>into staying with him and it was like emotional blackmail. It took me 5 attempts to finally move to my Mums because he'd always manage to put pressure on me to stay and he made me question my relationship with my Mum. He was so good at it; I was so confused I didn't know what was true anymore. It finally came to a head when his partner attacked me one night. She'd never liked me and just lost it one night.</p> <p>I don't think my dad deserves the word 'Father'; he was just a sperm donor.</p>	<p>Emotional abuse seems to have left more 'scars' than physical.</p> <p>Trust</p> <p><i>Dad's partner also attacked her, which was final straw.</i></p> <p>"I don't think my dad deserves the word 'Father'" - Interesting how she attaches a strong meaning to the word 'father' – more than just someone who creates a child.</p>



## Appendix G: Sample Page from Interview Transcript with Analysis – Robert

Emergent Themes	Line No.	Original Transcript	Exploratory Comments
Seeking control of his adult-life.	202 203 204 205	R: It gives me limits of what I would never become. That's probably it. (pause) It affects me within limits, I think.	<i>Helped him choose the type of person he would like to be.</i> "It gives me limits of what I would never become" – suggests that he has control over his personality, actions, emotions etc. <b>Internal locus of control avoids helplessness.</b>
Avoiding helplessness through internal locus of control.	206 207 208 209 210 211	I: Can you explain that for me? R: Erm (pause) it gives me a realisation and appreciation of something that I would never want to become and an, and an appreciation of (pause) it gives me a limit its hard to explain but what I	<i>Never wants to become like his mum's partner. "it gives me a realisation and appreciation of something that I would never want to become" – like an epiphany, sudden awareness.</i>
Setting limits to shape adult self.	212 213 214	mean is I would never want to do that and I would never want anyone else to go through that so I would never act	<b>Did his mum's partner purposely set out to abuse the family?</b>
Providing own containment.	215 216 217	like that and if anybody else was going through that I think I would have a greater understanding. So it affects me	<i>Believes the experience can help him to understand what it is like for other children and more aware that it does happen – acceptance</i>
DVA as a purposeful act	218	now in the fact that I'm more aware	

Emergent Themes	Line No.	Original Transcript	Exploratory Comments
<b>Control of self.</b>	219 220 221 222 223 224 225 226	open to it when it's happening in any family whether it's physical or if it's not. And it just gives me a more of a kinda limit that I don't want to be that or do that to someone ever. So I have to understand the points that could get to me being like that and stop myself from ever even starting on that track.	<p>"I don't want to be that or do that to someone ever" – very final</p> <p><b>Control of self and self-regulation.</b> <i>Understands what may trigger that sort of behaviour and avoids them.</i></p>
<b>Awareness of own triggers.</b>	227	I: What do you think those points are?	<p><i>Thinks he understands why his Mum's partner behaved that way – unhappiness.</i></p>
<b>Self-aware.</b>	228 229	R: Erm (pause) unhappiness. I can see how you know, I can see why and now	
<b>Unhappiness as cause of DVA.</b>	230 231 232	(pause) I used to question why do I think he done it and now I know why, I think I know why he done it. You know	<p>"he didn't have a successful upbringing himself" – what makes it successful? <i>Alcohol also contributory factor as well as economic status.</i></p>
<b>Alcohol as contributory factor.</b>	233 234	he was unhappy, he used to get drunk, he used to take it out on us, he didn't	<p><b>Is having a troubled childhood always a predictor of future abusive behaviour? What factors decrease this likelihood and build</b></p>
<b>Financial worries as contributory factor.</b>	235	have a successful upbringing himself,	<p><b>resilience?</b> <i>Sees depression as one of the first stages of going down that path and believes can talk self out of it.</i></p>
<b>Depression as contributory factor.</b>	236 237	he didn't have a good job, he was a bit depressed probably coming in there. So	
	238	(pause) I can see that. So (pause) yeah.	

Emergent Themes	Line No.	Original Transcript	Exploratory Comments
<p><b>Role of protector.</b></p> <p><b>His need to rescue others as a positive trait.</b></p> <p><b>Over-compensation for helplessness as a child.</b></p> <p><b>Role of protector as an adult.</b></p> <p><b>With age comes wisdom.</b></p> <p><b>Impact on personal relationships.</b></p>	<p>239</p> <p>240</p> <p>241</p> <p>242</p> <p>243</p> <p>244</p> <p>245</p> <p>246</p> <p>247</p> <p>248</p> <p>249</p> <p>250</p> <p>251</p> <p>252</p> <p>253</p> <p>254</p> <p>255</p> <p>256</p> <p>257</p> <p>258</p> <p>259</p>	<p>Is it something that's impacted on your relationships with friends or family?</p> <p>R: Yeah. Erm I would say yes but in more, I would call it a positive way but others might call it not in a positive way. I want to always protect and I always want to understand and I always want to be there for my family and friends and think I that is definitely a circumstance of what's happened to me in the past. Erm so yes it does affect my relationships with male friends and female friends and family members male or female. It's a stance that you know I wasn't there to protect then and especially my female families when I was younger and now I can you know so that's why I never want to... so and yeah it does affect my relationships and you know that carries through to my er my own personal relationships with my</p>	<p><i>Has had a positive impact in that he endeavours to always look out for friends and family and try to understand their problems. Role of protector.</i></p> <p>"I want to always protect and I always want to understand and I always want to be there for my family and friends" – repetition to emphasise what he wants.</p> <p>"yes it does affect my relationships with male friends and female friends and family members male or female" - emphasising impact by referring to gender and relationship type.</p> <p><b>Making up for feeling helpless during his childhood.</b> <i>Now he is older and stronger and wiser, is making the most of his ability to help and protect.</i></p> <p>"that's why I never want to... - trails off sentence – almost can't bring himself to talk about becoming a similar person to his mum's partner.</p> <p><i>Also affects personal relationships</i></p>

Emergent Themes	Line No.	Original Transcript	Exploratory Comments	
<b>Trust is earned.</b>	260	partners I would think, definitely.	<p data-bbox="1160 491 2056 611"><i>Hasn't felt the need to explain to people generally, as tends to be protective of family and close friends. Seems to be particular about friends, need to build up trust. Private person. <b>Role of Protector.</b></i></p> <p data-bbox="1160 794 2056 874"><i>On reflection thinks there was an impact on school – difficulties concentrating, lack of motivation to fit in and be part of school life.</i></p> <p data-bbox="1160 882 1753 922"><b>“a spiralling impact” – suggests out of control</b></p> <p data-bbox="1160 954 2056 1106"><b>“I’m the intelligent person that I am, I am an intelligent person, I am able to concentrate my mind” - repetition emphasises his belief in his own intelligence – not stupid, this didn’t happen to him because he wasn’t clever.</b></p> <p data-bbox="1160 1153 1720 1193"><b>If we don’t ‘fit in’, what do we do? Fit out?</b></p>	
	261	I: Is it something that you’ve felt the need		
	262	to explain in the past to people?		
	263	R: No er fortunately I’ve never had to		
	264	really use it and on the occasions that I		
	265	have used it it’s just been a natural		
	266	defensive thing that I would have		
	267	wanted to do for people in my family		
	268	and surrounding circle.		
	269	I: Right so looking back with the		
	270	understanding you have now, do you think		
	271	there was any impact on your school?		
<b>Difficulties concentrating.</b>	272	R: Yes. And it was a <b>a spiralling impact</b>		
<b>Lack of motivation.</b>	273	you know it started when yeah I was in		
<b>Intelligence not linked to being a victim.</b>	274	primary school but then got to high		
<b>Outsider</b>	275	school and even though <b>I’m the</b>		
	276	<b>intelligent person that I am, I am an</b>		
	277	<b>intelligent person, I am able to</b>		
	278	<b>concentrate my mind</b> , there, I, I just		
	279	didn’t want to, I didn’t fit in...		

**Appendix H: Visual Map of Themes**

<b>Master themes</b>	<b>Lucy</b>	<b>Jane</b>	<b>Robert</b>
The Complexity of Living with Domestic Violence and Abuse	✓	✓	✓
A Need to Provide Support and Intervention	✓	✓	✓
A Role for Education Staff	✓	✓	✓

**Appendix I: Table of Master Themes with associated Superordinate and Emergent Themes, as well as Illuminatory Quotes**

<b>Master Theme 1: The Complexity of Living with Domestic Violence and Abuse</b>		
<b>Superordinate Themes</b>	<b>Emerging Themes</b>	<b>Illuminatory Quotes</b>
<p>Impact of Living with Domestic Violence and Abuse</p> <p><u>Individual Superordinate Themes:</u></p> <p>The Experience of Living with Domestic Violence and Abuse (Lucy)</p> <p>Impact of Living with Domestic Violence and Abuse (Jane)</p> <p>Living with Domestic Violence and Abuse (Robert)</p>	<ul style="list-style-type: none"> <li>• Financial pressures at heart of situation.</li> <li>• Protecting the secret more morally acceptable than telling a lie.</li> <li>• Keeping up the pretence to hide the truth.</li> <li>• Lost in the lies and secrets.</li> <li>• Life as a performance, with an approved script and stage directions.</li> <li>• Hopelessness</li> <li>• Isolated.</li> <li>• Suffocated.</li> <li>• Existing not living.</li> <li>• Helplessness.</li> <li>• Fear of empowerment.</li> <li>• Loneliness.</li> <li>• Feelings of entrapment.</li> <li>• Invisible.</li> <li>• Vulnerability.</li> <li>• Patronised.</li> <li>• Life as a performance.</li> <li>• Family life as a performance.</li> <li>• Dad as a performer.</li> <li>• Pressure to keep the secret.</li> <li>• Privacy versus secrecy.</li> <li>• Secrecy.</li> <li>• Emotional blackmail.</li> <li>• Seeks to maintain privacy.</li> <li>• Evidence of abuse.</li> <li>• Unhappiness as a cause of DVA</li> <li>• Depression as a contributory factor.</li> <li>• Financial worries as a contributory factor.</li> <li>• Alcohol as a contributory factor.</li> <li>• DVA as a purposeful act.</li> </ul>	<p>“I did just accept that the <u>secret</u> was the <u>lesser of two evils</u> though. I would have <u>rather pretended everything was fine than face the truth</u> and deal with the aftermath” (Lucy; Lines 139-144, Page 6)</p> <p>“I would have shared what I was going through. But I was <u>too scared about what he would do</u> if I told.” (Lucy; Lines 384-387, Page 16)</p> <p>“it <u>affected me in a lot of ways</u> at home, at school...obviously I <u>couldn't tell my mum, and couldn't tell my friends and I couldn't tell my teachers.</u>” (Jane; Lines 38-48, Page 2)</p> <p>“We'd had years of <u>pretending to be a happy family.</u>” (Jane; Lines 498-500, Page 19)</p> <p>“he was <u>unhappy</u>, he used to get <u>drunk</u>, he used to <u>take it out on us</u>, he <u>didn't have a successful upbringing himself.</u>” (Robert; Lines 233-235, Page 10)</p>

<b>Master Theme 1: The Complexity of Living with Domestic Violence and Abuse</b>		
<b>Superordinate Themes</b>	<b>Emerging Themes</b>	<b>Illuminatory Quotes</b>
	<ul style="list-style-type: none"> <li>• DVA as a taboo topic.</li> <li>• DVA as a family experience over a period of time.</li> <li>• Conflicting role of a family friend.</li> <li>• Dissonance between social expectations and what he needed.</li> </ul>	<p>“I think when something like that happens; I think it is a bit <u>shattering within the family environment.</u>” (Robert; Lines 65-68, Paged 3-4)</p>
<p>Impact on the Self</p> <p><u>Individual Superordinate Themes:</u></p> <p>Lost Identity (Lucy)</p> <p>Impact on Sense of Self (Jane)</p> <p>Impact on the Self (Robert)</p>	<ul style="list-style-type: none"> <li>• Social performer.</li> <li>• Extending performance to self.</li> <li>• Self as broken and damaged, beyond repair.</li> <li>• Changing identity.</li> <li>• DVA can shape but will not define character.</li> <li>• Self as non-human that can't feel.</li> <li>• Normality disguising the potential for a long-term impact.</li> <li>• Depersonalisation to distance self from pain.</li> <li>• Minimisation of impact.</li> <li>• Invisible</li> <li>• Confused sense of self.</li> <li>• Loss of self.</li> <li>• Personification of miserable.</li> <li>• Self as a disappointment.</li> <li>• Destruction of the self.</li> <li>• Questioning the self.</li> <li>• Searching for the self.</li> <li>• Excessive questioning.</li> <li>• Exploring the self.</li> <li>• Hiding the self.</li> <li>• Loss of control over identity.</li> <li>• Journey to prove self.</li> <li>• Providing own containment.</li> <li>• Performing for an audience.</li> <li>• Resilient character.</li> <li>• Experience led to more reflective and analytical stance.</li> </ul>	<p>“I feel like I'm... <u>broken, damaged.</u>” (Lucy; Lines 249-250, Page 11)</p> <p>“It was weird but I think I just got used to it and it <u>became the norm.</u>” (Lucy; Lines 66-67, Page 3)</p> <p>“I'm like the Tin Man in The Wizard of Oz. <u>No Heart... that way you don't get hurt.</u>” (Lucy; Lines 263-268, Pages 11-12)</p> <p>“he's <u>destroyed me mentally.</u> What I saw you know, now <u>I don't even know me.</u>” (Jane; Lines 185-188, Pages 7-8)</p> <p>“it did make me er quite <u>a miserable person.</u>” (Jane; Lines 56-57, Page 3)</p> <p>“It <u>destroys</u> you inside.” (Jane; Lines 858-859, Page 33)</p> <p>“I doubt that they would know this about me as I give little away and <u>I have control over how I come across.</u>” (Robert; Lines 459-461, Page 20)</p>

<b>Master Theme 1: The Complexity of Living with Domestic Violence and Abuse</b>		
<b>Superordinate Themes</b>	<b>Emerging Themes</b>	<b>Illuminatory Quotes</b>
	<ul style="list-style-type: none"> <li>• Awareness of own triggers.</li> <li>• Self-aware.</li> <li>• Openness as vulnerability and weakness.</li> </ul>	<p>"I would be <u>adjusted</u> and I would be <u>fine in front of everyone.</u>" (Robert; Lines 290-292, Page 13)</p>
<p>Loss of Childhood</p> <p><u>Individual Superordinate Themes:</u></p> <p>Loss of Childhood (Lucy)</p> <p>Change of Role (Jane)</p> <p>Loss of Childhood (Robert)</p>	<ul style="list-style-type: none"> <li>• Burden of the parent role.</li> <li>• Perceived responsibility for Mum.</li> <li>• Stolen childhood.</li> <li>• Children as forgotten entities amongst the abuse.</li> <li>• Responsibility for family.</li> <li>• Role of protector.</li> <li>• Conflicting roles.</li> <li>• Role of parent.</li> <li>• Change of role.</li> <li>• Role of protector as an adult.</li> <li>• Need to rescue others as a positive trait.</li> <li>• Role of protector.</li> <li>• Role of protector and rescuer.</li> <li>• Role of protector linked to sense of self.</li> <li>• Need for justice for the family.</li> <li>• Over-compensation for helplessness as a child.</li> </ul>	<p>"I knew I had to <u>grow up faster</u> to be more of an adult and keep my mum safe...<u>losing my innocence in some ways.</u>" (Lucy; Lines 186-193, Page 8-9)</p> <p>"<u>I was the parent</u>...She wouldn't have eaten some days if it wasn't for me taking care of her." (Lucy; Lines 159-163, Page 7)</p> <p>"She needed someone then, we both did but <u>I had to be there for her.</u>" (Jane; Lines 473-475, Page 18)</p> <p>"I want to <u>always protect</u> and I <u>always</u> want to <u>understand</u> and I <u>always</u> want to <u>be there</u> for my family and friends." (Robert; Lines 250-252, Page 11)</p>
<p>Impact on Family Relationships</p> <p><u>Individual Superordinate Themes:</u></p> <p>Tied to the Family (Lucy)</p> <p>Impact on Family Relationships (Jane)</p> <p>Fractured Family Bond (Robert)</p>	<ul style="list-style-type: none"> <li>• Trapped like a prisoner.</li> <li>• Emotional ties.</li> <li>• Bound by shame and embarrassment.</li> <li>• Stagnant.</li> <li>• DVA as a family phenomenon.</li> <li>• Difficulties with trust.</li> <li>• Relationship repairing.</li> <li>• Patterns of abuse across generations.</li> <li>• Loss of relationships.</li> <li>• Metaphorical tearing apart of the family.</li> </ul>	<p>"me and my Mum were each other's support. The <u>secrecy, shame and embarrassment</u> made sure of that." (Lucy; Lines 466-469, Page 20)</p> <p>"It was hard with my Mum, <u>he turned me against my Mum</u> when they first split." (Jane; Lines 95-98, Page 4)</p>



<b>Master Theme 1: The Complexity of Living with Domestic Violence and Abuse</b>		
<b>Superordinate Themes</b>	<b>Emerging Themes</b>	<b>Illuminatory Quotes</b>
	<ul style="list-style-type: none"> <li>• Lack of trust.</li> <li>• Resentment towards Mum.</li> <li>• Disappearing trust.</li> <li>• Resentment towards Dad.</li> <li>• Love is blind.</li> <li>• Dad as omnipresent.</li> <li>• Torn between parents.</li> <li>• Dad living life through her.</li> <li>• Dad as control freak.</li> <li>• Fear of Dad.</li> <li>• Dad as abusive and controlling.</li> <li>• Dad as caring, supportive and loving.</li> <li>• Dad as predator.</li> <li>• Dad as a puppet master.</li> <li>• Impact on family cohesion.</li> <li>• Family no longer a whole.</li> <li>• Bond with Mum is weaker under pressure.</li> <li>• Changing family dynamics.</li> <li>• Resentment towards Mum.</li> <li>• Mum in denial.</li> <li>• Mum as victim versus Mum as protector.</li> <li>• Lack of trust and respect.</li> <li>• Trust is earned</li> </ul>	<p>“It’s all <u>hard</u> because I know <u>my sister doesn’t believe me</u> even though I know she’s seen the violence.” (Jane; Lines 166-169, Page 7)</p> <p>“I <u>can’t trust people</u>, not just boyfriends or friends I also <u>hold things back from family too.</u>” Jane; Lines 676-678, Page 26)</p> <p>“I <u>don’t think I had a proper childhood</u>, it was <u>taken</u> from me <u>by my Dad.</u>” (Jane; Lines 274-277, Page 11)</p> <p>“My actual <u>role didn’t change</u> but the <u>dynamic of the family definitely did.</u>” Robert; Lines 144-146, Page 7)</p> <p>“my sisters just really <u>hated my mum</u> for letting that happen...my <u>mum was in</u> like <u>denial</u> as well.” (Robert; Lines 150-155, Page 7)</p>

<b>Master Theme 2: A Need to Provide Support and Intervention</b>		
<b>Superordinate Themes</b>	<b>Emerging Themes</b>	<b>Illuminatory Quotes</b>
<p>Difficulties in Accessing Support</p> <p><u>Individual Superordinate Themes:</u></p> <p>Barriers to Support (Lucy)</p> <p>Barriers in Seeking Support (Jane)</p> <p>Difficulties in Accessing Support (Robert)</p>	<ul style="list-style-type: none"> <li>• One size does not fit all.</li> <li>• Courage to accept support.</li> <li>• Fear of not being believed.</li> <li>• Reality of being misunderstood and judged.</li> <li>• Unhelpful support acts as a repellent.</li> <li>• Restricted access to support.</li> <li>• Perpetrator as dictator.</li> <li>• Understanding does not always mean accepting.</li> <li>• Knowledge does not always lead to understanding.</li> <li>• Suffocated by society.</li> <li>• Unhelpful and inaccurate stereotypes.</li> <li>• DVA as a taboo topic.</li> <li>• Society's fear of human nature.</li> <li>• Ignorance is not bliss.</li> <li>• Understanding influenced by the media.</li> <li>• Importance of counsellor-client relationship.</li> <li>• Trust is important.</li> <li>• Support requires courage.</li> <li>• Confidentiality.</li> <li>• Staffs' role in safeguarding.</li> <li>• Fear of being a burden.</li> <li>• Fear of finding a voice.</li> <li>• Need for school staff awareness.</li> <li>• Confidentiality versus duty of care.</li> </ul>	<p>"I think the <u>Samaritans or ChildLine</u> are different ... I think that would have seemed <u>too impersonal</u>. Not for me." (Lucy; Lines 494-497, Page 21)</p> <p>"It was <u>useless...giving all this advice and telling me what the problem was, except she was way off.</u>" (Lucy; Lines 504-508, Page 21)</p> <p>"if <u>society stops judging victims and the kids</u> then maybe it'll make it easier for people like my mum to get help and have <u>the courage to leave.</u>" (Lucy; Lines 582-586, Page 25)</p> <p>"My mum's seen a <u>counsellor</u> but it <u>wasn't the right person for her.</u>" (Jane; Line 744-746, Pages 28-29)</p> <p>"I think that's why I've never spoken to anyone before, <u>I don't want to put my problems on other people.</u>" (Jane; Lines 424-427, Page 20)</p> <p>"I'd been to a few schools and so new <u>teachers didn't know</u></p>

<b>Master Theme 2: A Need to Provide Support and Intervention</b>		
<b>Superordinate Themes</b>	<b>Emerging Themes</b>	<b>Illuminatory Quotes</b>
	<ul style="list-style-type: none"> <li>• Role of Social Care as destructive.</li> <li>• Failures in the system.</li> <li>• Support should be confidential, informal and regular.</li> <li>• Whole-family intervention.</li> <li>• Conflicting needs.</li> <li>• Secrets as a barrier to support.</li> <li>• Seeking knowledge.</li> <li>• Without knowledge staff are powerless.</li> </ul>	<p><u>I'd changed</u> because they <u>didn't know what was normal for me.</u>" (Jane; Lines 802-805, Page 31)</p> <p>"I: <i>And so did anybody at school ever talk to you about it?</i> R: Erm (pause) no not really. <u>Actually not at all, they weren't aware, you know like teachers and people like that weren't aware so...</u>" (Robert; Lines 48-53, Page 3)</p>
<p>Importance of Context and Time</p> <p><u>Individual Superordinate Themes:</u></p> <p>Importance of Time (Lucy)</p> <p>Importance of Context and Time (Jane)</p> <p>A Focus on Time (Robert)</p>	<ul style="list-style-type: none"> <li>• Context of time is important.</li> <li>• Coping with DVA as a staged process.</li> <li>• Ending the relationship as a staged process.</li> <li>• Coping as a staged process.</li> <li>• Stages of coping with DVA.</li> <li>• Age is important.</li> <li>• Context of abuse.</li> <li>• Time is significant.</li> <li>• With age comes wisdom.</li> <li>• Time did not heal.</li> <li>• Time.</li> <li>• Time leads to maturity.</li> <li>• Time as a healer.</li> <li>• Importance of time in understanding.</li> </ul>	<p>"I knew she wouldn't leave him <u>at that stage.</u>" (Lucy; Lines 97-98, Page 5)</p> <p>"<u>...at the time</u> I didn't think it affected my work." (Lucy; Lines 105-106, Page 5)</p> <p>"<u>At that age</u> it's hard. The child doesn't understand." (Jane; Lines 863-864, Page 33)</p> <p>"I didn't really understand <u>at that time.</u>" (Robert; Lines 29-30, Page 2)</p>
Life Without Support	<ul style="list-style-type: none"> <li>• Learnt behaviours continue.</li> <li>• Impact grows over time.</li> <li>• Scarred by the experience.</li> <li>• Impact continues long after the abusive</li> </ul>	<p>"The <u>slamming door</u> thing <u>still gets to me</u> too, I freeze, my whole body tenses up in anticipation of what's to come." (Lucy; Lines 295-298, Page 13)</p>

<b>Master Theme 2: A Need to Provide Support and Intervention</b>		
<b>Superordinate Themes</b>	<b>Emerging Themes</b>	<b>Illuminatory Quotes</b>
<p><u>Individual Superordinate Themes:</u></p> <p>Life Without Support (Lucy)</p> <p>Challenges in Trying to Move On (Jane)</p> <p>Long-term Impact (Robert)</p>	<p>relationship ends.</p> <ul style="list-style-type: none"> <li>• DVA as a disease spreading slowly through each part of life.</li> <li>• Low expectations from others.</li> <li>• Fear of history repeating itself.</li> <li>• Life as a punishment.</li> <li>• Desperation to be part of a family.</li> <li>• Rebellion against authority.</li> <li>• Disappointed in self.</li> <li>• Burdening others.</li> <li>• Life as a bad dream.</li> <li>• Punishing others.</li> <li>• Disappointment to others.</li> <li>• Isolation as a coping strategy.</li> <li>• Destroyed inside.</li> <li>• Dislikes self.</li> <li>• Regrets.</li> <li>• Lies used as weapons.</li> <li>• Challenges of trying to move on.</li> <li>• Despair for the future.</li> <li>• Builds barriers to protect.</li> <li>• Avoidance of conflict.</li> <li>• Fear of touch.</li> <li>• Hyper-sensitivity to abusive behaviour.</li> <li>• Fear of inflicting hurt on others.</li> <li>• Negative impact on relationships.</li> <li>• Concentration impaired.</li> <li>• Impact on mental health.</li> <li>• Low self-worth.</li> </ul>	<p>“I started to really <u>resent my situation</u> at this point, <u>including my Mum</u> for being what I thought at the time was just weak.” (Lucy; Lines 437-440, Page 18-19)</p> <p>“I think <u>I’m scared</u> that they’ll seem <u>nice to start with like my dad</u>, but then change and start being <u>violent and controlling like my dad.</u>” (Jane; Lines 628-634, Page 28)</p> <p>“I have a fear that I’ll turn out like that, that <u>I’ll never be happy, be in love.</u>” (Jane; Lines 697-700, Page 27)</p> <p>“My <u>teachers didn’t expect much</u> of me.” (Jane; Lines 399-400, Page 16)</p> <p>“I <u>want to have friends and boyfriends</u> without freaking out or distancing myself but <u>I just don’t know how.</u>” (Jane; Lines 650-653, Page 25)</p> <p>“I <u>didn’t do as well as I could or should have...My motivation wasn’t there</u>, I didn’t have the interest.” (Jane; Lines 393-398,</p>

<b>Master Theme 2: A Need to Provide Support and Intervention</b>		
<b>Superordinate Themes</b>	<b>Emerging Themes</b>	<b>Illuminatory Quotes</b>
	<ul style="list-style-type: none"> <li>• Impact on cognitive development.</li> <li>• Learnt maladaptive behaviours.</li> <li>• Stifled achievement.</li> <li>• Uncomfortable with emotion.</li> <li>• Misunderstood.</li> <li>• Judgemental attitudes.</li> <li>• Seeking acceptance.</li> <li>• Unsupported.</li> <li>• Seeking social interaction.</li> <li>• Watching peers from a distance.</li> <li>• Different to other girls.</li> <li>• Lack of friendships.</li> <li>• Socially awkward.</li> <li>• Bullied.</li> <li>• Loss of childhood.</li> <li>• Loss of freedom.</li> <li>• Loneliness.</li> <li>• Insular behaviour.</li> <li>• A child's lack of understanding.</li> <li>• A private experience.</li> <li>• An outsider.</li> </ul>	<p>Page 15)</p> <p><u>"I worry I'll see my Dad, it's happened once and I had a panic attack.</u> The anxiety and fear was crazy." (Jane; Lines 535-538, Page 21)</p> <p><u>"I was bullied a lot</u> because of the way I was, the way I dressed, the way I looked." (Jane; Lines 201-204, Page 8)</p> <p><u>"I always knew that I was kinda, I wouldn't call it a loner...I was kinda deeper and that was definitely the result of what happened when I was younger."</u> (Robert; Lines 288-295, Page 13)</p>
<p>A Need for Support</p> <p><u>Individual Superordinate Themes:</u></p> <p>A Need for Support (Lucy)</p> <p>Seeking Support (Jane)</p> <p>Psychological Need to Understand (Robert)</p>	<ul style="list-style-type: none"> <li>• Seeking understanding to repair self.</li> <li>• Empowerment through peer support.</li> <li>• Talking empowers.</li> <li>• Importance of feeling listened to.</li> <li>• Confidentiality and trust.</li> <li>• Focus on the positives as a coping strategy.</li> <li>• Consistency of friendships as important.</li> <li>• Seeking empowerment.</li> <li>• A need to tell the story,</li> </ul>	<p><u>"I wanted to understand</u> and the annoying thing is, is that I do. I get it." (Lucy; Lines 216-218, Page 10)</p> <p><u>"I suppose in an ideal world I would have liked to have talked to other kids my age who were going through similar stuff, so we could help each other."</u> (Lucy; Lines 562-565, Page 24)</p>

<b>Master Theme 2: A Need to Provide Support and Intervention</b>		
<b>Superordinate Themes</b>	<b>Emerging Themes</b>	<b>Illuminatory Quotes</b>
	<p>to be listened to.</p> <ul style="list-style-type: none"> <li>• Feeling empowered.</li> <li>• Finding a voice.</li> <li>• Hierarchy of need.</li> <li>• Seeking support.</li> <li>• Search for the truth.</li> <li>• Questioning the 'normal'.</li> <li>• Need for support in understanding experience.</li> <li>• Knowledge as power.</li> <li>• DVA as something she understood in broad terms.</li> <li>• DVA as something that is difficult to define and understand.</li> <li>• Understanding as a coping strategy.</li> <li>• Social norms shape understanding.</li> <li>• Sense-making activity.</li> <li>• Continuous search for understanding.</li> <li>• Seeking an understanding.</li> <li>• Unanswered questions.</li> <li>• Uncertainty.</li> <li>• Signs of abuse overlooked.</li> </ul>	<p>"I've realised recently though that <u>I needed to talk to somebody</u>, to get this off my chest." (Jane; Lines 529-531, Page 20)</p> <p>"<u>I was so confused</u> I didn't know what was true anymore." (Jane; Lines 557-559, Page 21)</p> <p>"<u>why</u> did she let it persistently go on? <u>Why</u> didn't she believe me and my sisters that it was happening to us too when <u>she wasn't there</u>." (Robert; Lines 194-197, Page 9)</p> <p>"<u>I questioned myself why</u> did it all happen to my family." (Robert; Lines 303-305, Page 13)</p>
<p>The Need to Gain Control</p> <p><u>Individual Superordinate Themes:</u></p> <p>A Need for Control (Lucy)</p> <p>The Need to gain Control (Jane)</p> <p>Control and Containment (Robert)</p>	<ul style="list-style-type: none"> <li>• Need for control as a learnt behaviour.</li> <li>• Seeking control to compensate for losing it.</li> <li>• Drowning in freedom.</li> <li>• Continuum of control.</li> <li>• Feeling controlled.</li> <li>• Lack of choice.</li> <li>• Control over health matters.</li> <li>• Impotent.</li> <li>• Emotional abuse as</li> </ul>	<p>"I've never had a boyfriend that's hit me or anything, but <u>they probably have been controlling and psychologically abusive</u>." (Lucy; Lines 280-283, Page 12)</p> <p>"<u>I couldn't go out; he wouldn't let me go out with friends</u>." (Jane; Lines 89-90, Page 4)</p>

<b>Master Theme 2: A Need to Provide Support and Intervention</b>		
<b>Superordinate Themes</b>	<b>Emerging Themes</b>	<b>Illuminatory Quotes</b>
	<p>control.</p> <ul style="list-style-type: none"> <li>• Continuum of control.</li> <li>• Lack of control over relationships.</li> <li>• Loss of freedom.</li> <li>• Manipulation as control.</li> <li>• Submission.</li> <li>• Sport as a coping strategy.</li> <li>• The Royal Navy as an indirect source of support.</li> <li>• The Royal Navy as authority, providing containment.</li> <li>• The Royal Navy as a channel for anger.</li> <li>• The Royal Navy as provider of structure and direction with tangible benefits.</li> <li>• Setting limits to shape adult-self.</li> <li>• Control leads to superficial living.</li> <li>• Impact on personal relationships.</li> <li>• Robotic and mechanical approach to emotions.</li> <li>• Avoiding helplessness through internal locus of control.</li> <li>• Seeking control of adult life.</li> <li>• Control and detachment as coping mechanisms.</li> <li>• Inability to indulge in life.</li> <li>• Control of self.</li> <li>• Need to control how he is perceived.</li> </ul>	<p>“being at home there was <u>always somebody trying to control me</u> and then at school there would be <u>somebody else telling me what to do.</u>” (Jane; Lines 249-253, Page 10)</p> <p>“<u>I didn’t know what else to do.</u> The Navy was probably the best thing.” (Robert; Lines 492-494, Page 21)</p> <p>“I was just confused and I was angry and I was really good at sports so <u>I took out my anger through sports</u> thus (pause) me being pretty good at sports.” (Robert; Lines 341-345, Page 15)</p> <p>“I have to understand the points that could get to me being like that and <u>stop myself from ever even starting on that track.</u>” (Robert; Lines 223-226, Page 10)</p> <p>“The long-term difficulties would <u>only be my inability to indulge myself in life.</u>” (Robert; Lines 462-463, Page 20)</p>

<b>Master Theme 2: A Need to Provide Support and Intervention</b>		
<b>Superordinate Themes</b>	<b>Emerging Themes</b>	<b>Illuminatory Quotes</b>
	<ul style="list-style-type: none"> <li>• Protection from further harm.</li> <li>• Chained to the home.</li> </ul>	<p>“a realisation and appreciation of <u>something that I would never want to become.</u>” (Robert; Lines 207-209, Page 9)</p>
<p>Emotional Struggle</p> <p><u>Individual Superordinate Themes:</u></p> <p>Emotional Struggle (Lucy)</p> <p>Difficulty Regulating Emotions (Jane)</p> <p>The Anger-within (Robert)</p>	<ul style="list-style-type: none"> <li>• Emotionally tangled.</li> <li>• Stigma of mental health and seeking help.</li> <li>• Seeks out unhealthy relationships.</li> <li>• Avoidance of conflict leading to passivity.</li> <li>• Search for the silver lining.</li> <li>• Anger like a fire simmering in the background, waiting to be ignited.</li> <li>• Vicious cycle of emotional response.</li> <li>• Uncomfortable with describing self as depressed.</li> <li>• Emotions feel unpredictable.</li> <li>• Survival of the fittest.</li> <li>• Worry.</li> <li>• Relief.</li> <li>• Anger as a burning flame.</li> <li>• Difficulty regulating emotions.</li> <li>• Personification of anger.</li> <li>• Alcohol as suppression.</li> <li>• Emotional pain.</li> <li>• Anger a poison.</li> <li>• Revenge as a release of anger.</li> <li>• Alcohol-fuelled revenge.</li> <li>• Revenge as closure.</li> <li>• Regret.</li> <li>• Repelled from authoritarian</li> </ul>	<p>“I know I’m not crazy by the way I don’t need therapy; <u>I just have a few issues.</u>” (Lucy; Lines 337-339, Page 14-15)</p> <p>“I’ve had some <u>fiery arguments</u> with boyfriends and felt all hot headed and shaky after. Then I go into a <u>mini depression</u>, wanting to be on my own, <u>crying because I’ve scared myself.</u>” (Lucy; Lines 313-318, Page 13-14)</p> <p>“it’d be easier if I didn’t wake up tomorrow... there’d be no more feelings like this. <u>Fear, hate, love, sadness, happiness, anxiety, lost, confused.</u>” (Jane; Lines 701-705, Page 27)</p> <p>“that anger came from me not being able to do anything at that time. And <u>I carried that anger for a long time.</u>” (Robert; Lines 411-413, Page 18)</p>



<b>Master Theme 2: A Need to Provide Support and Intervention</b>		
<b>Superordinate Themes</b>	<b>Emerging Themes</b>	<b>Illuminatory Quotes</b>
	environments. <ul style="list-style-type: none"> <li>• Impact on attendance.</li> <li>• Difficulties concentrating.</li> <li>• Lack of motivation.</li> <li>• Anger personified.</li> </ul>	“I did take that revenge on him...After that I felt a lot more, I <u>wouldn't call it at peace</u> but just a lot <u>more like justice had been served.</u> ” (Robert; Lines 376-381, Page 16)

<b>Master Theme 3: A Role for Education Staff</b>		
<b>Superordinate Themes</b>	<b>Emerging Themes</b>	<b>Illuminatory Quotes</b>
<p>School as a Safe Place</p> <p><u>Individual Superordinate Themes:</u></p> <p>School as Sanctuary (Lucy)</p> <p>School is a Safe Haven (Jane)</p> <p>Unsafe Home (Robert)</p>	<ul style="list-style-type: none"> <li>• Fear as a learnt behaviour.</li> <li>• Fear of trust.</li> <li>• Living with fear and the unknown became the norm.</li> <li>• Abuse of parenting position.</li> <li>• Misplaced trust.</li> <li>• School as sanctuary.</li> <li>• Mum’s employment as her sanctuary.</li> <li>• Motivated to change.</li> <li>• Need for emotional stability.</li> <li>• Developing resilience.</li> <li>• Solace in virtual family.</li> <li>• Mum’s house as a refuge.</li> <li>• Need for a secure base.</li> <li>• Boarding school as refuge.</li> <li>• Hope.</li> <li>• Fear.</li> <li>• Fear of further violence.</li> <li>• Home environment becomes fractured.</li> <li>• Home as a crime scene.</li> <li>• Home is not a safe place.</li> <li>• Fear of Mum’s partner.</li> </ul>	<p>“I knew <u>I was scared a lot</u>. You know, <u>not knowing what to expect</u> when I’d go home from school.” (Lucy; Lines 61-63, Page 3)</p> <p>“<u>school</u> became a <u>sanctuary</u>. I could <u>relax</u>.” (Lucy; Lines 395-396, Page 17)</p> <p>“When we talked about families...it was <u>the ones we had created for ourselves</u>.” (Jane; Lines 320-323, Page 13)</p> <p>“When I was there (school) I could be myself, go out, <u>have freedom</u>. <u>Be a child</u>.” (Jane; Lines 272-274, Page 11)</p> <p>“Aware that it was <u>happening for me, in my home</u>.” (Robert; Lines 55-56, Page 3)</p>
<p>A School’s Role</p> <p><u>Individual Superordinate Themes:</u></p> <p>A School’s Role (Lucy)</p> <p>A School’s Role (Jane)</p> <p>A Role for the</p>	<ul style="list-style-type: none"> <li>• Needing space versus seeking social interaction.</li> <li>• Conflict between keeping the secret and wanting voice to be heard.</li> <li>• Balance between normality and addressing the experience.</li> <li>• Safeguarding conflict between physical and</li> </ul>	<p>“If I just wanted to chat or take my mind off things <u>I had friends</u>, it was the talking about the specifics and <u>knowing I wasn’t the only one that would have helped me</u>.” (Lucy; Lines 568-572, Page 24)</p>

<b>Master Theme 3: A Role for Education Staff</b>		
<b>Superordinate Themes</b>	<b>Emerging Themes</b>	<b>Illuminatory Quotes</b>
School (Robert)	<p>emotional wellbeing.</p> <ul style="list-style-type: none"> <li>Assessing risks of seeking support versus coping alone.</li> <li>School staff provide consistency and familiarity.</li> <li>Importance of shared experience.</li> <li>Promotion of school-based support.</li> <li>Counsellor as visible, familiar adult.</li> <li>School as safe haven.</li> <li>School staff as first responders.</li> <li>A need for relationship education.</li> <li>Importance of early intervention.</li> <li>Peer-based support group brings shared understanding.</li> <li>A whole-school approach to emotional well-being.</li> <li>Normalisation of reflective discussion.</li> <li>School-based reflective activities.</li> <li>Facilitate the child gaining control.</li> <li>Shift in priorities.</li> <li>School as a safe place.</li> <li>Channelled feelings of difference towards achieving.</li> <li>Intelligence is not linked to being a victim.</li> <li>Importance of academic achievement.</li> <li>A need for one-to-one time with school staff.</li> <li>A need to achieve.</li> </ul>	<p>"I would have liked to have <u>talked to someone I knew in confidence.</u>" (Lucy; Lines 481-482, Page 20)</p> <p>"It's ok having <u>counsellors and psychiatrists</u> but they're <u>not the people who we see every day and have relationships with.</u>" (Jane; Lines 836-839, Page 32)</p> <p>"It's about <u>education</u> too, though. I need help in <u>learning</u> how to build relationships, <u>what is normal and acceptable and what's not.</u>" (Jane; Lines 848-851, Pages 32-33)</p> <p>"part of every class and a monthly task with every student filling one in...it's about <u>culture change!</u>" (Robert; Lines 513-517, Page 22)</p> <p>"it has to be a whole approach, something that is <u>implemented for everyone at school.</u>" (Robert; Lines 530-532, Page 33)</p> <p>"<u>without the one on one</u> intervention or treatment, <u>I doubt that anyone could have noticed.</u>" (Robert; Lines 128-130, Page 6)</p>

**Appendix J: Individual Participant Themes – Lucy**

<b>Superordinate Themes</b>	<b>Emerging Themes</b>
The Experience of Living with Domestic Violence and Abuse	Financial pressures at heart of situation. Protecting the secret more morally acceptable than telling a lie. Keeping up the pretence to hide the truth. Lost in the lies and secrets.
Importance of Time	Context of time is important. Coping with DVA as a staged process. Ending the relationship as a staged process. Coping as a staged process. Stages of coping with DVA.
A School's Role	Needing space versus seeking social interaction. Conflict between keeping the secret and wanting voice to be heard. Balance between normality and addressing the experience. Safeguarding conflict between physical and emotional wellbeing. Assessing risks of seeking support versus coping alone.
Tied to the Family	Trapped like a prisoner. Emotional ties. Bound by shame and embarrassment. Stagnant. DVA as a family phenomenon.
Loss of Childhood	Burden of the parent role. Perceived responsibility for Mum. Stolen childhood. Invisible Children as forgotten entities amongst the abuse.
Lost Identity	Social performer. Extending performance to self. Life as a performance, with an approved script and stage directions. Self as broken and damaged, beyond repair. Changing identity. DVA can shape but will not define character. Self as non-human that can't feel. Normality disguising the potential for a long-term impact. Depersonalisation to distance self from pain. Minimisation of impact.

<b>Superordinate Themes</b>	<b>Emerging Themes</b>
Life Without Support	Learnt behaviours continue. Impact grows over time. Scarred by the experience. Impact continues long after the abusive relationship ends. DVA as a disease spreading slowly through each part of life.
Barriers to Support	One size does not fit all. Courage to accept support. Fear of not being believed. Reality of being misunderstood and judged. Unhelpful support acts as a repellent. Restricted access to support. Perpetrator as dictator. Understanding does not always mean accepting. Knowledge does not always lead to understanding. Suffocated by society. Unhelpful and inaccurate stereotypes. DVA as a taboo topic. Society's fear of human nature. Ignorance is not bliss. Understanding influenced by the media.
School as Sanctuary	Fear as a learnt behaviour. Fear of trust. Living with fear and the unknown became the norm. Abuse of parenting position. Misplaced trust. School as sanctuary. Mum's employment as her sanctuary.
A Need for Control	Need for control as a learnt behaviour. Seeking control to compensate for losing it. Drowning in freedom. Continuum of control.
Emotional Struggle	Emotionally tangled. Stigma of mental health and seeking help. Seeks out unhealthy relationships. Avoidance of conflict leading to passivity. Search for the silver lining. Anger like a fire simmering in the background, waiting to be ignited. Vicious cycle of emotional response. Uncomfortable with describing self as depressed. Emotions feel unpredictable. Survival of the fittest.

<b>Superordinate Themes</b>	<b>Emerging Themes</b>
A Need for Support	Seeking understanding to repair self. Empowerment through peer support. Talking empowers. Importance of feeling listened to. Confidentiality and trust. Focus on the positives as a coping strategy. Consistency of friendships as important. Seeking empowerment.

**Appendix K: Individual Participant Themes – Jane**

<b>Superordinate Themes</b>	<b>Emergent Themes</b>
The Need to Gain Control	<ul style="list-style-type: none"> <li>Feeling controlled.</li> <li>Lack of choice.</li> <li>Control over health matters.</li> <li>Impotent.</li> <li>Emotional abuse as control.</li> <li>Continuum of control.</li> <li>Lack of control over relationships.</li> <li>Loss of freedom.</li> <li>Manipulation as control.</li> <li>Submission.</li> </ul>
Impact of Living with Domestic Violence and Abuse	<ul style="list-style-type: none"> <li>Hopelessness</li> <li>Isolated.</li> <li>Suffocated.</li> <li>Existing not living.</li> <li>Helplessness.</li> <li>Fear of empowerment.</li> <li>Loneliness.</li> <li>Feelings of entrapment.</li> <li>Invisible.</li> <li>Vulnerability.</li> <li>Patronised.</li> <li>Life as a performance.</li> <li>Family life as a performance.</li> <li>Dad as a performer.</li> <li>Pressure to keep the secret.</li> <li>Privacy versus secrecy.</li> <li>Secrecy.</li> <li>Emotional blackmail.</li> <li>Seeks to maintain privacy.</li> <li>Evidence of abuse.</li> </ul>
Barriers in Seeking Support	<ul style="list-style-type: none"> <li>Importance of counsellor-client relationship.</li> <li>Trust is important.</li> <li>Support requires courage.</li> <li>Confidentiality.</li> <li>Staffs' role in safeguarding.</li> <li>Fear of being a burden.</li> <li>Fear of finding a voice.</li> <li>Need for school staff awareness.</li> <li>Confidentiality versus duty of care.</li> <li>Role of Social Care as destructive.</li> <li>Failures in the system.</li> <li>Support should be confidential, informal and regular.</li> <li>Whole-family intervention.</li> <li>Conflicting needs.</li> </ul>
Importance of Context and Time	<ul style="list-style-type: none"> <li>Age is important.</li> <li>Context of abuse.</li> <li>Time is significant.</li> </ul>

<b>Superordinate Themes</b>	<b>Emergent Themes</b>
Impact on Family Relationships	Dad living life through her. Dad as control freak. Fear of Dad. Dad as abusive and controlling. Dad as caring, supportive and loving. Dad as predator. Dad as a puppet master. Difficulties with trust. Relationship repairing. Patterns of abuse across generations. Loss of relationships. Metaphorical tearing apart of the family. Lack of trust. Resentment towards Mum. Disappearing trust. Resentment towards Dad. Love is blind. Dad as omnipresent. Torn between parents.
A School's Role	School staff provide consistency and familiarity. Importance of shared experience. Promotion of school-based support. Counsellor as visible, familiar adult. School as safe haven. School staff as first responders. A need for relationship education. Importance of early intervention. Peer-based support group brings shared understanding.
Impact on Sense of Self	Confused sense of self. Loss of self. Personification of miserable. Self as a disappointment. Destruction of the self. Questioning the self. Searching for the self. Excessive questioning. Exploring the self. Hiding the self. Loss of control over identity. Journey to prove self.
School is a Safe Haven	Motivated to change. Need for emotional stability. Developing resilience. Solace in virtual family. Mum's house as a refuge. Need for a secure base. Boarding school as refuge. Hope.



Superordinate Themes	Emergent Themes
<p style="text-align: center;">Difficulty Regulating Emotions</p>	<p>Worry. Relief. Anger as a burning flame. Difficulty regulating emotions. Personification of anger.</p>
<p style="text-align: center;">Challenges in Trying to Move On</p>	<p>Misunderstood. Judgemental attitudes. Seeking acceptance. Unsupported. Seeking social interaction. Watching peers from a distance. Different to other girls. Lack of friendships. Socially awkward. Bullied. Builds barriers to protect. Avoidance of conflict. Fear of touch. Hyper-sensitivity to abusive behaviour. Fear of inflicting hurt on others. Negative impact on relationships. Concentration impaired. Impact on mental health. Low self-worth. Impact on cognitive development. Learnt maladaptive behaviours. Stifled achievement. Uncomfortable with emotion. Low expectations from others. Fear of history repeating itself. Life as a punishment. Desperation to be part of a family. Rebellion against authority. Disappointed in self. Burdening others. Life as a bad dream. Punishing others. Disappointment to others. Isolation as a coping strategy. Destroyed inside. Dislikes self. Regrets. Lies used as weapons. Challenges of trying to move on. Despair for the future.</p>
<p style="text-align: center;">Change of Role</p>	<p>Responsibility for family. Role of protector. Conflicting roles. Role of parent. Change of role.</p>

<b>Superordinate Themes</b>	<b>Emergent Themes</b>
Seeking Support	<p>Search for the truth.            Questioning the 'normal'.            Need for support in understanding experience.            Knowledge as power.            DVA as something she understood in broad terms.            DVA as something that is difficult to define and understand.            A need to tell the story, to be listened to.            Feeling empowered.            Finding a voice.            Hierarchy of need.            Seeking support.</p>

**Appendix L: Individual Participant Themes – Robert**

<b>Superordinate Themes</b>	<b>Emerging Themes</b>
The Long-term Impact	Loss of childhood. Loss of freedom. Loneliness. Insular behaviour. A child's lack of understanding. A private experience. An outsider.
Difficulties in Accessing Support	Secrets as a barrier to support. Seeking knowledge. Without knowledge staff are powerless.
A Role for the School	Shift in priorities. School as a safe place. Channelled feelings of difference towards achieving. Intelligence is not linked to being a victim. Importance of academic achievement. A need for one-to-one time with school staff. A need to achieve. A whole-school approach to emotional well-being. Normalisation of reflective discussion. School-based reflective activities. Facilitate the child gaining control.
Unsafe Home	Fear. Fear of further violence. Home environment becomes fractured. Home as a crime scene. Home is not a safe place. Fear of Mum's partner.
A Focus on Time	With age comes wisdom. Time did not heal. Time. Time leads to maturity. Time as a healer. Importance of time in understanding.
Psychological Need to Understand	Understanding as a coping strategy. Social norms shape understanding. Sense-making activity. Continuous search for understanding. Seeking an understanding. Unanswered questions. Uncertainty.

<b>Superordinate Themes</b>	<b>Emerging Themes</b>
Control and Containment	Setting limits to shape adult-self. Control leads to superficial living. Impact on personal relationships. Robotic and mechanical approach to emotions. Avoiding helplessness through internal locus of control. Seeking control of adult life. Control and detachment as coping mechanisms. Inability to indulge in life. Control of self. Need to control how he is perceived. Protection from further harm. Sport as a coping strategy. The Royal Navy as an indirect source of support. The Royal Navy as authority, providing containment. The Royal Navy as a channel for anger. The Royal Navy as provider of structure and direction with tangible benefits.
The Anger-Within	Alcohol as suppression. Emotional pain. Anger a poison. Revenge as release of anger. Alcohol-fuelled revenge. Revenge as closure. Regret. Repelled from authoritarian environments. Impact on attendance. Difficulties concentrating. Lack of motivation. Anger personified.
Impact on the Self	Providing own containment. Performing for an audience. Resilient character. Experience led to more reflective and analytical stance. Awareness of own triggers. Self-aware. Openness as vulnerability and weakness.

<b>Superordinate Themes</b>	<b>Emerging Themes</b>
Fractured Family Bond	Impact on family cohesion. Family no longer a whole. Bond with Mum is weaker under pressure. Changing family dynamics. Resentment towards Mum. Mum in denial. Mum as victim versus Mum as protector. Lack of trust and respect. Trust is earned. Chained to the home.
Loss of Childhood	Role of protector as an adult. Need to rescue others as a positive trait. Role of protector. Role of protector and rescuer. Role of protector linked to sense of self. Need for justice for the family. Over-compensation for helplessness as a child.
Living with Domestic Violence and Abuse	Unhappiness as a cause of DVA Depression as a contributory factor. Financial worries as a contributory factor. Alcohol as a contributory factor. DVA as a purposeful act. DVA as a taboo topic. DVA as a family experience over a period of time. Signs of abuse over-looked. Conflicting role of a family friend. Dissonance between social expectations and what he needed.