Children's Experiences and Needs in Situations of Domestic Violence: A Secondary Analysis of Qualitative Data from Adult Friends and Family Members of Female Survivors

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Abstract

Estimates suggest that 15% of children in the UK have been exposed to at least one form of domestic violence (DV) during their childhood, with more than 3% having witnessed an incident during the past year. This exposure increases the risk of children suffering both short-term and longer-term impacts, including effects on their behavior, social development, physical and mental health, educational attainment, and quality of life. In addition, children living in environments where there is DV are at higher risk of maltreatment. Adult relatives and friends of the family often observe the experiences of children in situations of DV, and have the potential to shed light in a way that children and survivors may struggle to articulate, or be reluctant to acknowledge or disclose. Such accounts are largely absent from existing research, and yet bring a perspective which can broaden our understanding of the impact that DV has on children. This paper reports a secondary analysis of qualitative data collected during 21 in-depth interviews with people across the UK who were a friend or family member of a woman experiencing DV. An inductive thematic analysis was undertaken and the themes generated were: 'the context of DV: a chaotic and unpredictable home life'; 'the roles children assume within households where there is DV including: witness of, victim of, and conduit of violence and abuse', 'the impacts of DV on children'; and 'children's coping and resilience'. The implications of these findings are discussed using a basic needs model lens.

Key Words

Children's wellbeing; domestic violence; qualitative research; trauma; informal carers; social support

Introduction

Domestic violence (DV) is experienced by a third of all women during their lifetime and conservative estimates suggest that as many as 275 million children worldwide are exposed to DV at home (García-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005; UK Home Office, 2013; UNICEF, 2006). In the UK, this equates to tens of thousands of children living in households where DV is happening (CAADA, 2014). The National Society for the Prevention of Cruelty to Children (NSPCC) estimates that 15% of children in the UK have witnessed at least one form of DV, with 3.1% having witnessed incidents during the past year (Radford et al., 2011). In addition, 6% of children have been exposed to *moderate or high severity* DV at some point in childhood, including dangerous forms of violence (CAADA, 2014; Radford et al., 2011).

Historically, 'exposure' to DV focused on children directly witnessing abusive behaviours (Holt, Buckley, & Whelan, 2008; Øverlien, 2010) but recently the concept has been expanded to incorporate awareness of occurrence and impact, for example, through hearing others describe the abuse, or seeing the effects of the abuse on the survivor (Holden, 2003; MacMillan & Wathen, 2014). In the fifth version of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, the emphasis is not only on the possibility of secondary traumatisation, but also that this may occur in response to: 'witnessing' traumatic events, 'learning that a relative or close friend was exposed to trauma', and 'indirect exposure to aversive details' of traumatic events (American Psychiatric Association, 2013). In the UK, the draft Domestic Violence and Abuse Bill recognises the harmful effects for children who are exposed *in any way* to DV, suggesting that sentencing of perpetrators should reflect the life-long impacts caused (Debelle, 2017).

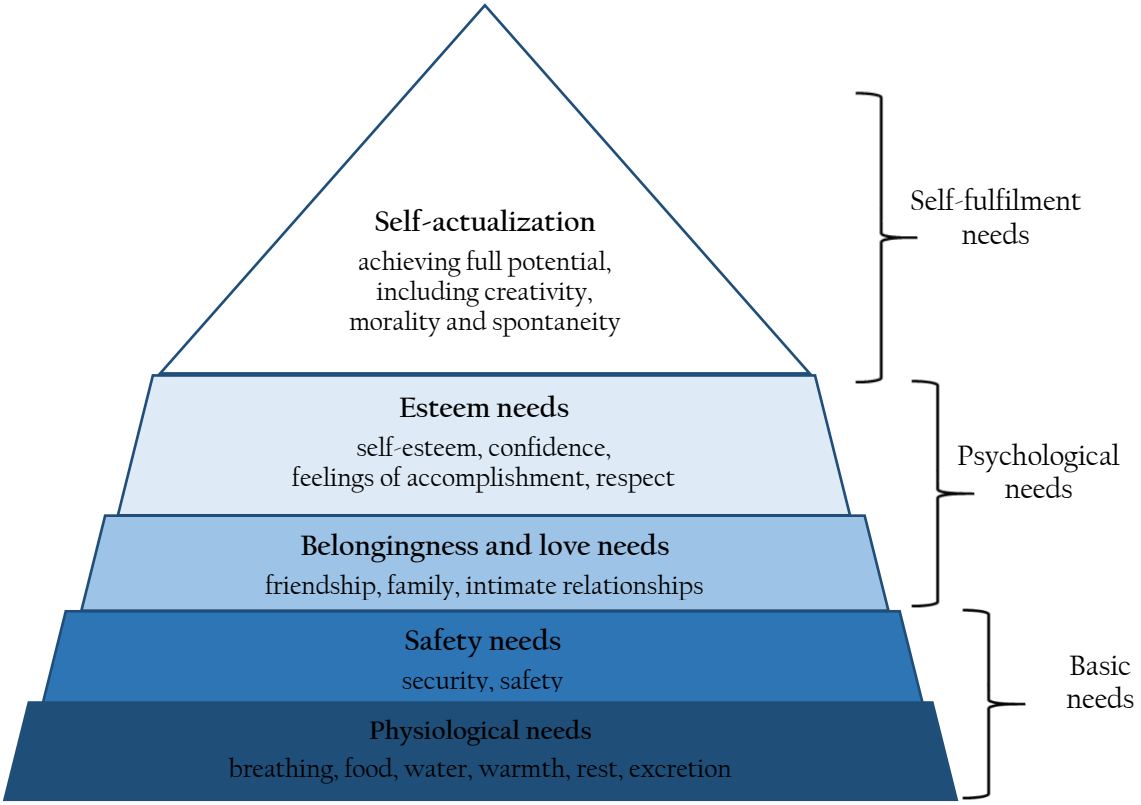
This exposure increases risk of both short-term and longer-term impacts for children, including those which stretch into adulthood. Research consistently demonstrates effects on children's behaviour, social development, physical health, mental health, health

behaviours, educational attainment, and quality of life (El-Sheikh, Cummings, Kouros, Elmore-Staton, & Buckhalt, 2008; Evans, Davies, & DiLillo, 2008; Itzin, Taket, & Barter-Godfrey, 2010; Kitzmann, Holt, & Kenny, 2003; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003); with even infants exhibiting trauma symptoms from having seen or heard incidents of DV (Bogat, DeJonghe, Levendosky, Davidson, & von Eye, 2006). These impacts can affect children's future life chances and may persist across the lifespan (Holt et al., 2008; Øverlien, 2010). Associations in adulthood have been shown with a range of psychosocial, behavioural, and mental health outcomes (Bair-Merritt, Blackstone, & Feudtner, 2006; Black, Sussman, & Unger, 2010; Choi, Jeong, Polcari, Rohan, & Teicher, 2012; Fergusson, Horwood, & Ridder, 2005; Mezey, Bacchus, Bewley, & White, 2005). Children living in environments where there is DV are also at much higher risk of direct maltreatment including: physical abuse, sexual abuse and neglect (Hamby, Finkelhor, Turner, & Ormrod, 2010; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; Patwardhan, Duppong Hurley, Thompson, Mason, & Ringle, 2017; Radford, Corral, Bradley, & Fisher, 2013).

Children may also be indirectly affected by DV through poor parental mental health, and compromised parenting, including failure to meet their emotional and physical needs. Perpetrators of DV are poor role models, frequently using parenting practices which are inadequate, rejecting, harsh and abusive, and often seeking to undermine survivors' relationships with their children (Bancroft, Silverman, & Ritchie, 2012; Hester & Radford, 2006; Katz, 2014). In addition, many female survivors indicate that DV has had adverse effects on their mothering; challenging their capacity and confidence to attend to the full range of their children's needs, and compromising their warmth and emotional energy towards their children (Hester & Radford, 2006; Holt et al., 2008; Humphreys, Thiara, Sharp, & Jones, 2015; Levendosky, Lynch, & Graham-Bermann, 2000).

Viewing children's needs through the lens of a 'basic needs' model, such as Maslow's Hierarchy of Needs (Maslow, 1943) (Figure 1), where some requirements are seen as foundational for others to be met, may be useful. Maslow's model considers people's psychosocial as well as physical needs, which fits well with an ecological perspective on DV (WHO, 2010). Additionally, it is a strengths-oriented model, suggesting the possibility of future thriving if provision deficiencies are addressed, and viewing people as resourceful when faced with adversity. From a 'needs' perspective, the people in children's communities (friends, relatives, neighbours, teachers) are a resource; potential supporters to help children develop resilience and begin to flourish. Given that research about DV-exposed children aims to identify how best to support their recovery, a needs model lens is likely to be useful for highlighting what is necessary for children's ongoing long-term growth, development, and thriving.

Figure 1: Illustration of Maslow's Hierarchy of Needs (Maslow, 1943)



Using Maslow's hierarchy, we see a number of points at which children's exposure to DV may have detrimental impacts. Lack of safety is, of course, directly relevant for children living in home environments where DV is happening. Historically, the focus has been on the *physical* safety of children, but in parallel with changes in emphasis around DV survivors' safety, there has been a shift towards recognising children's need for *emotional* safety (MacMillan, Wathen, & Varcoe, 2013). Moreover, DV-exposed children often experience inconsistency and controlling behaviour by perpetrators regarding their physiological and relational needs. This includes reduced access to food, disturbed sleep (through hearing abusive incidents, vigilance for imminent abuse, fear and anxiety, or perpetrator actions to directly or indirectly deprive them of sufficient rest), and disrupted interactions with other people (Callaghan, Alexander, Sixsmith, & Fellin, 2015; Ericksen & Henderson, 1992; Hornor, 2005; Swanston, Bowyer, & Vetere, 2014; Wamser-Nanney & Chesher, 2018).

The aim of VOICES (ViOlence: Impact on Children Evidence Synthesis) was to foreground less accessible and less reported narratives about DV, to generate new insights into the impact of DV on children: (i) through systematic review of qualitative research conducted directly with children, and (ii) through secondary analysis of qualitative data gathered from adults who are part of the children's social context. This paper reports the second of these complementary analyses (Arai et al., 2019).

'Other adult' perspectives have rarely been sought regarding DV. However, the most recent analysis of serious case reviews highlights the necessity of relatives' voices to inform prevention and practice (Sidebotham et al., 2016). Survivors and their children commonly disclose abuse or seek support from their relatives and friends (Allnock & Miller, 2013; ONS, 2016), and as people frequently engaged in the provision of help, they may provide useful sites for intervention within situations of DV. By examining data from adult relatives

and friends, we can view the experience of DV from the fresh perspective of those who have observed the situation from the side-lines, within the child's social network, and frequently over long periods. Their experiences may *'extend our understanding'* (Fielding & Fielding, 1986) of the dynamics involved in the complex relational systems that surround children exposed to DV and the varying perceptions of people involved (Vogl et al., 2017). These adults are located in an intermediary position, somewhere between central involvement and the more detached position of involved professionals, and are likely to have a strong emotional investment in the unfolding situation. Adding the experience of adults in survivors' social networks to what is already known, will provide a more multi-layered understanding of the ways in which children's needs are affected by DV, and of the possibilities for resource, support and intervention.

Methods

This paper reports a secondary analysis of qualitative data collected during a study of the impact of DV on adults providing informal support to female survivors, conducted between 2012 and 2013 (Gregory, 2015). DV was defined according to the UK Home Office definition:

> *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* (UK Home Office, 2013)

Recruitment and data collection

Participants for the original study were recruited from across the UK using posters in local healthcare and community settings, social media and web-advertisement, and promotion on local radio. Semi-structured interviews were conducted with people who had a friend, relative, or colleague who had experienced DV, using a topic guide which included questions prompting participants to discuss perceived impacts on themselves and others, including family members such as children. Twenty-three participants were recruited and interviewed by the first author

(AG), in-person, using Skype, or by telephone, according to participant preference. Interviews ranged in length from 35-90 minutes, were audio-recorded, transcribed *verbatim* and imported into NVivo10 software. Findings from the original study are published elsewhere (Gregory, Feder, Taket & Williamson, 2017; Gregory, 2017).

Ethical approval for the original study was granted by the Research Ethics Committee in the School for Policy Studies at the University of Bristol. This Committee deemed the original informed, written consent as sufficiently comprehensive to include the interrogation of data for the purposes of the analysis reported here, so no amendment was necessary.

Data analysis

During the original interviews, participants often spontaneously talked about children living in DV households, and probing elicited further information. Participants' narratives included incidents that children had witnessed, experienced or been affected by, and descriptions of subsequent impacts. Analysis of these data regarding children was beyond the remit of the original study; thus, a secondary analysis was undertaken. Secondary analyses of qualitative data employ existing data for the purposes of investigating new research questions, and capitalise on the utility of data whilst reducing participant burden (Chew-Graham et al., 2012). Our secondary analysis sought to explore the experiences of children exposed to DV, as reported by adults who were part of their social context, informed by a 'needs' perspective.

An inductive thematic analysis was used (Braun & Clarke, 2006); a form of analysis shown to be effective for secondary study of primary research (Long-Sutehall, Sque, & Addington-Hall, 2010). Analysis was an iterative process of creating, distilling and refining codes, and developing higher level categories and themes (King & Horrocks, 2010). The first author (AG) identified transcripts that included accounts of children's experiences, and familiarised herself with relevant data by reading transcripts several times, gradually building

codes and then higher-level categories and themes. Two other researchers (AS & LA) familiarised themselves with a subset of transcripts, and all three researchers independently coded relevant text, discussed the developing coding framework, and agreed the final themes.

In the presentation of themes, transcript extracts are included for illustration. The parentheses after each quote contain the participant's pseudonym and their relationship to the DV survivor.

Findings

Twenty-one of the 23 participants in the original study described the experiences of children living in DV situations in their narratives. The relationships that participants had with a survivor were: mother, father, sister, niece, daughter-in-law, current partner, and friend. Most participants were women, the majority were white, and their ages ranged from mid-20s to 80 (for more information, see Appendix A) Of note were the complex standpoints from which participants viewed the experiences of DV-exposed children, which were sometimes multiple and overlapping. Some reflected on their *own* childhood experiences of DV exposure, a small number on the experiences of *their own* children, and all 21 described experiences of children of a survivor who was known to them. It was this last perspective that we had set out to capture, and thus the data relating to this perspective dominated the analysis. However, since people's range of experience influences their subject position(s) (Holt, 2011), to separate them entirely misses the richness and complexity of real life. Thus, as a team, we decided that where participants' descriptions of their *own* childhood experiences enriched the analysis, and illuminated the reported findings, these would be included.

The following themes and subthemes were developed from participants' accounts:

The Context of DV: A Chaotic and Unpredictable Home Life

The home contexts described by participants varied greatly, but almost all featured aspects of DV which made children's environments turbulent, inconsistent, and unpredictable.

Relationships. Some of the unpredictability was associated with changing relationships; levels of contact with parents and other significant adults varied over time, as did the ways in which children were supported and parented. Occasionally children were placed in foster-care or lived with non-parent relatives. In one situation, where abuse and violence happened immediately after the child's birth, a survivor's friend described how difficult it was for the bond between mother and child to develop:

> *…there was no bonding between [the survivor] and the baby and she would just care for the baby, just for the sake of caring, but there wasn't any affection for her, for the baby, because she always thought, "This is not mine; this is [my husband's family's] flesh and blood." (Zakia, Friend of a survivor)*

Participants also described perpetrators' actions to intentionally diminish the relationship between children and their mother, often as a tactic to isolate or control the survivor. Examples included: sending children away to boarding school, convincing social services not to grant the survivor access, overriding child access arrangements, creating situations that alienated mother and child, kidnapping the child, and making rules about physical contact:

> *…two years ago this summer he refused to bring [the survivor's daughter] home, this was something he did anyway. It happened on a couple of occasions. Nicky got a message saying, "I'm not bringing her home. I'm gonna keep her for as long as possible." (Mark, Husband of a survivor)*
>
> *….the kids had to say they didn't like her, and the kids weren't allowed to cuddle her if he was in. (Daisy, Friend of a survivor)*

Even if the perpetrator wasn't actively driving child and mother apart, leaving the relationship could create pressures associated with lone parenting, often with the perpetrator refusing to

meet child-maintenance payments. For several children, this resulted in having much less time with their mother, due to her working long hours to single-handedly meet the bills.

In addition, perpetrators frequently used tactics which reduced children's interactions with other adults who were part of their social context, either as a by-product of isolating the survivor, or as a direct attempt to control children's interactions:

> *...we were allowed to hold the children for the photograph, then they were taken back off us. When we got home to their house, he placed the children on the floor in front of us and told us not to touch them, "You can look at them, but don't touch them." I said, "For God's sake, grow up man." And I said, "They're grandchildren." So I went to pick them up, and he got very, very angry. Anyway, after that we didn't see them for quite some time (Eric, Father of a survivor)*

If the survivor left the perpetrator, children's relationships with significant adults were sometimes restored, particularly when those people were part of the survivor's recovery. For example, when the survivor and her children stayed with relatives or friends, or where people stepped into a substantial role with the children:

> *...because her daughter doesn't see her father, I think now I feel like I play like a second parent role to her daughter. So I feel responsible for helping my sister bring her up, and I want to be able to do stuff with her, so rather than my sister go places with her daughter by herself, I'm like, "I'll go." (Gwen, Sister of a survivor*)

Several older children chose to move away from home to avoid living with the perpetrator, particularly if he was not their father. Others were prevented from seeing the perpetrator by court orders to protect them. While many people described children as not wanting contact with their father, a small minority indicated children's ongoing enjoyment of their interactions with their father.

Parenting. There were challenges for children regarding inconsistent and, sometimes chaotic, parenting. Perpetrators frequently used negative parenting practices; at one end of the spectrum this included not prioritising children's needs, having limited interaction with children, providing poor role modelling, and inconsistency:

The kids are old enough, the kids phone him up, if he lets them down the kids know he's let them down… he's not consistent, he can't be consistent (Daisy, Friend of a survivor)

At the other extreme, it included directly abusive behaviours, which will be discussed later within the *victim of violence and abuse* theme.

In addition to their own deficient parenting, perpetrators often targeted the parenting skills of survivors. Several participants gave examples of ways in which the perpetrator prevented, influenced or sabotaged positive interactions between survivors and their children:

And, if he was mad with her he was like, "Don't cuddle them because you'll make them sissies." …he would just say that to them all the time. And then, she would have to go and do the cleaning and say, "No, don't cry, you know your dad don't mean it, he don't mean it. Just go and busy yourself and it'll be fine later on." (Daisy, Friend of a survivor)

I'd certainly looked a bit on the internet and there was this thing called parental alienation, it looked to me like that's what he was doing as a way, because he was angry with her…I could also see the problems it was causing for her: unable to plan anything with the children and it just seemed to me that was wrong and damaging for the children, and her relationship with the children (Richard, Partner of a survivor)

Physical home environment. For safety reasons, some families moved location to escape the perpetrator. A few sought temporary refuge in shelters, whilst others stayed with relatives, who didn't necessarily have sufficient space to comfortably accommodate everyone:

I think before she actually went into the refuge, she lived with us for a while, a few months… she and her daughter found it difficult, living on top of us, sort of thing, without any space (Jenna, Sister of a survivor)

Other overt exposures, within the children's home, added to the disordered environment including risky and inappropriate activities engaged in by perpetrators. Criminal activity and explicit pornography were mentioned but, more frequent, was children's exposure to drug and

alcohol abuse. In addition, there were times when survivors' resources were so depleted, that they did not have the strength or energy to make the home environment an appropriate one:

> *I think it was the police or Social Services phoned me and said, "Look, you know, we've found [your daughter] Anna and [her abusive partner] more or less out of it and all drug paraphernalia lying about." And then [my granddaughter] was taken away from her because she'd let her wander down the street (Suzie, Mother of a survivor)*
>
> *…the house was just constantly chaotic. Like they moved in and they never sorted it out. You know, it was really messy, it always looked kind of half lived in…I mean honest to God, it looked like a squat … (Lily, Friend of a survivor)*

Financial situation. Participant's also mentioned perpetrators' behaviours that led to financial challenges which impacted the children, by putting their mother in substantial debt or restricting her access to funds to provide for children's basic needs, such as housing and food:

> *…but now she lives with my mum and dad, because, basically he just abused her financially completely, sort of stripped her of every penny that she had, and so she can't afford to well, to live anywhere else really, so she lives with my mum and dad …so they were looking after my niece, their granddaughter (Gwen, Sister of a survivor)*

In some situations, the contrast in subsequent living arrangements was huge for children. One participant described how the family owned several properties, but on leaving the relationship, the survivor and her children found themselves homeless, whilst the perpetrator continued to live a lavish lifestyle.

The Roles Children Assume within Households where there is DV

Apparent in the narratives were the roles children assumed in situations of DV, including being a witness to abuse directed towards their mother, being a direct victim of abuse, and being used by the perpetrator in his abuse of their mother. Children often assumed, or were forced into assuming, more than one of these roles.

Witness of violence and abuse. Children were frequently a witness to abusive behaviours, including seeing and hearing incidents where their mother was physically assaulted or seriously threatened by the perpetrator:

> *…he punched her in the face so she fell out the door backwards, and the children were crying and like screaming and crying around Mummy. And he was just like, "Why have you gotta make me this mad? Why do you do this?" (Daisy, Friend of a survivor)*

Several of the participants recounted similar DV incidents witnessed during their own childhood, and it was clear that these memories persisted, causing palpable emotional reactions. These were particularly triggered, as adults, when they encountered children who had been similarly exposed.

The witnessing of violent and abusive incidents sometimes continued post-separation, with children observing altercations between the perpetrator and their mother (and sometimes other relatives). Commonly, this occurred when the perpetrator had access rights, and used the child handover as an opportunity to further exert control:

> *Then he started hurling abuse at me in front of [Nicky's daughter]…We got to the car. I put [her] in the car, and I was going to walk round to the driver's door. He was standing there. "I just wanna talk," he said. I said, "I don't want to talk," I said, "I just wanna get home." And he refused to let me in the car…just before the police picked up, he just ran towards me, rabbit punched me in the gut (Mark, Husband of a survivor)*
>
> *…on one occasion he came and I could hear his anger and arguing, and he was shouting at my daughter. And [my granddaughter] was quite frightened… So I went out and I said, "Is there anything I can do to help either of you?" And [my granddaughter] was crying. And Sophie just said, "Will you take her because I don't want…" and I went to take her and he went physically to hit me and to hit my daughter (Eve, Mother of a survivor)*

To a degree, children were also exposed to DV in the aftermath of abusive behaviours, by hearing the survivor, and others, disclose or discuss events and incidents that had happened.

A second component of this exposure, was seeing the impacts on their mother, for example changes in her confidence and mental health:

> *…like when they were breaking up, it was all just tumbling out, and it was re-accounting [sic]. And the children didn't know where to put it (Daisy, Friend of a survivor)*
>
> *[The survivor] was funny about leaving the house. She didn't like going out of the house. And she was really quite anxious about the two children and stuff, you know… and then she'd become sort of more and more housebound (Lily, Friend of a survivor)*

Victim of violence and abuse. Participants talked about victimisation of children by the perpetrator, mentioning, in particular, direct physical, emotional, and sexual abuse.

Physical abuse. Most of the physical abuse was in the form of harsh and malicious punishment. Sometimes the punishments were inappropriate or cruel, given the accidental or minor nature of the children's behaviour, and sometimes they could be life threatening:

> *… why should he be punished like he was being punished? I mean, he said he'd told a lie. Amanda said, afterwards that he'd eaten a mince pie between meals, and he was stood in the corridor talking to him, lecturing to [our grandson] for three-quarters of an hour, at which point [he] collapsed on the floor (Eric, Father of a survivor)*
>
> *…he stopped the car to go for a wee in the bushes, and apparently [my grandson] said, "Have you gone for a piss?", and he came and he tried to strangle him and told him that he'd better square up to him and have a fight if he felt he were old enough to swear at him (Sally, Mother of a survivor)*

Participants also described how children had been hurt whilst present during an assault on their mother, either by attempting to intervene, or by simply being nearby:

> *She was holding her 11-month old daughter in her arms and he pulled her outside, pulled massive chunks out of her hair, and then was hitting her round the head (Jenna, Sister of a survivor)*

In addition to actual physical abuse, perpetrators frequently threatened to harm children, often overtly and explicitly, with the children aware of the danger they were in. Other threats were less explicit, designed to provoke fear in children by making evident the brutality the perpetrator was capable of:

> *…he'd basically threatened to kill the children. And so they started this rather epic court case about the children. Because obviously she didn't want the children to be anywhere near him - he'd already picked up the son and had a knife to his throat saying, "I'm gonna cut his throat" (Lily, Friend of a survivor)*
>
> *And to take my eldest grandson, which is not his son, he had the hens, and the chickens, and to make him stand there and watch while he rung its neck. I can't understand why somebody would put people through this (Eric, Father of a survivor)*

Both biological fathers and stepfathers perpetrated physical abuse against the children, though risk of abduction was only mentioned when the perpetrator was a biological relative.

Emotional abuse. In addition to physically abusive punishments, children also experienced punishment which was emotionally abusive. Most often this appeared to be used against children to isolate them or to frighten them:

> *… he was very hard with her. If he wasn't pleased with something that happened he would make her go and sit on the stairs outside and wouldn't talk to her (Eve, Mother of a survivor)*

Participants described how these behaviours, committed by both biological fathers and stepfathers, confused children, particularly very young ones. They did not know why they were being treated in a particular way, how long it would last, or how to avoid similar punishment in the future.

Sexual abuse. In their narratives, participants described a range of sexually abusive behaviours perpetrated against children. In some cases, perpetrators had acted in sexualised

ways at home, for example, using sexual expletives, inappropriately appearing naked, and watching explicit material in front of children:

> *Whenever I'd go round there'd be porn, graphic porn, like hard core porn on the telly, the huge telly… (Daisy, Friend of a survivor)*

Other participants explained that female children had been sexually assaulted or raped by the perpetrator. Sometimes more than one child within the household had been targeted. All sexual violence against the children, had been perpetrated by their mothers' partners who were not their biological father:

> *...She gave a statement to the police to say that she had been interfered with by this character, that had an investigation over a period of a couple of months… the police eventually get hold of [my eldest granddaughter], and the same thing had been tried with [her] (Barry, Father of a survivor)*
>
> *... from what she said afterwards, it was quite clear that there was quite high level abuse of some kind, but my niece hadn't wanted to get [the perpetrator]in trouble, so she was quite cagey about what she was saying because she didn't want him to be in trouble. She just didn't want him to hurt her. (Jenna, Sister of a survivor)*

Conduit of violence and abuse. In addition to the direct forms of abuse that children experienced, they were also frequently *used* by the perpetrator to manipulate, control and hurt the survivor. This sometimes involved the children being manipulated or forced into taking particular action against their own volition. In one situation, the perpetrator routinely forced his children to denounce their affection for their mother:

> *... her children every year would be lined up and said on her birthday, "We don't love you, Mummy." Her oldest child would go, "I'm not saying that, 'cause I love Mummy. I'm not saying that." And she can remember just screaming at her, "Just say it, just say it and it will be over. What's the matter with you? Just say it." And she said like, for her, that broke her heart, cos she was sort of forcing the kids to comply with his ridiculous demands (Daisy, Friend of a survivor)*

Perpetrator's would also use the children's safety and wellbeing, and the survivor's relationship with them, as leverage against their mother:

> *… he was starting to use the children as a weapon, by manipulating them and telling them that their mother wasn't well etc… He took the children up to a bedroom in the house and barricaded them and himself in, she was obviously deeply concerned about the safety of her children (Louise, Friend of a survivor)*
>
> *I think that the worst thing that's going on is the way, as far as I can see, he's using the children, her relationship and the children as a way of attacking her (Richard, Partner of a survivor)*

The Impacts of DV on Children

As a result of these exposures and directly abusive behaviours, children were inescapably impacted. From the narratives of the participants who had themselves been exposed to DV in childhood, it was evident that effects could be profound and long-lasting.

Emotional impacts. Not all impacts would have been visible to third parties, but emotional impacts had been particularly noticed. Participants mentioned children's distress, anger, anxiety, and fear:

> *I have seen her children grow up, and I've seen the difficulties that they've had …there's been so much fall-out with her children (Stacey, Friend of a survivor)*
>
> *…she was always a quiet child, but not without the normal parameters. But looking back, I could see that there were times when she appeared quite cowed (Eve, Mother of a survivor)*

Describing the ensuing effects of fear, Daisy explained its influence on the children's engagement with other people, particularly in developing their own partnerships:

> *I know her oldest daughter won't even have a boyfriend through fear of having a bad boyfriend (Daisy, Friend of a survivor)*

Additionally, children frequently experienced anger about the perpetrator's behaviour, though rarely felt able to express this directly towards him. The anger was exacerbated by ongoing contact with the perpetrator, and some children reached the point of '*blind rage'* and fury.

Descriptions of children's anxiety were related to hypervigilance, as they tried to anticipate how perpetrators would react, and attempted to minimise risk. Occasionally perpetrators used specific tactics designed to exacerbate children's existing anxieties:

> *…he used to say to his little boy, "Mummy's gonna go away and she's never gonna come back. Mummy's gonna leave you forever." And so the little boy got really anxious about her leaving the room, or if she went out, got massively upset, if she ever went anywhere, because it was his favourite thing to, "She's never coming back. She's leaving you. She doesn't love you. Mummy doesn't care about you," (Lily, Friend of a survivor)*

Several participants also described how *'bewildered'* children could be as they tried to make sense of the incredibly confusing, complex, and inconsistent situation. Moreover, implicit in people's narratives, was a sense that children had lost part of their childhood, having had to grow up quickly, or take more responsibility than was usual for their age.

Children's Coping and Resilience

Less talked about, but never-the-less important, were narratives about children's ability to cope. Because relatives and friends were connected to the family, and frequently remained in-touch over lengthy periods, they were able to see children's trajectories in terms of impact and coping. A few people commented on the resilience they felt that children had demonstrated within the situation. Others focused on the longevity of impact and indicated less positive coping strategies that they felt children had adopted. For example, Eric described the approach his teenage grandson had taken, of choosing to believe and tell others vociferously about the absolute impossibility of the perpetrator ever finding his family. Eric understood that his grandson was trying to reassure himself about his safety but was concerned about the level of self-deception involved.

People also spoke about children's handling of experiences, particularly them talking about what they had witnessed as a means of cognitive and emotional processing. Participants indicated that, in situations where opportunities for discussion, acknowledgement and validation were absent, children could struggle. People suggested that children would gain most from speaking with adults who weren't central to the situation, but who were connected enough to be seen as trustworthy, and having some understanding of their experiences:

> *…her children, I think it would be helpful for them, I'm not saying to have counselling, but to have someone label for them their situation, so they know what's going on…I think they can't put it into perspective what's happening (Stacey, Friend of a survivor)*
>
> *…her children still talk about their dad and the violence, to me, and they don't really talk about that to other people (Daisy, Friend of a survivor)*

Daisy, further described, how her friend's children took opportunities to test out with her their ideas about acceptable behaviours within relationships, and the challenge they faced in trying to reconcile the abuse that had happened with not wanting to see their father as a bad person:

> *… they've witnessed it and need to know that's wrong. But, it's their dad so it's like they still see him, they still have contact with him…I think they want verification that he's bad, and his behaviour is bad, but he's their dad (Daisy, Friend of a survivor)*

Where participants reflected on their own childhood experiences of DV, they described strategies which they had used as children, including: gaining a level of self-assertion and control by challenging the perpetrator, disclosing what was happening to a trusted adult, and *'blocking out'* experiences until it felt safe to acknowledge them. They also mentioned the opportunities in adulthood for processing and recovery, in part through knowledge and self-care (including engagement in therapy), and additionally via intentional altruism and activism, through which they experienced empowerment.

Discussion

In their accounts, adult relatives and friends of women who had experienced DV reflected on the forms of exposure and the subsequent effects on the survivors' children. They spontaneously described events and impacts they had noticed or had been disclosed to them. They depicted myriad ways that DV affected children's experiences of their home environments and relationships, particularly highlighting the complexity and unpredictability this created. Additionally, participants described children being present during abuse, hearing descriptions of abuse, and observing resultant impacts on survivors. Several children were the direct victims of physical, emotional and/or sexual abuse, and a few were used by perpetrators as a conduit to further manipulate or control their mother. Participants described the impacts of these experiences on children's wellbeing, particularly distress, fear, anger and anxiety. Finally, there were narratives about children's coping and resilience, mostly highlighting the need for trauma-processing, both in childhood and adulthood. Moreover, there was indication that children might actively gain support from adults who were sufficiently connected to them, but not centrally involved in the situation.

These study findings are consistent with previous research, which has highlighted the various 'forms of exposure' that children experience within a DV household. For example, applying the taxonomy developed by Holden (Holden, 2003), participants in this study indicated occurrences where children: intervened, were victimised, participated, were eye witnesses, overheard incidents, observed the initial effects, experienced the aftermath, and heard about incidents. The findings also concord with research indicating the range of maltreatment DV-exposed children experience, including being: terrorised, corrupted, used, spurned, isolated, neglected, denied emotional responsiveness, and physically or sexually abused (Appel & Holden, 1998; Beeble, Bybee, & Sullivan, 2007; Duffy, Hughes, Asnes, & Leventhala, 2015; Holden, 2003; McCloskey, Figueredo, & Koss, 1995). One notable finding,

due to the relative sparsity of related data, is that in each of the three cases of child sexual abuse mentioned, the perpetrator was not the child's biological father, unlike the other forms of maltreatment, which were perpetrated by both biological fathers and people in 'father figure' roles. Research on perpetration is often obscured by imprecise classifications of perpetrators, particularly the lack of distinction about perpetrators specific connections to victims (ASPE, 2005). This break-down into sub-categories of perpetrators is crucial in terms of understanding the patterns of abuse used by groups of perpetrators with differing connections to their victims.

The findings regarding emotional impacts experienced by DV-exposed children were consistent with previous research, which has demonstrated associations with a broad range of internalising and externalising symptoms not limited to trauma symptoms (Evans et al., 2008). However, the findings concord less around the attribution of children's coping and resilience. Previous studies have indicated a certain optimism around children's coping, describing children as being resilient in the face of adversity (Hines, 2015). From our participants, the nuanced narratives around coping and recovery indicated that resilience was not necessarily anticipated or expected, but rather, there was an acknowledgement that children needed input and opportunities for support from someone they knew and trusted. Of course, this is only likely to become possible once the child is in a place of safety, where the perpetrator no longer has control over their interactions. Recovery was seen as an ongoing process into adulthood, requiring both insight and personal motivation.

If we apply a needs model lens to these findings, the compromising of children's basic, relational, and psychological needs as a consequence of DV exposure is unmistakable. Children's safety and security were at risk, ranging from instability around accommodation and household finances, through to threats of, and direct risk of, physical, emotional and sexual harm. In addition, children's psychological needs, so closely intertwined with their connectedness to other people, were not only unmet, but actively targeted by perpetrators'

behaviours to restrict, damage and sever relationships between children and adults in their social context. These experiences are likely to have had detrimental effects on children feeling loved, valued, esteemed, impinging on their sense of belonging, and impacting on their wellbeing, particularly in terms of distress, fear, anger, and anxiety.

Beyond identifying the compromising of children's needs in DV households, the Hierarchy of Needs model also directs our attention to what is crucial for children to move beyond these experiences. In particular: access to consistent, secure accommodation, regular meals and sleep; safety from the perpetrator; and having opportunities for renewing and rebuilding relationships with both their mother and other trusted adults. For practitioners, service providers, commissioners, and policy makers, working with and on behalf of DV-exposed children, there is an imperative to first identify and address children's basic needs, in order for therapeutic work (to support children's higher-level needs) to be successful (Howarth et al., 2018). More housing, both temporary refuge spaces and appropriate move-on accommodation and support, is needed to neither hinder survivors' exit of abusive relationships, nor inhibit children's recovery (Davidge & Magnusson, 2018). Children's safety from perpetrators needs to be considered in the widest possible sense, not only regarding physical harm, but emotional harm too, with the pervasiveness of manipulation tactics employed by perpetrators after the end of the relationship as part of the picture (Beeble et al., 2007).

Moreover, children need opportunities to reconnect with their mother, and with other trusted adults in their social network, in order to feel secure in their relationships (Humphreys et al., 2015; Katz, 2014, 2015). The isolated unit, which the nuclear family so often becomes in situations of DV, may need support to safely expand in the aftermath, allowing significant others to reconnect with the survivor and her children. Given the insights offered by adults closely associated with survivors and their children, it is important to consider

the additional information, and support opportunities, which may be available through such individuals.

By considering the experiences of DV-exposed children from a needs perspective, we open the way for interventions that recognise how crucial it is to give children a firm foundation on which to recover, build resilience and thrive. Through highlighting the valuable support role of adult relatives and friends in the child's social network, we show the value of enlisting community as a potential resource in this process.

Strengths and Limitations

The findings outlined here are based on secondary data analysis and thus may not reflect the full range of narratives that we may have encountered had participants been recruited chiefly to address the question about children's experiences. However, it was clear that this topic was important to participants because they spoke about it spontaneously, at length, and in depth, with accounts further elaborated in response to probing. In addition, the collected accounts are retrospective, which may alter people's recollections of events and experiences. The reported findings relate to a relatively small sample so, in common with other qualitative studies, a degree of caution should be exercised in transferring the findings. It is notable also, that some participants recounted their own childhood experiences of DV, which could be viewed both as possible projection, and as adding greater nuanced understanding.

This withstanding, the analysis has generated findings related to perspectives not usually captured in DV research, which add to our broader understanding of DV, and indicate potential opportunities for intervention and support provision.

Conclusion

Using a 'basic needs model' lens, the compromising of children's basic, relational, and psychological needs in situations of DV was highlighted. For professionals working with

children exposed to DV, there is an imperative to first identify and address children's basic needs, in order for therapeutic work to be successful. Greater collaborative working between professionals is crucial to achieving this, but there may also be opportunities through trusted adults connected with the survivor and her children. Relatives and family friends may know more about the situation than is currently acknowledged in the literature. Whilst clearly not a replacement for the formal specialist services and resources available to children who have been exposed to DV, family members and friends should be considered and assessed as potential adjunctive assets. Further research is needed to explore how we can best equip and facilitate informal supporters in situations of DV.

References

Allnock, D., & Miller, P. (2013). *No one noticed, no one heard: a study of disclosures of childhood abuse*. Retrieved from https://www.nspcc.org.uk/globalassets/documents/research-reports/no-one-noticed-no-one-heard-report.pdf (accessed 22_01_2019)

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*. USA: American Psychiatric Association.

Appel, A., & Holden, G. (1998). The co-occurrence of spouse and physical child abuse: A review and appraisal. *Journal of Family Psychology, 12*(4), 578–599.

Arai, L., Heawood, A., Feder, G., Howarth, E., Macmillan, H., Moore, T.,…Gregory, A. (2019). Hope, Agency, and the Lived Experience of Violence: A Qualitative Systematic Review of Children's Perspectives on Domestic Violence and Abuse. *Trauma, Violence, & Abuse.* e-pub ahead of print:doi.org/10.1177/1524838019849582

ASPE. (2005). *Male Perpetrators of Child Maltreatment: Findings from NCANDS*. Retrieved from https://aspe.hhs.gov/basic-report/male-perpetrators-child-maltreatment-findings-ncands#Key (accesssed 21_01_2019)

Bair-Merritt, M., Blackstone, M., & Feudtner, C. (2006). Physical Health Outcomes of Childhood Exposure to Intimate Partner Violence: A Systematic Review. *Pediatrics, 117*(2).

Bancroft, R., Silverman, G., & Ritchie, D. (2012). *The Batterer as Parent: Addressing The Impact Of Domestic Violence On Family Dynamics*. CA, USA: SAGE.

Beeble, M., Bybee, D., & Sullivan, C. (2007). Abusive Men's Use of Children to Control Their Partners and Ex-Partners. *European Psychologist, 12*(1), 54-61.

Black, D., Sussman, S., & Unger, J. (2010). A further look at the intergenerational transmission of violence: witnessing interparental violence in emerging adulthood. *Journal of Interpersonal Violence, 25*(6), 1022–1042.

Bogat, G., DeJonghe, E., Levendosky, A., Davidson, W., & von Eye, A. (2006). Trauma symptoms among infants exposed to intimate partner violence. *Child Abuse Negl, 30*(2), 109-125.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.

CAADA. (2014). *In plain sight: Effective help for children exposed to domestic abuse*. Retrieved from UK: http://www.safelives.org.uk/sites/default/files/resources/Final%20policy%20report%20In%20plain%20sight%20-%20effective%20help%20for%20children%20exposed%20to%20domestic%20abuse.pdf (accessed 23_01_2019)

Callaghan, J., Alexander, J., Sixsmith, J., & Fellin, L. (2015). Beyond "Witnessing": Children's Experiences of Coercive Control in Domestic Violence and Abuse. *Journal of Interpersonal Violence*, 1-31.

Chew-Graham, C., Kovandžić, M., Gask, L., Burroughs, H., Clarke, P., Sanderson, H., & Dowrick, C. (2012) Why may older people with depression not present to primary care? Messages from secondary analysis of qualitative data. *Health and Social Care in the community, 20*(1), 52–60.

Choi, J., Jeong, B., Polcari, A., Rohan, M., & Teicher, M. (2012). Reduced fractional anisotropy in the visual limbic pathway of young adults witnessing domestic violence in childhood. *NeuroImage, 59*(2), 1071–1079.

Davidge, S., & Magnusson, L. (2018). *Survival and Beyond: The Domestic Abuse Report 2017*. Retrieved from Bristol, UK: https://1q7dqy2unor827bqjls0c4rn-wpengine.netdna-ssl.com/wp-content/uploads/2018/03/Survival-and-Beyond.pdf (accessed 04_01_2019)

Debelle, G. (2017). Draft Domestic Violence and Abuse Bill to ensure sentences reflect lifelong impact of abuse on children https://www.rcpch.ac.uk/news/draft-domestic-violence-and-abuse-bill-ensure-sentences-reflect-lifelong-impact-abuse-children (accessed 06_02_2018)

Duffy, J., Hughes, M., Asnes, A., & Leventhala, J. (2015). Child maltreatment and risk patterns among participants in a child abuse prevention program. *Child Abuse & Neglect, 44*, 184-193.

El-Sheikh, M., Cummings, E., Kouros, C., Elmore-Staton, L., & Buckhalt, J. (2008). Marital psychological and physical aggression and children's mental and physical health: direct, mediated, and moderated effects. *J Consult Clin Psychol., 76*(1), 138-148.

Ericksen, J., & Henderson, A. (1992). Witnessing family violence: the children's experience. *Journal of Advanced Nursing, 17*, 1200-1209.

Evans, S., Davies, C., & DiLillo, D. (2008). Exposure to domestic violence: a meta-analysis of child and adolescent outcomes. *Aggression and Violent Behavior, 13*(2), 131-140.

Fergusson, D., Horwood, J., & Ridder, E. (2005). Partner Violence and Mental Health Outcomes in a New Zealand Birth Cohort. *Journal of Marriage and Family*, *67*(5), 1103–1119.

Fielding, N., & Fielding, J. (1986). *Linking Data*. CA, USA: Sage Publications.

García-Moreno, C., Jansen, H., Ellsberg, M., Heise, L., & Watts, C. (2005). *WHO Multi-country study on women's health and domestic violence against women*. Retrieved from Geneva: http://www.who.int/reproductivehealth/publications/violence/24159358X/en/ (accessed 15_01_2019)

Gregory, A. (2015). *On the outside looking in: the shared burden of domestic violence*. (PhD). Bristol, England: University of Bristol.

Gregory, A., Feder G., Taket A., & Williamson E. (2017). Qualitative study to explore the health and well-being impacts on adults providing informal support to female domestic violence survivors. *BMJ Open, 7*(3).

Gregory, A. (2017). 'The edge to him was really, really nasty': abusive tactics used against informal supporters of domestic violence survivors. *Journal of Gender-Based Violence, 1*(1), 61-77.

Hamby, S., Finkelhor, D., Turner, H., & Ormrod, R. (2010). The overlap of witnessing partner violence with child maltreatment and other victimizations in a nationally representative survey of youth. *Child Abuse & Neglect, 34*(10), 734–741.

Hester, M., & Radford, L. (2006). *Mothering Through Domestic Violence*. London: Jessica Kingsley Publishers.

Hines, L. (2015). Children's Coping with Family Violence: Policy and Service Recommendations. *Child and Adolescent Social Work Journal, 32*(2), 109-119.

Holden, G. (2003). Children Exposed to Domestic Violence and Child Abuse: Terminology and Taxonomy *Clinical Child and Family Psychology Review, 6*(3), 151-160.

Holt, A. (2011). Discourse Analysis Approaches. In N. Frost (Ed.), *Qualitative Resaerch Methods in Psychology: Combing Core Approaches*. Maidenhead, UK: Open University Press.

Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect, 32*(8), 797-810.

Hornor, G. (2005). Domestic Violence and Children. *Journal of Pediatric Health Care, 19*(4), 206-212.
Howarth, E., Moore, THM., Stanley, N., Macmillan, HL., Feder, G., & Shaw, A. (2018). Towards an ecological understanding of readiness to engage with interventions for children exposed to domestic violence and abuse: Systematic review and qualitative synthesis of perspectives of children, parents and practitioners. *Health and Social Care in the community,* e-pub ahead of print: https://onlinelibrary.wiley.com/doi/10.1111/hsc.12587 (accessed 24_01_2019)
Humphreys, C., Thiara, R., Sharp, C., & Jones, J. (2015). Supporting the Relationship Between Mothers and Children in the Aftermath of Domestic Violence. In N. Stanley & C. Humphreys (Eds.), *Domestic Violence and Protecting Children: New Thinking and Approaches*. London: Jessica Kingsley Publishers.
Itzin, C., Taket, A., & Barter-Godfrey, S. (2010). *Domestic and sexual violence and abuse: tackling the health and mental health effects*. Oxon, UK: Routledge.
Katz, E. (2014). *Strengthening mother-child relationships as part of domestic violence recovery*. Retrieved from: https://www.era.lib.ed.ac.uk/bitstream/handle/1842/10423/briefing-72for-web.pdf?sequence=1&isAllowed=y (accessed 14_01_2019)
Katz, E. (2015). Recovery-Promoters: Ways in which Children and Mothers Support One Another's Recoveries from Domestic Violence. *The British Journal of Social Work, 45*(Issue suppl_1), i153-i169.
King, N., & Horrocks, C. (2010). *Interviews in qualitative research*. London: Sage.
Kitzmann, K., Holt, A., & Kenny, E. (2003). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 71*(2), 339–352.
Krug, E., Dahlberg, L., Mercy, J., Zwi, A., & Lozano, R. (2002). *World report on violence and health*. Retrieved from Geneva: http://apps.who.int/iris/bitstream/10665/42495/1/9241545615_eng.pdf (accessed 07_01_2019)
Levendosky, A., Lynch, S., & Graham-Bermann, S. (2000). Mothers' Perceptions of the Impact of Woman Abuse on Their Parenting. *Violence Against Women, 6*(3), 247-271.
Long-Sutehall, T., Sque, M., & Addington-Hall, J. (2010). Secondary analysis of qualitative data: a valuable method for exploring sensitive issues with an elusive population? *Journal of Research in Nursing, 16*, 335–344.
MacMillan, H., & Wathen, C. (2014). Children's Exposure to Intimate Partner Violence. *Child and Adolescent Psychiatric Clinics of North America, 23*(2), 295–308.
MacMillan, H., Wathen, C., & Varcoe, C. (2013). Intimate partner violence in the family: Considerations for children's safety. *Child Abuse & Neglect, 37*(12), 1186-1191.
Maslow, A. (1943). A theory of human motivation. *Psychological Review, 50*(4), 370-396.
McCloskey, L., Figueredo, A., & Koss, M. (1995). The effects of systemic family violence on children's mental health. *Child Development, 66*(5), 1239–1261.
Mezey, G., Bacchus, L., Bewley, S., & White, S. (2005). Domestic violence, lifetime trauma and psychological health of childbearing women. *BJOG, 112*(2), 197-204.
ONS. (2016). *Crime Survey for England and Wales (2016) Compendium: Intimate Personal Violence and Partner Abuse: Sources of Support for Partner Abuse Victims*. Retrieved from London: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2015/chapter4intimatepersonalviolenceandpartnerabuse#sources-of-support-for-partner-abuse-victims (accessed 15_01_2019)

Øverlien, C. (2010). Children Exposed to Domestic Violence: Conclusions from the Literature and Challenges Ahead. *Journal of Social Work, 10* (1), 80-97.

Patton, M. (1999). Enhancing the Quality and Credibility of Qualitative Analysis. *HSR, 34*(5 - Part II), 1189-1208.

Patwardhan, I., Duppong Hurley, K., Thompson, R., Mason, W., & Ringle, J. (2017). Child maltreatment as a function of cumulative family risk: Findings from the intensive family preservation program. *Child Abuse & Neglect, 70*, 92-99.

Radford, L., Corral, S., Bradley, C., & Fisher, H. (2013). The prevalence and impact of child maltreatment and other types of victimization in the UK: Findings from a population survey of caregivers, children and young people and young adults. *Child Abuse & Neglect, 37*(10), 801-813.

Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N., & Collishaw, S. (2011). *Child abuse and neglect in the UK today*. Retrieved from London: https://www.nspcc.org.uk/globalassets/documents/research-reports/child-abuse-neglect-uk-today-research-report.pdf (accessed 07_01_2019)

Robinson, L., Iliffe, S., Brayne, C., Goodman, C., Rait, G., Manthorpe, J., . . . Moniz-Cook, E. (2010). Primary care and dementia: 2. Long-term care at home: psychosocial interventions, information provision, carer support and case management. *Int J Geriatr Psychiatry 25*(7), 657-664.

Sidebotham, P., Brandon, M., Bailey, S., Belderson, P., Dodsworth, J., Garstang, J., . . . Sorensen, P. (2016). Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014 - Final Report. Retrieved from http://seriouscasereviews.rip.org.uk/wp-content/uploads/Triennial_Analysis_of_SCRs_2011-2014_Pathways_to_harm_and_protection_299616.pdf (accessed 07_01_2019)

Swanston, J., Bowyer, L., & Vetere, A. (2014). Towards a richer understanding of school-age children's experiences of domestic violence: The voices of children and their mothers. *Clinical Child Psychology, 19*(2), 184-201.

UK Home Office. (2013). Definition of domestic violence and abuse: guide for local areas. Retrieved from https://www.gov.uk/government/publications/definition-of-domestic-violence-and-abuse-guide-for-local-areas (accessed 18_09_2019)

UNICEF. (2006). *Behind Closed Doors: The Impact of Domestic Violence on Children*. Retrieved from New York: https://www.unicef.org/media/files/BehindClosedDoors.pdf (accessed 22_01_2019)

Vogl, S., Zartler, U., Schmidt, E., Rieder, I. (2017). Developing an analytical framework for multiple perspective, qualitative longitudinal interviews (MPQLI). *International Journal of Social Research Methodology*, 21(2), 177-190.

Wamser-Nanney, R., & Chesher, R. (2018). Trauma characteristics and sleep impairment among trauma-exposed children. *Child Abuse & Neglect*, 469-479.

Wolfe, D., Crooks, C., Lee, V., McIntyre-Smith, A., & Jaffe, P. (2003). The effects of children's exposure to domestic violence: A meta-analysis and critique. *Clinical Child and Family Psychology Review, 6*(3), 171-187.

World Health Organisation. (2010). *Preventing intimate partner and sexual violence against women: Taking action and generating evidence*. Retrieved from http://www.who.int/reproductivehealth/publications/violence/9789241564007/en/ (accessed 15_01_2019)

Appendix A: Participant characteristics

Pseudonym	Gender	Age	Self-described ethnicity	Relationship to survivor	Personal exposure to DV (adult survivor and/or childhood exposure)
Emily	Female	36	White British	Mother	Yes – adult survivor & exposure in childhood
Sally	Female	70	White British	Mother	No
Eric	Male	70	White British	Father	No
Anne	Female	37	White British	Friend x 2	Yes – adult survivor
Gwen	Female	31	White British	Sister	No
Barry	Male	71	White British	Father	No
Daisy	Female	33	White British	Friend x 2 & daughter-in-law	No
Josie	Female	32	Dual heritage	Friend x 2 & niece	No
Zakia	Female	37	Pakistani	Friend x 2	No
Stacey	Female	52	White other	Friend	Yes – adult survivor
Ruth	Female	55	White British	Work colleague	No
Kate	Female	51	White British	Friend	Yes – adult survivor
Jenna	Female	48	White British	Sister	No
Louise	Female	43	White European	Friend	Yes – exposure in childhood
Heather	Female	48	White British	Friend x 2	Yes – adult survivor
Lily	Female	42	White British	Friend	Yes – adult survivor & exposure in childhood
Mark	Male	40	White British	Current husband	No
Eve	Female	80	White British	Mother	No
Richard	Male	55	White British	Current partner	No
Suzie	Female	53	White British	Mother	Yes – exposure in childhood
Audrey	Female	24	White British	Friend	Yes – exposure in childhood