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Childhood experiences of domestic violence and adult outcomes. Where are we now: challenges, debates and interventions?

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Introduction

The impetus for this chapter was a longitudinal study with adult females who had been convicted of an offence and were serving community orders. The research focus was social exclusion, exploring the potential of nature-based work to enhance connectedness. However, as the participants narrated their stories the depressing regularity with which their childhood experiences of domestic violence (DV) were referenced prompted significant reflection on my part. I had already been aware from the criminal justice literature that the rate of childhood adversity in the female "offender" population was high. The body of evidence pointed to an accumulation of disadvantage across a lifetime as opposed to individual pathology or specific deficits (Moffit & Caspi, 2001). Maltreatment and victimisation in their pre-offending lives reportedly serving as the catalyst (Postmus, Severson, Berry, & Yoo, 2009; Severson, Berry & Postmus, 2007). The evidence suggested that these disadvantages interacted in complex and mutually reinforcing ways (Levitas, et al., 2007), ways that served to seriously restrict the women's opportunities to desist from crime (Moffit & Caspi, 2001; Weaver & McNeill, 2010; McNeill, Farrall, Lightowler, & Maruna, 2012).

Despite this, previous studies rarely specified the nature of abuse and victimisation, and so the role of DV had been muted. In gathering the data, hearing how DV had, apparently directly and indirectly shaped their experiences reinforced my feelings of social injustice. The injustice of a system that can fail to identify a child as a victim but can, with astounding alacrity, apply the offender label when as adults they themselves transgressed. Whilst there is no suggestion here that professionals/services have been remiss in failing to identify

victimisation, it seems reasonable to question why this has been the case and what the barriers to identification have been (Turner et al., 2017; Øverlien & Aas, 2016). Particularly when a review of the DV literature revealed a mounting body of evidence to suggest that living in a home where DV and abuse is present can lead to a number of mutually reinforcing negative outcomes (Øverlien, 2010; Callaghan et al., 2017), including: difficulties with physical health (Bair-Merritt, Blackstone & Feudtner, 2006), mental health (Gilbert, et al., 2009), managing emotions (Holt, Buckley & Whelan, 2008; Peltonen et al., 2010), difficulties in social and intimate relationships (Siegel, 2013), problems at school or with education more broadly (Carrell & Hoekstra, 2010) and an increased probability of being convicted of an offence in adolescence or adulthood (Baglivio, Wolff, Piquero, & Epps, 2015; Fox, Perez, Cass, Baglivio, & Epps, 2015). The question arises as to why, given this evidence base, there is such a lag in professional service strategies for identification (Turner et al., 2017) and a corresponding dearth of attention being paid to interventions aimed at ameliorating the negative impacts of DV and abuse on children (Harold & Sellars, 2018).

In seeking answers to these questions, the complexity of the problem quickly became apparent. The child's longstanding obscurity within the system can, at least in part, be explained by the way children have been constructed as passive observers or witnesses to the violence and attributed a corresponding lack of agency by professionals and academics (Callaghan, et al., 2016; Katz, 2015; Kimball, 2016). Whilst recognised by a number of eminent scholars in the field as highly significant, this construction is not the only reason children have been overlooked for such a long time (Callaghan et al., 2017; Øverlien & Aas, 2016). It is clear that researchers have faced challenges at each stage of the investigative process, from defining the problem, accessing participants, measuring the impact and interpreting the findings (Callaghan et al., 2017; Katz, 2016; Kimball, 2016; Øverlien, 2017). Moreover, very little research has been conducted with the children themselves and so the

voice of the child is largely absent (Callaghan et al., 2017; Kimball, 2016). These are significant hurdles and have slowed progress in the field. As a result, it is perhaps only in the last few years that the evidence has begun to mount in a way to suggest that specialised interventions to support children based on research *'with'* children should be a priority (Callaghan, 2015; Harold & Sellars, 2018; Katz, 2015).

In this chapter, I reflect on my experience of working on a project over a three-year period and consider the women's stories in relation to the themes identified in the literature. The experiences related by the participants largely concur with current theorising and evidence. However, unlike much of the literature, the participants in this study offer a retrospective phenomenological perspective on what it was like living in a violent and abusive family home.

Research context and primary themes

The research project that formed the basis for this reflection involved a number of stages and utilised a range of research methods all centred around a community work order and a group of adult females. The women had committed largely acquisitive offences and had been sentenced to attend a community work order. These orders may be imposed for offences that are serious but not deemed so serious as to warrant custody, meaning the punishment is carried out in a community setting. The length of the order varied across participants depending upon the nature of the offence perpetrated and the number of previous convictions held. Our community work was mainly horticultural with some occasional opportunities to engage in conservation activities. The discussion that follows was largely prompted by conversations in the interview phase of the research but there are some additional elements from field notes recorded post interview. The aim of the interview phase was to find out how the participants made sense of the life events or circumstances that led to their offending

behaviour. Seventeen adult women consented to be interviewed, 15 of whom were parents. The interview procedure was mostly unstructured and the subsequent prompts were largely unscripted; the participants were not directly asked about their experiences of DV or their coping styles, yet powerful themes around these issues were identified. The themes have been organised into two clusters: 1. *Barriers to identification:* Silence, Secrecy, Exclusion and Professionals and 2. *Intervention needs*: Worthlessness and Unrecognised skills. Where direct quotations have been included, pseudonyms have been ascribed.

1. Barriers to Identification

Silence, secrecy and exclusion

Somewhat unexpectedly, early childhood and subsequent adult experiences of DV featured heavily in the women's accounts of their offending. Whilst not narrated as a linear or causal route to offending, participants were reporting behaviours and circumstances that may be predicted to put them at a disadvantage from an early age. These included the use of strategies to avoid revealing their home situation to other people. Participants did not focus on specific incidents of abuse they referred more frequently to how the abusive environment influenced their lived experiences as children. Reference was made to missing school for bogus reasons, trying to look after their mum's or younger siblings, truanting, not being able to have friends home because they could not predict the mood or consequences, trying to avoid conflict, controlling their own feelings and behaviours, engaging in risky activities such as drug taking and unprotected sex. Most of the behaviours described were intended to serve as coping mechanisms, but, appeared to trigger an avalanche of unintended consequences. An example was the use of silence or invisibility; the decision to be very quiet, to go unnoticed at school; according to the participants being quiet and well behaved was a way to keep the violence at home a secret. One participant explained that her fear of telling led to her isolation at school which, coupled with her anxiety about leaving her mum alone when she

was at school, affected her ability to participate in her education. One consequence of this was that she became isolated and felt lonely, she was left out and bullied and fell behind with her work. Ultimately, as soon as she was able, she started to truant to escape from the isolation and bullying.

> " I just stopped going yeah, so I didn't get no qualifications I was …….[long pause] ………..scared …......**THEN** (voice emphasis taken to mean not any more)……….. scared that someone would find out and I would get taken away and put in prison …….…….he……..**he** used to say……. I'd have to go to prison …...and it would all be my fault [Anna].

Another participant Ashleigh, described not having friends as easier to manage, she explained that as she got older and saw people going to each other's houses she realised nobody could ever come to her house, so it was easier not to be included. Ashleigh, did concede that she wished she had stayed at school and engaged in her education, she could see as an adult what a disadvantage disengaging so early had been.

> "If I'dve stayed in school and not let home stuff make me feel like…. you know.. ….. I was ok at school really, …...not thick…" [Ashleigh].

In another account, a participant explained how her truancy had put her in close proximity to drugs and alcohol. She described how these made her feel better, by feeling less. However, it also led to her engaging in behaviours that put her at risk of exploitation and criminalisation. The account she gave of some of the things she had endured as a young teenager was harrowing to listen to, but from her perspective the emphasis was very much on the relief the drugs and alcohol had brought her. According to the participants' accounts, from an early age, they were trying to respond to complex emotional worlds at home but in their effort to do this they found themselves socially isolated and unhappy, the tragedy is that these accounts are not uncommon (e.g. Byrne & Taylor, 2007). One participant went on to

say that she could not understand, even now as an adult, how nobody at school had known or guessed what she was going through. This seems a reasonable question to ask but the findings from recent research suggest that professionals are still very poor at identifying domestic abuse despite the visibility of the safeguarding agenda (Turner at al., 2017).

I have several ineffaceable memories from this experience, including listening to the way the women made sense of their worlds. The descriptions of their feelings and behaviours as children when trying to manage their complex family and wider social relationships, and the behaviours they engaged in both within and outside the home to reduce the impact of the abuse on themselves, their mothers and for some, their siblings. Several authors have referred to such behaviours as precocious and attach what could be seen as negative labels and interpretations to them (e.g. premature *parentification*; Holden, 2003). Labels such as these problematise the behaviour and infer deficit.

Katz (2015) explained that in addition to deficits these labels ascribe passivity to the child, for example, "*a child may be **forced** to take on the role of a parent, end up doing the mother's chores, care for siblings and give advice, or comfort her after abuse has taken place*" (Little & Kantor, 2002, p.138), the use of the word **forced** may be true in some circumstances but not all. The women in my sample spoke in terms of their desire to reduce the impact and manage the tension within the home. Whilst it might be fair to say they would have wished for alternative family circumstances, there was no force involved. Perhaps, rather than constructing these behaviours as deficiencies they could just as easily be constructed as assets, signs of sophisticated empathy and care. Callaghan et al. (2018) suggested just this and argued that behaviours such as these could be reframed in the context of strengths rather than weaknesses. They go on to say that the children are not just 'damaged' by their experience of DV, the way they learn to navigate and manage the complexity of their developmental niche has the potential to produce a more resilient self.

The explanations of Katz (2015) and Callaghan et al. (2018) are consistent with the accounts shared by my participants.   The coping and resilience they showed in the face of so much adversity was humbling, but was unfortunately coupled with an apparent inability to identify their own skills or worth. This is particularly troubling because as parents they appeared to have retained many of the coping strategies and self-beliefs they had developed as children. One example, that troubled me at the time, was a mother who said she never engaged with the school when her children were little, she did not walk them to school or collect them, did not attend parent's evening or any such activities. On prompting, I included a question about safety, she responded that if she went to the school *they* would know her partner hit her and would take the children away. To Jane, her participation in school activities was risky, her reluctance to engage was not a lack of care as it might be construed by others, rather it was precisely because she cared about her children that she could not take the risk of professional intervention.

> *"I never went to school to get the kids and stuff, I ain't like them other mums right…I know it sounds stupid now…..but I thought they would know like………like…. that he hit me….."* [Jane]

Jane reported feeling that the risks to the children were greater if she engaged with the school than if she did not. She revealed later that she had similarly tried to avoid talking to anyone outside of the home when she was a child because her father had told her that if anyone 'found out' she would be taken away. This lack of engagement was generalised to all professional services and had debilitated her and prevented her receiving support at several key points.   For example, I asked her why she had not explained her circumstances to the magistrate when on a previous occasion the circumstances of her transgression were potentially mitigating, her response again demonstrated her lack of trust in others

"Then he'd have taken em away wouldn't he, you can't talk to these people Julie, they don't help us, they just take even more…" [Jane].

This lack of trust in professional services was not restricted to Jane, I asked Charlie a not dissimilar question and her response was equally as dismissive

"People like me can't trust people, so like where you say have I talked to my probation officer as if they are there to help me, I don't see it like that, I see them as people you tell nothing, keep quiet keep your head down". [Charlie]

Professionals

The lack of trust in professional services was exemplified by the invocation of a "them" and "us" discourse. The "us" being used to refer to anyone who had similar experiences and were in similar predicaments to their own, the "them" was invoked, often in a derogatory way, to refer to professionals. This "othering" whilst typical across social settings (Barter-Godfrey & Taket, 2009) was a powerful indicator of a lack of belief in support services. A number of the participants reported persistent fears over losing their own children to local authority care if professional services became aware of the violence in their own relationships. It is on this issue, that the perceived injustice reached a climax because there is considerable evidence to suggest their concerns may be founded; as children their plight went unnoticed, but as adults and parents themselves they are quite likely to be held responsible (Rhodes, Dichter, Kothari, Marcus & Cerulli, 2011). Douglas and Walsh (2010) stated that society typically positions the woman as the parent with the responsibility to care for the children. A position that then situates the mother as blameworthy for any DV in the home and any consequent failures to protect the children are hers (Callaghan et al., 2018; Katz, 2015; Powell & Murray, 2008; Radford & Hester, 2006). This narrative produces

several concerns including creating biases that may go on to inform professional service responses which in turn may inadvertently perpetuate the intergenerational transmission of abuse. If those charged with supporting families who are experiencing DV hold the mothers in some way responsible, then it may influence their professional response. If mothers believe that this is what professionals think and they have already been indoctrinated to believe it is their fault, then asking for help or reporting the abuse may become even less likely. The women in the sample already held conflicting, and at times paradoxical beliefs based on their own childhood experiences, and these apparently intractable beliefs served as a significant barrier to help seeking and consequently identification.

The participants' inconsistent beliefs around identification of their abuse in childhood included a belief that the lack of adult intervention was largely attributable to their silence, however, they were simultaneously asserting that adults must have known and elected not to help them. The confusion experienced by participants when recounting their stories was palpable and without exception had left the women resolute in their view that professionals were untrustworthy and did not care. Several participants were clear that adults did know and just elected not to act, but at the same time engaged in behaviour to maintain their "family secret" believing that a failure to do so would have devastating ramifications. The thinking seemed 'faulty' at first, but on reflection it was consistent with the incongruous messages they were receiving, the violent member/s of their homes were claiming that they would know if the child disclosed to anyone. For example, Josie said referring to her uncle who was in loco parentis at the time

'he said he would know if I talked…and he would kill me.'

From an early age, children were being inculcated into believing that adults had a means to know what children were thinking and doing, and in some cases, participants reported that their parent/s were actively forbidding them to tell anyone about what was happening at home

or there would be serious consequences. The flaw in the logic is obvious to the outsider, if adults knew everything, why was there such a powerful threat around revealing the secret, the adults would already know. However, as children, the participants who spoke in these terms did not connect the two. It is worth noting that a number of the women (in response to my prompts for further information) reported that both adults (victim and perpetrator) were telling them to keep the violence secret. The adults' motivations were assumed to be different though, the perpetrator to avoid sanction and the adult victim for fear of the child being taken into care. One participant, Camelia reported that she had been a child victim of DV; when I asked if she had told anyone about her experiences, she said no. Camelia did not connect the lack of help she received with her non-disclosure. Camelia assumed that adults knew and did not care.

The thinking displayed by Camelia and others in the group appeared somewhat childlike on this topic but it is congruent with findings from several Theory of Mind (ToM) studies with maltreated children (Cicchetti, Rogosch, Maughan, Toth, & Bruce, 2003; Pears & Fisher, 2005). ToM is the ability to recognize that other people may hold different views, urges, and beliefs to the ones you are experiencing (Dunn, 1995). More specifically, False Belief understanding, *"the ability to make inferences about what other persons believe to be the case in a specific situation"* (Cicchetti, et al., p. 1068). ToM is thought to develop in response to attachment style interactions in early childhood and it is argued that in violent and abusive homes the opportunity to engage in these interactions may be compromised (Koizumi, & Takagishi, 2014). If this compromise is coupled with a perpetrator working to inculcate an omnipotent persona, such that the victim believes that they can mind-read, then a disruption to their understanding of what can be known by others may be predicted (Sprung, 2008). This 'omnipotent adult' construction may be precisely the image the abuser intends and so, whereas in a non-victimised individual this thinking may appear flawed or immature,

it may be reasonable and rational where there have been experiences of DV (Sanderson, 2008). A victim's fear that their abuser will find out if they reveal their experiences to others is known to be a barrier to disclosure (Petersen, Moracco, Goldstein, & Clark, 2005), *believing* that they will *just know* perhaps more so. As children, the participants' understanding of the consequences of intervention by professionals was influenced by the threats made by the abusive adult, for example, the child would be taken away, sent to prison, punished. These powerful emotions had in several cases continued to influence their behaviour as adults and had reportedly affected the way they had gone on to support their own children.

Help seeking

Consistent with current thinking around the child's role in DV situations (e.g. Callaghan et al., 2015; Katz, 2015; Øverlien & Hyden, 2009), the participants accounts suggested that as children they had made conscious choices to behave in particular ways in a bid to respond to their situations. They were active not passive. The participants' efforts to respond to the presence of violence in the home had produced short and long term, positive and negative effects. 'Positive' in the sense that the violence remained secret, which was the participants' overriding priority, but also negative in the sense that many of the consequences made other aspects of their lives difficult. Whilst the participants did not state that the DV they experienced as children led to their current circumstances, it was clear that it had impacted on their engagement with school and had contributed to their exclusion more broadly.

The persistence of childhood coping strategies into adulthood was also noted, with many participants referencing similar strategies to manage violence in subsequent intimate relationships. The entrenchment and habituation of behavioural responses is not atypical

(Ehrensaft, et al., 2003), and it may explain why patterns of behaviours that reduce the probability of detection or help-seeking persist. Whilst the experiences of the women explained their resistance as children, and subsequently in adulthood to disclose, it still leaves open the question of why their behaviour and demeanour did not attract attention from others.

Professional concerns

In the main the participants who discussed their behaviour at school referred to *being quiet, being good, not being noticed, trying to be invisible* as the strategies they used to help them keep the violence at home a secret. Coping strategies in this context are typically referred to as belonging to one of two categories, internalising or externalising strategies. In behavioural terms internalised coping might be displayed as withdrawing, experiencing high levels of anxiety and/or depression; and externalising coping referring to behaving aggressively or engaging in criminal conduct (Moylan et al., 2010). Either coping style can lead to negative outcomes because both can interfere with peer and other relationships, leading to social isolation and as a result inhibit opportunities to learn and develop (Gilliom, Shaw, Beck, Schonberg & Lukon, 2002). There have been discussions in the literature pointing to a gender divide in coping styles over the years, with girls being more often associated with internalising and boys externalising strategies (Evans, Davies & DeLillo, 2008; Graham-Bermann & Huges, 2003) and this account would be consistent with the experiences described by my sample. However, on closer examination the picture is less clear, contemporary studies suggest that factors other than gender appear to mediate this relationship (Sternberg, Baradaran, Abbott, Lamb & Guterman, 2006; Moylan et al., 2010), the evidence suggests that the age of the child, the type of exposure (Vu, Jouriles, McDonald, & Rosenfield, 2016) and the mothers psychological state and her parenting style (Zarling, et

al., 2013) are all important factors when it comes to determining the response style of the child.

Regardless of the coping style adopted, the evidence suggests that internalising and externalising behaviours in childhood present detectable clues to a child's distress that may differ at different stages of development. The fact that they are not detected as frequently as they might be, suggests additional barriers, which may reflect a deficiency in training amongst professionals (e.g. teachers, medical practitioners) or it may be even more fundamental than that (Lewis et al., 2017; Turner et al., 2017). A number of researchers and practitioners have argued that one of the major stumbling blocks is the way children have been constructed both within the literature, the policy and quite possibly the public psyche when it comes to their role in the DV context (CAADA, 2014; Callaghan et al., 2015; Katz, 2015; Kimball, 2016; Stanley, Miller, & Richardson-Foster, 2012).

Constructing the problem: the child's status in a DV context

The problem identified by several scholars and practitioners is two-fold (Callaghan et al., 2018; Katz, 2016; Mullender, et al., 2002; Straus, Gelles, & Steinmetz, 2017). Traditionally the child is not positioned in a key role when the dialogue turns to DV, they have been positioned at the margins, neither the victim nor the perpetrator and so largely ignored; or if attended to, attended to alongside the mother as victim (Callaghan et al., 2017; Callaghan et al., 2018; Katz, 2015; Katz, 2016; Overlien & Hyder, 2009). Whilst at first glance this seems to be a question of semantics; the chosen language perhaps reveals a set of assumptions that have profoundly impacted professional and societal responses to children living in DV contexts. If the differences between the words victim and witness are considered in the context of the criminal justice system, the problem becomes apparent. In legal situations witnesses tend to be called upon to give a "factual, as they see it account" of what

they have observed, they present their account and are then typically released with little after care. The accounts required are typically associated with a specific incident as opposed to providing an account of living within a given context. A victim, by contrast is considered to have been directly impacted by the events they describe and dependent upon the crime, may be eligible for support, compensation and intervention. The relevance of the use of language here is not therefore whimsical, it has quite express meaning and response implications. The work of a small number of scholars has helped to identify this problem and highlight the implications it may have had for children in DV settings. Their work has been highly influential but some inconsistency remains (e.g. Callaghan et al., 2015; Øverlien & Aas, 2016; Øverlien & Hyden, 2009).

Callaghan et al. (2018) argue that to construct the child as almost peripheral is a poor representation of their lived experience, it fails to acknowledge their role in the family and silences the many and varied ways in which they can and do experience the abuse. A peripheral role also suggests that any support for the children might be secondary to that required by the actual victim, the adult. In response to the concerns raised by academics and practitioners, the term *witness* has largely been replaced by the words *exposed to*, and whilst this may be better, it still constructs the child as passive. It implies that the children participate in the family until there is abuse and then they step aside somehow and wait for it to be over. This construction oversimplifies the violence for many households, the evidence suggests that children in violent homes are often both direct victims of abuse and observers of violence against other family members (Herrenkohl Sousa, Tajima, Herrenkohl & Moylan, 2008; Morris, 2009). Moreover, this frames the violence and abuse as incidental as opposed to a persistent feature of the developmental niche. These complications have prompted a number of scholars to start referring instead to *children who experience* DV (Øverlien, 2010; Callaghan, et al., 2018). These academics argue that the concept of exposure implies that the

violence punctuates the developmental niche in discrete episodes and that the child would be passive when it did. Interestingly, this model may represent the external observer's perspective but probably fails to capture the daily lived experience of those within the home. The external observer is only likely to be involved in response to specific events and so their perspective is likely to be created around these pivotal moments. For those living in the family, the abuse is likely to be persistent, it is unlikely to manifest as overt eruptions of violence and abuse on a continuous basis, but the threat presumably remains ubiquitous. Callaghan et al. (2015) explained that when children live in violent contexts, they do not stand outside of the intimate partner dyad, they are triangulated within it, and through this process of triangulation they may be called upon to engage in a number of behaviours or may be used by one parent or the other in a variety of ways, such as to threaten, support perpetration, collude and/or protect. The accounts given by the participants in my sample suggested they were active in the experience when inside the home by behaving in particular ways to manage the tension or in their responses to the overt abuse, for example, through seeking to protect their siblings or their mothers, and also outside the home in keeping the violence and abuse a secret.

One of the difficulties lies in the system which can only really manage a simple dichotomy of victim and perpetrator. Understandably, in a legal context clarity around roles is required but this binary thinking may cloud the nuances of family dynamics. This dichotomous thinking in police responses is exemplified by Richardson-Foster, Stanley, Miller, and Thomson (2012, p.230) *"Children were not a primary focus for police attention in that they were seen as neither the victim nor the perpetrator but were positioned outside the core dynamic of an incident"*. Whilst this dichotomy may serve utilitarian needs within the criminal justice, when applied more widely by professionals, it has the potential to minimise the experiences of those not the direct target of the violence in the moments being

referred to. It may also serve to misdirect attention from the fact the individual incidences do not represent the lived realities of those living in violent contexts. One of the participants exemplified this when she explained how isolated she had felt as a child and that whilst isolation sometimes felt safe. it could also feel like disconnection or invisibility.

'I was kinda like invisible, you know, I don't remember anyone asking me if I was ok'

[Anna]

This final point made by Anna highlights some of the additional problems that situating children at the periphery have produced, where children are positioned at the margins, nobody is necessarily seeing identification as critical to prevent harm, nobody is therefore asking what is happening for them and if identified nobody is factoring their experiences into the interventions offered (Katz, 2016; Munro, 2012; CAADA, 2014).

2. Intervention Needs

Worthlessness and the obscurity of skills

The experiences of the small population of participants I was privileged to work with may not represent the most typical life trajectory for those living in violent homes as children, but their stories do resonate with emerging evidence. Their accounts of their childhood experiences and the legacy of these for their adult lives offer a powerful endorsement for demands to prioritise resources for children living in similar circumstances. The beliefs held by the participants consistently suggested they felt others perceived them as worthless *"college ain't for people **like me** I can't even afford to get there"* [Camelia] and that they saw themselves as possessing few if any skills *"I aint got no skills, ha, well not one's people **like you** approve of, ha ha"* [Ashleigh] *"I ain't good at nothing Julie…nothing…"* [Jane]

However, the resources may not, as much of the literature would suggest (e.g. Bedi & Goddard, 2007; Clements, Oxtoby & Ogle, 2008; Herrenkohl, et al., 2008), necessarily be

required to fix a deficit (Callaghan et al., 2016; Katz, 2016). The work with this group of women supports contemporary thinking that children are not passive witnesses to the violence in their homes who only develop harmful behaviours in response to their experiences. The participants also exhibited skills, qualities and resilience that, had they been identified and harnessed earlier, may have enabled them to make different choices in their adult lives (Katz, 2015; Letourneau, Fedick, & Willms, 2007; Øverlien, & Hyden, 2009). The participants' perceptions that they had "no skills" and "little worth" is contrary to my interpretation of their resilience, empathy, capacity to endure and commitment to their own children. However, the perceptions that they were unworthy of intervention and their lack of opportunities in the workplace (because of their low academic attainment) serves to reinforce their position. Earlier intervention may have enabled some of the skills to be identified and honed. One of the clearest messages from the research and the literature was that many of the strategies the women used to cope as children served to alienate and disconnect them from potentially positive influences and experiences. So, whilst these strategies served to keep them safe at home they simultaneously detached them from possible sources of support. This disengagement in turn was described as serving to limit their opportunities, resulting in limited choices, often between *'a rock and a hard place'*. The examples given by the participants may augment our understanding of the range of consequences and the nuances that serve to promulgate them.

The literature typically focuses upon the negative behaviours engaged in by the children and in so doing, fails to appreciate the sophistication of many of the behaviours children in these situations display. More recently, scholars have suggested that this deficit approach may serve to influence interventions in ways that are unhelpful in terms of meeting the child's needs. Callaghan (2015) points out that intentionally or otherwise traditional interventions may be guilty of victim blaming. A significant body of literature positions the

responsibility of the child's health and wellbeing with the mother's quality of parenting and psychological functioning (Levendosky & Graham-Bermann, 2001; Levendosky, Leahy, Bogart, Davidson & von Eyre, 2006; Morris, 2009). Consequently, many interventions have historically focused on enhancing the parenting skills of the mother offering little or no support directly to the child (Letourneau et al., 2007; Sturge-Apple, Davies, Cicchetti, & Manning, 2010). Callaghan, et al. (2015) further note that whilst compelling, the research upon which these conclusions have been drawn is largely quantitative and typically based on the victimised parents reporting. Consequently, how the parent is rating their own and their child's behavioural responses is likely, given the tools available, to be based on incidences of violence as opposed to taking a more lived experience perspective (Kimball, 2016). It is also worth noting than when a victimised parent is reflecting on their own and their child's behaviour they are potentially doing so from a position of complex emotion and so behaviours may appear exaggerated or may be misattributed to the context of violence as opposed to relatively normal behaviours. Moreover, the researchers are positioning themselves as the experts, as opposed to appropriately attributing expertise to those who have experienced the violence. The response, parenting classes, either prescribed or mandated (Rhodes, et al., 2011; Austin, Shanahan, Barrios & Macy, 2017). It is perhaps a professional assumption that the complex relationships that the family members are likely to have negotiated and managed in response to the violence can be remediated by the application of parenting rules. Rules developed by professionals whose expectations of behaviour within a family setting is likely to be based on rather different norms. This may account for the limited success of such interventions in ameliorating the negative impacts on children (Austin et al., 2017). It is also worth noting that assumption rather than the engagement with "experts" (e.g. the children) has been argued to be what has held children in the position of witness, or as Callaghan et al. (2018) described "collateral damage" for decades.

In response to these conceptual and methodological concerns contemporary researchers are advocating a more strengths based approach to intervention design, with a definitive call for research to be qualitative and focus on the child's experience. It is the child's voice and their experience of living within a context of violence that need to be more thoroughly explored.

Looking forward

In July 2018, the UK Home Office announced their commitment to supporting children who have experienced DV, stating that they were allocating 8 million pounds to fund interventions. This is undeniably a positive step. However, given the estimated size of the problem, the extant challenges around identification and the child's voice being conspicuous by its absence, how best to allocate these funds and for what purpose presents as the next challenge. The Children's Commissioner's report (Longfield, 2018) estimated that in the region of 825,000 children in the UK are living in violent households, this is likely to be a conservative estimate given the role of silence and secrecy in the lives of those affected but it does give some indication of the scale of the problem. The announcement is pivotal, the problem and the extent of it, has finally been acknowledged. It is now incumbent upon services and researchers to provide evidence and make a case for who needs what, where and how.

In responding to this, those working to support children who live in violent and abusive homes may seek to review the way boys are constructed in the literature and responded to by some of the current services available. Callaghan et al. (2018) make a powerful argument for the need to support children better, to recognise their victimisation, to hear their voices and to respond by providing appropriate support. Callaghan's team also point to the lack of resource and support services currently available to children, and in so

doing they do not distinguish between boys and girls. Their treatment of the children is egalitarian, unfortunately, the potential outcomes for children in the current support services does not always follow this practice. Despite a growing body of literature to suggest that gender may obscure rather than facilitate our understanding of DV and abuse; DV is still routinely referred to as a gendered problem and whilst the numbers of those believed to be perpetrating violence and abuse still weigh more heavily towards male perpetrators and female victims (Hague & Malos, 2005; Morris, 2009), the persistence in categorising it in a way that almost infers a causal relationship between gender and violence is arguably unhelpful. It is not just unhelpful to male victims, it is also unhelpful to mothers seeking refuge; women who are unable to use services because male children over 13 years of age may not be welcome. It is unhelpful to boys who are experiencing the violence to be constructed as potential future abusers and more broadly it is unhelpful in a world where the binary of gender is increasingly contested. DV affects both male and female children and whilst they may or may not manage their responses differently, there is no reason to assume that boys are less frightened, shocked, confused and traumatised than girls; it is highly likely that there are more within than between group differences. Boys in the current construction of the problem appear to be afforded victim status until they reach puberty and then by association are labelled as threats or perpetrators in the waiting (Whitfield, Anda, Dube, & Felitti, 2003). This is a form of discrimination that may be an unintended consequence of the discourse and associated policy, but it is a consequence nonetheless and one that may unwittingly have a part to play in the outcomes for boys. Whilst there is an appetite to start addressing some of the inequalities children have faced over the years in terms of their experiences of living with DV, perhaps now is the time to revisit these policies and reconsider the reasoning behind them. In particular, rethink the message that this exclusion conveys to boys and young men and the barriers it presents to mothers seeking refuge.

Great strides have been made by researchers, practitioners and policy makers in the field. The profile of the problem has been raised and the children's voice is now actively being sought. There is much to applaud in the dogged determination of those who have been steadfast in their advocacy of children. Researchers and practitioners have gathered a considerable body of robust evidence to alert communities and policy makers to the scale and nature of the problem. Whilst a considerable amount of work remains the repositioning of children to the centre of the DV debate gives rise to optimism.

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