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Carolina Overlien and Margareta Hydén

N.B.: When citing this work, cite the original article.

The final, definitive version of this paper has been published in:

CHILDHOOD-A GLOBAL JOURNAL OF CHILD RESEARCH, (16), 4, 479-496, 2009.
Carolina Overlien and Margareta Hydén, Children's actions when experiencing domestic violence

<http://dx.doi.org/10.1177/0907568209343757>

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Postprint available at: Linköping University Electronic Press

<http://urn.kb.se/resolve?urn=urn:nbn:se:liu:diva-52408>

Children's actions when experiencing domestic violence

Accepted *Childhood. A Journal of Global Child Research*. To be published fall 2009.

Ph.D Carolina Överlien, Norwegian Centre for violence and Traumatic Stress Studies,
Oslo, Norway

Prof. Margareta Hydén, Linköping University, Sweden

Abstract

The aim of this article is, by analyzing children's discourses, to investigate their actions/absence of actions during a domestic violence episode. The empirical data are recorded group therapy sessions and individual interviews with children who have grown up experiencing their fathers' violence against their mothers. The analysis shows that the children's stories contain two aspects of actions: one related to the actions during the ongoing episode, and one the child perceives as possible/desirable for the future. The findings are discussed in the light of Lazarus & Folkman's (1984) theory of coping.

Key words: children, actions, domestic violence, experiences, coping

Introduction

“Children who are victims of domestic violence suffer in silence”. This statement was recently made at a lecture on children exposed to domestic violence (DV).¹ However, this common picture of children living with DV provides an unfortunate perspective on children and their lives. Furthermore, it does not fully reflect this group of children’s everyday life experience. Children exposed to DV act, even in the ongoing violence situation. Their actions, and how we can understand these actions, is the focus of this article.²

The last ten years of predominantly quantitative research in this field has led to the conclusion that being exposed to domestic violence has great potential for strong adverse outcomes in children, resulting among other things, in high levels of aggression, depression, anger and anxiety (Graham-Bermann & Seng, 2005, Johnson et al. 2002, Knapp, 1998, Wolfe et al., 2003,). Since 1997 a number of studies have focused on the issue of Post Traumatic Stress Disorder (PTSD) and found that this group of children is at increased risk of developing PTSD (cf. Card, 2005, Griffing et al., 2006, Rossman, 1998).

Furthermore, research has found that being exposed to DV increases the risk of behavioral problems. For example, Kernic et al. (2003) found that children who had been exposed to domestic violence had significantly more behavioral problems, such as externalizing behavior (among other things aggression and acting out) and poor social competence, than the control group, even after controlling for reported child maltreatment. In an Italian study of elementary and middle school students, children

¹ Dobson, C. (2007)

² The study is being carried with grants from The Swedish Council for Working Life and Social Research (FAS), and The Crime Victim Fund (Brottsofferfonden). The authors would like to thank Nora Sveaas and Siri Thoresen at the Norwegian Center for Violence and Traumatic Stress Studies for valuable comments.

exposed to DV were found to be more likely to engage in bullying and/or to be victims of bullying at school. This association was stronger for girls (Baldry, 2003). A large study by Adamson & Thompson (1998) found that children who had been exposed to DV were more likely to respond to conflict by using aggression. Interestingly, Lee (2004) found that children who directly intervene in the violent act had higher levels of behavioral problems than those who had not.

The vast majority of research in this field uses the concept “exposed to”. A small number of predominantly British and Nordic qualitative researchers use the concept “experience”, mainly to stress the child’s subjective position. These studies show, among other things, that domestic violence is not something the children ‘witness’ in the sense that they watch it passively from a distance. Children who experience violence in their homes experience it with all their senses. They hear it, see it, and experience the aftermath (Edleson, 1999, McGee, 1997, Överlien & Hydén, 2007). Acts of violence against women not only take place in the adult’s lives, they also take place in the children’s lives. The violence is something children experience from a position as subjects, and not as objects, as the concept of “being exposed to” may suggest. The violent episode is situated in a larger context, i.e. the child’s living environment, and is not something to which the child can merely be a passive witness (Hydén, 1994).

However, our knowledge about children’s experiences of their father’s violence towards their mothers is limited. This is especially true when it comes to children’s own actions during the violent episode. A limited number of studies have analyzed children’s own actions and strategies for coping with domestic violence (cf. Allen et al, 2003, Hester & Radford, 1996, Jaffe et al. 1990, Joseph et al. 2006, McGee, 2000,

Mullender & Morley, 2001, Solberg 2004). When investigating the children's actions, the most common theoretical tool used by researchers is Lazarus and Folkman's (1984) concept of coping when exposed to stressful events. Lazarus' by now highly influential approach can be defined as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984: 141). An important component of the model is that it distinguishes between emotional-focused coping (managing and reducing stress) and problem-focused coping (changing the problematic situation).

Contrary to most research in this field, this study on children experiencing domestic violence has a child-centred approach to the violence. In line with the "new social studies of childhood" (Hutchby 2005, Hutchby & Moran-Ellis 1998, James & Prout 1990), we argue that children need to be taken seriously as social agents and as active constructors of their own social worlds. This means that we are interested in the child's own actions/absence of actions during the violent episode, their interpretations of the violence and what meaning these interpretations have in their lives. We see children as competent informants in the sense that, apart from their caregiver's stories, they have their own stories that will help us better understand the issue of children experiencing DV. In line with Allen et al. (2003), we argue that studies of children's own actions during the DV episode are almost absent from the literature. The child-centered research approach we use as our starting point, and the interest in the children's own actions this standpoint evokes is, with a few exceptions, unique in this research field. We therefore ask; what do the children do during and after the violent act? What are their actions *during the act*, and how do they imagine they will act in *the future* when/if a violent episode occurs? Furthermore, previous studies (see above)

have, referring to Lazarus & Folkman, used the term ‘coping’ in a more general sense as a means to discussing how children *respond* to the violence.³ We ask whether applying Lazarus & Folkman’s more specific use of the term, makes the concept of coping a fruitful theoretical tool to use for children who experience DV

Method

Group therapy for exposed children

During the last decade, centers for children who have experienced domestic violence have been established in a few Swedish communities. The Center this research project is presently in contact with is part of a voluntary outreach program for abusive men and abused women and children who have been exposed to violence, offering support and therapy sessions individually and/or in groups.

The children’s group therapy sessions are run by specially trained social workers or psychologists. The explicit aim of the program is:

”to do away with obstacles preventing the children to from positive development, through working with experiences, thoughts and questions about the violence. By giving the children the opportunity to get to know others with similar experiences and by telling each other about these experiences, the unimaginable can be made imaginable. This will allow the children to express different feelings, with regards to the violence, the perpetrator, and the victim.”

³ We would argue that ‘coping with violence’ is not equivalent to ‘responding to violence’. The much quoted definition of coping talks about how to “manage specific external and/or internal demands” (Lazarus & Folkman 1984: 141). To manage in this context must be understood as an action resulting in a positive outcome, i.e. to reduce high arousal levels. To cope is consequently to attempt to alter the stressor or the perception of the stressor.

The group of 4-6 children and two therapists meet ten sessions, for one and a half hour at each session. Each session revolves around a theme, what violence means to someone, what feelings the children with regard to the violence and what to do when violent episodes occur. Each session starts with looking back at last week's theme, and the children are asked whether anything has happened since the last session or if there is anything special they have thought about since the last session. The basic message the therapists convey is that the children are not alone, even if they may feel completely alone at times. There are many children with similar stories, and there are grownups who want to listen. The therapists in the children's therapy groups encourage free speech about what has happened. The sessions are thematically organized, that is, the therapists select a relevant theme for each session that serves as a point of departure for that session.

The data

The Center and the therapists who work there kindly agreed to let us audiotape their sessions. The informed consent to audiotape the sessions and interview the children were gained in three steps:

1) First we informed the therapists about the study. Since MH is well known in Sweden and the study were along the lines of her previous studies, it was easy for us to explain what we wanted to do.

2) The parent(s) were informed by the senior therapist at the center.

The parents gave a written consent.

3) The children were informed about the study with their mother's present and gave their oral consent. The tape recorder was on the table at each session. They were consequently aware of the research all along.

Furthermore, the children were invited to personal interviews after the series of sessions.⁴ These interviews were conducted by MH and CÖ so they had a chance to meet us. Thus, our data consists of 29 group therapy sessions with 15 children 12-15 years old and two therapists, one man (Eric) and one woman (Maria), and 10 individual interviews. For this article, excerpts from 2 of the sessions and 7 of the interviews were used. The children in these excerpts are presented below (table 1).⁵ The excerpts can be seen as representative of the data as a whole. The group therapy sessions as well as the individual interviews have been recorded with an audio recorder. In line with discourse analysis (cf. Bruner, 1990, Oachs & Capps, 2001, Riessman, 1990) the audio tapes were transcribed. The selected transcription level is quite simple and is a reflection of the analysis, which has a focus on content rather than structure (as recommended by Oachs, 1979).⁶ A transcribed interview can not fully reflect the actual interview situation. However, our aim is to follow the data closely (thus including pauses, grammatical errors, repeated words, etc.), and to respect the children's narratives and reports and not divide or restructure them. We thereby hope to give the reader insight into the interview situation and thus an opportunity to make alternative interpretations.

⁴ We were not able to conduct interviews with all children, for reasons such as the child's psychological state, reoccurring violence in the family, etc.

⁵ All names have been changed to assure anonymity. Details that could reveal the identity of the children or families have been omitted.

⁶ See appendix 1 for transcription conventions.

Our informants

The children in this study all come from families where their fathers, on one occasion a stepfather, have used violence against their mothers, and in many cases the violence has been severe. Most the children's parents are divorced. However, since the fathers have a legal right of access to their children, the children see their fathers. Some children are very disturbed by these meetings, since the children are anxious and fearful of being with their fathers.

Table 1. List of informants

Dina	15 years old. Lives with her biological father, mother and four siblings. Is afraid of her father and of the possibility of his becoming physically violent again. Has been physically abused by her father.
Eva	13 years old. Eva's stepfather subjected her mother to violence for five years. Eva and her sister Elsa experienced severe violence, and were physically abused themselves.
Christine	13 years old. Has been living at a women's shelter for 7 months together with her mother and brother Magnus. Christine experienced her biological father's violence until she was nine years old. Christine was sexually abused by her father, with whom she has no contact today.
Nadja	14 years old. Nadja grew up with her biological father, mother and twin brother. She has experienced her fathers violence all her life. The violence ended as a result of Nadja contacting the police. Both Nadja and her brother have been subjected to their father's physical violence. She now lives with only her brother and mother.
Simon	12 years old. Simon and his sister have experienced their father's violence against his mother all their lives. The father has served a prison sentence as a result of his violence against their mother.

Mohammed	14 years old and Nadja's twin brother. Mohammed has been severely physically abused by his father.
Isak	15 years old. He has experienced physical and sexual violence, but first and foremost severe emotional abuse. Grew up with a violent biological father, a mother and a sister. He now lives only with his mother and sister.

Actions during the violent event

Turning on music, reading a book and closing one's ears

At the beginning of each group therapy session, the therapists ask each child how his/her week has been, focusing on the situation in the family. Usually the questions from the therapist evolve around the father and his violent behavior. The male therapist, Eric, turns to Simon to ask him about his week.

Excerpt 1.

Participants: Therapist Eric (E), Therapist Maria (M), Eva (E), Christine (Ch) Alicia (A), Pontus (P), and Simon (S)

1	E	Have things been calm at home?
2	S	Well things have been as usual
3	M	Has your dad been home?
4	S	Yes (.) but then yesterday mom and dad started fighting about something (.) but I just close my ears
5	M	What do you do when you close your ears do you use something to put in

		your ears?
6	S	No (.) I try not to care (.) or try to talk to them about something else (.) then I listen to really loud music so they'll get angry at me instead

When Simon's parents start "fighting about something", Simon "close his ears".

When the therapists ask him to explain what that means, he says "I try not to care".

Trying to distance oneself from the violence, for example by trying not to hear is a common strategy used by children who have experienced domestic violence (Lee, 2004, Ornduff & Monahan 1999). Turning on loud music could also be a way for Simon to distance himself from the violence. Such coping by avoidance is, in fact, one of the most common ways for people to deal with stress (Folkman & Lazarus, 1991).

Then Simon goes on to present other strategies he uses when mom and dad are fighting, which could be understood as problem-focused coping strategies (Lazarus & Folkman, 1984). He uses himself to distract them, to switch their attention from them to him, either by talking to them about something else, or by turning their anger at him rather than at each other.

In an individual interview, the interviewer asks Dina to describe a typical violent episode during her upbringing, and what she and her three siblings did when the violence began.

Excerpt 2.

Participants: Dina (D), and Carolina Överlien (CÖ)

1	D	I always turned on music because (.) when dad got angry we all ran to our rooms when we were younger (.) but we knew he would come and
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		suddenly open the door and shout terrible things at us (.) so I always put on music so I couldn't hear him shouting (.) but when he came to my room he turned off the music and threw aside my book and said go to hell and get the hell out of here and I don't want to see you ever again and stuff like that
2	CÖ	How was it after things like that happened how was the atmosphere at home?
3	D	Not very good
4	CÖ	no
5	D	We tiptoed into our rooms again
6	CÖ	And how was your mom?
7	D	Quiet (.) didn't say much
8	CÖ	And your daddy?
9	D	He sat down in front of the TV
10	CÖ	And what did you do as a child when your mom was somewhere not saying anything and your dad was watching TV (.) what did you do as a little girl?
11	D	I don't know
12	CÖ	Where did you go?
13	D	I ran into my room and then I opened the door really quietly and carefully and whispered my mommy's name (.) I didn't dare going to the bathroom to pee (.) so she always had to come and help me and come with me (.) 'cause I was too scared to leave my room
14	CÖ	What were you afraid of?

15	D	Dad
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Here Dina describes an episode of violence against her mother, from a small child's perspective. She doesn't describe the actual physical violence against the mother, but instead her actions, feelings and the extreme fear that keeps her from going to the bathroom. Like the children in McGee's study (1997), Dina uses music and books as a way of blocking out the sounds of violence, and of distracting herself. However, she admits in another part of the interview that the strategy never worked – she could always hear the violence and she was always rigid with fear.

Tuning on loud music, trying to focus on a book and attempting not to listen can all be perceived as emotionally oriented actions aimed at creating a distance between the violent episode and oneself, thereby reducing the negative arousal level. Among the children in this study, this was by far the most common action taken during the ongoing violent episode.

However, research indicates that 'passive' coping strategies such as trying to block the sounds of violence out are associated with higher levels of mental health problems (Ayers et al. 1996, Kerig, 2003, Sandler et al. 1997), while problem-focused coping is associated with fewer mental health problems. Some forms of coping can therefore be understood as better or more successful than others (Arias & Pape, 1999, Monat & Lazarus, 1991). Folkman & Lazarus (1991) argue that avoidance strategies such as wishful thinking are associated with psychological difficulties. They conclude that "certain forms of avoidance coping seem less likely than others to produce a beneficial effect" (p. 215).

Rescuing the mother, playing along with dad, and calling the police

Although many of the children were quite young when the episodes took place, some of them also used actions aimed at intervening with and/or solving the problem.

In an individual interview with Eva, the interviewer asks if she will share a memory from her childhood having to do with the violence she experienced.

Excerpt 3.

Participants: Eva (E), Carolina Överlien (CÖ), and Margareta Hydén (MH)

1	E	What I remember is how Elsa and I ran up to the barn we had there (.) and then we heard mommy screaming they were out in the garden shouting and screaming (.) and then mommy screamed really really loud (.) and then we saw how mom was lying mom was lying kind of like (.) it looked like she was sleeping like she died on those stairs (.) and then we got really scared and we heard him drive away (.) and then we tried to rescue her we took her to our neighbors Sture and Birgitta
2	MH	mm
3	E	and then we slept there all night

Eva has many narratives about situations involving serious violence against her mother, which she understood as Dan (her stepfather) wanting to kill her mother and that her mother was already dead (“like she **died** on those stairs”). Applying Lazarus & Folkman’s (1984) coping theory, Eva and Elsa can be described as choosing a problem-focused strategy, in spite of being extremely scared, and trying to find a safe place for their mother, i.e. the neighbors. Worrying about the mother and finding ways to help her to be safe were also common strategies used by the children in the study of Mullender et al. (2002). McGee (2000) states that one strategy used by the 54

children in her study was to intervene physically between the mother and the father; another was to find ways to protect their mother, their siblings and themselves. Using their own physical presence to stop the violence was a strategy also found by Hester & Radford (1996) in their qualitative research on children and domestic violence.

In this individual interview with Christine, the interviewer asks her to describe her actions or absence of actions during and after the ongoing violent episode.

Excerpt 4.

Participants: Christine (C), Carolina Överlien (CÖ), Margareta Hydén (MH)

1	CÖ	Can I ask in those situations when you were scared and felt like something was wrong did you feel like you could do something then?
2	C	No that was the thing (.) I was so little and had so many feelings (.) sometimes I could say to daddy that please dad please be quiet ((in a pleading voice)) don't be bothered by what mommy says (.) I played along with him for a while and (.) played along with him and thought this will help and pretended that mommy was the one who was sick (.) so I said that if you could only be quiet don't be bothered by what she is saying you know she is wrong (pause) so be quiet and go outside and be angry
3	MH	mm
4	C	'Cause I can't take this any more
5	MH	mm
6	C	And then things were okay for a while (.) but then it was the same shit again

Like Dina, Christine refers to the fact that she was so little, and therefore had limited options of actions. However, after giving a negative response (“no that was the thing”), Christine describes what can be regarded as quite sophisticated strategies. Christine’s father claims that her mother is sick, and although Christine has understood that this is not true, she pretends he is right to keep him in a good mood. Convinced this was a good strategy for avoiding violence (“this will help”), she “played along with him”, and asked him to leave the house. However, it turned out the strategy was not so successful after all. After a while, Christine says, “it was the same shit again”.

During an interview with the twins Nadja and Mohammed, the interviewer asks Nadja to go back to an incident she told about earlier in a group session. The interviewer asks Nadja to tell the story again, and to reflect on the incident and its implications today.

Excerpt 5.

Participants: Nadja (N), Mohammed (M), Carolina Överlien (CÖ), Margareta Hydén (MH)

1	CÖ	That episode when the bookshelf crashed down (.) it was you who called the police right?
2	N	yes (.) I went to the neighbors
3	CÖ	Can you tell us what happened?
4	N	First he said he wanted money (.) yes you’ll get the money soon (.) I went to the neighbours and called the police and said he had said he was going to kill us (.) and they said we’ll be there in five minutes (.) but it was twenty minutes until they got there (.) five minutes ((frowning and

		said in a sarcastic tone of voice))
		...
5	CÖ	Nadia I was thinking again about when you called the police (.) when you told the group about it I got the feeling that resulted in (.) the police taking him with them and him being forced to leave the country (.) so it was important (.) how do you feel about that now?
6	N	I think it was good I did that (.) if he had lived with us now I would have been dead
7	MH	You believe that?
8	N	Yes
9	MH	What do you think Mohammed?
10	M	The same
11	N	He always held a threat over me

Nadja's actions may have had more drastic implications than the other children's actions; if Nadja had not called the police, she says she would not be alive today. In another part of the interview, Nadja tells about how when the police arrive at her home they interpret the situation as calm, and decide to leave. When their father is about to close the door, he says to Nadja in his native language "when they leave I am going to light you on fire". Standing in the doorway, the female police officer asks Nadja to translate what her father said to her, since her parents come from another country and do not speak Swedish. When Nadia translates her father's words they take him with them to the police station. This was the last time Nadja saw her father.

Do Nadja and other children who experience DV get support from other caregivers to cope with a potentially traumatic experience such as this? Very little research has shed light on this issue. The majority of research on children and coping does not concern DV but issues such as children's coping with natural disasters (Jenay-Gammon et al., 1993, Huzziff & Ronon, 1999) and physical illness (Munoz, 2004, Hampel et al., 2005). The way these groups of children cope with potentially stressful events cannot necessarily be applied to children who experience domestic violence. Many children experience potentially traumatic experiences during their childhoods. Most of these children have adults to support them. The caregivers are a child's main source of social support, and a critical contextual factor when it comes not only to protecting the child from potentially traumatic experiences, but also helping them to heal. There is therefore reason to believe that coping with the fact that your father is abusing your mother could be even more difficult than, for example, coping with the aftermath of a natural disaster (Huzziff & Ronon, 1999), since the child's main support and protection, i.e. the parents, are absent or may be compromised⁷, and since other known protective factors such as self-esteem and access to supportive family and friends may have been damaged or destroyed by the abuse (Mullender et al., 2002).

Imagined actions during a future violent event

⁷ Unfortunately, there is controversy surrounding the claim that the mother may be compromised as a result of the violence, and that her care therefore is not adequate. This is referred to in the literature as "blaming it on the mother". However, there is a great deal of support for the claim that battered mothers' care of their children is compromised while she remains in the violent relationship (Holden et al, 1998, Levendosky & Graham-Bermann, 2000). However, Holden et al. (1998) found that this inadequate care was no longer apparent 6 months after the breakup with the abuser.

Turning him in, beating him up, and separating the parents

None of the children in this study presently lives in a family where physical violence is present. However, the children spend a lot of time to talking about and worrying about possible new episodes of violence. The therapist, Eric, addresses Isak about this matter.

Excerpt 6.

Participants: Therapist Eric (E), Therapist Maria (M), Dina (D), Nadja (N), Mohammed (M), Isak (I), Helena (H), Katarina (K)

1	E	Are you worried they will really start fighting that they will hit each other?
2	I	Yeah I always have that worry (.) but next time I know what to do
3	M	What would you do then?
4	I	Well I won't let him get away with it next time
5	M	What are you going to do?
6	I	I will call and report him

Isak explains that although his father is no longer a physical part of their life, he is constantly worried that new violent episodes will occur. However, he imagines, this time he will not “let him get away with it”. Apparently, for Isak, calling the police and reporting him will result in the violence being stopped and the father being punished for his actions. Isak’s imagined coping strategy is to end the violence and punish his father. Another possible coping strategy among boys is to identify with the aggressor, i.e. the father. However, the boys in this study do not describe choosing this strategy,

but are very clear about taking a stand against their fathers' actions. However, this must be understood in the context of their taking part in group therapy.

In the interview with Eva, it is apparent from the way she talks about the violence and from her body language that she is very angry. The interviewer addresses this issue.

Excerpt 7.

Participants: Eva (E)., Carolina Överlien (CÖ), and Margareta Hydén (MH)

1	M	Does it make you angry thinking about it?
2	E	yes
3	M	Yes it seems like it
4	E	Yes I get angry at my thoughts sometimes
5	M	In what way?
6	E	Well I think about how he threatened to kill my mother (.) every time I think about that it makes me angry (.) every time I think about it I want to go to his place and beat him up

When Eva imagines what she will do if the violence continues, her imagined actions always involve physical confrontations. When she was an eyewitness to her stepfather pointing a gun to her mother's head, she says she wishes she could have turned the gun against him instead. During one group session, she states that she wishes someone would kill him. This must be related to the fact that Dan was Eva's stepfather for five years when she was a little girl, and that he is no longer a physical part of Eva, Elsa and her mother's life. However, Eva is constantly afraid of Dan, that he will be waiting for her outside her school or that she will meet him when shopping downtown. She sees him in other men she meets and, as she says, imagines him following her as she walks home. He no longer lives with Eva's family, but the

memories of him and the pain he has caused is most definitely part of Eva's everyday life.

How can we understand Eva's statement of wishing that her stepfather would be killed? We argue that Eva's and the other children's actions and statements must be seen in a relational perspective, and in a specific time and context. The age of the child and the dependent relationship of the child to his or her caregivers must be taken into account in relation to the child's actions during the violent event. Ornduff & Monahan (1999) find, in their interviews with younger children, that emotional-focused coping, and in particular emotional disengagement, is more common in young children than the problem-focused coping. For example trying to make oneself invisible or blocking out sight and sound might be the only possible action for a small child in a specific situation, or even the best way to avoid being hit oneself. The child is physically smaller and weaker than the abuser, and the abuse takes place in the home of the child, that is, a place that should be safe and comforting. The child is dependent on the adults involved, and might not have other adults (s)he trusts and can seek help from.⁸ The children's experiences and actions cannot be separated from the frame or situation, but must be understood in the context of the family and society as a whole. When the child says (s)he would like to kill his or her father, the child's relationship to both father and mother must be taken into account. A child might imagine the killing of the father in order to rescue the mother and him/herself as the only way out of years of violence and fear.

In an individual interview with Dina, the interviewer asks her what she believes is the worst thing that could happen in her life right now.

⁸ We know from previous research (cf. Christensen, 1988), that families with domestic violence are often isolated from others, including friends and family, since the father for example might not allow the mother to interact with others.

Excerpt 8.

Participants: Dina (D), Carolina Överlien (CÖ)

1	D	I guess it is that dad would hit mom (.) but I know that if he did that I would go between them
2	C	You would?
3	D	yes
4	C	Have you done that before?
5	D	No but I would do it now
6	C	And what would happen then?
7	D	(paus) I guess he would have to beat me up instead

Dina is constantly afraid of new episodes of violence. When asked what the worst thing that could happen would be, Dina answers “I guess it is that dad would hit mom”. When and if that happens however, Dina would not hide in her room, like she did when she was a little girl, but “go between them”, perhaps with the outcome that she would be hit instead of her mother. This scenario is what Dina imagines would happen if her father used violence again. In a study by Adamson & Thomson (1998), 40 children between the ages of 5 ½ and 12 who had witnessed domestic violence were presented by the researchers with taped scenarios and drawings of parents engaged in angry interactions. Problem-focused coping strategies were by far the most favored by all the children. However, Adamson & Thomson’s research shows the imagined strategy used, and does not include children telling about what they did in the actual episode. As shown by this study, the children’s actual actions and future imagined actions can be very different. There is a normative aspect of coping, where

emotional-focused coping might be seen as the less valued choice. The understanding that a problem-focused coping strategy is better and expected is apparent in the children's stories. None of the children say that they would use an emotion-focused coping strategy in the future, and if they could re-write the story, they say they would have chosen a problem-focused strategy.

Discussion

The first aim of this article was to investigate the children's actions/absence of actions during the ongoing violent episode. Our first conclusion is that none of the children's stories contain an absence of action. The children always *do* something as a response to the violence. Furthermore, the analysis of the children's tellings about their actions during the violent situation shows that the children's stories contain two aspects of these actions: what the child had actually did during the violent episode, and what s(he) wished s(he) had done and imagined him/herself doing in the future. The analysis also indicates that, as Allen et al. (2003) point out, the same child can use different strategies in different situations. The actions chosen can therefore be understood as situational rather than as having to do with the individual child's personality traits (cf. Allen et al., 2003). However, although the actions were different from each other, it is clear that the actions the children imagine themselves taking in the future are clearly more drastic, and, from their perspective, would result in an end to the violence. In the children's stories about ongoing violent episodes, the most common action was to distance themselves emotionally from the violence. Applying Lazarus & Folkman's coping theory, the children's actions may be designated as either emotional-focused or problem-focused, while their imagined future actions may be described as problem-focused coping strategies.

Below, we discuss our findings in the light of Lazarus & Folkman's concept of coping and try to answer the question: is the concept of coping a fruitful theoretical tool to use for children who experience DV? To some extent, the answer to this question is yes. Lazarus & Folkman's categories of emotional vs. problem-focused coping is, we believe, a possible fruitful theoretical tool for understanding the actions described by the children in our study. However, we have four major concerns about using this theory in research about children who experience DV. These concerns should be seen in the light of our theoretical framework, as discussed in the introductory section.

- *Derived from adult understanding.* Coping theory has been criticized, among other things, for being overly simplistic (c.f. Ayers et al. 1996). One problem with the theory in our specific research context is that it is derived from an adult understanding of coping. Most of what we know about coping is from research with adult informants, or from adults informing us about their children's coping. Thus, much of the coping literature cannot be directly applied to the group of children in focus in this study.

- *The concept of good/bad coping.* There is a normative aspect of coping, where emotional-focused coping might be seen as the less valued choice (which George Bonnano calls 'ugly coping'), and problem-focused coping can be seen as the valued or 'better' choice. We argue that this perspective is highly problematic in relation to this group of children and their children's coping. Previous research on children's coping has, with very few exceptions, not studied children exposed to DV. The only systematic study of children's immediate coping strategies, to our knowledge, found no correlation between lower psychological distress and 'active', problem-focused coping or high psychological distress and 'passive', emotional-focused coping (Allen et al. 2003). Also, using an 'active' coping strategy such as intervening between the

parents might be not only dangerous for a child who experiences domestic violence, but even life-threatening.

Consequently, talking about passive and active coping (Billings & Moos, 1981), successful and less successful coping, and effective and ineffective coping strategies might be fruitful in non-contextualized, experimental studies but not in relation to the children in this study. These children use whatever strategy in the particular situation and context they see as possible, and all their strategies involve active choices.

- *Universal theories.* As with many meta-theories, the universality of the coping theory is problematic. It may not be relevant to use a theory that has mainly been applied to children who have, for example, survived a natural disaster or a serious illness. The coping strategies of this group of children are often strengthened and supported by a non-traumatized parent. Children exposed to DV may not have anyone who can offer this support.

- *Absence of context and relational issues.* Another problem is that the ‘when’, ‘how’, and ‘who’, must be specified with regard to this group of children, while these aspects are not in focus in the literature on coping. The specific context of a father subjecting a mother to violence during the early years of a child’s life, when the child is completely dependent on his/her caregivers, are aspects that must be taken into account in any theoretical framework used.

Finally, we would like to suggest that children’s actions during violent episodes should be understood as more than their using coping strategies. Turning on loud music, hiding, calling the police and even being fearful can all be seen as ways for a child to say; “I won’t accept this”, “I don’t want this in my life”. We therefore argue that the children in this study oppose the violence, in the sense that their way of

responding never include accepting the violence. Contrary to the findings of Joseph et al. (2006), we never found that the children in our study normalized the abuse. The violence did not become a normal part of their lives, included in each passing day, expected and accepted. The father's violent acts against his family were never overshadowed by something else or forgotten. Each action the child engages in, whatever its form, always functions to oppose the violence.

The implications of this study are to urge researchers and practitioners in the field of children who experience domestic violence to include investigations focusing on children's own actions during the ongoing violent event, independent of the mother's actions and responses. Using the starting-point of children not only as victims but also as agents in their own lives opens up the possibility of seeing these actions as opposition, an issue that requires further investigation. Parallel to seeing the child as an agent, we also need to have a holistic view of the child as part of a specific context and relational frame. Researchers in this field must adopt a "neutral stance" regarding the effectiveness of the way the children respond to the violence and a more critical stance to coping theory. Our study also highlights the importance of qualitative research in this field where children are used as informants and their experiences as the starting point of the analysis. Only by listening to the children themselves can we more fully comprehend a child's life in the midst of violence.

Appendix 1. Transcription conventions

Symbol meaning:

(.) Short pause

(pause)	Longer pause
Bold	Stressed word
(())	Comment made by the researcher

References

Adamson, J.,L. & Thompson, R. (1998) 'Coping with Interparental Verbal Conflict by Children Exposed to Spouse Abuse and Children from Nonviolent Homes', *Journal of Family Violence* 13(3): 213-232.

Allen, N, Wolf, A.M., Bybee, D.I. & Sullivan, C.M. (2003) 'Diversity of children's Immediate Coping Responses to Witnessing Domestic Violence' in R. A. Geffner, R. Spurling Igelman & J. Zellner (eds.) *The Effects of Intimate Partner Violence on Children*, pp. 123-147. London: The Haworth Press, Inc.

Arias, I. & Pape, K.T. (1999) 'Psychological abuse: Implications for adjustment and commitment to leave violent partner', *Violence and Victims* 14: 55-67.

Ayers, T. & Sandler, I. N., West, S. G., & Roosa, M. W. (1996) 'A dispositional and situational assessment of children's coping: Testing alternative models of coping', *Journal of Personality* 64(4): 923-958.

Baldry, A. C. (2003) 'Bullying in schools and exposure to domestic violence', *Child Abuse & Neglect* 27(7), 713-732.

Billings, A. G., & Moos, R. H. (1981). 'The role of coping responses and social resources in attenuating the stress of life events', *Journal of Behavioral Medicine* 4, 139-157.

Bonanno, G. (2006) Conference presentation 'Toward a Taxonomy of Resilience-Promoting Factors'. The International Society for Traumatic Stress Studies, 22 annual meeting. 4-7 November 2006. Hollywood, CA., USA.

Bruner, J. (1990) *Acts of meaning*. Cambridge, Mass.: Harvard University Press.

Card, J. (2005). *Posttraumatic stress disorder in children exposed to domestic violence: Parental versus self-report*. Dissertation Abstracts International: Section B: The Sciences and Engineering, 66(3-B)

Christensen, E. (1988) *Opvækst eller overlevelse. Psykisk forsvar mot vold og strategier for overlevelse hos 4-6 årige barn i familjer med hustrumishandling* [Growing up or surviving. Psychological defence against violence and strategies for survival in 4-6 year old children in families with wifeabuse]. Köpenhamn: Sikon.

Dobson, C. (2007) The effects of domestic violence on the developing brain of the child. Lecture at The Nordic Conference on Violence at Treatment. Alternative to Violence. Oslo, Norway, 6 dec. 2007

Edleson, J. L. (1999) 'Children's Witnessing of Adult Domestic Violence', *Journal of Interpersonal Violence* 14(8): 839-870.

Folkman, S. & Lazarus, R. S. (1991) 'Coping and emotion' in A. Monat & R. S. Lazarus (eds.) *Stress and Coping*, pp. 207-227. New York: Columbia University Press.

Graham-Bermann, S. & Seng, J. (2005) 'Violence exposure and traumatic stress symptoms as additional predictors of health problems in high-risk children', *The Journal of Pediatrics* 146(3), 349-354.

Griffing, S., Lewis, C. S., Chu, M., Sage, R., Madry, L., Primm, B. (2006) 'Exposure to Interpersonal Violence As a Predictor of PTSD Symptoms in Domestic Violence Survivor', *Journal of Interpersonal Violence* 21(7), 936-954.

Hampel, P. (2005) Coping among children and adolescents with chronic illness. *Anxiety, Stress & Coping: An International Journal*. 18(2), 145-155.

Hester, M & Radford, L. (1996) *Domestic violence and child contact arrangements in England and Denmark*. Bristol: Policy Press.

Holden, G.A., Geffner, R. & Jouriles, E.N. (1998) *Children Exposed to Marital Violence. Theory, Research and Applied Issues*. Washington: American Psychological Association.

Hutchby, I (2005) 'Children's Talk and Social Competence', *Children & Society* 19: 66-73.

Hutchby, I. & Moran-Ellis, J. (1998) *Children and Social Competence: Arenas of Action*. London: Falmer Press.

Huzziff, C. A. & Ronan, K. R. (1999) 'Prediction of Children's Coping Following a Natural Disaster – the Mounth Ruapehu Eruptions: A prospective study', *The Australiasian Journal of Disaster and Trauma Studies* 3(1).

Hydén, M. (1994) *Women battering as marital act. The Construction of a Violent Marriage*. Oslo: Scandinavian University Press

Jaffe, P.G., Wolfe, D.A., & Wilson, S.K. (1990) *Children of Battered Women*. Newsbury Park: Sage.

James, A. & Prout, A. (1990) *Constructing and Reconstructing Childhood: Contemporary Issues in the Sociological Study of Childhood*. London: Falmer Press.

Jeney-Gammon, P., Daugherty, T.K., Finch Jr., A.J., Belter, R.W. & Foster, K.Y. (1993) Children's coping styles and reports of depressive symptoms following a natural disaster. *The Journal of Genetic Psychology*, 154(2), 259-267.

Johnson RM, Kotch J.B., Catellier, D.J., Winsor, J.R., Dufort, V., Hunter W., & Amaya-Jackson, L. (2002) 'Adverse behavioural and emotional outcomes from child abuse and witnessed violence', *Child Maltreatment* 7(3), 179-186.

Joseph, S., Govender, K., & Bhagwanjee, A., (2006) "'I can't see him hit her again, I just want to run away...hide and block my ears'": A Phenomenological Analysis of a Sample of Children's Coping Responses to Exposure to Domestic Violence', *Journal of Emotional Abuse* 6(4): 23-45.

Kerig, P. (2003) 'In search of protective processes for children exposed to interparental violence', *Journal of Emotional Abuse* 3(3/4): 148-181.

Kernic, M. A., Wolf, M. E., Holt, V. L., McKnight, B., Huebner, C. E., & Rivara, F.P. (2003). 'Behavioral problems among children whose mothers are abused by an intimate partner', *Child Abuse & Neglect* 27(11), 1231-1246.

Knapp, J.F. (1998) 'The impact of children witnessing violence' *Pediatric Clinic North America* 45(2), 355-364

Lazarus, R. & Folkman, S. (1984) *Stress, Appraisal and Coping*. New York: Springer Publishing Company.

Lee, L., Kotch, J. B., Cox, C. E. (2004) 'Child Maltreatment in Families Experiencing Domestic Violence', *Violence and Victims* 19(5), 573-591.

Levendosky, A. A. & Graham-Bermann S. A. (2000) 'Trauma and parenting in battered women: An addition to an ecological model of parenting' *Journal of Aggression, Maltreatment & Trauma* 3(1): 25-35.

McGee, C. (1997) 'Children's experiences of domestic violence', *Child and Family Social Work* 2: 13-23.

McGee, C. (2000) *Childhood experiences of domestic violence*. London: Jessica Kingsley Publisher.

Monat, A. & Lazarus, R. S. (1991) *Stress and coping : an anthology*, New York : Columbia University Press.

Mullender, A., Hague, G., Imam, U., Kelly, L., Malos, E. and Regan, L. (2002) *Children's perspectives on domestic violence*. London: Sage.

Mullender, A. & Morley, R. (2001) *Children living with domestic violence. Putting men's abuse of women on the child care agenda*. London: Whiting & Birch Ltd.

Munoz, C.E. (2004) Ethnicity and pain coping behaviour trends among children with acute lymphocytic leukaemia. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 64(8-B), 4053

Oachs, E. (1979) 'Transcription as Theory' in E. Oachs and B. Schieffelin (eds.) *Developmental Pragmatics*. New York: Academic Press.

Oachs, E. & Capps, L. (2001) *Creating lives in everyday stories*. Cambridge, Mass.: Harvard University Press.

Ornduff, S. R. & Monahan, K. (1999) 'Children's Understanding of Parental Violence', *Child & Youth Care Forum* 28(5): 351-364.

Riessman, C. K. (1990) *Divorce talk: women and men make sense of personal relationships*. New Brunswick, NJ.: Rutgers University Press.

Rossmann, B.B. (1998). 'Descartes's error and posttraumatic stress disorder: Cognition and emotion in children who are exposed to parental violence', in G.W. Holden, R. Geffner, & E.N. Jouriles (eds.) *Children exposed to marital violence* (p. 223-256). Washington, DC: American Psychological Association.

Sandler, I.N., Wolchik, S.A., MacKinnon, D., Ayers, T.S., & Roosa, M.W. (1997) 'Developing Linkages between Theory and Intervention in Stress and Coping Processes' in S. A. Wolchik & I. N. Sandler (eds.) *Handbook of Children's Coping. Linking Theory and Intervention*. London: Plenum Press.

Solberg, A. (2004) Hvordan forholder barna seg til vold i hjemmet? [How does children relate to violence in the home?], *Norges barnevern* 3, 3-9.

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

Överlien, C. & Hydén, M. (2007), 'Att tvingas lyssna - hur barn bevittnar pappas våld mot mamma' [Being forced to listen – how children witness dad's violence against mom], *Barn* 1(25), 9-25.