

## “The lie is that it’s not going to get better”: Narratives of resilience from childhood exposure to Intimate Partner Violence

Angelique Jenney<sup>1</sup>, Ramona Alaggia<sup>2</sup>, and Mark Niepage<sup>3</sup>

---

1 Director, Family Violence Services, Child Development Institute, Assistant Professor (Status Appointment), Factor-Inwentash Faculty of Social Work, University of Toronto, Wood’s Homes Chair in Children’s Mental Health, University of Calgary

2 Associate Professor, Factor-Inwentash Faculty of Social Work, University of Toronto

3 MSW Candidate, Factor-Inwentash Faculty of Social Work, University of Toronto

### Abstract:

**Objectives:** The welfare of children exposed to intimate partner violence (IPV) has been identified as an area needing further investigation to improve our knowledge base and services. This study sought to interpret experiences of adults who were exposed as children to IPV to explore factors of resilience identified; knowledge which may be used to inform practice.

**Methods:** Using a Grounded Theory (GT) approach, 12 participants were interviewed about their experiences of being exposed to IPV in childhood. Interview questions elicited perceptions of how these experiences affected participant’s: childhood/adolescence; family/peer relationships; parenting attitudes; and community contexts. Interviews were digitally recorded, transcribed verbatim, and analyzed thematically by three independent coders, who documented their decision-making processes.

**Results:** Analysis identified five distinct themes which identify resilience as residing within individual, familial, contextual and environmental factors from a social ecological perspective: (1) escapism; (2) insight and self-efficacy; (3) perseverance and hope; (4) desire not to repeat the cycle of abuse; and (5) positive caregiving, social support and community. Specific areas to foster resilience with vulnerable children include: increasing self-efficacy; connecting to positive adults; increasing community/social support;

labeling/validating feelings about violence and educating about healthy relationships.

**Conclusion and Implications:** This study contributes to a knowledge base of resilience factors and processes that may characterize the trajectory of children exposed to IPV, and may also help inform resilience focused programming. Adult narratives of resilience lend support to social ecological conceptual models for how resilience can be fostered and how the inter-generational transmission of violence may be interrupted.

### **Acknowledgement:**

The authors would like to thank the Social Sciences and Humanities Research Council of Canada in their generous support of this study. Most importantly we wish to extend our appreciation to the participants who shared their very personal stories for this study.

### **Conflict of Interest:**

The authors declare no conflicts of interest.

### **Keywords:**

child exposure to intimate partner violence, resilience, domestic violence, children's mental health, social ecological perspective, grounded theory method.

---

## **Introduction**

For well over a decade a great deal of concern has been expressed over the welfare of children who are exposed to parental violence. With lifetime prevalence rates of 1 in 3 women worldwide experiencing domestic violence (World Health Organization, 2014), and estimates of half a million children exposed to IPV every year in Canada (Johnson & Dauvergne, 2001), these concerns are not unwarranted. In Canada and jurisdictions across North America this concern has translated into national policies aimed to protect children from IPV exposure, as well as the creation of services for children to address potential harmful impacts (Alaggia, Jenney, Mazzuca, & Redmond, 2007; Jaffe, Crooks, & Wolfe, 2003). Children exposed to IPV (CE-IPV) are at increased risk for depression, anxiety, attachment issues, externalizing behaviors, lower social competence, academic challenges, post-traumatic stress symptoms, and difficulties in regulating emotions compared to their non-exposed peers (Carpenter & Stacks, 2009; Holt, Buckley, & Whelan, 2008; Kimball, 2016).

However, some research also indicates that a considerable number of children do not exhibit these negative effects and do well over the long-term into adulthood (Gewirtz & Edleson, 2007; Graham-Bermann, Gruber, Howell, & Girz, 2009; Kitzmann, Gaylord, & Kenny, 2003). In a recent review by Laing, Humphreys and Cavanagh (2013) the authors found that 26%-50% of children exposed to domestic violence did not differ from those who were not exposed. Yet generally speaking, resilience has had little research focus. From the

few studies that are available, good maternal mental health, positive parenting skills, maternal attunement, and lower levels of maternal trauma have been correlated with higher levels of resilience in CE-IPV (Bogat, DeJonghe, Levendosky, Davidson, & Eye, 2006; Graham-Bermann et al., 2009; Howell, Graham-Bermann, Czyz, & Lilly, 2010; Laing et al., 2013). Indeed this is a complex issue because of the mental health effects IPV has on women such as trauma, depression and substance abuse. Additionally, while it is generally believed that the availability of a nurturing environment is a key component to good outcomes, with IPV the very nature of the adversity compromises such an environment in moments of distress for exposed children. Therefore, we were particularly interested in how children in these environments navigated this additional challenge.

A further area of impact is the long-term consequences of being exposed to IPV that relate to inter-generational transmission of violence. It has been posited that there is a risk for CE-IPV that through social learning, victim and perpetrating behaviours might be playing out in later adult relationships (Stith et al., 2000). These theories, with corresponding research, have influenced child welfare policies, which have evolved to give professionals the authority to intervene with families where IPV is detected, with the aim of interrupting violence transmission and other harmful impacts. Often child welfare involvement results in making referrals for therapeutic intervention aimed at potentially breaking the cycle of violence (Alaggia, Gadalla, Shlonsky, Jenney, & Daciuk, 2015). Our study aimed to discover whether or not adults reflected on how their experiences may have impacted on past or current relational patterns.

Some research has found that boys are at greater risk for developing externalizing behaviours, including aggression manifesting in their adult romantic relationships (Franklin, Menaker, & Kercher, 2012; Gonzales, Chronister, Linville, & Knoble, 2012). Exposure to traditional masculine socialization and violent male gender roles have been shown to play a part in less resilience with IPV exposed males, and higher adult perpetration by men; moreover, men who resisted traditional male gender roles exhibited greater resilience following exposure to IPV (Franklin et al., 2012). In the only longitudinal study of its kind, a 20 year follow-up study by Ehrensaft and Cohen (2012) found that IPV exposure in childhood tripled the odds of perpetrating violence against an intimate partner later in life. However, beyond a handful of these studies, theories of inter-generational violence transmission have not been well tested, and bear further examination especially in relation to resilience.

While there has been some focus on understanding the mediating and moderating influences on exposed children's responses (Fortin, Doucet, & Damant, 2011; Franklin et al., 2012; Kassis, Artz, Scambor, Scambor, & Moldenhauer, 2013; Tajima, Herrenkohl, Moylan, & Derr, 2010), much of this research has investigated intra- and inter-personal characteristics. Little research has probed for social ecological factors in violence exposure, especially for sources of resilience (Anderson & Bang, 2012; Boxer & Sloan-Power, 2013; Ungar, 2013; Ungar, Ghazinour, & Richter, 2013) which is critical in determining areas of influence to consider in terms of intervention. A conceptual framework for understanding children's exposure to violence nested within a social ecological approach is necessary to understand resilience to its fullest (Boxer & Sloan-Power, 2013). This may be best done using qualitative

inquiry as a means of discovering important contextual influences, processes and pathways to resilience; yet only a handful of current studies exist to explore these (Gonzales et al., 2012; O'Brien, Cohen, Pooley, & Taylor, 2013; Suzuki, Geffner, & Bucky, 2008).

Researchers and practitioners have suggested that a major shift is needed to improve the quality of research for IPV exposed children, in order to better inform programs and future policies (Kimball, 2016; Overlien, 2010; Rizo, Macy, Ermentrout, & Johns, 2011). One review of the literature notes “a disappointing level of attention to such a serious problem” (Rizo et al., 2011, p. 163). While there are a number of sound quantitative studies identifying resilience factors in IPV exposed children, few qualitative investigations are available on important resilience processes that also take into account the full ecology of the child. Recommendations for future research include taking a developmental life course perspective; exploring contextual, environmental and developmental factors that increase child vulnerabilities; identifying resilience factors in children and families and; collecting data directly from those who have been exposed to IPV; (Anderson & Bang, 2012; Kimball, 2016; Overlien, 2010; Ungar et al., 2013). Continued research in this area is particularly important since the numbers of children receiving services for IPV exposure have grown significantly due to greatly improved detection practices as well as development of intervention programs targeting this issue (Jenney & Alaggia, 2012). These notations on the current state of research and subsequent recommendations have laid the groundwork for designing a grounded theory study to answer the research objectives outlined below.

## Objectives

Given the lack of exploration into contextual variables to promote resilience in CE-IPV populations, we sought to understand how adults view their experiences of being children who were raised in households where violence occurred between their parents – as defined by physical, emotional, psychological, financial abuse and coercive control. In this exploratory study, retrospective data were collected from a sample of adult survivors exposed to IPV as children. The following research questions framed the study goals:

1. What resilience factors and processes are identified by adults who were exposed as children to IPV?
2. What factors, identified by adult survivors of IPV exposure, appear to contribute to the disruption of the cycle of violence?
3. How might these data contribute to a knowledge base that may inform the development of programs and interventions?

Through identifying factors that promote or disrupt the development of resilience, ultimately the study aimed to assist helping professionals to better identify and respond to children and youth growing up in these families and improve the services that respond to them.

## Method

A constructivist grounded theory (GT) method was chosen because of the over-arching

goal to build knowledge in the area of resilience in children exposed to IPV as well as the value this method places on subjective experience and participant expertise (Charmaz, 2006). After conducting a pilot phase to pre-test the interview guide and to explore theoretical sensitivity (Charmaz, 2006), modifications were made to the questions probed. Initially, participants were asked questions about their experiences; how these affected their childhood and adolescence; family and peer relationships; adult relationships, satisfaction with life; and how they coped throughout. In addition, we asked adult participants what they thought children who were currently experiencing IPV in their lives would need in order to get through this adversity. Of note, questions such as “What got you through the difficulties...?” “What about resources outside of the family/within community?” were added shortly after the first few interviews indicated these additional areas of inquiry to begin to take us beyond the more common focus of individual level factors, to those reflecting a social ecological perspective.

After receiving institutional ethics approvals, participants were sought equally from both clinical and community populations as a method of theoretical sampling to consider the potential for similar pathways for resilience across populations, and to allow for more nuanced understandings of contextual factors. Advertisements were posted in children’s mental health agencies serving families, and non-offending fathers were specifically recruited from another research project as a means of engaging male participants as a critical component of inquiry. The community sample came from recruitment on a university campus. Due to the sensitive nature of the questions, researchers checked in with participants throughout the interview process and all participants were offered supportive resources as needed. Interviews were conducted and analyzed concurrently during the data collection process, with theoretical saturation, “defined as data adequacy” through the repetition of patterns occurring after 12 interviews (Morse, 1995, p. 147).

**Data Analysis:** The interviews were digitally recorded with the participants’ consent and written permission and transcribed verbatim. Transcripts were, cleaned of identifiers, and read thoroughly to develop an initial coding framework and imported into a data management software program, N\*Vivo, for coding and categorizing towards theme development. Three researchers independently conducted initial and focusing coding as recommended for grounded theory (Charmaz, 2006). Themes were identified, put forward for discussion, and refined through an iterative process that included presenting the findings in two separate forums to service providers and resilience researchers.

**Sample Characteristics:** The participants were evenly represented across gender (6 females/6 males) as well as clinical/non-clinical populations, with a mean age of 32.5 (range 18 – 47). Half of the participants self-identified as non-white. Although participants had a higher education level overall, they presented with lower income, likely due to the number of students in the sample. Over half were currently in university and the others represented varied employment experiences: salesperson, artist, contractor, and social worker. In terms of relationship status, seven were single, three married, and two divorced. Seven of the participants identified as being parents. Two self-identified as having formerly been perpetrators of IPV, and three self-identified as being victims of IPV at some point in their

lives. When discussing their respective experiences of child exposure to IPV, the majority identified their father or their mother's male partner(s) as perpetrators, with two identifying their mothers as the perpetrator, and one described the violence as mutually perpetrated by both parents.

## Results

Data analysis identified five distinct themes related to a framework for resilience that emerged from the participants' narratives and were consistent with our study objectives in identifying what resilience factors and processes are identified by participants as contributing to the disruption of the cycle of violence. These themes were: escapism; insight and self-efficacy; perseverance and hope; and, desire not to repeat the cycle of abuse. In addition, an overarching theme of 'positive caregiving, social support and community' spoke to specific contextual socio-ecological factors that may inform the development of programs and interventions. These themes are elucidated below:

### *Escapism*

A distinct theme of 'escape' emerged, reflecting an awareness that participants needed to find a way to take themselves out of distressing environments, either physically to external resources, such as this participant reflecting on public school experiences: *...when I went to school and if I saw my friends there I would pretend it was okay and then I was in this space where I could escape for a little while . . . I did treat school like an escape (1); or another identifying the ability to create their own space: When I was older I would just go to my friend's house, and stay there until, you know. (11)*

Some participants reflected on the capacity to create 'inner sanctuaries' to escape the reality of the environment they were currently living in: *I was an A student, I was always reading, writing, ... It was actually my escape (4); I was a bookworm, so for me a lot of it was escapism...trying to find an alternative from the reality I lived in (6); I had a world inside of me (3);*

And in many instances, participants identified using both external and internal methods of escape. There seemed to be an active attempt to find safer spaces in which to allow themselves to grow and develop and a consistent message for others who might be going through a similar experience: *I would say that if you can try hard on one thing, try hard to escape, and find life from there. (8)*

### *Insight and Self-Efficacy*

Narratives that reflected an ability to make sense of what was happening for participants that allowed them to act in ways that were protective, were coded as 'insight and self-efficacy'. Many participants described using other families as a benchmark for figuring out what is normal and what is not. They also talked about learning to anticipate and find the patterns of IPV in order to figure out how to make it better or to simply 'fly under the radar' (2). Participants indicated strategies in order to placate or avoid abuse, "you change your behavior based on what's happening" (7). In some situations, it was a realization that they were not

actually in control of what was happening at home: *I was the rescuer...I tried for a really long time, and then I just gave up...* But that there was still hope in letting go of changing ones family and focusing on how they might survive the experience themselves, *“the lie is that it’s not going to get better”* (3). Part of this self-efficacy was awareness that they could choose not to participate in the dysfunctional family dynamics and actively find meaning in those experiences in terms of self-acceptance:

*When I learned that’s what was happening to me I didn’t feel like an outsider. I felt like there was a reason why. I always felt different than my family...I wasn’t of that same cloth shall we say.* (5)

These experiences were directly related to participants reflecting on their own sense of perseverance and hope for a different future for themselves.

### **Perseverance and Hope**

Participant statements that reflected a belief in something better, a reason to hope or believe in the possibility of change, were coded as ‘perseverance and hope’. For example, one participant stated, *“I just never gave up”* (3), while another reflected on inner strengths, *“I have a lot of faith in myself and my abilities, and you know, the sort of ability to make friends and that kind of thing”* (12), and one participant even noted that something that was seen as a negative trait by her family, was in fact something that she saw as a very positive factor:

*This is a quality that my parents saw in me ...they knew that I would do what was best for myself, I would put myself first before my family and they labeled that as selfish.... I’m not going to sacrifice my happiness to keep the peace in this family.* (6)

Once again, there was a message in the advice participants had for the next generation of children, messages of perseverance and hope, such as this participant who advised, *“you are not defined by your past”* (6), or another one who wanted to get across that there were different realities and futures ahead:

*There is a light at the end of the tunnel...they will grow up, they will, they can be successful, they can have good marriages... and don’t be so sure that everything is rosy at someone else’s house. You don’t know that”* (15). However, these narratives also revealed a cautionary note from some participants with increased vulnerabilities that should be taken into account. Their discourse indicated that as children, they were not always able to influence their environment, such as one participant who reflected, *“I never knew how to act”* (3), suggesting that efforts to placate or avoid abuse were unsuccessful; an important reminder that resilience is a dynamic concept influenced by both internal and external factors to the child. There were participants whose narratives indicated aspects of their early environments which made the above referenced strategies much less available to them, such as the presence of complex interpersonal trauma (e.g. sexual abuse), lack of supportive caregivers, a chaotic and unpredictable living environment, and a persistent sense of not belonging: *I don’t think I had really good interpersonal skills. I don’t think I ever developed them.* (15)

In addition, strategies for survival, such as avoidance or forgetting behaviours, did not always lend themselves to successfully processing their exposure to enable optimal future

relationships:

*There are a lot of things that I just chose to forget so I actually did forget but that's one of the things that I still cling onto because some things you just can't forget but so I guess at first I was like okay if I just forget everything, if I just try really hard to just sleep or something I'll just let go of my memories and be a happier person but I realize that that's pretty immature because it's just not going to help me in any way to become a better person. (8)*

Perhaps as a result of the particular individuals who volunteered to participate in the study, there were multiple references to the importance of getting outside help in order to navigate negative family experiences:

*I think it's important for families to know that they should get help when they need it and that it's not a shameful thing...I think that probably the families that need it most don't get the help that they need and unfortunately and it's nothing shameful about getting help, seeing somebody to talk about things. It's not a shameful thing at all. (15)*

### ***Desire Not to Repeat the Cycle of Abuse***

This theme reflects strategies that emerged from participants who evaded IPV later in life that included: conscious awareness, empathy, and intention. Two male participants stated the following as to how they understood their intentional choice to behave in non-abusive/non-violent ways in their intimate relationships, which included empathy for victims and the insight to recognize abusive behaviour:

*It just seems to be an instinctual feeling of this is not a right way to handle a situation. It could be empathy for the person on the receiving end of abuse that things were terrible. (2)*

*Like, I usually see my dad's problems as his and not really impacting me in anyway except for how I interact with him. That's how I see it . . . that point of realizing that my dad is a violent guy. (7)*

Female participants described a conscious awareness of seeking safer partners, not accepting that their parent's way was the only way to be in a relationship and intention to do something different.

*In terms of my boyfriend I basically picked someone who is the complete opposite of my father. So he's very reliable, dependable. (6)*

*I was just self-motivated to look into things that my parents told me and I was very surprised to find they weren't necessarily true all the time. (8)*

It's important to note that themes do overlap as evidenced in these last few quotes that demonstrate a certain level of insight and self-efficacy to act in ways different than what they were exposed to.

### ***Positive Caregiving, Social Support and Community***

In keeping with current understandings of protective factors, social support was a

key factor in participant reflections of what helped participants navigate less than optimal environments. Participants spoke about various kinds of caregiving and social support, from parents or others in their extended families and communities. For example, one participant referred to a community of adult females that she could access:

*All these women, they were these kind women, and they were just kind of in the community...they helped me – they validated me, they made me feel worthy again... they treated me like I was their daughter. (3)*

Another participant found the strengths within her own family, “and the good thing about my family is that I had a large extended family and I had my grandmother and two other aunts (4). While another identified a parent’s new partner as a support:

*I only consider [name of stepmother] recently to be like a stepmother. Like a mother type role. When I was a kid I didn’t like, until recently right, say it and different things she’s done to me that are almost like a mother would, right? And she would protect me. (13)*

Many participants mentioned the importance of teachers as role models as well as spiritual support systems:

*I was the kid, luckily, who got sent to Sunday school...because I think all of that learning, and having that outlet to go to, because I was always in girl guides. I have positive role models and stuff too. Somebody I looked more towards, and people who I wanted to be like. ... And I guess I’m a resilient person too...you have to find the positive in something, you can’t let life get you down and stomp on you. (5)*

And the importance of having that social support was talked about by one participant who lacked supports growing up, but accessed some later in the form of a therapist to process what she had been through:

*“Because in (country) there’s a whole stigma of seeing therapists and getting help and that’s really bad ... so I had no extra help. I couldn’t talk to my parents. I was not allowed to hang out with my friends. So no friends, no parents, no texting, no boyfriends, no teachers ... it ended up destroying my life until I came here so I had to fix that all. (8)*

## Discussion

This exploratory study, using the voices of 12 participants exposed to IPV as children and youth, necessitates the need to think about resilience from a social-ecological approach, which situates the development of resilience as a process and opportunity, not something children have or do not have. Five themes emerged, some of which are supported by previous investigations identifying similar areas of resilience revolving around individual, intra-personal factors (strengths, temperament, meaning-making); familial, inter-personal factors (attachment figures/available alternative caregivers); and environmental/social factors (social supports and competencies, communities)(Antcliff, Mildon, Baldwin, Michaux, & Nay, 2014; Boxer & Sloan-Power, 2013; Grych, Hamby, & Banyard, 2015).

Boxer & Sloan-Power (2013) propose a four-dimensional framework for understanding children's exposure to violence that is nested within a social ecological approach representing: context (the social setting), content (nature of the act itself), channel (the mode of exposure) and chronicity (frequency of exposure) (p.211). The current study findings complement this framework by providing research data to support aspects of their framework. For example, participant narratives identified attempts to understand and manage their experiences of violence that were very much related to the type of violence and their recollected exposure to it, from finding ways to escape the chronicity to ways of determining what was 'normal' and what was not, within a family setting.

As well Grych, Hamby and Banyard's (2015) concept of the "Resilience Portfolio Model" which proposes three areas for consideration when identifying pathways to resiliency: "regulatory, interpersonal, and meaning-making strengths" (p.343) is supported by the current study data, such as participants who discussed ways in which they coped internally and externally with their emotional lives; their reliance on relationships to both guide and support them; and narratives in which they understood, or gave meaning to these experiences was helpful.

In keeping with Prilleltensky, Nelson and Peirson's (2001) premise that "opportunities to experience power and control in one's life contribute to health and wellness," (p.143) our data indicate that the ability to find productive ways of escaping negative situations, and creating pro-social narratives that developed out of insight and self-efficacy, were factors allowing them as children to more adequately comprehend their situations in order to successfully navigate them.

These study data also offer important new avenues for considering inter-generational transmission of violence and how some participants avoided repeating perpetration or victimization in their adult relationships through the use of conscious awareness, empathy, and intention; aspects to consider in future interventions with young people exposed to violence. In addition, many participants described learning that there were families who were much different than their own and used these experiences to inform their approaches to current as well as future relationships – something that may also speak to the importance of environments and future service approaches.

### *Limitations*

This was a qualitative study designed to elicit perspectives of adults on their experiences of exposure to IPV as children and how they felt they did (or did not) cope with it at times. The retrospective nature of this design can imply that there may have been recall issues. We did not use any psychometric measures to determine actual levels of adversity or measures of healthy functioning. There were times when despite a participant's perception that they were resilient, there remained many indicators of past and current struggles that suggests the concept of well-being remains subjective in many cases, and it is important to clarify the difference between survival and the ability to thrive after adversity. Grych, Hamby & Banyard (2015) have pointed out the need to conceptualize resilience as not just the absence of suffering, but also the presence of health and well-being. They also point out the importance of considering that protective factors are not always just the absence of a risk

factor.

We can expect that an adult's ability to make sense of a past event is not the same as the child's ability to make sense of that same event in that particular moment. In addition, these reported experiences are now being viewed from a lens that involves an overlay of additional experiences with relationships in adult life that likely inform reflections of the past.

## **Conclusion and Implications**

In conducting this study we have contributed to a knowledge base that has been lacking in understanding resilience factors and processes in children exposed to IPV over the life course. Albeit retrospective studies bring with them recall issues they, however, provide important information from the perspective of those with lived-experience. By analyzing narratives of adults who were exposed as children, these data lend support to existing conceptual models for how resilience is developed and fostered in such environments; as well as ways in which inter-generational transmission of violence is interrupted. The importance of such interruption requires early prevention efforts with young people before patterns of IPV become established. Strengthening social supports and communities, and increasing resources may also provide avenues of escape for youth that may offer additional positive models of interacting in relationships. In this case, the reflections of adults about their childhood, has provided an invaluable avenue to approach current interventions with children and youth today.

### *Implications for Practice*

There are interesting implications for practice that evolve from this work, in that resilience in children exposed to IPV can be fostered by service providers in multiple ways. For vulnerable children who enter services, it would be useful to include within assessment protocols the identification of protective factors that existed previously in order for practitioners to maintain or help reclaim them in therapeutic work. As well, these data point to specific areas practitioners can promote with vulnerable children to foster resilience, such as: facilitating esteem building activities through talents and skills to increase self-efficacy; making connections to supportive adults to increase social support; labeling and validating feelings about the violence; educating about healthy non-violent relationships to develop insight; and promoting resources in communities for access to child and youth activities so that avenues for healthy outlets may be developed. By the time child protection services identify and intervene in cases of IPV exposure, only a reactive stance is possible. Pro-active measures should also be considered to include prevention programs that promote healthy non-violent relationships.

### *Directions for Future Research*

There are important areas arising from this data set that invite further inquiry. First, we need to think about memory, not just issues with retrospection and how participants might choose to remember an event, but also the reality of possible trauma and how that impacts on the development of memory. Many participants, when asked specifically about upsetting times in their lives demonstrated difficulty remembering, were not able to recall specifics, and experienced confusion when recounting events. Second, we would like to ask

more specifically about siblings in future research to consider additional perspectives of how potential individual differences can impact children within the same family. Third, it might be a valuable exercise to look at developmental levels as there appeared to be a trend in children's awareness of what was happening relationally in their families around the age of 10 years; rather there may be a point at which children are developmentally more aware of multiple perspectives relationally, which might also inform targeted interventions in the future. Finally, despite our current findings, further research needs to continue to investigate environmental/contextual impacts and barriers/facilitators to resilience.

Our knowledge about the impact of exposure to domestic violence over the past few decades has provided this opportunity to consider the application of concepts of resilience to innovations in our understanding and development of the most effective means of intervention with these children today. Using the voices of adult survivors of childhood exposure to intimate partner violence has offered up a unique opportunity to refine the level of knowledge and awareness not previously available and begin to apply it to current practice.

## References

- Alaggia, R., Gadalla, T. M., Shlonsky, A., Jenney, A., & Daciuk, J. (2015). Does differential response make a difference: examining domestic violence cases in child protection services. *Child and Family Social Work, 20*, 83-95.
- Alaggia, R., Jenney, A., Mazzuca, J., & Redmond, M. (2007). In Whose Best Interest? A Canadian Case Study of the Impact of Child Welfare Policies in Cases of Domestic Violence. *Brief Treatment and Crisis Intervention, 7*(4), 275-290.
- Anderson, K. M., & Bang, E.-J. (2012). Assessing PTSD and resilience for females who during childhood were exposed to domestic violence. *Child and Family Social Work, 17*, 55-65.
- Antcliff, G., Mildon, R., Baldwin, L., Michaux, A., & Nay, C. (2014). Adopting a Resilience Practice Framework: a case study in what to select and how to implement. *Evidence & Policy, 10*(4), 527-540.
- Bogat, G. A., DeJonghe, E., Levendosky, A. A., Davidson, W. S., & Eye, A. v. (2006). Trauma symptoms among infants exposed to intimate partner violence. *Child Abuse & Neglect, 30*, 109-125.
- Boxer, P., & Sloan-Power, E. (2013). Coping with Violence: A Comprehensive Framework and Implications for Understanding Resilience. *Trauma, Violence and Abuse, 14*(3), 209-221.
- Carpenter, G. L., & Stacks, A. M. (2009). Developmental effects of exposure to Intimate Partner Violence in early childhood: A review of the literature. *Children and Youth Services Review, 31*, 831-839.
- Charmaz, K. (2006). *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*. London: Sage Publications.
- Ehrensaft, M. K., & Cohen, P. (2012). Contribution of Family Violence to the Intergenerational Transmission of Externalizing Behavior. *Prevention Science, 13*, 370-383.
- Fortin, A., Doucet, M., & Damant, D. (2011). Children's Appraisals as Mediators of the Relationship Between Domestic Violence and Child Adjustment. *Violence and Victims, 26*(3), 377-392.
- Franklin, C. A., Menaker, T. A., & Kercher, G. A. (2012). Risk and Resiliency Factors That Mediate the Effect of Family-of-Origin Violence on Adult Intimate Partner Victimization and Perpetration. *Victims and Offenders, 7*(2), 121-142.
- Gewirtz, A. H., & Edleson, J. L. (2007). Young Children's Exposure to Intimate Partner Violence: Towards a Developmental Risk and Resilience Framework for Research and Intervention. *Journal of Family Violence, 22*, 151-163.
- Gonzales, G., Chronister, K. M., Linville, D., & Knoble, N. B. (2012). Experiencing Parental Violence: A Qualitative Examination of Adult Men's Resilience. *Psychology of Violence, 2*(1), 90-103.
- Graham-Bermann, S. A., Gruber, G., Howell, K. H., & Girz, L. (2009). Factors discriminating among profiles of resilience and psychopathology in children exposed to intimate partner violence (IPV). *Child Abuse & Neglect, 33*, 648-660.

- Grych, J., Hamby, S., & Banyard, V. (2015). The Resilience Portfolio Model: Understanding Healthy Adaptation in Victims of Violence. *Psychology of Violence, 5*(4), 343-354.
- Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect, 32*, 797-810.
- Howell, K. H., Graham-Bermann, S. A., Czyz, E., & Lilly, M. (2010). Assessing Resilience in Preschool Children Exposed to Intimate Partner Violence. *Violence and Victims, 25*(2), 150-164.
- Jaffe, P. G., Crooks, C. V., & Wolfe, D. A. (2003). Legal and Policy response to children exposed to domestic violence: the need to evaluate intended and unintended consequences. *Clinical Child and Family Psychology Review, 6*, 205-213.
- Jenney, A., & Alaggia, R. (2012). Children's exposure to domestic violence: Integrating policy, research, and practice to address children's mental health. In R. Alaggia & C. Vine (Eds.), *Cruel but not unusual: Violence in Canadian Families* (2nd ed., pp. 303-336). Waterloo, ON: Wilfrid Laurier University Press.
- Johnson, H., & Dauvergne, M. (2001). Children witnessing family violence. *Juristat: Canadian Centre for Justice Statistics, 21*(6), 1-13.
- Kassis, W., Artz, S., Scambor, C., Scambor, E., & Moldenhauer, S. (2013). Finding the way out: A non-dichotomous understanding of the violence and depression resilience of adolescents who are exposed to family violence. *Child Abuse & Neglect, 37*, 181-199.
- Kimball, E. (2016). Edleson Revisited: Reviewing Children's Witnessing of Domestic Violence 15 Years Later. *Journal of Family Violence, 31*, 625-637.
- Kitzmann, K. M., Gaylord, A. R., & Kenny, E. D. (2003). Child Witnesses to Domestic Violence: A Meta-Analytic Review. *Journal of Consulting and Clinical Psychology, 71*(2), 339-352.
- Laing, L., Humphreys, C., & Cavanagh, K. (2013). *Social Work & Domestic Violence: developing critical & reflective practice*. London: Sage Publications.
- Morse, J. M. (1995). The Significance of Saturation. *Qualitative Health Research, 5*(2), 147-149.
- O'Brien, K. L., Cohen, L., Pooley, J. A., & Taylor, M. F. (2013). Lifting the Domestic Violence Cloak of Silence: Resilient Australian Women's Reflected Memories of their Childhood Experiences of Witnessing Domestic Violence. *Journal of Family Violence, 28*, 95-108.
- Overlien, C. (2010). Children Exposed to Domestic Violence: Conclusions from the Literature and Challenges Ahead. *Journal of Social Work, 10*(1), 80-97.
- Prlleltensky, I., Nelson, G., & Peirson, L. (2001). The Role of Power and Control in Children's Lives: An Ecological Analysis of Pathways toward Wellness, Resilience and Problems. *Journal of Community & Applied Social Psychology, 11*, 143-158.
- Rizo, C. F., Macy, R. J., Ermentrout, D. M., & Johns, N. B. (2011). A review of family interventions for intimate partner violence with a child focus or child component. *Aggression and Violent Behaviour, 16*, 144-166.
- Stith, S. M., Rosen, K. H., Middleton, K. A., Busch, A. L., Lundeberg, K., & Carlton, R. P. (2000). The Intergenerational Transmission of Spouse Abuse: A Meta-Analysis. *Journal of Marriage and Family, 62*(3), 640-654.
- Suzuki, S. L., Geffner, R., & Bucky, S. F. (2008). The experiences of adults exposed to intimate partner violence as children: An exploratory qualitative study of resilience and protective factors. *Journal of Emotional Abuse, 8*(1/2), 103-121.
- Tajima, E. A., Herrenkohl, T. I., Moylan, C. A., & Derr, A. S. (2010). Moderating the Effects of Childhood Exposure to Intimate Partner Violence: The Roles of Parenting Characteristics and Adolescent Peer Support. *Journal of Research on Adolescence, 21*(2), 376-394.
- Ungar, M. (2013). Resilience, Trauma, Context, and Culture. *Trauma, Violence and Abuse, 14*(3), 255-266.
- Ungar, M., Ghazinour, M., & Richter, J. (2013). Annual Research Review: What is resilience within the social ecology of human development? *Journal of Child Psychology and Psychiatry, 54*(4), 348-366.
- World Health Organization. (2014). *Intimate partner and sexual violence against women: Fact sheet*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs239/en/>