The Experiences of Dyads Who Have Jointly Been Exposed to Domestic Abuse: Narratives of Growth, Connection and Resistance

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Submitted to the University of Hertfordshire in partial fulfilment of the requirements of the degree of Doctor of Clinical Psychology

June 2024

Word Count: 29,810

Acknowledgements

First and foremost, thank you to the amazing people who chose to participate in this research. Thank you for so openly sharing your stories and your wisdom with me in the hope of making a better world. It's a cherished gift.

Thank you, Dr Barbara Rishworth, for your coaching, your endless patience with me and your tireless efforts to help me negotiate and disprove my own narrative of being a terrible researcher.

Thank you, Dr Jen Heath and Dr Lizette Nolte, for your time and expertise offered all the times I asked, "Hey, have you got a minute? I've got a few questions about my research".

Thank you, Dr Jo Hadfield and Dr Catherine Farr, for being amazing supervisors, mentors and all-around good people. Thank you for fighting my corner, for showing up, and for helping me feel seen and heard.

Thank you to all my friends and family for being alongside me in this undertaking. In particular, thank you to my study buddies Sandro and Evie.

Thank you to my mother for understanding why I wanted to undertake this research and for your support throughout.

Finally, thank you, Esther, for joining me on this chaotic journey for the past 14 years. It would be easier to list ways in which you haven't supported me. Above all, thank you for your love.

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Abstract

Background:

The psychological impact of Domestic violence and/or abuse (DVA) can continue long after the abuse. There is limited research on psychological interventions for people who have experienced DVA historically. This research explores intergenerational dyads meaning making of the DVA and how they navigated its impact.

Methods:

This research utilised narrative inquiry to explore the stories of dyads who experienced DVA, focussing on how narratives have changed over time and the impact of the dyad's relationship. A novel design was used in interviewing dyads together and then separately to aid in understanding the impact of the relationship.

Results:

Three collective stories were identified: (1) “The relationship with DVA”, (2) “Understanding and Connection”, and (3) " Right support at the right time”. Within these collective stories were four sub-stories: (1) “Acts of resistance”, (2) “Mother and daughter”, (3) “Failure of services” and (4) "Embodied lives”. These stories were heavily braided together and spoke to individuals’ resistance particularly through their relationships with each other.

Conclusion:

Findings suggest dyads who experience DVA are knowledgeable in how abuse impacts them and how they can navigate these impacts which services may value. This

research provides a direction for future research by suggesting the exploration of more heterogeneous groups.

Keywords: Domestic Abuse, Domestic Violence, Clinical Psychology, Social Care, Narrative Inquiry, Dyad, Resistance, Meaning Making

1. Introduction

1.1 Overview

The majority of research, and by extension, resources and interventions, focus on recognising abuse and supporting people out of abusive situations. This is important; however, it means there has been a comparative lack of research on tailoring interventions to support individuals following abuse. Furthermore, what little research there is focuses on individualised psychological interventions. Though people might find great value in individualised interventions, domestic violence and/or abuse (DVA) is somewhat unique because it is a fundamentally relational form of harm perpetrated in an environment and relationship in which people should feel safe. The impact of this is often observed intergenerationally from caregiver to child. Therefore, to better understand the relational impact of DVA, this thesis will explore the stories of dyads who have jointly been exposed to DVA as children and caregivers using narrative inquiry.

Within this introduction, I will start by defining my epistemological position and my positionality. I will proceed to define the key language that will be used throughout the report. I will then briefly explore historic and current context of DVA. Next, I will discuss the prevalence and impact of DVA. This will be followed by an overview of the impact of DVA and how psychological approaches understand the impact. Finally, I will provide a review of the literature.

1.2 Epistemology

The American philosopher Robert Audi summarises epistemology as “How we know what we know, what justifies us in believing what we believe, and what standards of evidence we should use in seeking truths about the world and human experience” (Audi, 2010). Epistemology is definitional to how individuals engage with the world and is particularly pertinent to how research is conducted and the claims that can be made from research.

This research is undertaken and written from a social constructionist perspective. Social constructionism posits that there is no singular objective reality and that reality is co-created and contextualised in an individual’s engagement with the social world around them and the world's engagement with them (Burr, 2015). Therefore, what is ‘known’ is subject to the culture, histories of a location, the language used to describe it and power dynamics present in that culture. This approach promotes a critical lens of the assumptions of society and what is judged ‘normal’. An example adjacent to this research would be that marital rape was not classed as illegal in the UK until 1991, when it is now viewed as a sexual offence. As such, what was viewed as ‘normal’ and acceptable within a cultural context at one time is now viewed as unacceptable and criminal.

Furthermore, social constructionism is a valued addition to clinical psychology as it permits the positioning of distress to change across contexts. It permits clinical psychology to forgo internalised, diagnostic positivist models of distress. Instead, it embraces an approach that recognises problems as being located between people, within relationships, or in wider societal discourses. In this instance, it allows Clinical Psychologists to avoid pathologising individuals' contextually appropriate responses to DVA and place culpability

with the individual perpetrating abuse and society as a whole. Furthermore, social constructionism is of great value to research and psychological therapies, which involve multiple individuals who have experienced the same event. Social constructionism permits a recognition that individuals can be exposed to the same or similar experience and have vastly different perceptions and narratives taken from that experience.

1.3 Reflection and Reflexivity

1.3.1 Reflection within the text

With the multiplicity of 'truth' offered by a social constructionist lens, I recognise that I am presenting a version of 'truth' within this research. I also recognise the inherent subjectivity in every aspect of this research. Therefore, from this point forward, I will be offering reflections throughout the text. This will be denoted by the use of italics and writing exclusively from a first-person perspective. In doing this, I aspire to provide greater clarity as to the rationale of my choices. It is also intended as an invitation to the reader to consider their positionality.

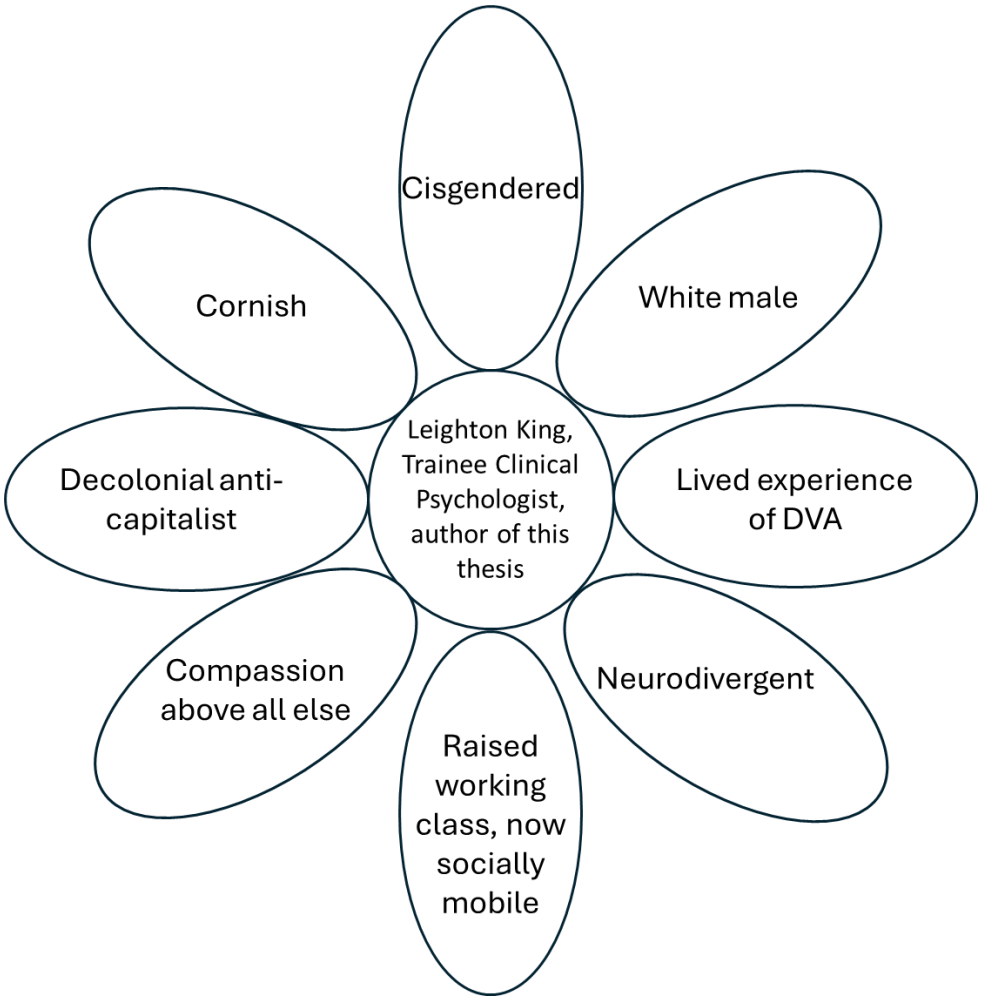
1.3.2 Positionality

The Coordinated Management of Meaning is a communication theory that is often applied within psychotherapeutic settings (Pearce, 1976). It consists of different models used to understand how people coordinate communication to find meaning in what is said. The theory also concerns itself with language and varying layers of context informed by the socio-political system individuals exist within. One of the models is the Daisy Model (Fisher-Yoshida et al., 2012). It can be used in several ways, but in this instance, the central circle of the 'daisy' represents what will be immediately visible, and the 'petals' serve to highlight the

broader contexts. This was utilised to better consider who and what may have been centred in my decisions, permitting a greater understanding of my positionality and aiding in reflexivity. An example of this would be considering which narratives to privilege out of the many that emerged and why I was drawn to certain narratives.

Figure 1

Positional Daisy model:



1.3.3 The researcher's relationship to the topic

I have a lengthy and non-linear relationship with DVA. My first interactions with the language of domestic abuse came early in my career in mental health services. I heard many

stories of people who had had DVA perpetrated against them. I recall shock at the severity of harm and prevalence of this experience. The abuse of power and repetition of abuse across generations mobilised me to try and do something about this. I then worked in services supporting people experiencing DVA and, with the support of compassionate and wise supervisors, recognised that the DVA described by the people I was supporting matched my own experiences as a child and young adult. Upon further reflection, I observed the intergenerational pattern of abuse in my own family. Four generations of men in my paternal family enacted DVA to their family, a chain of violence. In hindsight, perhaps my surprise at the prevalence of abuse reflected my privileges, meaning I was not exposed to these stories. However, perhaps it was also my early experiences of being exposed to violence, having normalised violence in my expectations of how a family functions. These experiences have informed my choices to pursue this research and the way I have done so with a focus on dyadic relationships and intergenerational trauma.

As I explored literature on the impact of DVA and supporting individuals who had experienced DVA, I observed some of the guidance felt reductionist, or the methodology was not always easily replicable in public healthcare settings. Furthermore, there was often an absence of lived experience expertise, and at times, it was also directly contrary to my experiences. I also observed many of the families I worked with felt betrayed and failed by services responses to their disclosures of abuse, or felt services had not met their needs. This, alongside the lack of guidance, felt like a form of systemic harm, one I was consenting to by being within that system; this was a painful experience. Subsequently, I wanted to begin to find a way to work that was more morally congruent for me.

I sought to utilise my position of privilege alongside my insider research position to begin to understand what individuals who experience DVA would find helpful from a psychotherapeutic perspective. To engage in research that helps platform the experiences and understanding of those who have lived experience of DVA was a decision informed by my epistemology and views on pedagogy (Freire, 1978), hence choosing a method that enabled this.

I hold reflexivity in high regard. It permits transparency, allowing both you and I the opportunity to critique my choices. It allows expertise and ignorance to co-exist as well as the recognition both are subjective and informed by how my identity relates to the cultural context around me and how this, in turn, influences the choices I have made and not made. This informs every facet of the research, and I will attempt to present it to you throughout.

Writing this, I found myself restricted by fear of your judgment. Yet, as I write these words, I remember that my want not to share my experiences is a replication of the shame and fear I experienced as I was abused. I recall the support of those who have helped me. I remember it is my responsibility to aid those impacted by abuse as my privileges shield me from some ridicule. I am reminded I am an intersectional being. Finally, I recall the words, 'If you have come here to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together (Watson, 1985)[1]*. I believe all forms of oppression are fundamentally linked and benefit from maintaining the status quo. By extension, I must be connected and intersectional in resistance* (Mojab & Carpenter, 2019;

[1] These words were delivered by Lilla Watson at the United Nations Decade for Women Conference but Lilla credited the words to an Aboriginal Rights group in Queensland she had been a part of.

Velez, 2019; Winch, 2015). *I write this passage as an invitation to the reader, knowing you, too, have been oppressed. Let us work together and aspire to liberate each other.*

1.4 Language:

As the research is utilising a social constructionist epistemology, I recognise the importance of language. I align with Michel Foucault's views that discourse is socially created, and, in turn, discourse determines the reality in which they engage. Subsequently, those with power influence discourse and, by extension, dictate reality (Foucault, 1977). As Martin Haberman wrote 'Language is not an innocent reflection of how we think. The terms we use control our perceptions, shape our understanding.' (Haberman, 2000,p. 203). Therefore, the language used in this research will be explored.

1.4.1 Language of Abuse

A range of terminology, and its implications, were explored prior to writing this research. The researcher has opted to utilise the language of domestic violence and/or abuse and offers the following definition within the context of this research:

'Domestic violence and/or abuse is an action or inaction that actually or potentially harms another individual from within that family, home or close community. This can be a singular event or many events. The perpetrator of the violence and/or abuse may also no longer be within the same domestic setting when perpetrating harm.

The violence and abuse will commonly be within the domains of physical, emotional, psychological, sexual, financial, digital, cultural or spiritual abuse but may be beyond them. The experience of being domestically abused is not restricted to any particular gender,

sexuality, age or any other ways individuals can be similar or different in their identity. However, most commonly, it is perpetrated by men.'

This is the definition I will be using for this research. I have opted for the language of DVA for several reasons. Firstly, the term domestic relates to home or family, which the researcher believes to be more inclusive and accurate than the language of intimate-partner or intrafamilial. Abuse is perpetrated by more than family members, such as houses of multiple occupancy or co-habiting 'found family' that is not legally recognised as family such as within the Lesbian, Gay, Bi-Sexual, Transgender, Queer, Intersex, Asexual, Two-Spirit (LGBTQIA2S+) community (Bourne et al., 2023; Workman et al., 2022)

The researcher initially preferred the use of the language of domestic abuse as it is more recognising of the many domains of abuse when utilised in societal consciousness (NSPCC, 2023). However, the researcher moved to a position of utilising DVA within the write-up of this research. The rationale for this is there is a comprehensive argument offered that the omission of the term 'violence' minimises and underplays the life-ending potential implications of violence, particularly Violence Against Women and Girls (VAWG) (Aldridge, 2020; Romito, 2008). The researcher, especially as a mental health professional, does not wish to under empathise the life-limiting and potentially life-ending impact of non-physically violent forms of abuse. At the same time, thickening discourse around lives lost due to DVA is of the utmost importance.

1.4.2 Language of Perpetration

Regarding the act of being violent or abusive, the research will utilise the language of an 'individual who perpetrates' as opposed to 'perpetrator' where possible. The researcher recognises that individuals who perpetrate DVA inflict serious harm to those they perpetrate

against and have a choice in their actions. Individuals who perpetrate also have multi-storied lives (Clandinin, 2006; Denborough, 2014) and are impacted by the same operations of power as any other individual, including potentially experiencing harm themselves. The researcher constructs this from a 'both and' perspective in that individuals who perpetrate DVA are culpable for the harm they perpetrate and, at the same time, larger sociopolitical systems influence the operation of power across many levels of context (Cronen et al., 1979). The literature is rich in examples of public services failing in their duties of care and protection as well as being outright harmful and discriminatory to certain groups (Butterworth et al., 2017; Cummins, 2018; Erfani-Ghettani, 2018).

1.4.3 Language of Survivor-Victim

The final use of language I wish to clarify is the usage of the words survivor and victim regarding individuals who have had DVA perpetrated against them. The language positions individuals differently with 'victim' potentially inferring a lack of agency and 'survivor' not capturing the many individuals who do not survive domestic abuse (Hoff, 2016; Jacques, 2021; Little, 2023). The language of survivor-victims will be used to hold greater complexity and nuance of these experiences. This also recognises the fluidity of identity and that an individual's relationship to either survivorship or victimhood may change based on many factors.

1.5 The Historic Context

Table 1

A brief history of DVA in the UK

Time	Major developments
- Pre-1550s	DVA has been referenced in literature for millennia (Llewellyn-Jones, 2020; Nicole, 2022) but whether it is intrinsic to human culture throughout history is unclear (Butovskaya, 2013).
- 1550-1750	In the UK, DVA against women and children is actively encouraged by structural patriarchy under both church and state (Amussen, 1994).
- 1750-1948	**19th Century:** A time of political upheaval and social change, including the women's suffrage movement and the emergence of first-wave feminism (Purvis, 2018) This would lead to substantial political reforms in the coming century. **1857:** Matrimonial Causes Act allowed women to seek divorce or annulment. (Matrimonial Causes Act, 1857) **1865:** The Criminal Procedure Act seeks to limit legally permissible violence against women and children (Criminal Procedure Act, 1865). **1928:** The Equal Franchise Act grants women equitable voting rights (Equal Franchise Act, 1928).
- 1948-1965	**1948:** Following the culmination of two world wars the United Nations adopted the Universal Declaration of Human Rights (United Nations, 1948). This is perhaps the most fundamental principle by which to challenge DVA today. **1956:** Sexual Offences Act includes the first legal definition of rape (Sexual Offences Act, 1956).
- 1965-1970	**1967:** Abortion Act legalises abortion due to rape (Abortion Act, 1967).
- 1970-1975	**1974:** Formation of Women's Aid Federation of England, now often known as 'Women's Aid', is one of the first and

	certainly the longest-lasting charities devoted to supporting women who experience DVA. They continue to be the largest DVA charity for women in the UK providing a range of services (Womens Aid, 1974).
- 1975-1980	**1976:** Domestic Violence and Matrimonial Proceedings Act provides new civil rights for those at risk of DVA (Domestic Violence and Matrimonial Proceedings Act, 1976). **1977:** Housing (Homeless Persons) Act provides access to state-funded temporary accommodation for individuals fleeing DVA (Housing (Homeless Persons) Act, 1977). **1978:** Establishment of the first parliamentary select committee on violence in marriage (UK Parliament, 1978). **1979:** Formation of the Southall Black Sisters. They immediately started making headlines through their campaigning in response to the virginity testing of Asian women and the UK government's immigration policies. The nature of the testing and the laws meant it often trapped women in abusive marriages or meant they were deported with no other options available. They continue to lobby to this day (Southall Black Sisters, 1979).
- 1980-1985	**1980's:** Substantial media coverage of major DVA cases led to public outcry over the treatment of individuals who have been raped both by the police and in court (Lees, 1999; Wilson, 2017). **1985:** Prohibition of Female Circumcision Act criminalises female genital mutilation (Prohibition of Female Circumcision Act, 1985).
- 1985-1990	**1989:** First formal research on black women's experiences of DVA in the UK (Mama, 1989).
- 1990-1995	**1990's:** Introduction of Independent Domestic Violence Advocates (IDVA) to support survivor-victims of DVA, liaise across agencies and provide training (A. Robinson, 2017).
- 1995-2000	**1996:** Family Law Act introduces non-molestation orders. These orders are

	central to protecting people separating from abusive partners to this day (Family Law Act, 1996). **1997:** Protection from Harassment Act continues the work of the Family Law Act and introduces legislation to manage stalking behaviours (Protection from Harassment Act, 1997).
- 2000-2005	**2000:** Immigration Appellate Authority acknowledges DVA issues in asylum cases and allows women to seek asylum who are fleeing abuse (Immigration Appellate Authority, 2000).
- 2005-2015	**2005-2015:** Over this decade and the next, support for survivor-victims of DVA continues to improve, increased recognition of what constitutes DVA is introduced, and greater restrictions are placed upon perpetrators. This is done through several minor and major changes to laws and through the emergence of several charities (Centre for Women's Justice, 2016). 2008: Charities lobby for recognition of DVA in LGBTQIA2S+ community (Equation, 2008).
- 2015-2020	**2015-2020:** Continued efforts to support DVA survivor-victims and recognise DVA in diverse and intersectional communities (Galop, 2024).

1.6 Recent Context

This section is a brief map of the recent context with a focus on events relevant to DVA since the introduction of the 2021 Domestic Abuse Act in the UK. The introduction of the act not only changed the legal landscape of DVA in the UK but also led to a range of scoping reviews and conversations around services meeting the needs of those impacted by DVA.

In the UK 2021 brought about a substantial update to statutory guidance on DVA in the form of the Domestic Abuse Act 2021 (Domestic Abuse Act, 2021). The legislation

brought in a range of substantial changes. There was a substantial redefinition of several terms. The definition of ‘domestic abuse’ was broadened substantially to recognise many forms of abuse, including coercive control. The definition of ‘personally connected’ was also broadened to include a broader range of romantic and familial relationships, including children being recognised as victims.

The most recent statistics published by the Office of National Statistics report that 2.1 million people experienced DVA between 2022 and 2023 (Office of National Statistics, 2023). It is estimated that men in the UK kill 1 woman every 3 days (Femicide Census, 2021). Reliable data on global trends of DVA is difficult to come by. In a 2018 report, the United Nations (UN) estimated around 1 in 3 women globally have experienced DVA (United Nations, 2018). In a later report, the UN estimated that 47,000 women and girls were killed in 2020 by an intimate partner or another family member, equating to a woman or girl being murdered every 11 minutes by a family member. These figures indicate the immense scale of DVA worldwide and its lethal impact.

In the UK, 2021 commenced with a series of further Covid-19 restrictions, including national lockdowns. It is well documented that DVA cases increased and abuse intensified during the lockdowns in the UK with limited options for support and escape. (Herbinger & Leonhardmair, 2022; Ivandic et al., 2020; Usta et al., 2021). A report by the Office of National Statistics reported a 6% increase in reported incidents of domestic abuse from 2020 to 2021, with it making up 18% of all offences reported to police that year (Office for National Statistics, 2021).

Austerity has been a core principle of UK governments for the past 14 years. The subsequent impact of continued austerity has been vast losses in the public sector in service

size, staffing and specialism (Bach, 2016; Peters, 2012; Stuckler et al., 2017). This has particularly been the case for specialist DVA services (Donovan & Durey, 2018; Sanders-McDonagh et al., 2016). Furthermore, the cuts in public services have also impacted disadvantaged and marginalised individuals the most (Pitombeira & Oliveira, 2020; Ridge, 2013; Shaw, 2019). These are individuals who are most vulnerable to DVA (Candelas de la Ossa, 2019; Fahmy & Williamson, 2018).

The period between 2021 and 2024 noted several so-called 'celebrities' being charged with or having allegations being made about them regarding DVA or other forms of abuse. The list is extensive but the largest media fanfare, concerning DVA, was regarding the ongoing defamation legal battle between actors Johnny Depp and Amber Heard that involved mutual allegations of DVA (Harper et al., 2023). The media coverage of the case alongside the reaction to it on social media brought DVA and discussion on power, gender and victimhood sharply into the focus of societal discourse (Hiatt, 2023; Reidy et al., 2023; S. Robinson & Hiltz, 2023). In particular, discourse on gender violence, victim blaming and coercive control featured heavily in discussions around the case (Moro et al., 2023).

Misogyny is one of the largest contributors to VAWG (Duggan & Mason-Bish, 2021; Owen et al., 2017; Wistrich, 2022). Though DVA is not exclusively perpetrated against women, it does disproportionally impact women due to patriarchal societal structures which disadvantage women whilst advantaging those, particularly men, who adhere to harmful misogyny (Bettman, 2009; Cuomo, 2020; Moder, 2019). This is clear on social media, where certain 'influencers' preach misogyny and have gained great acclaim for doing so (Simões & Silveirinha, 2022). A moment that particularly highlighted this was the kidnapping, rape and murder of Sarah Evrard in the UK (Ng et al., 2024). Though Sarah Evrard was not the first

woman or last woman to lose her life to a man, her murder was a resonant moment for many and served to highlight the lethal costs that misogyny can have. The conversation was also impactful as Sarah Evrard's murderer was a police officer which continued conversations around the abuse of police power and systemic discrimination in public services.

1.7 Perpetration and Victimhood

DVA is sometimes framed as an exclusively gendered harm, from those identifying as male against individuals identifying as female (Kaura & Lohman, 2007; Steinmetz, 1980; Westmarland & Burrell, 2023). Given the scale of VAWG this is understandable as DVA is predominantly perpetrated by individuals identifying as male, with many thousands of individuals who identify as women losing their lives worldwide every year because of it (United Nations, 2018). However, to exclusively frame DVA as a crime perpetrated by men towards women is fundamentally reductionist and dismissive of the experiences of many individuals.

The gendered narrative invites a gender binary and focus on heteronormativity which the researcher rejects as transphobic and homophobic. Trans individuals can also be involved in the perpetration of DVA or be its recipient (Donovan & Barnes, 2020; Rogers, 2019) as can other members of the LGBTQIA2S+ community (Barrett, 2015; Hine et al., 2022; Seelau et al., 2003). However, they are far more likely to be Survivor-Victims due to the discrimination experienced by these individuals (Morgenroth et al., 2024). Secondly, reducing violence to an exclusively gendered nature limits the recognition of individuals intersectional identities[2] (Crenshaw, 2017). For instance, the oppressive nature of misogyny

[2] Intersectionality, as defined by civil rights advocate Kimberlé Crenshaw (Crenshaw, 2017), refers to the overlapping socially contextualised characteristics and how the combination and interaction of these

as experienced by a white woman, though adjacent, is fundamentally different to the oppressive nature of misogyny combined with racism as experienced by a black woman[3] (hooks, 2000; Kendall, 2020). Finally, framing DVA as a purely gendered action risks omitting the impact of neoliberalism and colonialism[4]. Under sustained neoliberalism, inequality in society flourishes as state welfare collapses (Bulhan, 2004; Navarro, 2007). Colonialism refers to the violent settlement, violent dispossession and violent political domination of a land and its people (Césaire, 2004; Fanon et al., 2002; Gilmore, 2022). Neoliberalism and colonialism are fundamentally intertwined (Dei, 2019; Strakosch, 2015; Venn, 2009). The psychological impact of colonial violence and racism can often be experienced intergenerationally (Cerdeña et al., 2021; Dashorst et al., 2019; Mew et al., 2022). Such impact can leave communities and individuals vulnerable to DVA due to the manifestation of intergenerational trauma and ongoing state violence (Guarnieri & Rainer, 2021; Holmes et al., 2015; Verlena, 2015). The structures of neoliberalism limit progressive policymaking and, subsequently, service provision that would support those most vulnerable to and most impacted by DVA (Ishkanian, 2014; Porter, 2020). The inequalities and violence generated by colonialism are maintained and proliferated by neoliberal structures promote inequalities and limit resources (Chew, 2022; Weissman, 2015).

I will be constructing perpetration as harm perpetrated by someone in a position of greater privilege and power, in that moment, against someone with less privilege and power, at that moment. Individuals' relationship to power and privilege is dictated by how they are

characteristics influences how that individual is viewed by and subsequently experiences socio-political systems.

[3] This is often termed misogynoir (Bailey, 2018).

[4] Neoliberalism is an extremist ideology whereby the capitalist mode of production is encouraged and enabled to its most extreme sense (Carrier, 2016; Ganti, 2014).

perceived based on their geographical location, place in time and who they are in a relationship with as all these domains impact the context of power and privilege (Fanon, 2016; Foucault, 2019; Harvey, 2019). Fundamentally a power disparity is necessary to enact abuse meaning no one gender, or any other characteristic, indicates perpetration or victimhood whilst also recognising why DVA is predominantly perpetrated by men.

1.8 Overview of the theoretical and empirical literature

The researcher's positionality, epistemology and choices of language have been established. Furthermore, DVA has been contextualised for the reader by establishing its general history and its occurrence in the present day. This provides transparency and a broad frame of reference for the reader. The researcher will now offer a more specific overview. This will explore theoretical and empirical literature regarding DVA, how Clinical Psychology might understand its impacts and how Clinical Psychology might mitigate those impacts. An evaluation and critique of the literature will also be provided.

1.8.1 Impact of DVA

The potential impacts of DVA are varied and highly specific to each instance. However, there is a range of literature outlining the potential impacts of DVA which will be briefly explored here. There are various potential physical health impacts. There is an increased chance of traumatic brain injury due to blows to the head (Cimino et al., 2019; Costello & Greenwald, 2022). An increased risk of reproductive health issues from physical or sexual assault (Amel Barez et al., 2022; Sarkar, 2008). An increased risk of death via murder but also conditions with high risk of mortality associated with chronic stress such as heart disease (Chandan et al., 2019, 2020; Liem & Koenraadt, 2018). Psychological impacts

include increased risk of poor mental health in general but particularly high likelihood of PTSD, anxiety, depression, poor self-esteem, disrupted attachment and increased risk of suicide (Herman, 2015; Humphreys & Thiara, 2003; Munro & Aitken, 2020). Social impacts can include ongoing financial issues, housing issues and social stigma (Conner, 2013; Galántai et al., 2019; Murvartian et al., 2023). In summary DVA has many potential impacts with life altering or life ending consequences.

1.8.2 How do we understand the impact of DVA as Clinical Psychologists?

The impact of DVA is conceptualised through a range of psychological theories, each of which offers different perspectives and, subsequently, different advantages and disadvantages. This section will provide a brief overview of some important and commonly used understandings in the eclectic fields of Clinical Psychology and psychotherapy. Furthermore, theories can be used in an integrative fashion, drawing from multiple coherent approaches (Roland, 2009; Wood & Tarrier, 2010).

1.8.3 Psychologically Informed Ideas Utilised in Aiding Those Impacted by DVA

Attachment theory has been a valued addition to Clinical Psychology, offering a structure as to how early relationships can influence later relationships. Early attachment theory focussed on parental, particularly maternal, interactions with children and how this influenced their function throughout life. (Ainsworth, 1978; Ainsworth & Bowlby, 1991; Bowlby, 1979). Disruption of this relationship early on was theorised to lead to 'impairments' in cognition, self-identity development, emotional regulation and social skills. Critique has emerged of its efficacy for collectivist cultures and its portrayal of how fixed attachment style may be (Fraley & Shaver, 2008; Lee, 2003). Other models of attachment have been suggested, perhaps the most prominent contemporary model is the Dynamic-

Maturation Model of Attachment (DMM) (Crittenden, 2006). The DMM addresses many of the shortcomings of early attachment theory but has only been introduced to clinical practice recently, and as a model that understands attachment across lifespan, it is difficult to comment on its applicability yet.

Intergenerational trauma highlights that trauma can be transferred through generations of a family whether that is judged to be through epigenetics or relational interactions (Isobel et al., 2021; Lev–Wiesel, 2007; Menzies, 2008). Literature indicates that the impact of DVA can be lasting and transfer intergenerationally. This can include intergenerational cycles of abuse whereby as each generation becomes a parent their experiences of abuse contribute to them then enacting abuse (Hoffart & Jones, 2018; Lünnemann et al., 2019; Rees & Evans, 2021).

Adverse Childhood Experience's (ACE's) comes from a large-scale study conducted in California (Felitti et al., 1998). Primary care practitioners observed a trend between poor physical health in adulthood and psychologically harmful experiences in childhood and adolescence. They also observed increased poor social and psychological outcomes. The ACE's that were explored were experiences of physical, emotional and sexual child abuse as well as witnessing domestic abuse, substance misuse, poor mental health, acrimonious parental separation and parental incarceration (Anda et al., 2006; Boullier & Blair, 2018). The idea of ACE's has attracted a rich evidence base with several systematic reviews (Hardt & Rutter, 2004; Hughes et al., 2017; Kalmakis & Chandler, 2015). However, it has also more recently garnered critique for its utilisation (Kelly-Irving & Delpierre, 2019; Macvarish & Lee, 2019). In particular, it has been observed that ACE's are used in a predictive fashion with excessive certainty diminishing the agency of individuals and parents to negotiate and resist

the impact of these experiences. The use of ACEs has also potentially not considered the different experiences within different cultures and communities. Finally, ACEs have in some cases been used to infer the individual fault of parents when they were intended to be used to highlight societal failings and ensure equity for those who are most disadvantaged.

Attachment theory, ACE's and intergenerational trauma have been valued contributions to health and social care. Particularly within the context of Children's Social Care (CSC), they are key ideas frequently used in practice and often cited in court reports (Webb & Gray, 2012). Though fundamentally an agency which is trying to ensure the well-being of children and families, and acting in a role of public protection, CSC has received some criticism (Ainsworth & Hansen, 2012). The judgement of whether to remove children from a potentially harmful environment, such as when they are being exposed to domestic abuse, is challenging as due to attachment theory it is understood the removal of a child from a familiar environment with 'caregivers' has a profound negative impact. This is often balanced by consideration of ACE's and intergenerational trauma and searching for examples of 'dysfunctional' attachment which are used as justification to remove a child (Crittenden, 2011; Kwako et al., 2010; Spieker & Crittenden, 2018). There are clear examples where the removal of a child has been a necessary step to safeguard children (Forrester, 2017). However, the ethics of this are complex, such as, who gets to judge what is 'good parenting' and what is 'harmful' (Bornstein, 1991; Chen et al., 2019). Psychological theory is misused and presented as fact with far greater claims of validity and predictability than it in fact has (Krieg, 2023; Thyer, 2008). Aspects of systemic and personal discrimination might influence choices to remove children, with racism present in social care systems (Bartholet, 2011; Berkman et al., 2022; Rodenborg, 2004). Furthermore, severe and systemic abuse of children who have been taken into care has occurred (Biehal, 2014; Euser et al., 2013; Hobbs

et al., 1999). The researcher reflects on the tension between safeguarding children, respecting family life and parenting approaches. They also wonder what opportunities might be limiting opportunities for relational healing, emotionally corrective experiences and catharsis.

1.8.4 Cognitive-Behavioural Therapies

The British Association for Behavioural & Cognitive Psychotherapies (BABCP) offers the following definition of Cognitive Behavioural Therapy/ies (CBT) "Cognitive Behavioural Therapy or CBT, is a family of talking therapies, all based on the idea that thoughts, feelings, what we do, and how our bodies feel, are all connected. If we change one of these, we can alter all the others. CBT works to help us notice and change problematic thinking styles or behaviour patterns so we can feel better" (BABCP, 2021). The collective CBT are adjacent approaches with a shared epistemology but differing methods. As such, under the umbrella of CBT, the impact of DVA could be seen as 'maladaptive' thoughts linked to 'maladaptive' behaviours could be constructed as trauma (Jenkins et al., 2018). Within CBT trauma and Post-Traumatic Stress Disorder (PTSD) are often conceptualises using cognitive theory and neuropsychology, particularly the nature of memory encoding, storage and retrieval (Brewin, 2001). Within this model memories relating to traumatic experiences of DVA are encoded differently due to the high intensity of emotions at the time. This subsequently leads to the memories transitioning between different memory systems in a different and often intrusive manner (Brewin, 2007; Ehlers & Clark, 2000). This is then used to explain how individuals experience a range of physiological and psychological 'symptoms' caused by the intrusion of intense traumatic memories which then leads to 'maladaptive' thoughts and 'maladaptive' behavioural coping strategies. The focus of CBT then becomes helping individuals feel safe,

changing the ‘maladaptive’ behaviours by introducing a range of potential coping strategies before then reprocessing memories (Brewin, 2014; Ehlers et al., 2005).

1.8.4.1 Evidence and Critique of CBT. There is a lengthy evidence base demonstrating the efficacy of different CBT in addressing trauma (Bean et al., 2017; Cusack et al., 2016; Winders et al., 2020) and further evidence for CBT trauma interventions for DVA (Arroyo et al., 2017; Trabold et al., 2020; Warshaw et al., 2013). However, there are a range of critiques levelled at CBT. Firstly, CBT was developed with little commentary on the sociopolitical context. There have been many substantial efforts to make CBT more culturally adaptable (Hinton et al., 2012; Hinton & Patel, 2017). However, the core paradigm remains the same which has far-reaching implications in that it firstly locates a problem within the individual. By extension, the individual is at fault and requires intervention which implies culpability for the survivor-victim not the perpetrator or society (Dalal, 2018). Some CBT approaches can be seen to pathologise proportionate human experiences such as grief (Ratnayake, 2022). Depending on the approach to CBT the impact of DVA may be constructed in a diverse range of ways. It may be constructed as maladaptive coping, it might be constructed as an overly activated threat system, it may be constructed as a limited ability to remain focussed on the present moment or several other ways (Beck, 1979; Gilbert, 2009; Harris, 2006). Within the context of the UK, CBT can be practised in a diminished format that has been adapted to meet goals that may not be in keeping with the individual's needs. This is a criticism often levelled at Improving Access to Psychological Therapies services (Binnie, 2015; Clarke, 2020; Williams, 2015). Finally, CBT is often based on a positivist epistemology and there is a substantial evidence base highlighting how Western positivism only produces ideas applicable to that population but is portrayed as a universal ‘truth’(Henrich et al., 2010). This is particularly concerning in the context of Clinical Psychology which involves working with a

diverse group of individuals (Fernando, 2010; Patel & Hanif, 2022). It should be noted that there are now many types of therapies under the umbrella term of Cognitive Behavioural Therapies. Some being distinct enough to not share the criticisms. This is particularly the case for what are termed '3rd wave' Cognitive Behavioural Therapies that incorporate several additional ideas into the approach. Furthermore, many clinicians practice CBT in an integrative or adapted fashion (Cayoun, 2011; Ho et al., 2021). Many individuals also find great benefit in CBT which does evidence it's value (Dryden & Branch, 2011).

1.8.5 Cognitive Neuroscience Informed Approaches

Cognitive Neuroscience combines psychological theory with neurology (Glozman, 2020). Cognitive Neuroscience, though not a therapy, is used to inform several therapeutic paradigms. Cognitive Neuroscience has informed some of the CBT ideas of trauma treatment and as such draws on similar ideas around trauma and memory as outlined previously. It often constructs the impact of DVA as trauma (Serpeloni et al., 2023; Tarquinio et al., 2012). The most utilised trauma treatments in the UK alongside trauma-focused CBT are Narrative Exposure Therapy (NET) and Eye Movement Desensitization and Reprocessing (EMDR) (Murphy et al., 2013). In brief, EMDR is a heavily manualised approach that utilizes external cues to aid in the reprocessing of traumatic memories (Shapiro, 2001, 2002). NET is also a heavily manualised approach which attempts to aid the processing of traumatic memories by contextualising them within a timeline of someone's life (Elbert et al., 2022; Schauer et al., 2011).

1.8.5.1 Evidence and Critique of Cognitive Neuroscience. EMDR has a mixed evidence base for its efficacy in the treatment of trauma but generally, it is viewed to be effective (Davidson & Parker, 2001; Seidler & Wagner, 2006; Stickgold, 2002). NET also has a

mixed evidence base but is also considered to largely be effective (Lely et al., 2019; Robjant & Fazel, 2010). Because of their adjacent principles, Cognitive Neuroscience informed approaches experience many of the same critiques as CBT (Rubin, 2004; Sharratt, 2016). Furthermore, interventions such As EMDR are portrayed as well-evidenced science when the key mechanisms of change are still largely theoretical (Vos & Pluth, 2016). However, similar to CBT, there is also substantial efforts to address these shortcomings and many individuals find value in this approach (Byard, 2015; Fletcher-Janzen et al., 2000).

1.8.6 Family and Systemic Psychotherapy

The Association for Family Therapy (AFT) defines Family and Systemic Psychotherapy as "Family and systemic psychotherapy – also known as family therapy – can help those in close relationships to better understand and support each other. It enables family members to express and explore difficult thoughts and emotions safely, understand each other's experiences and views, appreciate each other's needs, build on family strengths, and work together to make useful changes in their relationships and their lives". Like CBT, Family and Systemic Psychotherapy/ies (FSP) is an umbrella term for a broad range of adjacent therapeutic approaches with shared epistemology. Central to most contemporary FSP is the construction of problems as external to any one individual and located within systems, between individuals. Systems can refer to comparatively small systems such as a between partners or very large systems such as a country's political system (Dallos & Draper, 2015). An understanding of these systems helps in the contextualising of an individual's experience of reality which is recognised to be subjective. This permits an understanding of how the power of systems influences individuals as well as other systems. FSP constructs systems as being circular as opposed to linear and, as such, they exist and maintain because of feedback

loops (Dallos & Vetere, 2003; Fryszer & Schwing, 2014). Finally, most FSP often view individuals and systems as being rich in knowledge about themselves and focuses on identifying and mobilising strengths and resources available to the system or individual (white, 2011). Later waves of FSP have often incorporated ideas of liberation and community psychology as they interface well with FSP ideas about intervening across multiple sizes and hierarchies of systems or what might be termed 'levels of context'. There are many ways in which FSP may conceptualise the impact of DVA some of which will now be exampled.

1.8.6.1 Narrative Therapy. Narrative therapy might understand the impact of DVA as creating a dominant discourse, an influential commonly told story, that leads an individual to have a negative appraisal of themselves and their autonomy (White, 2024). This discourse might serve to encourage views about the individual which might negatively impact their view of themselves and subsequently limit what they believe they can do to change this or positively impact their life (Denborough, 2014). The clinician might look to externalise the problem before exploring the individual's experiences to locate what are called subjugated stories (White, 1993). These are stories that are not as often told about the individual and bring with them potential strengths and resources. The clinician would then look to thicken these stories by further exploring the individual's experiences to locate times they have acted in keeping with subjugated stories and not adhered to previously dominant discourses (White & Epston, 1989). This is done by moving between what is termed the landscape of action, actions taken, and the landscape of identity, how someone consciously recognises their identity (Madigan, 2011). This would likely lead to a greater sense of agency for the individual, recognition that their life is not defined by DVA and a more hopeful expectation for the future.

1.8.6.2 Radical Systemic Interventions. FSP initially aligned itself strongly with ideas of social justice (Minuchin & Fishman, 1981), this arguably dissipated over the years before entering into discussion again more recently with the inclusion of community and liberation psychology ideas into 4th and 5th wave FSP (Afuape, 2020). These ideas involve engaging in 'intervention' across many levels of context. In particular, naming and critically engaging with how power is located and attempting to disrupt it when abusive or oppressive (Afuape, 2011, 2016b). As such, an intervention may involve facilitating a group space for individuals who have experienced DVA and thinking about their material needs such as; money, safe accommodation, protection from stalking and childcare before then engaging in psychological support to negotiate the intrapsychic impact of trauma. Following this, the group may then look into how to engage with local councils to ensure better access to support other DVA survivor-victim and then lobby to change the legislation around DVA (Moane, 2009).

1.8.6.3 Attachment Narrative Therapy. Attachment Narrative Therapy (ANT) concerns itself with how family systems negotiate changes with a focus on attachment and intergenerational narratives (Dallos & Vetere, 2021). As an approach, it privileges connection and relational safety due to its usage of attachment theory. In the case of DVA, ANT could understand the impact of DVA as disrupted attachments, powerful intergenerational narratives and less helpful patterns of interaction within the system (Dallos, 2004; Dallos & Vetere, 2014). ANT would seek to negotiate this through creating a safe relationship between clinicians and survivor-victims. ANT will frequently revisit its secure base to ensure it is maintained throughout therapy. ANT might next explore less helpful patterns of behaviour and try to understand their circularity and function. ANT might then look to explore intergenerational patterns and narratives and how these might be maintaining

certain actions and strong feelings. These are often seen through the lens of 'family scripts' internalised family stories that individuals will either repeat or attempt to correct (Byng-Hall, 1985, 1998). Finally, ANT would readdress the secure base and explore how individuals' attachment needs are being met with the recognition that the therapeutic space might be the first time an individual or family has been emotionally held in such a fashion (Dallos, 2006).

1.8.6.4 Evidence and Critique of FSP. FSP has a complex relationship with 'evidence' as it does not operate from a positivist paradigm and embraces a multiplicity of experience and meaning at its core. Therefore the methods of achieving scientific validity do not always fit to FSP and when it is, it is often done so with much contention (Larner, 2004; Roy–Chowdhury, 2003). However, there are substantial bodies of research justifying the value of FSP (Carr, 2020; Stratton, 2016). The critique of FSP often comes from their lack of evidence bases and intangibility. However, as noted above these aspects are integral to the model and arguably function as its greatest strength.

1.8.7 Psychoanalytic Psychotherapy

The British Psychoanalytic Council describes Psychoanalytic treatments as "evidence-based forms of therapy which can effectively treat emotional problems and a wide range of mental health conditions such as depression, eating disorders and anxiety" (British Psychoanalytic Council, 2024). Psychoanalytic Psychotherapy is an approach that has a comparatively long history and is again an umbrella term for a range of specific psychotherapies. Broadly speaking, all Psychoanalytic Psychotherapies hold to the following ideas in understanding the human experience; the human mind operates both consciously and unconsciously, every time someone speaks it conveys various levels of information

about intrapsychic processes and every utterance is driven by some kind of desire (Milton et al., 2011). Though understood slightly differently or framed in different language ideas common to many Psychoanalytic Psychotherapies are; ‘transference’ the placing of feelings felt toward a key figure in someone's life into another individual, ‘intrapsychic conflict’ the different aspects of the subconscious being intractably at odds in their desires, ‘defence mechanisms’ are various methods of temporarily relieving intrapsychic conflict and ‘repetition compulsion’ is the process whereby individuals often find themselves repeating previous certain actions (Bateman et al., 2007, 2021). In the context of the impact of DVA psychoanalytic theory may attempt to understand it by considering the complex intrapsychic conflict between wanting to be loved but previous examples of love involving abuse which is loves antithesis (Humphries & McCann, 2015; Metz et al., 2019). This subsequently could activate several defence mechanisms used to temporarily alleviate this intractable dichotomy. Attachment theory may be used to consider where an early attachment with a caregiver is being replicated within later relationships via transference (McCluskey, 2010; Muszkat & McCann, 2022).

1.8.7.1 Evidence and Critique of Psychoanalytic Psychotherapy. There is an extensive evidence base for Psychoanalytic Psychotherapies but much of the evidence is not randomised control trials and are single case studies (de Maat et al., 2013; Leichsenring, 2005; Midgley & Kennedy, 2011). The evidence base for Psychoanalytic Psychotherapies for specifically supporting those impacted by DVA is acknowledged to be limited within the literature (Brandt & Rudden, 2020). Furthermore, it is acknowledged that historically many Psychoanalytic theories can be experienced as misogynistic and victim blaming, especially within the context of DVA. Broader criticism also highlights an overreliance on unfalsifiable hypotheses and a general lack of literature being representative beyond white Western

populations (Grünbaum, 2004; Wright, 2013). However, infrequent does not mean complete absence and psychoanalytic theory is utilised to explore the impact of racism (Bulhan, 2004; Fanon, 2016).

1.8.8 Guidelines

Professional bodies inform safe and effective clinical practice. In the UK neither the British Psychology Society (BPS) nor the Association of Clinical Psychologists (ACP) offer any substantive guidance on working with individuals impacted by DVA. The National Institute of Clinical Excellence (NICE) does offer guidance but it focusses on multiagency working and ideas about service provision as opposed to tangible recommendations of specific interventions (NICE, 2016). Given the prevalence and impact of DVA the lack of substantive professional guidance is concerning.

1.8.9 Summary of overview

The literature and theory outlined in this section highlights the prevalence and impact of DVA. It highlights there are ways of understanding and interventions offered by Clinical Psychologists and other clinicians that have been found helpful. However, some approaches bring with them questionable ethics or extremely limited research regarding the efficacy of that intervention with DVA. Furthermore, there is little to no professional guidance to support clinicians in their work with the impact of DVA. This begs the question what literature does exist to guide clinicians?

Systematic Literature Review (SLR)

1.9 Overview

Many different therapeutic paradigms would have an approach that supports individuals who have experienced DVA. A series of scoping reviews early in the inception of this research unveiled an abundance of research for supporting the identification of DVA and supporting people out of DVA. It also showed a relative paucity of research exploring the efficacy of providing therapeutic interventions for people once they are no longer being exposed to DVA. To better understand the potential for therapeutic approaches for people who have historically experienced DVA the existing empirical literature was systematically reviewed and synthesised with the following question posed:

What does literature tell us about therapeutic support for those who have been historically exposed to domestic abuse?

1.10 Search Strategy Method

A search was conducted to confirm no similar reviews had been conducted. Following this several pilot searches were conducted to become familiar with commonly used terms and to understand how these terms impacted results.

Searches were undertaken in January 2024 and conducted again in May 2024. The chosen search databases were Scopus, PubMed and PsychINFO as they are the most appropriate to addressing the question and are large databases. Social Care Online was initially included in the search but was excluded as all the papers it located had been found

between the other 3 databases and Social Care Online closed in March 2024, meaning it would not be replicable. Google scholar was also utilised to identify any outliers but introduced too many unrelated search results.

Table 2

Search terms:

Concept 1 **Terms relating to therapy**	**Concept 2** **Terms outlining the past nature of the abuse**	**Concept 3** **Terms relating to DVA**
Thera* OR Psych* OR Counselling	Post OR After OR Following NOT Prevent	(Domestic* OR Intrafamilial AND Abus*)

In keeping with the guidance outlined by Baumeister (2013) and Siddaway et al (2019) the researcher simplified the question into segments generating synonyms for these concepts to search. These terms where then combined in different configurations alongside truncation and the use of Boolean operators[5] (Muhammad, 2017) to achieve optimal search efficacy. DVA is such a large topic that bridges domains of psychology, criminal law, violence, women's rights and social work. The specific languages of these domains were difficult to distil. It required a process of multiple preliminary searches to understand the construction of languages and which Booleans to use. One example would be when including 'violen*'[6] in searches as it increased search results by over a factor of 10 as violence is very well

[5] Boolean operators are words entered into search functions such as AND/OR/NOT to alter data retrieved.

[6] This was also the case when specific types of abuse were included such as sexual or emotional.

researched. Papers referring to domestic violence would often include the word abuse in their abstracts so there was more gained then lost in removing it. Another example is that specific therapy paradigms were not included. The rationale for this was it would be impossible to include all possible therapeutic approaches and by choosing some over others it would be privileging certain approaches. The search terms included do an acceptable job of capturing relevant papers whilst not unduly excluding potentially relevant papers. This approach was agreed through lengthy consultation with both of my research supervisors and university research team.

Table 3

Inclusion and exclusion criteria [7]:

Inclusion Criteria	**Exclusion Criteria**
• Any gender • Survivor-victim of DVA • Adult • Child • Any ethnicity • Any sexuality • Individual • Group • Family • Community • Any type of psychotherapeutic intervention • Focus must be on an intervention specifically for people exposed to DVA • Psychotherapeutic intervention at least in large aspects of the intervention • post crisis • Outcomes should relate to distress, functioning, meaning making or a similar domain	• Includes individuals who perpetrated DVA • Intervention is generic and is not specific to the context of DVA • Participants within a transitory setting such as a shelter. • Participants are confirmed to be in an abusive relationship at the start of the intervention • Medication based interventions • Indirect interventions • Screening only interventions • Outcome only measures non psychological indicator such as volume of participants who returned to work

[7]

• Any research methodology of qualitative, quantitative or mixed-methods • From any time	

Many papers were considered during the review and many were promising but were ultimately ineligible because they did not address the question posed for the SLR. Often, they were ineligible because they focussed on training professionals to spot DVA, interventions focussed on individuals who had perpetrated DVA, focussed on non-therapeutic/non-psychological interventions or took place in a context whereby the findings would be so heavily influenced by the context, such as prison, that they may not be applicable to other contexts. Grey literature was difficult to find and focused on preventative interventions or supporting individuals out of abusive relationships as opposed to interventions for those with historic experiences of DVA which again did not address the question posed.

Ultimately the papers which were selected had some variance in their quality and differences in what they aspects of DVA they investigated. Selection was made on a paper-by-paper basis. There is an argument that better quality papers and a more homogenous focus on a specific domain of DVA would have produced a better review. However, after lengthy discussion between the researcher, the research supervisors and the research team at the University of Hertfordshire it was agreed the inclusion of these papers was appropriate for the following reasons. Firstly, because the paucity of similar reviews with this focus indicated a broader and slightly more inclusive review would be suitable at this time. This included not restricting the publication date or location of the research. Secondly, individuals who have experienced DVA can understandably be less willing to engage in research due to the stigma of DVA and potentially triggering nature of discussing the topic. As such, studies often have

to be less restrictive in their inclusion criteria to achieve an appropriate number of participants or be undertaken in settings that would not meet the standards of a randomised controlled trial. Thirdly, what constitutes DVA has substantially changed over time and varies based on local legislation and language. As such, permitting a breadth of terms, as long as it still constituted DVA under the researcher definition, was appropriate. Finally, efforts were made to be inclusive to different populations who can experience DVA hence the lack of restrictions on gender, age or connection between participants.

1.11 Results of the literature review

The initial search identified 1,062 papers of which 29 were removed due to duplication. The remaining 1033 papers had their titles and abstracts screened which excluded a further 910 papers. The remaining 123 had their full text reviewed which resulted in the exclusion of a further 115 papers resulting in a final eight papers which meet the inclusion criteria and answer question posed. The final eight papers consist of three mixed-methods designs (Lewis et al., 2023; Sabina et al., 2023a; van Rosmalen-Nooijens et al., 2017) and five quantitative methods designs (Jaberghaderi et al., 2019; Kamran Ehsan & Rowland, 2021; Lau & Kristensen, 2007; Schubert, 2022).

Figure 2

Prisma 2020 Flow Diagram of Study Selection Process (Page, McKenzie, et al., 2021; Page, Moher, et al., 2021; Sarkis-Onofre et al., 2021)

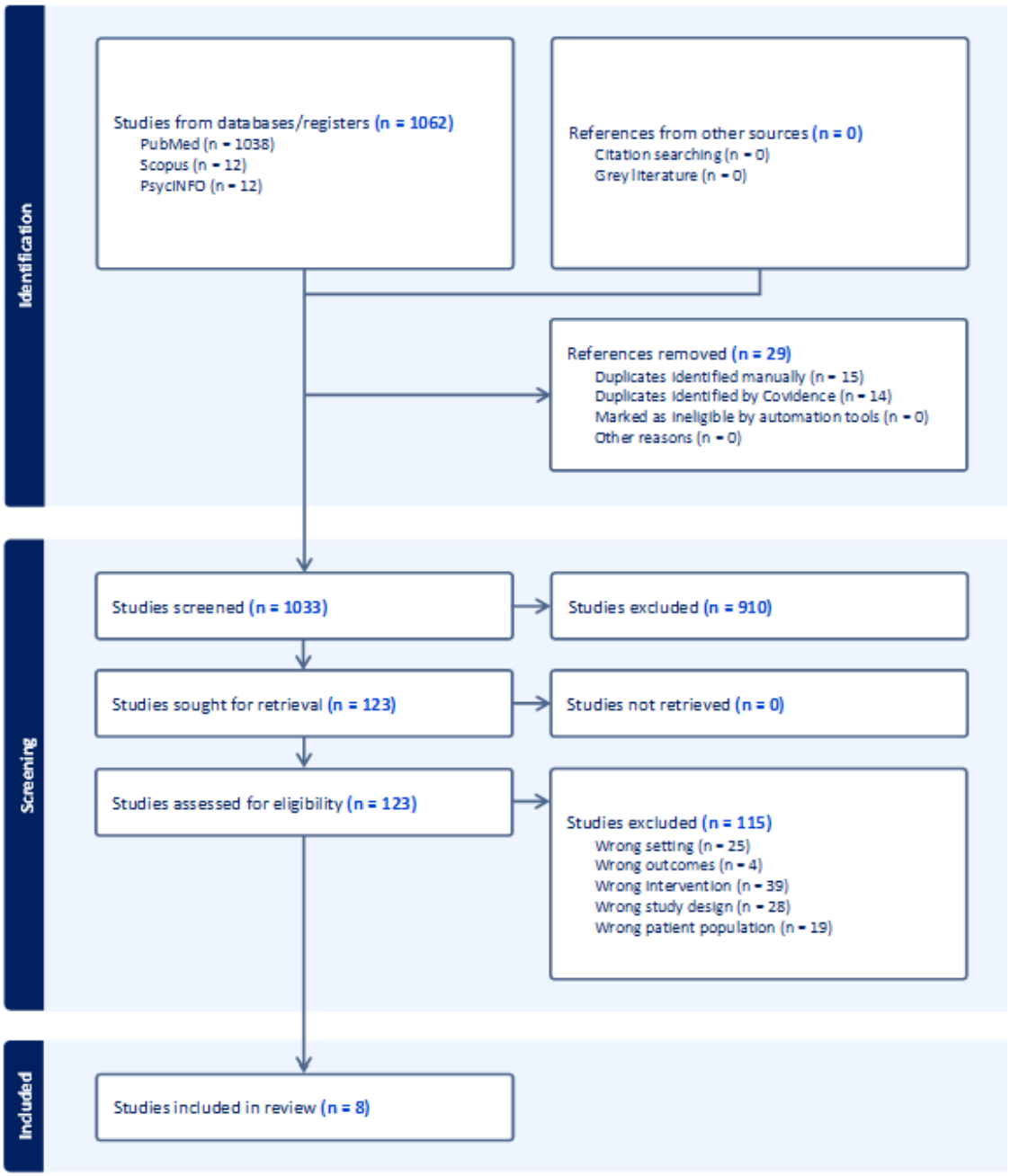

Identification
Studies from databases/registers (n = 1062)
PubMed (n = 1038)
Scopus (n = 12)
PsycINFO (n = 12)
References from other sources (n = 0)
Citation searching (n = 0)
Grey literature (n = 0)
References removed (n = 29)
Duplicates identified manually (n = 15)
Duplicates identified by Covidence (n = 14)
Marked as ineligible by automation tools (n = 0)
Other reasons (n = 0)
Screening
Studies screened (n = 1033)
Studies excluded (n = 910)
Studies sought for retrieval (n = 123)
Studies not retrieved (n = 0)
Studies assessed for eligibility (n = 123)
Studies excluded (n = 115)
Wrong setting (n = 25)
Wrong outcomes (n = 4)
Wrong intervention (n = 39)
Wrong study design (n = 28)
Wrong patient population (n = 19)
Included
Studies included in review (n = 8)

Table 4

Data Extraction Table:

Author, year and title of paper	Location of study	Aim	Design	Population/ Sample	Data collected for analysis	Outcomes and conclusions	Authors quality appraisal	Researcher reflections: Strength(S), Limitation (L)
van Rosmalen-Nooijens et al, 2017, Young *People, Adult Worries: Randomized Controlled Trial and Feasibility Study of the Internet-Based Self-Support Method "Feel the ViBe" for Adolescents and Young Adults Exposed to Family Violence*	Netherlands	To evaluate *both effectiveness and feasibility self-support method "Feel the ViBe" (FtV) via the internet.*	Mixed-Methods: *Quantitative component RCT. Qualitative component questionnaires and data from forum.*	93 participants aged *12-25 who had been exposed to DVA*	Impact of Event Scale, *The Depression and Anxiety subscales of the Symptom CheckList-90-R, open-ended questions in questionnaires and from community manager reports, including their daily activities and actions*	No changes in *impact of events scale but improvement in anxiety and depression measures ay halfway and post compared to control group. Qualitative data limited but indicated a sense of safety. Indicating the intervention is effective.*	Sample size not adequate *to for UNIANOVA due to volume of drop out, Only female participants completed the intervention, significantly different scores in pre mesasures between control and intervention group, emergency contact system used in event of danger which participant could have*	Qualitative data not explained nor explored at great length *(L). Thematic coding approach not discussed (L). Age range offered susbstantial developmental differences and legal differences, the potential impact of this on intervention and results is not discussed at depth (L). Comprehensive*

							expeirenced as support but was not evaluated,	*and robust design (S). Recognition that DVA not exclusive to a single gender (S). Discusses practical clinical implications and costing (S). Strong links to theory (S).*
Jaberghaderi et al, 2019, Effectiveness of *Cognitive Behavioral Therapy and Eye Movement Desensitization and Reprocessing in Child Victims of Domestic Violence*.	Iran	To examine *the effectiveness of cognitive behavioral therapy (CBT) and eye movement desensitization and reprocessing (EMDR) in child victims of domestic violence*	RCT	139 male and *female participants aged 8-12 with a reported history of child physical abuse and/or witnessing parents' conflicts*	Persian versions of Rutter *Teacher Scale, Child Report of Posttraumatic Symptoms, Parents Report of Posttraumatic Symptoms, Life Incidence of Traumatic Events scale*	Statistically significant difference *between control and treatment groups with notable reduction in measure scores. Indicating the intervention is effective and trauma symptoms can be effectively*	Small participant number combine *with high drop out rate. Lack of follow up assessment. School holidays commenced mid treatment limiting teacher observations.*	The article is concise and exceptionally well written (*S). Measures used have established validity and relaibility (S). Age and gender matched control groups (S). Questionable ethics and clinical efficacy*

						managed in children.		*of engaging in trauma intervention when that trauma may have resumed (L). Interventions and measures questionably culturally appropriate to an Iranian population (L). Onward referrals where approrpaite for further input was ethically sound (S).*
Kamran Ehsan & Rowland, 2021, Possible *Role for Imagery-Based Therapy in Managing PTSD in Pakistani Women Experiencing Domestic Abuse: A*	Pakistan	To understand *the effectiveness of imagery-based therapy in women showing post-traumatic stress disorder resulting from*	Quasi-experimental *pre-post design*	40 women aged *18 to 64 with a self-reported hsitory of DVA and adequately high symptology for PTSD*	General Health Questionnaire-28, Karachi *Domestic Violence Screening Scale, PTSD Checklist-Civilian Version, Semi-structured interviews*	Treatment was effective *in reducing PTSD symptomology and improvement had no relation to literacy or education*	Lack of comparison group *and as such what other factors may have contributed to improvement are unclear.*	Written in a critical manner drawing in many and *nuanced perspectives (S). As named in the critique the lack of control group is*

Pilot Study Using Eidetic Therapy.		*'spousal domestic abuse'*				*levels nor the characteristics of the individual perpatrating abuse or the survivor-victim. There was a relationship between worse symptomology and the length of time in a relationship. Indicating the intervention is effective.*	*Lack of follow up testing.*	*problematic (L). Focus on adapting to cultural context (S). Addresses complex ethics of providing a trauma intervention when abuse might re-occur (S). Unclear as to other information gleaned from interviews and what it contrbitued to the study (L).*
Sabina et al, 2023, Evaluation of *Integrative Community Therapy with Domestic Violence Survivors in Quito, Ecuador*	Ecuador	To explore *the efficacy of Integrative Community Therapy for individuals impacted by DVA*	Mixed-Methods: *Quantitative component quasi-experimental pre-post design. Qualitative component questionnaire*	87 women aged *between 19 to 39 years, largely educated and working, single, divorced, or separated, type and length of abuse as well as number of abusive*	General Health Questionnaire, Rosenberg *scale (self-esteem), Social Provisions Scale (Social Support), Brief Resilience Scale, questionnaire measuring acceptance of dating violence, Six*	The quantitative results *indicated that there was improvement in the domains of general health, self-esteem, and social support.*	Small sample size makes *results questionable and unable to include variables that might impact results. Measure of resilience did*	Thematic coding, though seemingly rich, did not involve *any participants despite being based on community psychology principals and*

			and focus group	*realtionships and the point fo the cessation.*	*qualitative questions for each individual as well as a focus group of 21 participants which explored the same questions.*	*Four major qualitative themes emerged involving changes in boundaries and recognition of abuse in past, present and future. Improved sense of emotional wellbeing and sense of letting go of guilt, anger and shame. A sense of social support being important and feeling connected. Hope for participants own futures and the want to help others.*	*not align with how intervention promotes concept of resilience. Did not use comparison group but felt this was not suitable due to ethics.*	*critical pedagogy (L). Broad range of measures and mixed method approach (S). Lengthy ethics considerations (S).*

						Indicating the intervention is effective.		
Lewis, 2023, Trauma-specific mindfulness-based cognitive therapy *for women with post-traumatic stress disorder and a history of domestic abuse: intervention refinement and a randomised feasibility trial (coMforT study)*	UK	To explore *the effectiveness of mindfulness based trauma interventions for women with PTSD who have experienced DVA*	Mixed-Methods: *Quantitative component RCT. Qualitative component semi-structured interviews*	20 women	qualitative interviews with professionals *and DVA survivors, and a consensus exercise with experts in trauma and mindfulness. Previous treatment history, PTSD Checklist DSM-5, International Trauma Questionnaire, DES-B (dissociative symptoms), PHQ-9, GAD-7, health-related quality of life states in adults questionnaire, KIDSCREEN-10 health-related quality of life questionnaire for children.*	Study produced a *prototype intervention and trial procedures that are likely to be feasible and acceptable to women with PTSD/CPTSD and a history of DVA which is now suitable for a full size trial.*	Limited recruitment sites reduce *generaliseability of findings to different organisations and locations. This in turn lead to a fairly homogenous sample. Small number of recruited individuals who completed the study.*	Inferences of population being hard to engage with safely *implies culpability with individuals not the failiure of structures designed to protect individuals being harmed (L). Easy to understand what happnened and how to replicate it (S). Comprehensive and structure feasability study (S). In keeping with NIHR guidance (S). IAPT being considered a*

								control given the complexity of PTSD/CPTSD (L).
Schubert, 2022, Supporting Children Who Experience *Domestic Violence: Evaluating the Child Witness to Domestic Violence Program.*	USA	To assess *if a Child Witness to Domestic Violence program had positive impacts on child and parent well-being for participants above and beyond supporting the parent individually in adult-focused DV services.*	Quasi-experimental *pre-post design*	211 children(139*) and mothers(72)*	Strengths & Difficulties Questionnaire *(overall child functioning), Dispositional Hope Scale,*	children demonstrated less *hyperactivity, fewer negative emotional symptoms, and fewer total behavioral difficulties. Mothers demonstrated greater hope and agency. Indicating the intervention is effective.*	quasi-experimental design without random *assignment. Time windows that data were collected were not precisely the same, leaving open the possibility of different environmental and socio-political influences. Sample size did not allow for understanding the impact of other individual charcterisitcs such as race or socio-economic status. Over*	Substantial consideration given to ethics despite no options for *seeking ethical approval (S). Clearly outlined clinical implications (S). Clearly indicate shortcomings and where findings cannot be generalised (S). Consideration of protected characteristics (S). Design, though appropraite for the setting, is vunerable to bias (L). No*

							reliance on maternal reporting so inherently subjective.	*substantial discussion of why all parent participants were all mothers (L) Gender of children not indicated (L)*
Lau, 2007, Outcome of systemic and *analytic group psychotherapy for adult women with history of intrafamilial childhood sexual abuse: a randomized controlled study*	Denmark	To assess *the the therapeutic impact of psychoanalytic and systemic group psychotherapy in individuals who had experienced intrafamilial sexual abuse.*	Quasi-experimental *between groups(no control) pre-post design*	151 women with *a history of childhood sexual abuse*	The DSM-IV and ICD-10 *personality questionnaire, Child sexual abuse questionnaire, Flashback registration, Global assessment of functioning, Symptom checklist-90-R, Registration chart questionnaire (perceived problems in relationships and baility to tolerate and express emotions), Global life quality, Patients expectation to therapy and patient-rated change.*	Group psychotherapy can *be a suitable intervention for women with a history of intrafamilial child sexual abuse. Both analytic and systemic group therapy grousp indicated substantial imrpovement across measures. Systemic group therapy*	Attrition was relatively high *and differential from the study sample. The group format of the two investigated groups was not identical. Longer-term follow-up data are required to confirm whether the results are maintained.*	Specifics of interventions not explored at length (L). *Comprehensive set of measures and statistical analysis (S). References clinical interviews, feels like this data could have been used for substantive qualitative data set (L). Highly pathologising approach (L).*

						was superior in measure score improvement across all domains. This effect especially pronouced in individuals with very high scores expeirencing more substantial reduction of symptoms in systemic group.		*Format may not have allowed adequate length for analytic group psychotherapy which is generally a lengthier intervention (L). Lack of control group (L).*
Serpeloni et al, 2023, Treating post-traumatic *stress disorder in survivors of community and domestic violence using narrative exposure therapy: a case series in two public health centers*	Brasil	To establish *the feasability of Narrative Exposure therapy (NET) in the context of Rio De Janeiro.*	Quasi-experimental *pre-post design.*	8 women exposed *to DVA who experienced PTSD*	PSSI-5 a DSM-5 PTSD *symptoms scale,*	substantial reduction of *PTSD symptoms. NET is an effective intervention in the context of Rio. Valued case series but*	Gender bias in sample. *Substantial practicle barriers to implimentation. Small sample size. No control group.*	Strong ethical argument for trauma intervention despite high likelihood *of exposure to other ongoing traumatic events (S). Argues that*

in Rio de Janeiro/Brazil						*more research needed.*		*gender bias sample is representative of those seeking support but does not address why this is the case or what short comings the services may have in engaging others (L). Small sample size and limited number of variables being measured brings serious questions about validity and reliability (L) Writing would benefit from further structuring to adi accessibility (L). Graphical*

								representations are well designed and impactful (S).

1.12 Quality Appraisal of Literature

Selecting an appropriate critical appraisal tool was challenging. The preferable option would be to find a singular tool to appraise with. However, no one tool could adequately capture the different study designs to a sufficient depth. This then presented the options of either heavily adapting a tool or using multiple tools. Adapting a tool would heavily reduce the tools potential validity and reliability whilst multiple tools meant direct comparisons between some of the papers would be difficult. Following lengthy exploration of other systematic reviews, consultation with research supervisors we agreed that using multiple tools, but as few as possible, would be the most rigorous approach and best maintain the integrity of the review process. The tools the researcher selected were the Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018) and the mixed-methods designs and the Critical Appraisal Checklist for Quasi-Experimental Studies (CACQES) (Barker et al., 2023) for the quantitative designs. The quantitative designs included quasi-experimental and Randomised Control Trials (RCT's). However, to avoid using multiple tools the CACQES was selected for both as there were more quasi-experimental designs than RCT's and RCT's would still be appraised well on the CACQES whereas using an RCT appraisal tool for quasi-experimental designs would do poorly regardless (Harris et al., 2006).

Table 5

MMAT appraised papers:

Paper	S1. Are there clear research questions?	S2. Do the collected data allow to address the research questions?	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?	5.2. Are the different components of the study effectively integrated to answer the research question?	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?
Evaluation of Integrative Community Therapy with Domestic Violence Survivors in Quito, Ecuador	Y	Y	Y	Y	Y	Y	Y
Trauma-specific mindfulness-based cognitive therapy for women with post-traumatic stress disorder and a history of domestic abuse: intervention refinement and a randomised feasibility trial	Y	Y	Y	Y	Y	Y	Y

(coMforT study)							
Young People, Adult Worries: Randomized Controlled Trial and Feasibility Study of the Internet-Based Self-Support Method "Feel the ViBe" for Adolescents and Young Adults Exposed to Family Violence	Y	Y	Y	Y	N (The qualitative element might be but it is not shown in this paper)	Y	N (Good brief description of coding process but minimal results shown in paper)

Table 6

CACQES appraised papers:

Paper	**Outcome of systemic and analytic group psychotherapy for adult women with history of intrafamilial childhood sexual abuse: a randomized controlled study**	**Treating post-traumatic stress disorder in survivors of community and domestic violence using narrative exposure therapy: a case series in two public health centers in Rio**	**Supporting Children Who Experience Domestic Violence: Evaluating the Child Witness to Domestic Violence Program**	**"Possible Role for Imagery-Based Therapy in Managing PTSD in Pakistani Women Experiencing Domestic Abuse: A Pilot Study Using Eidetic Therapy"**	**"Effectiveness of Cognitive Behavioral Therapy and Eye Movement Desensitization and Reprocessing in Child Victims of Domestic Violence"**

		de Janeiro/Brazil			
1. Is it clear in the study what is the "cause" and what is the "effect"	Y	Y	Y	Y	Y
2. Was there a control group?	N	N	Y	N	Y
3. Were participants included in any comparisons similar?	Y	Y	Y	N/A	Y
4. Were the participants included in any comparisons receiving similar treatment/care, other than the exposure or intervention of interest?	Y	Y	Y	N/A	Unclear
5. Were there multiple measurements of the outcome, both pre and post the intervention/exposure?	Y	N	N	N	N
6. Were the outcomes of participants included in any comparisons measured in the same way?	Y	Y	Y	N/A	Y
7. Were outcomes measured in a reliable way?	Y	Y	Y	Y	Y
8. Was follow-up complete and if not, were differences between groups in terms of their follow-up adequately described and analyzed?	Y	Y	Unclear	Y	Y
9. Was appropriate statistical analysis used?	Y	Y	Y	Y	Y

1.12.1 Rationale and Aim

All the papers attempt to address gaps in existing literature. Four papers sought to apply established interventions in populations or contexts which they lacked substantive evidence. Jaberghaderi et al (2019) evaluated the efficacy of both EMDR and trauma-focused CBT for children who had experienced DVA and were living in Iran. Though trauma focussed CBT and EMDR are reasonably common in many healthcare contexts and have been used for

at least two decades in Iran (Rasolkhani-Kalhorn, 2005), this is the first time it has been applied in Iran in the context of trauma associated with DVA for boys and girls. NET was the intervention applied by Serpeloni et al (2023) but in the context of women living in Rio De Janeiro, Brazil, to promote equity of healthcare in a traumatised community. Lau and Kristensen (2007) explored the compared efficacy of systemic and analytic group psychotherapy interventions for women who have experienced intrafamilial childhood sexual abuse. Kamran Ehsan and Rowland (2021) explored the efficacy of Eidetic therapy for PTSD, an approach more commonly used in Asia (Sheikh, 2000), in the context of women with PTSD symptoms following “spousal abuse” in Pakistan.

Three papers evaluated the impact of innovative interventions or refined interventions in established contexts. Schubert (2022) evaluated the Child Witness to Domestic Violence (CWDV) program, an innovative psychoeducation course for both parent and child and providing opportunities for connection. Van Rosmalen-Nooijens et al (2017) evaluated an online self-help intervention for 12-25 year olds who had experienced “family violence” as there is little research on this approach via online delivery which would be well suited to the age group. Lewis et al (2023) sought to refine a prototype Trauma-Specific Mindfulness-Based Cognitive Therapy (MBCT) curriculum for women exposed to DVA. Though MBCT is a more established approach, a trauma focussed version specifically for DVA has no previous literature and as such expands the field of therapeutic options.

One paper sought to introduce both a novel intervention as well as doing so in a context it had not been applied in before. Sabina et al (2023) drew on principles of community psychology to form a community psychology and music group for women who had experienced DVA in Ecuador.

1.12.2 Context

The research took place across eight different countries on four continents as the researcher did not restrict based on geography just language as this aligned with their epistemology. The papers ranged in date from 2007 to 2023 with no restrictions placed on paper dates during the searches. The quite modern time span perhaps aligns with the progression of DVA legislation, feminism and recognition of DVA not only as a problem but one that can have a lasting impact.

1.12.3 Sample

Sample size ranged from 8-211. Two papers had children exclusively as participants, four papers had adults exclusively as participants, one paper bridged childhood to early adulthood and the final paper looked at children and their parent. Van Rosmalen-Nooijens et al (2017) justified sampling ages 12-25 as this age range as critical for determining future wellbeing and views about the experience. Though the researcher agrees with the critical developmental period highlighted from a biopsychosocial perspective the rationale provided in the paper is poorly justified and they fail to expand on how the interventions successfully accommodates such a broad range of developmental needs. Seperloni et al (2023) highlight the harm of excluding individuals from research based on intervention guidelines before then excluding many participants based on comorbidities.

Samples were also chosen looking for differing subcategories of DVA some explicitly looked for violence, others for childhood sexual assault and others for “spousal abuse” [8]. The papers provide varying levels of demographic information but gender is noted, with only the

[8] Though diverse they all fit under the definition of DVA used in this research.

ones involving children and adolescents including males in their samples of these only two had a large number of male children (Jaberghaderi et al., 2019; Schubert, 2022).

1.12.4 Collection

Quantitative methods largely utilised symptom-based measures to judge their interventions efficacy. Many of the trauma and anxiety measures had well established reliability and validity. Some of the measures had to be translated, it is unclear if by changing the cultural context they continue to demonstrate appropriate validity. Of the quantitative measures utilised many are intuitive and help achieve the purported aims of the paper. However, Lau and Kristensen (2007) utilised the ICD-10 Personality Questionnaire which is a psychometric tool designed to identify 'personality disorder'. No rationale is provided for its inclusion.

For the three mixed-methods designs and qualitative data focussed on users experiences of the intervention (Lewis et al., 2023), users experiences of the group (Sabina et al., 2023a) or was data from forum entries, chat entries and questions asked to experts (van Rosmalen-Nooijens et al., 2017). Many papers did not undertake follow ups but some are recent enough to not have had opportunities to do so.

1.12.5 Findings and Analysis

All authors use appropriate quantitative analysis, with many utilising graphical representation to aid clarity. The three mixed-methods designs all provide robust quantitative analysis but fall short to varying degrees on the qualitative analysis. None of the mixed-methods designs outline their epistemology or ontology, nor do they offer insight as to the research's positionality. Lewis et al (2023) provides substantial qualitative data including relevant quotes which are clearly incorporated into the evaluation. Sabina et al

(2023) utilises qualitative data from multiple sources to aid in crystallisation but is not critical in their analysis. Furthermore, little information is given about the analysis process so it is not replaceable. Van Rosmalen-Nooijens et al (2017) offers the worst qualitative analyses using only a short table of quotes to represent a comprehensive range of qualitative sources. Maintaining adequate anonymity is provided as a rationale, but it degrades the papers quality.

1.13 Data Synthesis Approach

Given the variety of methodologies, populations and measures in the papers the most appropriate synthesis method was narrative synthesis given its capacity to negotiate heterogeneity. The researcher explored the papers at length and observed broad themes linking ideas outlined in several papers (Siddaway et al., 2019). These themes were then grouped into the following categories which are explored below.

- Who Does DVA Effect and What Support is Offered?
- Importance of Socio-Cultural Context
- The Ethics of Intervention

1.13.1 Who Does DVA Effect and What Support is Offered?

Given the geographical breadth of the papers they represent diverse cultures, religions, languages and many other factors across these locations. Despite this variation and geographical distance DVA is acknowledged to be present in some form across them all and requires support to negotiate the impact. However, each paper evidence who is impacted by DVA and what the impact is in a different manner.

Several of the papers focus on PTSD or trauma as a result of DVA (Jaberghaderi et al., 2019; Kamran Ehsan & Rowland, 2021; Lewis et al., 2023; Serpeloni et al., 2023). They provide detail as to the impact of trauma and, therefore, evidence the efficacy of using trauma interventions for PTSD and trauma symptoms subsequent to DVA across differing populations where healthcare might be less accessible, evidence base lacking and or refining more tailored interventions.

Jaberghaderi et al (2019) outlines the high prevalence of physical abuse in the lives of children in the Iran and notes the “immense personal and social costs” as well as poor prognosis for recovery without adequate treatment. They also note the relative absence in the child psychotherapy literature about the intervention for PTSD in children and how this acts as another barrier to effective support. As such, they evidence the efficacy of CBT and EMDR in addressing the symptomology of PTSD caused by abuse. Kamran Ehsan and Rowland (2021) frame domestic abuse as one of the most serious challenges facing women worldwide particularly “socio-cultural milieu of central/south Asia”. They highlight the potential physical, psychological and economic impacts of domestic abuse on women before asserting PTSD is one of the most common outcomes of abuse. They do frame the social, legal and cultural adaptions required to reduce domestic abuse but believe that would take time and support is required now. From this rationale they utilise a more contextually congruent approach of Eidetic Therapy as it is less reliant on the use of language skills which were referenced to be lacking in the population due to limited education.

Lewis et al (2023) uses the language of DVA and recognises that DVA is impactful across many domains of life and recognises it is not limited by gender or sexuality. However, they justify focusing on women due to the increased mortality and morbidity for women.

They do not include children in the definition as they align their research with the now defunct Home Office guidance from 2013 which does include children (Home Office, 2013). They cite evidence that supports PTSD as a common outcome of DVA and discuss its impact. They note there is often a high frequency of drop-out with traditional trauma interventions which is attributed to participants feeling triggered by the therapy and unable to return. Hence, they offer an alternative. Unfortunately, they still found high dropout levels in the intervention during their study. This was attributed to the triggering nature of some content, particularly the interoceptive nature of mindfulness.

Seperloni et al (2023) cite domestic violence being the second leading cause of death in Brazil with an especially high occurrence involving children and firearms. They then evidence how the frequency of traumatic events leads to a compounding likelihood of developing PTSD and the unusually high prevalence of this in urban areas of Brazil and particularly the economically destitute areas. They then present a very comprehensive summary of the impact of and mechanisms leading to PTSD. They identify CBT, EMDR and NET as the leading approaches to supporting people with PTSD but opt for NET as it has the best efficacy for individuals likely to be exposed to further trauma.

In contrast the remaining four papers approached the impact of DVA through less uniform lens. They draw focus to differing conceptualisations of the impact of DVA, who it effects and subsequently how to support people. Van Rosmalen-Nooijens et al (2017) discusses “family violence” and the impact on adolescents and young adults of witnessing violence. They provide a lengthy list of psychological impacts such as depression, anxiety and PTSD but also focus heavily on the intergenerational trauma transfer. They also evidence adolescence being a key developmental period which has large impact on the trajectory of

later life. The intervention they trial focusses on low threshold and low intensity intervention to try and provide accessible and timely intervention to prevent the impact escalating.

Sabina et al (2023) establishes violence against women as a social issue which has been much improved by numerous women's rights developments in Ecuador and across the globe of the past 30 years. However, they highlight, violence is still present and services to support women who experience violence are not "available, accessible, adaptable, or appropriate". Within this approach Sabina positions violence against women as deficit on the part of society, not a deficit or disorder for the women impacted. As such, a Community Psychology approach called Integrative Community Therapy (ICT) is used to promote interpersonal and inter-community identity and resistance.

Schubert (2022) investigates an intervention for childhood exposure to domestic violence (CEDV) with children aged 2-17 and their mothers. The paper recognises the impact of domestic violence on mother and child and potential longitudinal impacts across the lifespan. It identifies a critical period following CEDV where a low intensity intervention for both parent and child can minimise long-term impacts. It views disrupted attachment and minimised sense of agency as the main areas of focus for interventions. As such, psychoeducation, destigmatisation, individual empowerment and opportunities for interfamilial connection are provided within the intervention.

Lau and Kristensen (2007) focus on childhood sexual abuse in adult women[9]. The comparatively brief summary of the impacts identifies poor mental health such as low self-esteem, PTSD, anxiety, depression and similar diagnoses. However, they do not

[9] The researcher and the research team engaged in a lengthy discussion about the suitability of this study and others debating if they were in fact observing distinct phenomenon. Ultimately, it's inclusion was agreed upon due to it falling within the definition of DVA and the longitudinal lens of this research.

conceptualise it as purely trauma but as a broader impact on mental health. Therefore, as opposed to utilising “gold standard” trauma interventions they utilise well established but under-researched group interventions for psychoanalytic and systemic group therapies.

Overall, the reviewed literature focussed on various aspects of DVA but were often unclear on defining what constitutes DVA with far greater time defining its impact, such as PTSD, to justify the necessity of their research as opposed to clearly defining concepts they were investigating. The specific domains of DVA were comparatively broad but several of the papers discussed intergenerational trauma as something they sought to prevent. All papers monitored improved mental wellbeing in some manner with the three interventions also monitoring external ratings of effectiveness such as parents, teachers or other group members (Jaberghaderi et al., 2019; Sabina et al., 2023; Schubert, 2022). Though the majority of papers sort to reduce trauma symptomology, others sought to deliver an intervention whilst also developing connection through community interventions, groups interventions or family dyad interventions. All these interventions reference the value of a collective and connective context whereby the relationship with others and learning from others was therapeutic. ICT and CEDV recorded data on individuals’ perception of agency.

Nearly all the papers named the socio-political context of DVA but only one incorporated in within their intervention, ICT. The absence of adult male participants is noteworthy. Some only sought a female sample without further clarification whilst others advertised for any gender but were unable to complete their measures or engage with anyone identifying other than female. As discussed DVA is a gender influenced form of abuse, it is not gender exclusive. As such, whose experiences are not represented in this

research and what might these authors need to do in future to enable a more diverse sample to be forthcoming.

1.13.2 Importance of socio-cultural context

The eight papers come from a wide geographical distribution, with several speaking at length about specific socio-cultural influences which shaped the study, including participants, interventions and outcomes.

The four studies based in the Global North do not highlight the cultural context. Appearing to presume they are publishing somewhere they believe it will be inherently understood or otherwise believing they are ‘normal’ and don’t require further explanation. The four studies conducted in the Global South all provided rich cultural context informing choices made in the design of the research. This seems to imply they are aware they are writing for journals that span different cultural contexts but almost perhaps aware that their ‘normal’ is not others' ‘normal’. Both Jaberghaderi et al (2019) and Kamran Ehsan and Rowland (2021) speak specifically about socio-economic issues for their participants and how this not only provided a further stressor that increased the risk of DVA but also how it acted as a potential barrier for certain interventions that might privilege literacy. They also both reflect on the cultural influences on marriage and parenting and how this also increased the risk of DVA as well as cultural attitudes towards blame, violence and responsibility. They also noted cultural stigma toward mental health and the shame this often brought to individuals and families when engaging in services. In their writing, they also lean more into biologically grounded explanations of PTSD, perhaps to engender a more medical and, therefore, ‘hard science’ credibility where they otherwise might be skepticised.

Serpeloni et al (2023) spoke at length about community violence and the difficult living conditions in Rio de Janeiro. This combined with the under-resourced healthcare painted a bleak picture and an impactful rationale as to why trauma interventions were needed and why they needed adaption from a 'gold-standard' approach. As Sabina et al (2023) engage in ICT, their model embraces the local cultural context drawing on local artistic practices, knowledge, and tools. It utilises music workshops whereby the participants create music which is bound in local community context.

Of the four studies not conducted in the Global North it is notable that two papers used psychological paradigms originating in the Global North whilst applying them to populations outside of the Global North in Iran and Brazil (Jaberghaderi et al., 2019; Serpeloni et al., 2023) whilst two others used paradigms drawn from the same continent as the study, Eidetic Therapy in Pakistan (Kamran Ehsan & Rowland, 2021) and Community Psychology in Ecuador (Sabina et al., 2023). The culturally congruent interventions are portrayed as being accessible within the context they are offered. The studies in the Global North largely drew on models from the Global North with the debatable exception of MCBT which is a fusion of differing cultural paradigms (Gu et al., 2015). Though not discernible through these papers, the researcher is curious if the more culturally congruent paradigms proved more effective.

In summary DVA is heavily informed by socio-cultural contexts as this informs attitudes to violence, ways of coping, family life, parenting and gender. It also informs the feasibility and replicability of standardised interventions and what adaptions might be a necessity to ensure they are appropriate in differing contexts. Interventions that utilise local

culture will inherently be harder to replicate elsewhere but more suitable for that community.

1.13.3 The Ethics of Intervention

Several of the papers conduct research and interventions in a manner that could be argued to be ineffective or ethically dubious. This is due to delivering trauma interventions in contexts where abuse may have recommenced, where they often continued treatment and did not report offering any additional support to individuals in potentially abusive settings. However, this is addressed in all the papers that do this. They argue there was no better way for it to be undertaken in the context they were located within, and it in fact, enriched some interventions. This contrasts notably with other papers that adhere rigidly to protocol.

Though all papers attempted to guarantee the absence of DVA at the commencement of interventions this can never be a certainty. Several of the papers suspected or were clearly informed that DVA had restarted during the intervention. Kamran Ehsan & Rowland (2021) highlighted how divorce and financial independence was impossible for many women in the region and that they often had to remain with abusive partners regardless of ongoing cycles of abuse. This was justified by highlighting the only alternative way to offer an intervention to some participants would have been to wait decades in the hope that socio-political change would occur. In the interim, the participants and many thousands of others would suffer without any support.

Jaberghaderi et al. (2019) attempted to ensure parents were not only attempting to stop abuse but also engaged in psychoeducation on the impact of domestic abuse. Parents had to consent to children engaging in the study in the first instance, which will have

screened out some perpetrating individuals. They also had to attend a joint meeting with the school focussing on stopping violence. All parents were invited to be physically present for treatment sessions, and it was later discovered some were perpetrating abuse. Inviting an individual who perpetrates abuse into trauma therapy space, an environment where a sense of safety is paramount, could be judged harmful and likely to lead to poor outcomes. However, Jaberghanderi et al. (2019) justify this by explaining that children could be returning to an unsafe abusive environment regardless and involving the parents promoted some opportunity to understand the impact of abuse for the parent. This is also likely reflective of culturally held values of parenting. They also present that argument that if abuse is present some intervention is preferable to none.

During the qualitative analysis, Sabina et al. (2023) highlighted that several participants interacted with individual who perpetrated DVA. However, the presence of women who had different levels of involvement with perpetrators appeared to enrich the entire group's experience as it promoted reflection for those who no longer had contact and provided hope and agency for those who still did. A quote for the focus group highlights the change in her relationship, saying “I have imposed limits, I recognize his victimhood so that he sometimes recognizes that he needs help, I feel more sure of myself, with the strength that if there are no changes, if I can get out of there, I no longer feel alone”.

Serpeloni et al (2023) recognised from the outset of the paper that violence was so prevalent in Rio de Janeiro that it was likely that participants might be exposed to other traumatic incidences during and following NET. This was reported to have occurred by the time of the follow-up. They highlighted that though normal NET protocol is to establish a safe space this simply would not be possible for this population who had no opportunity to

alter their circumstances. They highlight the harm of excluding individuals based on criteria of safety is fundamentally not possible for those in traumatic environments such as warzones and abusive relationships[10]. They cite research on NET's effectiveness, even in unsafe situations.

All authors writing in the Global South speak to the complexity of unsafe environments that would potentially exclude work in some contexts. The absence or extreme underfunding of structures such as domestic abuse charities, gender equity laws and services designed to protect individuals such as Children's Social Care make navigating and managing risk difficult. A far more cultural and relational process is required compared to larger and often state-operated mechanisms in many Global North nations. They contrast ideal and 'safe' approaches to therapeutic interventions with the material reality of the locations. They highlight the greater moral harm is to do nothing as opposed to doing something imperfectly.

1.14 Systematic Literature Review Conclusions

A systematic and replicable approach was taken to review the existing literature that addressed the research question "**What does the literature tell us about therapeutic support for those who have been historically exposed to domestic abuse?".** Of an initially searched 1062 papers, these were reduced to eight research papers, which were critically appraised for quality before undergoing narrative synthesis due to the heterogeneity of the papers.

[10] This perhaps highlights how privileged and westernised the idea of 'safety' can be in some contexts.

The eight papers provided varied approaches for varied populations and contexts. Though the diversity of papers provided a varied and more representative sample, the lack of homogeneity, especially given the lack of qualitative data, limits what conclusions can be drawn. The majority of papers explored adult women's experiences of DVA, with adolescent's experiences also explored. This perhaps represents the statistics of abuse well but is not representative of everyone who is subject to DVA. All explored the mental health impact of DVA but conceptualised it differently. The majority framed it as PTSD or trauma, but others also conceptualised it through agency and connection with others. Those papers that conceptualised the impact as trauma and, therefore, utilised several trauma interventions. Some interventions were heavily informed by the cultural context, using treatment paradigms from similar cultures or adapting paradigms from other cultures to fit the cultural context. The morality of undertaking interventions in 'unsafe' environments vs the morality of not providing intervention at all was a focus for several of the papers. Several papers did not use established trauma interventions and instead focussed on interventions that provided intervention through relational and connective process via community, groups or family. All these interventions established the value and learning uniquely available within relational contexts and how this, in many ways, was more impactful than the interventions themselves.

1.15 Rationale for Current Research

This research explores the experiences of intergenerational dyads who have jointly been exposed to DVA. As outlined throughout this research so far, there is precious little empirical literature regarding therapeutic interventions specifically for those who have historically experienced DVA. Furthermore, there is no empirical literature on the

experiences of dyads who have historically experienced DVA. The researcher will now outline why the paucity of research here is important to address.

Firstly, the potential harm and prevalence of DVA is very well understood, subsequently, there is substantial research, guidance and funding around identifying DVA and helping people extricate themselves from the harmful situation. There is also substantial relevant literature on the potential impacts of DVA longitudinally and even intergenerationally. However, there is a relative absence of empirical literature on tailoring support for people who are experiencing the longitudinal impact. There are some opinion pieces and case vignettes, but little research (Dallos & Vetere, 2018; White, 2024).

Secondly, as outlined in the SLR, much of the existing research on tailoring support for people who have experienced domestic abuse is focused on trauma interventions. Though this is evidenced as helpful, it does not address the full range of potential impacts of DVA, many of which are relational in nature. Traumatic experiences can serve to disconnect people from their relationships and values in a way that isn't rectified by traditional interventions (Afuape, 2011, 2016a). The researcher views DVA as a uniquely relational abuse where the environment and individuals where people should experience the greatest safety, is the environment in which they experience severe harm, which has an enormous impact on future relationships. Relationships are recognised in some of the reviewed literature and are observed to have great influence in mediating the impact and appraisal of abuse in the short term (Bowyer et al., 2015; Jones & Vetere, 2017). However, no literature exists that explores relationships in a longitudinal manner, potentially many years after the DVA.

Thirdly, DVA and poor mental health have a very high comorbidity (Ferrari et al., 2016; Fischbach & Herbert, 1997; Humphreys et al., 2001). If a causal relationship existence between the two, it is unclear, regardless it means clinicians need to be equipped to negotiate the impact of DVA as they are likely navigating it on a weekly basis in many services.

Finally, the impact of DVA as a consequence and progenitor of intergenerational trauma is well understood within the literature. If meaningful efforts are not made to support the mitigation of intergenerational trauma, then further generations are consigned to potential repetition of that trauma. This is both financial costly and morally questionable.

1.16 Research Aims

With this rationale presented the aim of this research are as follows:

- To understand what narratives are constructed by intergenerational dyads that experienced DVA and how have these narratives may have changed over time.
- To understand where individuals' narratives may intersect or diverge, how narratives are constructed relationally and construct meaning that came from the DVA.

1.17 Research questions

- What narratives are constructed and how have they changed over time?
- How have these narratives constructed the abuse and the relationships impacted by the DVA?
- What narratives are shared between caregiver and child and what narratives are kept to the individual?

2. Methodology

2.1 Overview

This chapter presents the methodology for this research. The contents will include an exploration of Narrative Inquiry as a method, the design of the study and ethical considerations.

2.2 Methodology

Research within psychological disciplines is either deductive or inductive in nature (Shaughnessy et al., 2000). Deductive research is a top-down process whereby a preexisting hypothesis or theory is systematically tested through controlled and comparative methods. This is often done to confirm robustness and generalisability of the ideas being tested and mostly utilises quantitative methods and high volumes of data (Stockemer, 2019). Inductive research is a bottom-up process whereby theories are initially developed through the observation and exploration of occurrences. It is flexible in nature and seeks to capture data-rich data, often through qualitative methods (Delamont & Atkinson, 2010). As evidenced in the SLR, therapeutic approaches specific to DVA is an area with limited research, especially when compared to the prevalence of DVA. As such, it is difficult to provide robust and well evidenced theories. Therefore, using inductive methods to generate rich data of people's experiences of DVA would be the most methodologically sound (Azungah, 2018).

2.3 Narrative Inquiry

Narrative Inquiry (NI)[11] refers to a group of qualitative methods that seek to explore stories (Nollaig, 2011). Narratives are stories that portray a series of events that may be significant to the narrator and told in a manner to convey this to a specific audience (Moen, 2006). When exploring narratives NI considers what is being told, how it is being told, to whom it's being told to and why it's being told (Riessman, 2008). NI also considers socio-political context as well as the relationship between the storyteller/s and the interviewer (Greenhalgh, 2016). All these domains come together in NI to produce an understanding of a story that is complex and entirely unique to that telling. Social constructionism fits well with NI as both recognise the importance of subjective constructions of reality and how these stories are contextualised with broader cultural, political, and historical contexts in which their telling is situated (Riessman, 2008). Within this research there was a nuanced additional domain brought by interviewing dyads. It brought another narrator and audience member in each telling as well as providing opportunity for narratives to converge and diverge. Furthermore, consideration for how narration was co-constructed between the dyad both in the active structuring and telling of the narrative but also the absent but implicit in various nonverbal communications and choices not to contribute.

Of the various approaches to qualitative research NI was the most appropriate for this research topic and this population[12]. Many qualitative methods condense the data gathered into core themes and as such may rely heavily on hermeneutic principles to infer meaning from what has been said (Delamont & Atkinson, 2010). Though still somewhat

[11] Narrative Inquiry and Narrative Analysis are used interchangeably.
[12] Appendix table 11 considers different methodologies.

present in NI, NI instead maintains whole narratives from the participants which permits a greater degree of influence by participants on findings. This is particularly valuable in contexts where the experiences and stories are silenced, appropriated and otherwise go untold (Daiute, 2013). This occurs in DVA particularly in coercive control. As such, utilising a method that had the least opportunity to replicate this harm was an essential and ethical part of this research. That said, it was still a narration of a narration of a narration and my subjectivity has influenced it. However, NI embraces multiplicity in subjective interpretations allowing for pluralistic conclusions (Bhattacharya, 2016).

2.4. Design of the study

2.4.1 Consultation

The researcher attempted to consult with experts-by-experience and organisations who work with DVA survivor-victims throughout the research process. Unfortunately, this was unsuccessful with either the organisations providing no response or actively declining my engagement. Reasons cited for this rejection were generally either due to lack of capacity or due to a blanket policy of not working with students[13]. The researcher would have deeply valued consultation as it would have brought valued insights into the research. This was discussed at length with my research team and we agreed we could not continue to delay in search of consultation.

I have reflected at length on the difficulty of accessing consultation. Many factors could have influenced organisations responses to my requests. I also wondered how my

[13] The researcher clarified they were a doctoral student and practicing clinician. They also included their research supervisor in the email and offered various forms of compensation but was still declined.

identity as a cis-gendered man may have been perceived as problematic or harmful. This perception is of course unsubstantiated. I experienced my perceived rejection as quite painful, I experienced it as a rejection of my victimhood as a man. My intersectional identity adds complexity as my visible cis-gendered masculinity affords me privileges within patriarchy. This legitimises my narration my DVA compared to those who don't gain privilege from a patriarchal society. However, my identity as a survivor-victim is an invisible difference which, when made visible, has led to discrimination and ridicule of my experiences.

The impact of this on me was carefully considered with my supervisory team. It also helped us consider how intersectional dynamics may operate in my participant's interactions with me in interviews and how you as the reader may be experiencing my telling of this research. In particular, it led me to reflect on how participants might leave some stories untold or change their narration based on my identity and in turn how I might do this for my audience.

2.4.2 Sampling method

There is no strict guidance on the number of participants needed to effectively engage in NI. Generally, a 'smaller' sample size is utilised to allow for more in-depth study (Daiute, 2013). Effective NI generally privileges the richness of the data, with lengthy exploration of a topic being valued (Morse, 2000). Furthermore, the more specific the experience being made sense of, the greater emphasis on rich data as opposed to volume of participants. In this instance, given the specificity of the topic alongside the scope of a doctoral research 3-10 dyads were sought (6-20 individuals). However, this was eventually decreased to 2-4 dyads (4-8 individuals) for two reasons, difficulties in recruitment and the

richness and volume of the data gathered in early interviews made it clear anything above 5 dyads would be too large a project.

My supervisory team and I reflected at length on recruitment challenges. We reflected on how difficult it was for someone to speak to a close family member about abuse and willingness to be interviewed about it. We reflected on who I was reaching by using social media but there were limited avenues for advertisement. We discussed my intersectional identity and how my disclosure of lived experience in all research materials might impact recruitment. We ultimately concluded that this was not surprising given the stigmatised nature of DVA and limited longitudinal support was replicated in the sample we were trying to reach.

2.4.3 Ethical considerations

2.4.3.1 Ethical approval. A proposal was reviewed by Doctorate in Clinical Psychology at the University of Hertfordshire and following this a risk assessment was approved by UH School of Life and Medical Sciences (LMS). Finally, ethical approval for this study was granted by the University of Hertfordshire ethics committee, protocol number: aLMS/PGT/UH/05473(1) (Appendix A).

2.4.3.2 Informed consent. Participants who expressed interest in partaking in the research were provided an information sheet and consent form to sign. The researcher consistently provided opportunities throughout the process for individuals to ask questions and or withdraw from the research during each interview and clarifying how long they had after to withdraw.

2.4.3.3 Stress and Distress. Though the research itself was not fundamentally exploring experiences of abuse but what followed it, the researcher recognises the content

may still have been distressing. As such, a distress protocol was generated to proactively manage participant's distress. The potentially evocative nature of the research was named in the information sheet. Once consented participants would have a 45-minute meeting with the researcher. This served several risk mitigating functions. Firstly, it allowed the researcher to build rapport with participants and establish a baseline understanding of how they might appear in interactions. This allowed the researcher to understand if the participants might be becoming distressed and allowed participants to become a bit more familiar with the researcher to decrease some potential anxiety around the interviews. Secondly, it allowed opportunity to ensure participants were not currently within an abusive relationship. Thirdly, the content of the session was used to collaboratively write a safety plan with participants to establish how they and others might recognise distress prior to, during or following the interviews and what they might do about it. Given the dyadic nature of the interviews it also permitted discussion about what may need to be done to accommodate different coping styles and managing joint and individual distress. The interviews themselves incorporated 'checking-in' and 'checking-out' opportunities to bookend each interview as well as pauses in the interviews to provided agreed opportunities for participants to break. This process alongside the skill set of a Trainee Clinical Psychologist undertaking research were designed to support participants with any distress.

2.4.3.4 Data handling. All documents containing confidential information were password protected and stored separately from interview data on the secure university OneDrive. It was only accessed from a passworded laptop. All data was handled in compliance with the Data Protection Act 2018, the General Data Protection Regulation 2016 and according to ethics approval. All records will be destroyed upon successful completion of viva.

2.4.3.4 Anonymity. Anonymity was ensured throughout using pseudonyms. Participants were encouraged to choose their own. As individuals who participated in this research may have been at risk of being targeted by those who historically perpetrated DVA against them, some content from the interview was not included or mildly altered.

2.4.4 Questions

Questions were congruent with study aims, research questions, epistemology and research method. The questions involved substantial back and forth between the researcher and the research team. Questions attempted to explore both the impact of abuse and how it was negotiated. Questions were intended as a guide allowing space for participants to speak to their own narrative. Questions were similar between interview types to elicit both individual and dyadic narratives.

Table 7

Interview questions:

	Dyadic Interview	**Individual Interview**
Interview Questions	**Can you tell me about how the abuse you both experienced has impacted you?** Prompt: What impact has all this had on the relationship between you?	**Can you tell me about how the abuse you experienced has impacted you?**
	What ideas have you shared about why the abuse happened and what has happened to you since?	**What ideas do you have about why the abuse happened and what has happened to you since?**

	How have you responded to your shared experiences of abuse and how have these responses developed over time? Prompt: How have you coped with, responded to and/or resisted the abuse?	**How have you responded to your experiences of abuse and how have these responses developed over time?** Prompt: How have you coped with, responded to and/or resisted the abuse?
	Looking back to the acts of abuse, what ideas or resources do you have now that you wish were available to you in your initial responses to the abuse?	**Is there anything you didn't say in the joint interview that you wish to share?** Prompt – what contributed to your decision not to share this?
	Are there any stories about your experiences of abuse or what has happened since that you have not yet had the opportunity to tell and/or that you feel go unheard?	**Are there any stories about your experiences of abuse or what came after that you have not yet had the opportunity to tell and/or that you feel go unheard?**
		I want you to think of someone who has been supportive of you. How might they describe how you've been since the abuse?

	How has it been to tell your stories together?	**How has it been to tell your story?** Prompt: joint vs individual?

2.4.5 Reflexivity

NI from a social constructionist frame recognises the subjectivity of research and that in writing this research it is essentially a narrative (understanding the occurrence in the participants lives) within a narrative (the telling of the narrative to the researcher) within a narrative (the writing of this research) (Dubnewick et al., 2018; Trahar, 2006). In this instance from a lived experience lens. To promote reflexivity the researcher had frequent contact with their research team to ensure decisions were considered and their potential impact recognised. The researcher kept a reflective journal throughout the research. Personal reflections are written throughout this research paper to allow greater transparency for the reader. The researcher was part of a NI specific research methods group which promoted a focus on reflexivity within this method.

2.5 Procedure

2.5.1 Recruitment of participants

Table 8

Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
• Dyad aged 18+ with previous relationship of child and caregiver. • Jointly exposed to DVA. • English speaking. • Able to attend interviews and pre meet.	• Individuals who are within an abusive relationship, • Dyads which include a someone who perpetrated DVA. • Individuals who appeared too distressed by the topic to engage in the research safely. • Individuals who are unable to meaningfully consent to the study such as lacking capacity as indicated by the Mental Capacity Act 2005.

Participants were dyads who jointly experienced perpetration of DVA against them. Examples of this relationship could be parent and child, older and younger sibling or unrelated co-residents. Familial dyads were included to better enable inquiry as to the longitudinal relational impact of DVA as well as the longitudinal coping with that impact. Caregiver and child roles were included to allow opportunity for the consideration of intergenerational impacts of DVA as well as coping with the intergenerational impacts. Caregiver and child was included over parent and child to not unduly privilege the experience of heteronormative families, western families and care inexperienced[14] families. Both parties must have consent at the outset of research but could have withdrawn individually later. Initially my research team and I discussed criteria with a minimum time since the abuse to ensure time to process the DVA to protect participants. However, it was agreed that time passing is not a definitive predictor of processing and emotional distress reducing from what we understand from trauma theory. We also agreed the topic of the

[14] Care experienced refers to individuals who have experienced time in foster care or residential care. Care inexperience meaning individuals have not spent time in these settings.

study itself is likely to screen out individuals not prepared to discuss this topic. The distress protocol would also act as a safeguard to this.

The social media platforms of 'Instagram' and 'X' were used to create a research account by which to share study materials (Appendix B). The content and links to these profiles were shared widely by various individuals on these platforms and seen by several thousand individuals. In the shared materials it was made clear that interested participants should direct message the social media research accounts or contact the researcher on their university email.

Once contacted the researcher would answer any questions the prospective participant had and confirm they met study criteria. If individuals were suitable and still wished to participate the information sheet and consent form would be sent out to each participant separately. Prior to the information sheet and consent form individuals were not informed they would be financially reimbursed for their participation. This was done to minimise 'imposter participants' (Ridge et al., 2023) who might imitate suitable participants for purely financial reward and to prevent an ethical dilemma whereby individuals who may find the topic too distressing but may be in such financial need they consent regardless.

Once consent forms were returned to the researcher signed, the safety planning meeting was arranged and preferred mode of meeting agreed. Recruitment occurred between September 2023 and April 2024.

Two dyads, four individuals, were recruited for this study consisting of two mother and daughter survivor-victims.

2.5.2 Data collection

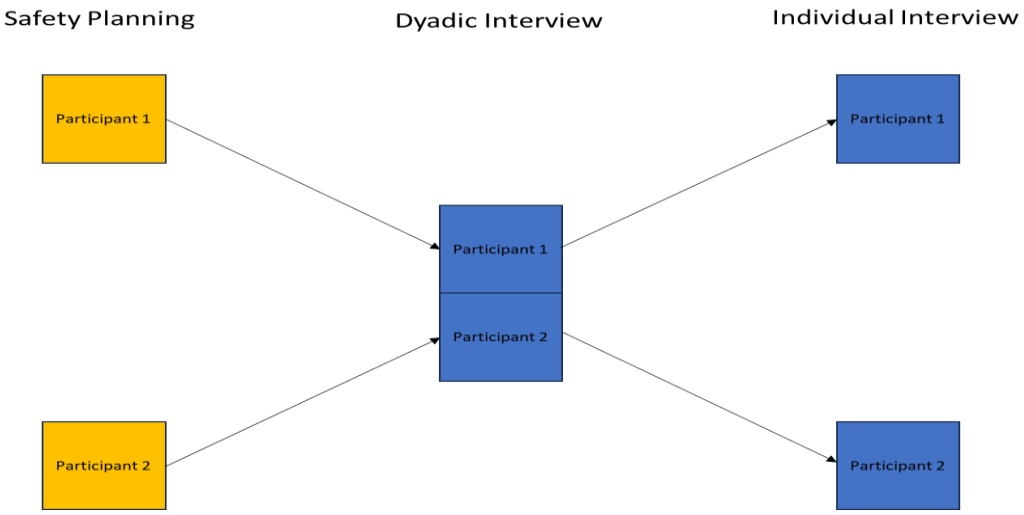
Data collection occurred via semi-structured interviews, two for each individual, three per dyad. After the safety planning the researcher interviewed the dyad jointly. In the week following the researcher interviewed each individual in the dyad separately. This novel approach to interview dyads and individuals was selected for several reasons. Given the focus on relationships and intergenerational patterns interviewing participants together appeared to facilitate this discussion more effectively. Interviewing both jointly and individually was intended to provide opportunities to explore the convergence and divergence of narratives the dyad might share. Finally, given the comparatively large time period being explored multiple interviews were needed to provide adequate space to explore this.

The interview format of dyadic interview followed by individual interview was a lengthy choice made with my research team. The individual interview being placed second allowed the exploration of specific narratives without repetition had the process been reversed. Furthermore, placing the individual interview second allowed opportunity for the researcher to more effectively address any distress.

The option was provided for interviews to be online or in-person based on distance but all participants opted for video interviews via the video conferencing platform ‘Zoom’. Interviews were semi-structured and were video and audio recorded. The questions posed in the interview were intended to lightly guide participants in their story telling. Interviews were then transcribed verbatim by the researcher. The data analysis was completed using both word documents and paper and pen.

Figure 3

Interview format:



2.5.3 Analysis of the narratives

Following the researcher's transcription of the interviews they repeatedly listened to the recordings and read the transcript to both confirm the accuracy and immerse themselves in the data.

Table 9

Good narrative analysis according to Riessman (2008):

Quality guidance	**Action taken to ensure quality**
The process of inquiry begins when the interview starts.	A post interview journaling occurred immediately after each interview with a post interview debrief available with research team.
Active and engaged listening is a necessity.	The interview ensured minimal distractions in their interviewing environment and adequate rest time between interviews to ensure focus.
Impact of the setting of the interview.	All interviews took place online in environment that felt safe to the participants which was discussed at length in the pre-interview meeting.
Transcripts should not be corrected or rectified.	Transcripts were transcribed verbatim and attended to various verbal and non-verbal cues.

NI is not a set of techniques and fixed guidance. It should be adapted to best fit the purpose.	Adaptions were made to fit the method to the experience and sample.

Table 10

Analytic categories adapted for this research based on (Andrews, 2021; Mik-Meyer & Järvinen, 2020; Nollaig, 2011)*:*

Analytic category	**Focus of Categories Inquiry**	**Questions to support In Inquiry**
Thematic	Thematic focuses on what is being said and what language is being used to do so.	• "What is being said?" • "what type of story is being told?" • "What is not being said?" • "Where do dyads stories and language converge and diverge?" • "Is this a story about abuse, it's impacts or resisting?" • "what non-verbal communication is occurring or not occurring"

Structural	Structural focuses on how a narrative is organised in terms of its sequencing of information and what domains are and are not explored.	• "Is this story coherent to me? Might it be coherent to others?" • "Is this story coherent when told separately and together?" • "How is the story sequenced?" • "Who are the main characters in this narration?" • "What parts of the story are given more or less focus?"
Dialogical/Performance	Dialogical/Performance focuses on the co-construction of narratives between individuals. How narratives may or may not change based on the audience present and how these are contextualised in the socio-political world in which people exist.	• "Who is telling this story and Why?" • "What does the person narrating privilege?" • "Who is not telling this story and why?" • "Who is this story being told to?" • "What is the purpose of this story?" • "What emotion might be showing up for the speaker in this narration?"

		• "What emotion or response is expected from the audience in this narration?" • "What emotion or response is provided by the audience in this narration?" • "How is my identity impacting my listening, what do I privilege?" • "How are interactions between interviewer and participant/s influencing this narration?" • "How is this narration informed by the narrators and audiences' context?"

3. Narrative Inquiry

3.1 Overview

This chapter will focus on exploring the data from the interviews. Riessman (2008) presents a framework suggesting exploring individual stories before exploring collective stories and sub-stories. This approach was considered, but due to the unique method of using dyadic interviews this approach would diminish narrative coherence for the reader. As such, Dyadic stories will be presented first, followed by individual stories and finally collective stories.

Some narratives appeared tangential initially due to the dyadic co-narration. A richness in meaning making was generated by attending to who spoke and when, who didn't contribute, nonverbal communication and the impact of all this on the original narrator [15].

In the many hours immersed in recordings and transcripts, I found that some moments never ceased to move me. As such, though I eagerly invite you to be audience to my narration I also recognise the emotional labour that may come with it. As such, I encourage you to care deeply for yourself as you read this. In reading the below stories I would echo the words of Frank Arthur (2013) "stories are not material to be analysed; they are relationships to be entered".

3.2 Dyad A

Charlene (mother) and Brooke (daughter)[16]

[15] Some minor changes have been made to ensure anonymity of participants without any intended changes to the meaning what is being said.
[16] During safety planning Brooke informed me she was pregnant.

Dyad A opted to videocall from their respective homes. I experienced their narration as deeply emotive and felt humbled by their transparency. In their shared telling they moved between complimentary and contrasting positions that helped weave a multifaceted narrative. The narrative itself appeared to consist of braided quest, progressive and chaos narratives[17].

Their story began by Brooke highlighting the non-linear chronology of understanding the impact of DVA, ***"it wasn't something I, I really thought about until I was in probably, say *pause* my early twenties"***. She further highlighted how the process of understanding was not always characterised in a linear fashion but relationally, **"it wasn't until I got into a stable relationship that I started to be able to notice some of the impacts**". Charlene corroborated this before thickening the narrative by speaking to her own history of childhood DVA. Having her own vulnerability from childhood experiences and an increased sense of awareness of other individuals who may represent a threat ***"You know, coming from a place of wanting to understand and learn what it was in me that, you know, make me susceptible… understanding the links to to to my childhood… being able to just pick up in a room that sort of personality type, somebody who might be a bit unsure of themselves, somebody who potentially might be aggressive***".[18] She also spoke to how big the impact was ***"I think it impacts every area of your life"***. The start of the narration served

[17] Frank, (2013) and Weingarten (2001, 2012) wrote about how those experiencing illness have certain patterns of narration based on the type of story being told.
Quest: These narratives are stories of acceptance of the situation with a search more meaning and value to be gained from it.
Progressive: These narratives highlight incremental progress accrued over time.
Chaos: There is no narrative order and no clear solution, experiences are often painful and circular evoking a sense of stuckness. Chaos narratives can be experienced as hard to listen to by audiences as they can lack traditional narrative structure and have no clear resolution.

[18] I reflected on how important the safety planning meeting may have been for Charlene to feel more comfortable with me.

to outline the scope of the impact of DVA and how the dyads understanding of it has changed, particularly in connection with others.

The dyad then began to share about the complexities and challenges of the perpetrator of the abuse still having contact with Brooke. ***"^why did I maintain this relationship?^***[19] ****pause* It's more aggravation than it's worth but then, at the same time. *pause* I have friends who have no relationship with their fathers, and I'm grateful for the good memories I do have with my dad… why did I continue engaging with my dad when I knew how he treated my mom".*** The narration possessed great emotion. It appeared this was not the first time this dichotomy had been voiced. Charlene recognising Brooke's dilemma spoke to balancing protecting Brooke with promoting her agency. However, this led to difficult feelings for Charlene ***"a lot of the pressures that were put on me. I sort of see being put on my daughter now. I find that a bit frustrating in myself at at times. But you know she's an she's an adult. She's got her head screwed on. And you know, just like I said, a lot of boundaries, stepping back and letting people deal with their relationships individually and having a lot of respect for each other's choices".*** I experienced a sense of the dyad wanting to protect and support each other as I heard their narration. There appeared a sense of stuckness for both Brooke and Charlene and I reflected on the double bind[20] they appeared to be trying to navigate. Brooke appeared to be trying to stay supportive of her mother who had been exposed to DVA whilst not leaving her physically

[19] "^" within quotes denotes what appeared to be moments of emotional intensity denoted by pitch, volume and tempo of narration. This is not to say other moments lacked emotion but that it was most visible to me, as an audience, at these points.

[20] A double bind is a paradox whereby conflicting communications are received that cannot be resolved. These communications can come from varying levels of context such as individual or societal levels. As such, any outcome is associated as a negative outcome (Pearce, 2005).

dis-abled father. Charlene wished to support her daughter's autonomy and choices whilst still not wishing to see her suffer or experience what she had.

I recognised this was a blind spot for me. The individual who perpetrated DVA in my family died several years ago. Professionally many of the individuals I worked with were either still living the abuse or were estranged from the individual who perpetrated DVA. I had poorly considered the impacts of ongoing connection with someone who has historically perpetrated abuse and the differences this would likely introduce. Therefore, great effort was made to ensure I attended to this going forward in my exploration of this narrative.

The interview then began to explore how the relationship between the dyad had been impacted by the DVA and changed over time. Charlene spoke to the complexity of negotiating their mother daughter relationship ***"it's made Brooke and I very close…that can be wonderful, and at times it can be too close…I think in the last couple of years, in her current relationship…there are more clear boundaries".*** This was framed in the context not only of the DVA but involvement by the children's social care from the local authority (LA) who removed Brooke into care for a time before returning her. Whilst in care, Brooke was placed in an environment where she was exposed to severe abuse. Charlene reflected on substantial efforts to support her daughter following her experiences ***"working extra hard to sort of rebuild that home environment… love, therapy for her, the appropriate friendships and relationships, the learning how to look after self and speak up for herself. I was very mindful of her, ^you know, not normalizing those behaviours or seeing those things as as normal because she'd grown up with them. Very, you know, eager to break the cycles^".*** In relistening to this, it brought reflections on how many times Charlene had had to present

similar testimonials of her parenting to assure people she was a 'good enough' mother[21]. I wondered how that may be similar in her narration being aware her words will be witnessed by another audience. Brooke was eager to agree with all of what her mother shared and built upon it by highlighting their journey together and how impactful ongoing abuse had been for their relationship ***"for context. I'd say, Mum and I are in a very good place at the moment, but it hasn't always been that way. Particularly when my dad would meddle in our relationship".***

We then explored causes of the DVA with both Charlene and Brooke's father being raised in abusive contexts. Charlene expressed ***"I can see elements in her father's past as to why he was the way he was. Always being sort of hyper, sensitive to that, because I had come from an abusive background myself. There was a child sexual abuse in my family dynamics background… being the child in the family who blew the whistle, so to speak, on that so not having, you know a well, a secure attachment, an appropriate, you know, upbringing myself as a child, ^left me open to not know my self-worth^".*** She also highlighted that her drive to not replicate her childhood left her unaware of the abuse until it was happening ***"The abuse that happened in my childhood also made me want to work on my relationship and try and make that work even more so in some ways…wanting to make sure that my children had an appropriate father ^ironically, and doing everything I could, *pause* so I thought, to try and make you know that relationship work^".*** It was apparent how strongly Charlene desired to provide a better childhood for her children than she had experienced. This sounded reminiscent of a 'corrective script', a motivation to try

[21] The language of 'good enough mother' is used here to reflect the immense burden on women in general but especially women under the scrutiny of LA's to meet and unrelenting deeply misogynistic and culturally bias standards set for what a mother 'should' be (Davies et al., 2007; Del Valle, 2024; Smithey & Smithey, 2018).

and not replicate experiences of one's own childhood in their parenting of their own children (Byng-Hall, 1985). Brooke reflected ***"I never think about the mum factors"*** despite knowing this information. She appeared to be deep in thought about this new paradigm. Brooke presented as inciteful and erudite and yet had not reached this conclusion without prompting. I would tentatively suggest it's perhaps therefore dissonant from how Brooke constructed culpability for the DVA.

Brooke then observed the complex morality of the situation ***"I felt really sorry for him, because both my mom and my dad have quite horrific backgrounds…I can see how this happened but at the same time ^it doesn't make it right^".*** Brooke continued this thought and as she spoke it appeared she might be performing what she said to her mother but also narrating this to multiple ghostly audiences (Minister, 1991), the many individuals who might hear her words through this research, ***"trauma happens, and that it's important that each generation just tries to minimize it a little bit at a time… I wish mum would give herself a little bit more grace…^I think mom would love to like, mop up every single last drop of trauma^… from my perspective, thinking about the future that ^my child's going to have from where we've come from is something that brings me a lot of pride…in all of the work. I think that's come before me, even all the way back to like my grandma^".*** The reflection on this intergenerational process and being a good ancestor (Krznaric, 2020; Saad, 2020; Shukla, 2015) was powerful in the interview. It also led the researcher to reflect on the care burden on women in families and how these generations of women were working to resolve a whole family's experiences of trauma (Elmahdi et al., 2011).

I recall being deeply touched by Brooke's words. It felt so resonant with my own hopes for what I might achieve in my personal and professional life. However, this in turn

prompted me to not privilege something simply because I find it agreeable but to share the whole narrative.

The narration then turned to the impact of the LA on the dyad. This topic was clearly deeply emotive and painful for the dyad. The narration increased in tempo and entered more frequently into a chaos narrative. Charlene spoke passionately about the LA and the impact on her children ***"they*** (the LA) ***sort of picked it*** (the abuse Charlene had experienced as a child) ***up and used it to their advantage when they wanted to, and put it down when they, you know, ignored it when they didn't want to… ^I made my home safe. Got the abusive, you know, partner out out of the home. Then battle with the local authority to… keep my children^… ^them being fully aware of the violence that you know, went on in my home, but supporting him*** (Brookes father)***^… him being granted access".*** Charlene was eager to present herself as ***"not social services bashing"*** but was encouraged by Brooke as well as myself to speak her truth if she felt comfortable to do so. Brooke said ***"well I'll bash them!...I've met some cracking social workers because I've trained alongside them like there are some good ones out there*** (but not all of them)***".*** She continued ***"the way that services deal with families who suffer this this trauma. I'd say it's the biggest thing that you know. Negative impact that's happened since that, I think, still goes on for a lot of people. I think we're very fortunate*** *(to have navigated it*)… ***very aware that there are hundreds of stories like that*** (of families being mistreated and harmed by the LA)***".*** Though Charlene expressed herself capably her narration was filled with understandable emotion.

Charlene spoke to the value of an Educational Psychologist that supported her and her children ***"We were very lucky to have stumbled across, you know, somebody who was supportive and able to put their heads on the chopping block and go against the the local***

authority. The expert… ^was really the saviour there. A lot of people don't have that. I think that's quite important to say it's not the norm^". Charlene's perseverance combined with the input of this professional were the core factors of how she felt she navigated this situation, recognising her own agency but also where allies were needed to navigate a harmful power imbalance ***"If I didn't have that support, and you know, so, coupled with my own strength of character. ^We wouldn't be here^".*** This was a powerful subjugated story of Charlene's resistance. I'm unsure it would have felt tellable in a different context without Brooke.

Brooke was quiet during the narration, appearing emotional before adding ***"^Listening to that was more emotive than even some of the other stuff spoken about for me. I have a lot of anger, a lot of frustration…the treatment and the uplifting of my white father compared to my black young single mother. I yeah. I struggled to put to verbalize. How angry it makes me!... my dad and the role he played, but also the fact that that was amplified by the systemic racism^".*** Racism was not named until Brooke spoke to it. The researcher questions whether Charlene would have felt safe enough to name this, without Brooke there, in front of a white male professional. Once named the discrimination experienced by the dyad was spoken to much more openly. Charlene spoke to ***"It's not just lack of appropriate services, the systemic abuse. ^Yeah, the yeah, the the abuse that goes on there, the manipulation^. There's a lot of criminal offenses that were committed towards my family, by the local authority ^manipulation of documentation, paperwork. A lot of it, I think, comes from… lack of appropriate training^".*** I experienced a sense of pressure from Charlene, the pressure of having a story which is often unheard or scrutinised and suddenly having an opportunity for it to be heard (Pearce & Pearce, 1998). Charlene then spoke to her resistance of this oppression ***"^you know it more ignited me, pushed me***

to more towards justice, to want to do something about the system to make sure that my children, you know, were supported and did well and weren't what I was^". Throughout the interview the harm from the LA alongside the resistance of the dyad was central. LA involvement appeared an enormously painful process for the dyad shaping their lives and having numerous impacts. Charlene's intersecting social graces (Burnham, 2012) meant she had experienced compounded forms of oppression as a young black working-class mother. The conceptualisation of Charlene by the LA sounded akin to the caricatures named in Sister Citizen (Harris-Perry, 2011) and how black women are subjected to certain discriminatory stereotypes. In this instance it appeared Charlene may have been portrayed as the discriminatory stereotypes of the 'Jezebel', a young black woman in need of social support with children at a young age, and later the 'Sapphire', a black woman who is seen as unreasonably angry or resistive. The researcher experienced a felt sense of a dam breaking during the narration. Of a story that was painful, one that was so resisted and dismissed by those in positions of authority that it appeared to be either an unheard or untellable story (Fisher-Yoshida, 2012).

I felt a deep sense of gratitude to the dyad for offering such a vulnerable and powerful narrative to a white researcher. The discrimination experienced by the dyad made me reflect on my own prejudices and the power I hold in understanding and narrating this story to you the reader. As such, I specifically considering the work of Ahsan (2020), Cooper et al (2022) and Dei & Johal (2005) to aid in identifying my where my whiteness may be showing up. However, I must acknowledge that my prejudices may still emerge as this is a fundamentally subjective interpretation and, as such, invite accountability and naming of this. I also invite the reader to consider their own prejudices in the reading of this narrative.

Charlene offered reflections on what the LA could have done to support them ***"the importance of expanding that those children's and the the parents world… all my children went to our after school clubs I did educational things, educational learning to get, you know, back into work… widen their world, you know, put the normality that's not there in their support around that"*** this could be understood as thickening narratives and helping create a story about someone that isn't defined by just DVA. Continuing this thinking she also reflected on the way LA appeared to operate ***"the local authority tend to deal with these things by pulling resources out of the family, taking the children away, putting them into other homes. Where appropriate, (they should be) giving those parents those resources and supporting them, giving them the correct expert mentors to help to support and build those those children's lives socially and a parent as well, who's dealt with those things?"*** Charlene appeared to be suggesting a strength focussed approach to enabling families and introducing protective factors alongside experts by experience. She further explained ***"*** (abuse) ***can be all that your world is where you're in an abusive relationship… so you're putting that everyday normality, that normal life structure which is a very delicate thing to do"***. With her narration I experienced a felt sense of her hope that this research would be impactful because of how harmful her experience had been.

The dyad was then invited to expand on some of what had been said by considering how they had responded to the DVA. Brooke offered a chronological progressive narrative. Brooke spoke to a ***"naïve"*** response which she referenced self-harm and the want to end her life before then expressing she ***"internalised"*** the response ***"thinking something was wrong with me as a as a lot of young children do".*** She then expanded on how that response changed in her teens and early adulthood ***"through a... combination of mum pushing for therapy with me, mum being a supportive mum and then be choosing to study***

psychology" which allowed her to be more aware and intentional. Brooke also reflected on the non-linear nature of her responding and resistance ***"I don't think you ever get to the point where you're like healed, everything's fixed, because then something happens to the present moment… like, ^oh, that bit's not healed^. And you've got to go back and understand that a bit better".*** Finally, she spoke to how she responds currently ***"resisting it for me is in putting those boundaries in place, prioritizing my mental health, trying to align myself with my values around as an adult understanding in more detail what he*** *(her father****) did and then feeling angry about that in a way that I didn't as a child… I'm just still trying to to navigate with that in terms of how I cope with it ummmm and I cope with it by making sure that I've got a strong support network, which I do in my partner, my family, and my own therapy"***. Brooke spoke to an ongoing process of meaning making informed not by the passage of time but by a process of connections and support of others. Brooke named the importance of her mother ***"^setting an example even to my own child as well when they're here^, of what is acceptable and what's not? So yeah, I think that's that's what's helped me resist is having it role modelled by my mum".*** This narration appeared performed more to Charlene than the researcher. I wondered if this was due to Brooke's discomfort with her mother being potentially blamed or whether there might be a narrative not shared with me around Charlene being self-critical that Brooke disagreed with. Alternatively given the persecution and discrimination faced by Charlene I wondered how permissible it would have been for her to demonstrate vulnerability or self-criticism in public in the past as it would have been weaponised against her to remove her children.

Charlene responded, she also offered a progressive narrative detailing the initial loss of trust and her goal being to protect her children ***"***(at first) ***sort of pushing for healing within my family, for myself and for my children. Minimize, you know, the future impact***

going forward. I think it's… impacted relationships more than 20 years since I sort of came out of that relationship… ^the partner I have now would be the first partner that I've disclosed, you know, all of that stuff to^. If I didn't have the therapy that I had, I wouldn't have been able to do that". She also named the value of social support ***"having a good, you know, friends network and being able to be very open with my friends", this*** felt particularly important knowing Charlene's experience of navigating the care system. Having her ex-partner still in her life through her daughter was very difficult for Charlene and she had worked hard at ***"^setting those boundaries…***(friends) ***helping me to resist getting drawn back in, because I want to protect my children. Go out there as as the you know, mother lioness^"!*** Psychotherapeutic support and the meaning making it enabled was valued by Charlene but how lengthy and painful the process could be ***"for myself, really getting to know myself, understanding how that abuse works, what it does to you, just making you become, have to become very self-aware, which is lovely but hard as well".*** However, in her view the results spoke for themselves in setting ***"^realizing just the breath of fresh air having a relationship having love without the violence^".*** The last piece of narration was spoken to with such a palpable sense of relief, of something long sort after and deeply valued. I wonder if perhaps such a thing at one point felt impossible for Charlene.

Before ending the interview we discussed how the interview had been with both reflecting on the emotional labour but also the value in doing this together and new insights they had gained in reflecting with the prompts had provided with Brooke saying ***"this conversation made me realize how entangled and entwined our recovery has been from it, and that resistance… we went through it together, and I think part of that abuse is that it***

makes you feel like you're going through it in silo" and Charlene adding ***"it's refreshing to be able to feel proud and look back at the journey".***

Throughout the narration there was frequent use of psychological language from both individuals, especially at the offset. Would this have been performed differently had I not been a clinician? Equally, this may have been the case due to one of the dyads professions as a mental health professional and their experiences with personal therapy. The narrative contained several uses of language that invited a sense of ingroup knowing. A knowledge that the researcher would inherently understand as someone who had lived experience of DVA. This was a narrative that had been scrutinised many times due to societal stigma and professional services. I wonder if perhaps the usage of clinical and ingroup language might have been an effort to imply legitimacy of their narrative specifically to me with my intersecting identity of clinician and survivor-victim.

3.3 Dyad B

Angelica (mother) and Alice (daughter)

Dyad B also video called from their respective homes. I recall feeling deeply privileged in witnessing this narration as if I was seeing something precious and not often seen. The dyad often spoke in shorter exchanges leading to a more live co-narration which in turn wove a more cohesive story. The narrative appeared mostly a quest narrative with some chaotic elements. I experienced the narration as deeply honest and considered. I did not experience these ideals as conflicting but as generative and mindful of potential ghostly audiences.

Angelica began the narration by naming the impact of the DVA on her willingness to trust ***"you start off a relationship… and you find that trust… until it's broken in whatever***

way and once it's broken, it's hard to get it back and it's hard to think of it in future potential relationships (romantic ones)***"***. She also named benefits ***"I think it's made me more… aware of the feelings of Andrew*** (son) ***and Alice".*** Angelica reflected the impact of DVA on her children has meant she is has been even more attentive to try and offset that impact. Alice appeared to agree with her mother's awareness of her wellbeing. Alice continued the thread of relationships expressing ***"It's impacted relationships like and… I agree with you in terms of you know, from that first year to now, it's impacted my relationships differently… initially I was a lot more wanting to just have anyone that was close to me, like anyone that had an interest in being close to me when I was younger. I wanted to be close to them, and I wanted to be, you know, have lots of connections with lots of people"*** Alice appeared to be speaking to the relational harm she experienced and attempting to that as a child through further connection. She continued to reflect on these actions ***"I think maybe to restore knock in self-esteem and confidence from the abuse… when you try and reach out to so many people, you then start to notice that sometimes…*** (I) ***lean towards people that maybe weren't good for me, you know, that led to more harm and then I think that then confirmed a bit more of a pattern of me, making me reflect a little bit on… you realize that you have to kind of navigate and reflect on people and who they are when you're trying to connect with them, and where that's coming from for you, and where that's coming from for them, so that you elicit safe relationship… I guess that also correlated with growing up in that time and me discovering Alice as a teenager then Alice as an adult".*** Alice appeared to reflect on the vulnerability of her adolescent self, following the DVA and the potential for further harm had she not learnt from these experiences. For her this also correlated with her biological, psychological and social development. I observed what I think was a subtle note of pride on Angelica's face as Alice

noted how she grew. This narration led Angelica to reflect ***"it was after about 10 years when I decided to dip my toe in the water*** (another romantic relationship) ***, and I'm not sure that's even the right decision… I'm not sure if I'm not better off just being on my own… as a single person, because ^I'm very fortunate I have lots of friends and good family, etc^".*** It appeared that for her the increased awareness of DVA had brought with it a cost and an uncertainty about romantic relationships but simultaneously had allowed her to value friends and family more.

The interview turned to their relationship, with Alice reflecting on the importance of the dyad's relationship in navigating the impact of DVA ***"We've always been close but then again there's always been the atmosphere of abuse. Whether I was aware of it or not. We had that traditional mum, daughter dynamic but there was another layer of things I think… I definitely have always put ^my mum on a pedestal, in a good way^ *Angelica and Alice laugh*, not in a way of like I shouldn't do that like I think it is justified"*** Angelica acknowledged the praise and reciprocated the affection before commenting ***"the 3 of us*** (Angelica and both children) ***have remained together as opposed to going off in other directions and not supporting each other when we could. I mean, yes, you don't always get it right, but you learn with each other, and what each other's needs are… Andrew and Alice that they are the most important things to me, regardless of anything else and will always come first and I think it has made us strong there in some respects".*** Angelica's narration was told with deep affection and pride. It highlighted how important and safe their relationship was despite what barriers may have emerged. Angelica positioned the relationship as vital to surviving the DVA ***"^The strength, the closeness, and the support in getting through… I can't imagine being without that^ and I'm very grateful for that. Because I don't take anything for granted"*** Alice nodded in ascent throughout before

adding ***"we can be very silly together… and have serious conversations. I think the fact that we can kind of talk to each other in different domains but also, I think, like we can communicate when we have difficult emotions as well and I think sometimes that's an indicator of closeness… so I think that the yeah, the honesty and the transparency and the level of depth, I think, I would define as some of that closeness"*** The strength and robustness of their relationship and how integral it was in negotiating the DVA but also many challenges that followed, appeared a core part of the dyads shared narrative. Alice expanded this further by reflecting ***"I think the strength kind of sometimes shows up in both of our abilities to show support for other people, not just for my myself and my mom but I think other people in our lives"*** which Angelica quickly added ***"^I would agree with all of that and I think it's something that we've always done, and that I always did^"*** which appeared to indicate how integral care and compassion for others was to the dyads shared narrative and appeared to be a replicative script[22] for Alice.

The narration then expanded upon this story of connection and compassion extending it to Alice's father and the reasons for his actions. Alice said ***"His experience with his mum and I think that he lost his dad at a critical age… lots of things that we kind of recognized and I guess in essence, kind of trying to put ourselves into a little bit of an empathetic viewpoint to make sense of him going through some significant amount of distress in his life and his experiences, shaping his later actions… it would be way more uncomfortable for us to sit in a place of*** (him) ***being always just just a bad person".*** Alice appeared eager to contextualise her fathers' actions and not frame him in a moral binary. Angelica agreed and thickened the story by adding ***"Alice's dad had a child, a previous***

[22] Another family script named by John Byng-Hall as an experience people would seek to replicate due to their belief it was helpful.

relationship that was didn't go very well at the time. and I think when I look back that that was where his difficulties began in terms of what he was dealing with, but not dealing with". The approach of compassion and storying lives appeared to have enabled varied but ongoing interactions and connection with Alice's father. Alice later added, ***"leaning into that empathetic viewpoint and trying to understand why… someone would ever act that way and trying to come from a place where actually having that understanding brings more peace."*** This process of meaning making appeared to enable not only a better relationship with Alice's father but also a better relationship with themselves as it was in keeping with their values. I wonder if this also permitted greater compassion for themselves and each other.

The dyad started to consider other contextual factors which aided their understanding of what happened with Alice reflecting, ***"Has definitely led me, I think, down a path of the profession that I'm in*** (mental health services) ***and then the profession reciprocates the influences, how you think and frame things as well".*** Alice then invited her mother to share in her ***"spirituality" "I do have a belief in in most things spiritual, not all things. I have a strong faith, and I believe that's helpful to me".*** This could be understood as two different but equally helpful ways of meaning making by the dyad. It's unclear if Angelica would have offered these reflections on spirituality independent of prompting by Alice.

The narrations focus then shifted to how the dyad resisted the impact through ***"joy"***, ***"silliness"*** and ***"humour".*** Alice shared ***"Mom gave me a lot of like freedom when it became the 3 of us*** (left Alice's father) ***… it just felt like an underlying sense of recognition of we'd all been through a lot… I think like if there was anything where, you know, if I asked for***

something Mum, was way more like say yes than no… I guess, trying to bring in a lot more joy in our lives when we've had a lot of those opportunities taken away or limited, or recognizing that the balance of the scales of distress and joy was a bit out whack before then" Angelica quickly added ***"^wanting you to be able to have some relief and joy in your life^"*** restoring what felt lost or limited appeared a very powerful commitment by Angelica. It was also valued by Alice as a way to resist abuse: ***"I view sometimes being really silly and engaging in humour and playfulness as an act of resistance… to the effects of abuse. I think we had to spend a really sustained amount of time being very serious, and I think for me, you know, that took away from some of the opportunities of being silly and playful as a child… taking opportunities.. pursuing joy, being silly… ^I think that that's something that is incredibly shared by Mom and I *both laugh*^".*** Angelica seemed happy to hear this. This presented a strong counter-narrative to normative ideas of how survivor-victims should respond to DVA.

As the interview started to near an end angelica chose to reflect upon her ***"choice not to reach out"*** saying ***"I didn't say anything to anybody. If I had reached out to some family members, ^maybe there would have been a different outcome^… I was fearful that the services would come in and take the children away from me… when you're in that situation you don't always have the tools to think clearly… you can't always see what they might say, the wood for the trees... I think I was wrong not to reach out".*** Alice quickly offered a contextualising and validating response to her mother ***"I always believe that Mum did the best she could with the resources she had at the time… ^not being with my mum*** (due to LA involvement) ***would have been way worse^".*** Alice continued to reflect on the stigmatisation of survivor-victims of domestic abuse ***"I get very protective over*** (my mum)***… I don't want anyone like… judging my mum. Because I just always believe that she's done***

as best as she could, and you do hear some wider narratives sometimes in society where people like. Oh, if you're struggling, just leave, and it's never that easy. Things like finances, like all of you know that security and the practical side of know, raising two children on your own and all of that stuff… and just naming that there was still love, for you know, and still is love in terms of for that person that enacted the abuse… you have such a strong desire for connection and to make it work. And you have those moments of connection, you have those moments of being a happy family… I think that that is what can be really confusing and trying to determine the best path forward" It seemed a victim blaming discourse (Capezza & Arriaga, 2008; McBride-Chang et al., 1992; Radford & Hester, 2001).

The dyad spoke now about DVA more generally and, I felt, strongly spoke to ghostly audiences in the potential readers of this research. Alice commented ***"I think there's a bit more public awareness of resources around domestic abuse and violence *pause* but then it's hard to say because also, I'm I'm in the profession where I'm immersed in*** (awareness of it)***"*** She proceeded to reflect on having to ask people she worked with if there were any concerns about DVA before commenting ***"I think that there is multiple times where we*** (her family) ***were in contact with a service where, if that had been a part of the protocol could it have been different you know, I wonder? I think that there might have… I think there were little signs of things that my brother and I were struggling with that maybe weren't picked up on and I don't think it was until I was in a real crisis where services had to intervene and it was a real critical… it took a while to then build a relationship with someone to name further events*** (DVA as opposed to attributing it to her parents divorce) ***".*** Angelica voiced her agreement with this and the need for support for people living with DVA.

As the interview reached a close, I encouraged the dyad to reflect on the process of narrating together with both expressing doing it together made the most sense and had been helpful. Angelica reflected ***"it's been good… doing this with Alice, I couldn't think of any other way to do it really"*** before Alice commented ***"It can be really cathartic, because you kind of remember that you both went through it together, although in different ways, but in similar ways, too".***

In this narration there were again instances of inferred ingroup knowledge and some clinical language which again perhaps intends to lend a greater degree of legitimacy to this narration. The narrations considered nature felt notable and brought with it the absence of judgement. This felt important for the dyad and, in keeping with the content they offered, felt a powerful counter-narrative blame of those who perpetrate and of survivor-victims.

3.4 Individual Interviews

The individual interviews will be presented by story, as individual interviews were contextualised by the dyadic interview and referenced it often. Individual interview content is only presented if it substantially expands existing narratives or adds new ones. This approach was agreed to be more accessible to the reader and less repetitive.

3.4.1 Brooke

3.4.1.1 "When words aren't your natural way". Brooke reflected she often wishes she didn't have to use words to express herself. She storied her changing relationship with her embodied response to di/stress ***"*** (if) ***I'm not okay, or I'm not feeling safe, and I'm not aware of them to the point now where it comes out in my body. so that results in like muscle, pain, muscle, failure, hyper immune responses and various diagnoses".*** Brooke

then spoke to her relationship with movement and how expressive and healing it could be for her ***"I've always loved to dance… I now realize that I process things somatically, through movement"*** Brooke felt this was acutely the case for anger an emotion that she acknowledged pathologizing in herself and that society finds unacceptable, especially in women who aren't white, ***"I'm still learning to do safely, or that, you know, I feel might be judged by society because of how it views it… I'm always drawn to street dance and hip hop, because there's something aggressive about it that I feel like I can just let go".*** She further expanded this by exploring the importance of dance and less verbal ways of communicating to self and others ***"I will dance and notice what's coming up for me and it will tell a different story. So finding other ways of expression when when words aren't your natural way… it's resistance because if you can't express yourself and understand what you're experiencing, how on earth are you going to be able to grow"?*** Bodily storing and processing of experiences appeared very important to Brooke and enabled her where society might seek to quiet her.

3.4.1.2"Something that happened and it's always going to be there". Brooke spoke about the ongoing impact of DVA whilst also attending to ongoing ways of resisting its impact. She reflected on how, as an adolescent and young adult, she had tried to cope ***"suppressing and not feeling my feelings and trying to be the adult since a very young age and the adult for me, especially with a role model like my mum who came across very strong and resilient throughout her experience… that's who I wanted to be".*** We reflected on Brooke's pregnancy naming how she never intended to have children until recently and when she was a teenager believe ***"I've like inherited this sickness of my dad particularly, because I would have these explosive moments of anger as well. ^So I don't wanna have kids because I'm gonna pass it on to my kid^"*** but she had worked hard to overcome this

and ultimately reflected that ***"I come to realize the older I get that I don't think that ever will be an endpoint. It's something that's happened and it's always going to be it just depends on how it shows up"*** naming the ongoing and non-linear nature of negotiating the impact of DVA.

3.4.1.2 "Attachment". Brooke spoke to how she now views her ***"attachment***" to others and how this has changed over time despite her experience of DVA and being placed in care. She acknowledged starting as ***"kind of hyper, independent and hyper, aware very early and a bit kind of distrusting of the people who are supposed to support you".*** Contextually this is an understandable and common response for many individuals who learn to navigate homes with DVA. She then spoke about how she still experiences increased vigilance of anger but through support from her mother, partner and lengthy therapy, she learning how to navigate this differently. She also spoke to her journey toward greater vulnerability with friends and family ***"I mean to your friends and to your family. It's hard to talk when you're not even aware that you need to talk. So that's been like a thing to have to learn that first but yeah, like talk talking to friends and being authentic".*** Brooke ended her individual interview by adding ***"I don't know whether I've focused as much on how important the dyad between my mum and I has been… it just it feels huge like if I were to put it on a pie chart of all the things that helped me resist, I would say, it's at least 50%".*** Brooke could not impart more sincerely the appreciation she had for those close to her but particularly her mother. These relationships appear powerfully therapeutic and supportive for her.

3.4.1.3 "Understand rather than blame". Brooke also expanded on the importance of understanding and making meaning of her family's experiences. Whilst reflecting on how

both her and her mother had coped with their experiences of trauma she reflected on her father's coping through violence and manipulation ***"I'm still trying to unpack like *pause* why it happened from his perspective… I also don't know if blame is… healthy. I try to understand rather than blame".*** Brooke also reflected on how her mother and herself can occasionally be triggering to each other and how they negotiated this ***"when you've been through trauma too and you might be reactive… I think the grace*** (meaning compassion, patience and forgiveness) ***we've been able to give each other throughout is probably the the most beautiful thing that's happened".*** Understanding appears to provide Brooke perhaps a degree of hope for how the future can be better and meaning she can find in her experience.

3.4.2 Charlene

3.4.2.1 "I can break this cycle". In the individual interview Charlene provided much richer detail as to her own childhood and in doing so demonstrated how deeply reflective she was ***"*** (I was the) ***last child out of 8 sort of culturally… in a large family like that your older siblings tend to look after you rather than having that intimate connection attachment with just a you know, maternal figure… there was clearly… a desire for acceptance in me."*** She reflected on the revelation she was in an abusive relationship and unintentionally found herself still in the intergenerational pattern ***"It was quite a big moment and quite a deep and upsetting moment because ^I'd had suffered abuse in my childhood and I… kicked myself. How could you make that same mistake and put yourself and your children through?^".*** Following this Charlene detailed a period of deep emotional pain before the revelation she had not achieved her corrective scripts. This appeared a catalyst for her ***"I was the child who who left home, and I was the whistleblower in my***

family, so it had always been a drive for me to have an appropriate family, so I felt a great sense of failure… now I really have to pick up the pieces and help myself and my children to heal, so that that I can break this cycle". She reflected on this drive being so important to helping her resist the LA, get her children back and fuel her through the painful moments of her own therapy ***"I wanted to prove myself as well, and ^not to be defined by abuse or my past^".*** During this explanation Charlene spoke to learning to recognise individuals that may present risk to her or her children. During this narration she said ***"probably a bit sexist for me to say"*** before speaking to the anger men can display. Had this piece not been performed to a cisgendered male research would this have allowed greater ease in speaking about the gendered experience of this violence?

3.4.2.2 "Saviour". Charlene spoke at length about the value of the having support that wasn't time limited or siloed into differing services ***"I spoke before, you know, an appropriate therapist to support my parenting, and to understand the best way to help them*** (her children) ***unpack and feel supported with their experiences too".*** The ability to contact this individual for advice was invaluable to Charlene and she expressed they were in some ways ***"co-parenting"*** in moments. Charlene felt deeply fortunate in having a professional who was so helpful and felt it wouldn't be the norm for others "***Other families going through a similar situation wouldn't have access to*** (this)***…*** (it) ***is quite a big thing having that on tap… appropriate expert that I could pick up the phone to and ask questions".*** Finally, she reflected on all she felt able to achieve with their support, ***"I would say that they've been able to help me see the growth that I've made… to be patient with myself, to be kind to myself".*** The ongoing and multifaceted nature of the support provided by this Educational Psychologist offers a confronting difference to how many NHS run mental

health services offer time limited and highly specific interventions. It appears that would not have been helpful in this instance.

3.4.2.3 "That real broken system". Charlene spoke to how the LA failed her as a child and a mother. She first outlined how the LA's discrimination sort to maintain the status quo ***"the local authority, who, I felt didn't care for me well, as a looked after child refusing to accept the sort of*** (different) ***narrative… you know, a single teenage black parent who's never gonna do any better than you know, live on benefits, on a council estate or whatever… who do you think you are, you know, looking to educate yourself, or you know the trying to better yourself".*** Given these and other experiences she believed the LA is broken ***"The local authority… it sort of carries through from the the abuse that that I suffered as a child abuse that I suffered within the care system, and then you know the neglect that was suffered to support my, my family that that real broken system".*** She felt that though there were many publicised failures by the LA that any acknowledgements of fault were not sincere ***"it's often just on on paper. They're not implemented in in practice. So a lot of lip service is, you know, made to to appease victims… but real changes are very often not made".*** Charlene presented a powerful unheard narrative about her experiences across her life of the LA and a counter-narrative to how public bodies are often portrayed by those in positions of power.

3.4.3 Alice

3.4.3.1 "Balancing the fun". Alice expanded on her journey with joy and how it's been found in different sources. She first discussed an attempt to end her life before saying ***"I kind of realized that ^I wasn't getting out of things of of life so easily^ and then it was kind of about alright well, if I'm gonna be doing this thing, then how do I make that***

enjoyable? I think by… connecting with that playfulness connecting with friends really... (trying to) ***squeeze the most fun out of everything in those initial stages, and I think there's something about making up some of that joy lost".*** There was something important to Alice's telling about joy as resistance and not letting DVA impact her life. This felt particularly present during Alice's undergraduate degree ***"seeking out, I guess, novel fun ways to do it*** (joy) ***as well. So I was going for more like interesting sports that I went to at university… there's something about incorporating playfulness and bodily movement that I think was two key ingredients and part that healing for me… opportunities for play, and that representing freedom and autonomy and empowerment, I think as well for me so novel sports kind of representing opportunity for both those things".*** She then proceeded to reflect on how this changed in her twenties ***"It's not just about balancing the fun out again it's maybe about how do we we balance all the different areas of life and recognizing that life's not just about fun and because that wasn't sustainable… pursuing those more impulsive or fun routes… had unintended consequences".*** She reflected that the transition to not just pursuing joy but have a rich but ***"disciplined"*** life had a notable impact on her outlook and it left her ***"less feeling like a victim".*** It appeared that the choice to not always work to offset the abuse with enabled acceptance and promoted a life not defined by DVA or it's resistance but this paradoxically allowed her to take greater agency in negotiating it. She further reflected "***I think I wouldn't always, yeah, be able to accept responsibility earlier about the impact of the abuse and I don't mean as in it's not my responsibility that abuse happened, but I mean… how it plays out in terms of your mental health, I think. It's important for me to recognize some responsibility for managing that and looking after myself in response to it."*** We explored what enabled this transition and Alice reflect ***"my failures *laughing*".*** Alice felt the ability to accept her mistakes, not be trapped in shame

and reframing them to help motivate her had enabled a very different relationship with the impact of the abuse. This appeared a powerful form of resistance and changing of a character's role and identity within the narration.

3.4.3.2 "A long journey". Alice highlighted how she utilised different support at different points in her journey. She spoke about the physiological and psychological impacts of DVA in her childhood and adolescence***"*** (I) ***remember so much tension*** (in my body)***, and I think I didn't always understand that or comprehend that from a really young age"*** she then reflected on the value of movement and being young allowed more bodily expression ***"I guess you connect with the running around and being free and playground and doing more that kind of bodily movement when you're really young… just having a way of expressing something through the body".*** She then spoke about her teenage years ***"definitely times where like, I was having unexplained symptoms in my body as a teenager… did different investigations…*** (was told) ***I'll grow out of it…I was quite anxious, and I think had difficulty at times connecting with other kids and depending on what was going on at home it impacted my mental health and that was like really severe to the point where yeah needed CAMHS***[23] ***intervention".*** Alices embodied experiences and psychological wellbeing appeared closely linked and may relate to somatic experiences and bodily holding trauma. A linking factor between physical and mental wellbeing for Alice also appears to have been connection with others. She named sports as being a social space as well as movement ***"that shared aspect is something that you're interested in, you know, that shared between you all. It's something that definitely think's been key in this whole journey… I think those years being such in a community of regular contact completely***

[23] Child and Adolescent Mental Health Service.

changing to me." However, close relationships and moving away from a traumatic environment also paradoxically for Alice brought difficulties with them ***"I think there was something about leaving the environment where difficult things had happened… that my mind and body started to be like, oh, you're out of that zone now, aaaaand we're gonna start thinking about some of that stuff."*** She also spoke about meeting deeply supportive romantic partner ***"that person was like, wonderful, really safe, really containing really connected… I then started to notice my mental health declining, and I was withdrawing from sport in that community sense, and I think that there was something about being in a really safe place with a safe person that led those things to unravel".*** She spoke about how difficult things became and how this then required a differing type of support ***"*** (I had) ***a delayed PTSD response compounded by another traumatic event… it became more about processing trauma, revisiting what happened, making sense of it and then really more about how do we resolve this long term? Because I think between those points, I hadn't really done anything that was kind of making sense of what had happened other than like, you know, having a space to name it, learn some skills to cope and move forwards… that was a lot more about longer term sustainability and that was more trauma focussed therapy".*** In contrast she also reflected that at points services had not been accessible ***"There have been times where I struggled and not gotten the help I needed".*** When Alice has been able to access support, her narration reflects the value of professional interventions alongside social support from her friends and grounding herself in movement.

3.4.3.3 Connection. Most of what Alice spoke to in her individual interview was in some way woven together by connection with others. Connection with her mum helping her find joy and silliness, connection through sport helping her find community with others, connection through romance helping her feel safe, connection with her father through

developing greater understanding and empathy and connection with herself to better understand and make meaning of what had happened. She also spoke about **"Magnetism"** and **"vulnerability"** being recognised in the connection between certain individuals ***"I can only speak from a cisgender woman perspective but I think that there's something around ummmm when you've experienced abuse and violence how other people respond to you after that… cisgender men detecting some of that vulnerability".*** She added ***"I was fortunate to be given resources and therapy to be aware of those push and pulls and how those dynamics play out".*** Alice reflected there was a felt sense that transcended the content of the verbal interaction and left a sense of vulnerability.

Did my cisgendered masculine identity alter the narration of magnetism? I was somewhat oblivious to this in the moment as the point Alice was making was so deeply resonant for me. As someone who is a survivor-victim of DVA I recognised exactly the magnetism Alice had named. This made me curious about gender and sexuality in this experience but it's something I am unable to answer in this research.

3.4.4 Angelica

3.4.4.1 "My own time". Angleica expanded upon some of the narrative she told in the dyadic interview reflecting on her time as a single individual. Following the ending of the relationship she reflected ***"I think for me, I have come to appreciate my own time".*** She shared that she valued the company of others deeply but that she had grown deeply accustomed to being in her own company and this was very freeing and enjoyable for her. However, it did bring with it material concerns ***"My choice to me was driven by finances because it's more expensive down South than in the North when you're a single person".*** This appeared to represent the impact of wealth, social class and geography on single

individuals and how leaving DVA may have a larger material impact on some individuals then others.

3.4.4.2 "I just felt relief". Angelica reflected on the impact of DVA ***"it's like something's hanging round your neck, you know it's kind of holding you back, and and it can make you ill… I think it was just losing that in your daily life that that those things*** (that made me myself) ***just came back".*** Angelica reflected on the day she left the family home ***"I just felt relief… I didn't grieve, cause I felt had actually done all my grieving throughout many years".*** This appeared similar to ideas around anticipatory grief, grieving being a gradual process that occurs ahead of an event of loss as smaller aspects of the previous lifestyle are lost (Coelho & Barbosa, 2017). She further explained how grief occasionally crept into her life at points at certain milestones, somewhat akin to recurrent grief (Rosenblatt, 1996), but she had learnt how to negotiate it ***"trying to change things in my life to to not wallow. That's the right expression in what's gone on, because it has happened. It did happen but we're out of it".*** She then explored how she had enriched her life so it wasn't defined by the grief ***"I've tried to put the things in my life. A little bit of courses and things like that for studying to try and, you know, keep your mind occupied, and change and do different things. Meeting up with friends, keeping in touch with family, being there for them if they need me".*** Although moments of regret or grief do emerge, her life was now filled with things she cherished that brought different meanings to her life than just a dominant discourse of DVA survivor-victim.

3.5 Collective Narratives

This section explores the convergence and divergence of collective narratives along with their sub-stories with more explicit links to the broader literature.

3.5.1 The relationship with DVA

All participants spoke to the innumerable ways in which DVA has impacted their lives and how it has continued ***Brooke: "I don't think that ever will be an endpoint. It's something that's happened".*** This may be impacted by each dyad having ongoing contact with the perpetrator of abuse, but the narratives portrayed that this wasn't the sole reason. All participants reflected on how DVA had left them feeling disconnected with others and what was important to them (Afuape, 2011). Some participants reflected on the great difficulty of knowing how and when the impact was going to show up in their lives **Brooke: "It wasn't until I got into a stable relationship that I started to be able to notice some of the impacts**" whilst others reflected on the value of therapy and other support to help make them more aware of where the impact might show up for them ***Alice: "I was fortunate to be given resources and therapy to be aware of those push and pulls and how those dynamics play out".*** The literature supports that the impact of DVA is pervasive and ongoing often due to the impact on attachment and due to psychological trauma (Fox et al., 2014; Hulley et al., 2023; Tarquinio et al., 2012) but also the material impacts of DVA on finances, housing and physical health (McCaw et al., 2007; Sharp-Jeffs, 2015).

3.5.2 Sub-story: Acts of resistance

Acts of resistance are actions which directly resist power structures (Bourdieu & Bourdieu, 2004). Given the varied and ongoing impact of DVA it is only proportionate that the ways of coping and resisting are equally as varied and ongoing. Participants found so

many ways to negotiate the impact. Dyad A often spoke about the need for boundaries as resistance due to the ongoing involvement of the individual who perpetrated the DVA **,** ***Brooke:*** "***resisting it for me is in putting those boundaries in place, prioritizing my mental health, trying to align myself with my values".*** Value congruent actions are recognised to make individuals happier and are integrated into many therapies (Berman et al., 2009; Harris, 2006). For Charlene that came in the form of resisting the LA's discrimination, ***Charlene: "^you know it more ignited me, pushed me to more towards justice, to want to do something about the system to make sure that my children, you know, were supported and did well and weren't what I was^."*** Charlene's resistance to powerful systems of oppression for a better future sound deeply aligned with 4th and 5th wave radical systemic approaches which look to make changes at all levels of context not just personal or familial levels.

Limiting intergenerational trauma was a defining part of both dyads acts of resistance and their narratives, ***Charlene: "now I really have to pick up the pieces and help myself and my children to heal, so that that I can break this cycle".*** Recognising intergenerational patterns and potentially resisting intergenerational patterns can be addressed through many psychological models but particularly models with focus on family and attachment (Byng-Hall, 1985, 1998; Dallos & Vetere, 2018). Breaking this cycle involved ongoing therapy but also compassion ***Brooke: "I think the grace*** (meaning compassion, patience and forgiveness) ***we've been able to give each other throughout is probably the the most beautiful thing that's happened".*** This seems to link to a number of different therapeutic ideas around compassion and mentalisation (Allen et al., 2008; Gilbert, 2009). For Brooke the transition from never wanting children to now being pregnant appeared an act of resistance, not being defined by intergenerational trauma. Dyad B spoke at length about the mutual pursuit of joy

and laughter together ***Alice: "I view sometimes being really silly and engaging in humour and playfulness as an act of resistance…^I think that that's something that is incredibly shared by Mom and I"***. This discussion appears to mirror ideas central to post-traumatic growth (Bakaitytė et al., 2022; Henson et al., 2021). For Alice there was growth moving from just finding joy to have a more balanced and holistic lifestyle which enabled her to feel ***"less feeling like a victim".*** This resonates with ideas around agency and taking responsibility in DVA work (Vetere & Cooper, 2001). For Angelica not being defined by grief and filling her life with connection and activities allowed her to resist***, Angelica: "trying to change things in my life to to not wallow. That's the right expression in what's gone on".*** This sounds akin to Narrative therapy ideas on accessing subjugated discourses, to thicken narratives which helps open up more possibilities for action and hopefulness about the future (White & Epston, 1989).

3.5.3 Understanding and Connection

All participants spoke at length about the importance of understanding and making sense of what happened whether that was better understanding themselves, ***Charlene: "for myself, really getting to know myself, understanding how that abuse works, what it does to you, just making you become, have to become very self-aware"***, understanding the individual who perpetrated the abuse ***Alice: "leaning into that empathetic viewpoint and trying to understand why… someone would ever act that way and trying to come from a place where actually having that understanding brings more peace"*** or understanding each other, ***Angelica "you learn with each other, and what each other's needs are… Andrew and Alice that they are the most important things to me".***

Greater understanding enabled opportunities for connecting with others which promoted better opportunities to understand. This continues in a reciprocal manner of understanding of self and other allowing greater empathy and opportunity for close connections. This may explain the less chronological and more relational development participants describe. This aligns with various ideas around mentalisation, containment, co-regulation and developmental theory (Ainsworth & Hansen, 2012; Allen, 2018; Szykierski, 2010). A safe relationship is integral to processing traumatic experiences (Huppertz, 2018; Lawson-McConnell, 2020). Furthermore, individuals who have experienced DVA are viewed by some literature as more likely to have disrupted mentalisation and coregulation capacity which makes the presence of it for these individuals all the more remarkable (Gumley, 2010; Moreno et al., 2016).

3.5.4 Sub-story: Mother and daughter

Both dyads consisted of mothers and daughters; both named how paramount the relationship was to resisting the impact of DVA. Brooke attributed most of her coping to her mother ***"I would say, it's at least 50%*** (of everything that helped)***"*** with Angelica naming "***they*** (children) ***are the most important things to me, regardless of anything else and will always come first".*** The complexity and nuance of mother-daughter relationships is noted several times by participants. Particularly the mothers wanting to offset the harm that had occurred either through ***"balancing the scales of joy"*** or being a ***"mother lioness".*** The literature recognises the uniqueness of this relationship and how the intergenerational navigation of societal norms of women being "quiet" and "compliant" can lead to complex

dynamics between mother and daughter and also be a deeply sustaining relationship (Hasseldine, 2017; Schreurs et al., 2003).

3.5.5 Right support at the right time

All participants sought different forms of professional support. This involved support for physical, mental, material and spiritual well-being. There were repeated accounts of the value of professional psychological support, **Charlene:** "***an appropriate therapist to support my parenting, and to understand the best way to help them*** (her children) ***unpack and feel supported with their experiences too",*** but also the importance of faith ***Angelica:*** "***I was part of a spiritual healing group and that was something that was very supportive to me"*** and community support, ***Alice:*** "***I think those years being such in a community of regular contact completely changing to me".*** All the participants spoke about changing needs given the non-linear nature of healing and needing different involvement.

3.5.6 Sub-story: Failure of services

Most participants also spoke about the failure of services. The involvement of the LA was a major antagonist in Charlene's narration, this is mirrored in many other pieces of research and across newspaper headlines (Frost & Parton, 2009; Parton, 2014). Furthermore, racism and classism have a serious presence in children's social care services (Drew et al., 2023; Hood et al., 2020; Webb et al., 2020) as they do in the systems which uphold and monitor them (Flemmen & Savage, 2017; Miller, 2021). This triple deprivation (Emanuel, 2002) further compounds the challenges already faced by vulnerable families experiencing DVA. Alices narration also highlighted the failures of mental health services either not asking about DVA when it was apparent, or not meeting her needs when they were needed ***"There have been times where I struggled and not gotten the help I needed".***

3.5.7 Sub-story: Embodied lives

Both individuals who were children at the time of abuse, named experiencing physical symptoms in childhood that were not easily medically explained which both felt might have been a response to the DVA (Caldwell & Leighton, 2018; Kozlowska, 2013). They also both explored how movement through sports and dance had enabled easing of tension or enabled expression. There is a growing literature base on embodied response to distress and how soothe and regulate the body in distressed states (Babbel, 2018; van der Kolk, 2014; Porges, 2022).

4. Discussion

4.1 Overview

This chapter will synthesise elements of the previous chapters. It will do so by linking the findings with the literature, exploring the implications of the findings and critically reviewing the research before concluding.

Research Questions:

- What narratives are constructed and how have they changed over time?
- How have these narratives constructed the abuse and the relationships impacted by the DVA?
- What narratives are shared between caregiver and child and what narratives are kept to the individual?

4.2 Summary of findings and implications

Implications will be explored via stories and sub-stories. It should be recognised that though the analysis was conducted in a rigorous and reflexive manner that other readings of the data might lead to different and equally valid insights. Alternative subjective interpretations are not inherently at odds, simply a different interpretation of a multifaceted experience (Riessman, 2008).

Table 11

Table of findings:

Story	**Sub-story**
The relationship with DVA	• Acts of resistance
Understanding and Connection	• Mother and daughter
Right support at the right time	• Failure of services • Embodied lives

4.2.1 The relationship with DVA

Participants spoke to the pervasive and invasive impact DVA had been in their lives. It has covered substantial spans of time and impacted many domains of life even once the abuse had stopped. There is rich literature on the many potential impacts of DVA (Ağaçhanlı et al., 2018; Conner, 2013; Taylor et al., 2023). There was a collective experience from all participants that it would be an experience that was never 'gone'. The participants spoke about how the impact of DVA would creep into their lives sometimes at obvious points but also in seemingly unconnected moments, this was often distressing or frustrating when the impact had felt distant. One of the largest concerns about exposure to DVA in adolescence is the potential for disrupted attachment and how DVA may impact on future relationships (Hou, 2020; Little, 2023).

Perhaps the most consistent narrative of when the impact of DVA appeared for participants was in romantic relationships which either served to elicit similar concerns around trust or created such a safe environment that it permitted unexpected processing of the DVA. Highlighting that narratives changed due to connection with others, rather than the passage of time. Participants navigated this by either finding valued connection in non-romantic relationships and/or continuing their own therapy to help navigate it because as of the

payoff being so valued by them "***realizing just the breath of fresh air having a relationship having love without the violence".***

4.2.2 Sub-story: Acts of resistance

For each story of harm it was matched by ways participants had resisted. A form of resistance noted by one dyad was defining boundaries with different people in their lives. Abuse often distorts boundaries so the reclamation and definition of these corrects this and helps prevent further trespass (Johnson & Hooper, 2004). Breaking the cycle of abuse led varied ways of resisting. It appeared as not wanting to be defined by abuse, not repeating the past and being better than those who came before. In contrast there was also reflections on intergenerational resistance looking at the efforts of previous generations to break the cycle as inspiration and a gift. There is a growing literature base on this, particularly drawing from decolonial practices, around navigating and stopping the cycle of intergenerational trauma (Hoosain, 2018; Leifer & Smith, 1990; Rees & Evans, 2021).

Participants also mentioned giving each other **"grace"**. Individuals who have been in such threatening contexts may have well-developed ways of navigating potential harm (Wile, 1940). To observe this, react gently and imagine why this might be is a difficult process. The capacity to hold another's mind in-mind is fundamentally related to compassion within the empirical literature (Allen et al., 2008; Frie, 2010; Ledoux, 2015). This appeared enabled by the caregivers' efforts to offset and not replicate previous experiences of shame and disconnection alongside therapeutic intervention. Participants spoke about the power of joy in the face of what had been bleak circumstances. Joy not only fosters opportunities for connection with others but is a form of resistance. The literature recognises the resistive nature of joy but does not associate it with DVA (Case & Joubert, 2020; Osifo, 2023; Webster,

2001). One participant described ***"less feeling like a victim"*** and being able to focus less on finding joy. Other participants experienced senses of increased agency and not letting DVA define them. A life less defined by DVA and an increased sense of agency perhaps speaks to a transition from identifying less as a survivor-victim and identifying more with a different aspect of identity. There is less need to resist something that feels less impactful. This appears similar to ideas about thick and thin stories in Narrative Therapy (White & Epston, 1989) ***"It sounds a bit it's like something's hanging round your neck, you know it's kind of holding you back… think it was just losing that in your daily life that that those things just came back".***

4.2.3 Understanding and Connection

The interviews were thick with participants stories of making meaning of their experiences. This was through many routes; personal therapy, spirituality, parenting, research, vocation and most prominently through connection with others. All participants spoke of opportunities to be in meaningful connection with others, which enable learning on soothing others and self. These connections also improved understanding of what may have influenced the actions of the individuals who perpetrated harm or who may perpetrate harm which enabled safety but also a transition from blame to understanding. Understanding and connection appeared to have a reciprocal relationship. The importance of connection and learning through the actions and reflections of others feature in parts of the SLR (Lau & Kristensen, 2007; Sabina et al., 2023; Schubert, 2022). Attachment and understanding is closely connected in the literature base and in practical therapeutic application (Kearns & Hart, 2017; Siegel, 2018). There is also literature which highlights how early disruptions to attachment might impair capacity to understand interpsychic and

intrapsychic processes (Dewitte et al., 2019). However, participants demonstrated how despite these disruptions they have tremendous capacity for understanding interpsychic and intrapsychic processes throughout the interview process. ***"you realize that you have to kind of navigate and reflect on people and who they are when you're trying to connect with them, and where that's coming from for you, and where that's coming from for them, so that you elicit safe relationship".***

4.2.4 Sub-story: Mother and daughter

The importance of the mother and daughter relationship was in all participants narratives. The caregiver in both dyads spoke to how hard they worked and how desperately they wanted to rectify any impact on their children caused by the DVA. After they ***"awoke"*** the mothers storied their tireless efforts to ***"correct"*** what had happened often at their own expense. This felt akin to a paper by Jones and Vetere (2017) titled "You just deal with it. You have to when you've got a child" which was a major theme in their research with mothers who had fled DVA with young children. The relationship between mothers and daughters is a rich and nuanced relationship in the literature. It is a relationship that must inherently navigate the complexities of misogyny for the mother whilst hold the tension of wanting to protect the daughter from this harm but also prepare her for it. In doing so does this potentially internalise misogyny (Montei, 2023).

What was clear is this sacrifice and effort to ***"balance the scales"*** was impactful and an emotionally corrective experience. Furthermore, both Brooke and Alice demonstrate substantial interpsychic and intrapsychic understanding. As such, perhaps this may have been enabled by safety and closeness in the relationships with their mothers. Brooke commented on the intergenerational process of each woman in her family trying their best

to do the best for future generations. Particularly Charlene's efforts to ***"mop up"*** trauma. This in turn caused Brooke to reflect on her pregnancy and what this process of trying to mitigate inter-generational trauma could mean for her child. Charlene made similar comments when reflecting upon her journey and recognised how this would not have been possible if Brooke had been permanently removed from her care. Both dyads relationship had been integral to their individual processes of resistance and growth. If harm is intergenerational then the process of healing and resisting could also be intergenerational, "***How important the dyad between my mum and I has been… it just it feels huge like if I were to put it on a pie chart of all the things that helped me resist, I would say, it's at least 50%".***

4.2.5 Right support at the right time

All participants spoke to needing different support throughout their journey. A range of support has been needed at different times; physical health, psychology, emotional, social, educational and vocational support. Psychological support has taken individual and group formats, longitudinal interventions and brief crisis interventions and involved differing therapeutic modalities. This has changed as the individual circumstances have changed and as their own relational discoveries have led to new insights and understandings. There have been times when needs and support received have been mismatched. This has led to mental health crisis service involvement and harm to the participants. Participants also spoke to the immense value of getting the right support at the right time from a consistent professional. This is congruent with the wider literature and the SLR findings which note the importance of tailoring support for the context (Jaberghaderi et al., 2019; Kamran Ehsan & Rowland, 2021; Serpeloni et al., 2023). The pressures on services are enormous when they face

significant underfunding and ever-increasing demand (Christodoulou & Christodoulou, 2013). Unfortunately, this amongst other reasons, means there is substantial literature of services not meeting individual's mental health needs (Erickson et al., 2001; Fernando, 2010; McKay & Jr, 2004).

4.2.6 Sub-story: Failure of services

A major part of one dyads story was the LA who took the role of an antagonist in some ways more so than the individuals who perpetrated the abuse. Children's Social Services is a traumatised system with a difficult purpose with pressures on time, resources and staffing (Collins, 2006, 2008; Ferguson, 2016). At the same time, there are many serious case reviews and pieces of research that highlight the failures and harms of services (Brandon et al., 2008; Butterworth et al., 2017). How this system operated in this instance worsened the situation. The participants described how it removed resources and opportunities as opposed to adding them.

It appeared to present a strange loop to the participants whereby a double bind occurs across differing levels of context. The state in the form of the LA criticised Charlene for not parenting well but Charlene was parented by the state as she was removed to care in her childhood. Charlene, is given all the responsibility to rectify the impact of the abuse despite not causing it and having limited resources. This prevents any ownership of responsibility for the violence by the state or Brookes father. When the LA remove Brooke they are not held responsible for their failure to protect Charlene in her childhood or their failure help rectify the impact of her father's DVA. This promotes a cycle of harm, minimised responsibility and does not invest resources in enabling people to affect meaningful change more easily. The state intervention is seen as the solution but there is no evaluation of its

effectiveness in a longitudinal manner. This protects state from culpability and revictimises survivor-victims reducing their opportunities to enact change as well as enabling ongoing discrimination. This isomorphic power differential speaks volumes to the labour of participants in resisting this influence ***"pick up the pieces and help myself and my children to heal, so that that I can break this cycle".***

4.2.7 Sub-story: Embodied lives

Participants spoke to the embodied experience of DVA, as well as movement as a form of regulation and expression. This links to the SLR (Kamran Ehsan & Rowland, 2021) where the focus on literacy and verbal communication excludes some individuals who may not find spoken word as accessible. Both ancient and modern practices speak to the power of embodied trauma processing (Babbel, 2018; van der Kolk, 2014). There is an increasing literature exploring various techniques to regulate and soothe the body (Melancon, 2021; Porges, 2022). Principles employed in art, drama and movement therapy my also be useful (Chodorow, 1991; Feniger-Schaal & Orkibi, 2020; Koch et al., 2014).

4.3 Critical Review

This section will critically review this research and the choices made within it. The researcher will demonstrate efforts to conduct the research adhering to the qualitative quality criteria set forth by Tracey (2010) but will also reflect on the novel method, limitations and strengths.

Table 12

Critical Appraisal of Research Using "Big-Tent" Criteria for Qualitative Quality (Tracy, 2010):

Criteria	Efforts to meet criteria
Worthy topic	• This research is highly relevant given the previously outlined scale and impact of DVA. • The increase in DVA during Covid-19 lockdowns unfortunately indicates an increased need for understanding DVA and what may be therapeutically beneficial for individuals and dyads who have experienced DVA. • The topic and how it is explored in this research is powerfully emotive and rich in detail with hopes that it will inform not only further research but also therapeutic work.
Rich rigour	• This research demonstrates 'requisite variety', the process of a data collection method being of similar complexity to the event being studied, by utilising multiple interviews to highlight the relational aspect of a relational harm as well as relational healing. Conducting dyadic and individual interviews provides complex and nuanced data. • The repetitive nature and length of interviews provides a large volume of data per participant. • Attending specialist NI workshops throughout the past year shows a dedication to rigour throughout the research process.
Sincerity	• Throughout this research I have offered consistent reflections both highly personal and honest. • Once reflections have been offered I have shared how these were considered with my research team and interrogated what informed my thinking, where are my biases or privilege show up. Following this I have critically considered my decisions and what actions I took or what I opted to change following this.
Credibility	• This research has utilised thick descriptions heavily orientated to the specific and more general context throughout but especially in the analysis. • Substantial efforts have been made to 'show' rather than 'tell' readers about conclusions where possible. • The usage of repeated but contextually different interviews with each individual provides similar but differing perspectives of the experience of the impact of DVA and resistance to it. It provides a degree of what is

	termed crystallisation[24], the qualitative equivalent of triangulation.
Resonance	• In the writing of this research many efforts have been made to weave a narrative that is engaging and evocative for the reader. The aim is to help them relate the to the experiences of those written about within the text and feel moved but the emotional labour of those who generously partook within this research.
Significant contribution	• The ultimate goal of undertaking this research is to be theoretically and practically significant to improving the support of those who have experienced DVA and also encourage further exploration of this under researched domain.
Ethical	• From its inception I have sought to be deeply ethical in every aspect of this research. I worked to ensure that my use of power in this context was in no way replicative of what participants may have previously experienced. • I have shown great relational ethics in my transparency about my experience, showing care and concern for the wellbeing or prospective and actual participants through the various stages of this research, especially in the distress protocol. • I intend to keep displaying exiting ethics by carefully considering dissemination. It is important to me that the emotional labour and time invested by those who helped me in this work does not go to waste.
Meaningful coherence	• Design, data collection, analysis, and theoretical links all draw from adjacent ideas and conceptualisations of psychology, research, and life. • Social constructionism and co-construction of reality informed by socio-political context have framed every part of this research.

4.3.1 Novel Method

Interviewing dyads simultaneously and then separately is a novel approach. This was done to ensure 'requisite variety' because DVA is a complex experience especially in a relational sense. As such, a complex method recognising the convergence and divergence of

[24] Crystallisation is the observation of the same or similar thing from different perspectives and reaching different conclusions about it. As opposed to disproving one of the observed perspectives it instead positions that differing perspectives of a sufficiently complex event can co-exist and enrich understanding.

individuals and collective narratives over time. As with every choice, this enabled some opportunities and limited others. I approached this research with the expectation that the narratives of dyads might diverge at certain points due to differing experiential perspectives but this was not the case. This may have been due to placing the dyadic interview first. It may have been a long-standing collective story that was co-constructed between the dyad. This may also have been self-selection bias as only dyads that have already processed their experiences both individually and collectively may have felt comfortable coming forward.

Though the format potentially limited divergence in stories it did appear to enable something else. The co-narration of stories brought with it a richness that individual narrations lacked. It helped crystalise narratives, it provided alternative perspectives and allowed the emergence of stories that may have gone untold due to their discomfort or fear of my response. This drew to mind the concept of narrative interdependence, the nature of how interdependent stories may be (Weingarten, 2001). Neither member of either dyad would be able to provide a fully representative account of their experience of DVA, or resistance to it, without reference to the other members narrative. This adds coherence and helps create a context where the incoherence of traumatic chaos narratives is navigated through a mutually legitimised narration where the dyads individual narration holds great resonance with the others. In some ways this is akin to witnessing and re-membering practices utilised in Narrative Therapy. Being witnessed through others perspectives or witnessing yourself through others perspectives enables new perspectives to emerge and adds legitimacy to subjugated discourses (White, 2011). There is also something in the dyadic approach akin to the concept of ‘a stable third’ an idea utilised in Family System Psychotherapy (FSP) to distribute concern in a system more evenly and offer overlapping perspectives (Cooper & Vetere, 2008).

4.3.2 Limitations

This research contained several limitations:

Recruitment for this research had several aforementioned barriers. This led to four participants being recruited which, comparative to most research methods, is a small sample. However, the volume and richness of data these participants provided highlights this sample was large enough for this research using NI (Daiute, 2013; Morse, 2000). The number of participants does generate other challenges though. The participants were homogenous in the gender and relationships within dyads. Though qualitative research values homogeneity in participants this does invite the query around who's story was not represented. Male candidates did come forward but did not meet the criteria. The findings of this research could look different if considering the narratives of fathers and sons or siblings or involved caregivers who were in a LGBTQIA2S+ relationships. Why was this? Are stories of women experiencing DVA perhaps a less subjugated discourses compared to male experiences of abuse or is it that women are more amenable to engaging in research about the experience together. Perhaps the gendered ways of responding to distress and DVA in particular (Moulding, 2015; Wild, 2022) also meant women found the language to narrate there story more readily available.

It also worth reflecting that people who were willing to come forward as a dyad must have a robust relationship and have found some way to reflect on the experience and may have already had co-created narratives of their experiences. As such, this may have excluded certain individuals from this research.

4.3.3 Strengths

This research contained several strengths:

This research is timely given the substantial increase in DVA during Covid-19 and offers a valuable addition to the literature where there is a clear gap from both a research and clinical perspective.

There is limited research looking at the relational context of those impacted by DVA and therefore this research allowed narratives that are rarely heard within the literature or therapy context to be voiced.

This research was conducted in a rigorous ethical manner to not replicate abuse. It also offered meaningful and transparent reflexive content to help the reader understand the researcher's choices.

4.4 Implications

There are several implications that can be taken from this research:

Future research in this area would benefit being conducted with a more heterogenous sample providing richer and potentially dissonant narratives to this research. Given the barriers to recruitment heterogeneity might be difficult. Support from charities or third sector organisations could aid in accessing more specific pools of participants and make the research, perhaps, seem more appealing to certain groups. Future research could benefit from exploring differing interview formats, either altering the sequencing or a group format based on role of caregiver or child. Furthermore, inclusion of other data sources such as pictures is common in NI. Participants named preferences for movement and differing expression. As such, introducing additional options for expression, such as images or, could be of value and fits with NI (Riessman, 2008).

Participants had much expertise to offer about working with survivor-victims and methods of resisting. Given the scope of their resistance I would propose a change in vernacular from survivor-victim to survivor-victim-resistor. This highlights the capacity to transcend a label predominantly based on another individual's agency. As outlined before these are stages people transition through fluidly and are not fixed points.

Participants distress and growth had limited temporal linearity and appeared relational in nature. From a clinical perspective this highlights the necessity for repeated access to support for survivor-victim-resistors not a singular offer of support after leaving the abusive situation. Needs may also vary during each point of access requiring differing therapeutic paradigms, duration and formats. This includes not only psychological support, but physical health also, given the embodied experiences as well as some expertise or capacity to refer to support for finances, housing and education. These are unlikely to be individuals who find things resolved from six sessions of low intensity CBT but may well access this as part of their journey.

Given the value participants found in meaning making, use of formulation may aid meaning making (Johnstone et al., 2013). A variety of therapeutic paradigms may be helpful based on individual's needs. Due to value of embodied experiences and expression by participants utilising art, drama and movement therapies could be helpful (Feniger-Schaal & Orkibi, 2020; Ritter & Low, 1996). Participants commented on the value of traditional trauma therapies at points so these should also be utilised as appropriate. The relational nature of harm, meaning making and resistance identified by participants could be considered in interventions. A consistent relational experience with a small number of clinicians to enable consistent points of attachment could be helpful (Bates & Dozier, 2003). Family and dyadic

approaches, regardless of client age, may also be of value, particularly approaches that privileges attachment and family such as Attachment Narrative Therapy (Dallos & Vetere, 2021). ANT, and similar approaches, could also provide opportunities for individuals to negotiate intergenerational trauma whilst also enabling more opportunities for intergenerational coping and resistance. The approach focuses on considering attachment and family narratives intergenerationally which appears to align with narratives offered by dyads in this research. Particularly ANT's consideration of replicative and corrective family scripts (Byng-Hall, 1998). Though ANT appears promising other approaches also appear to align well with the idea of intergenerational trauma and it's subsequent healing via relationship. Particularly, community psychology approaches within indigenous communities who have previously been colonised or otherwise persecuted (Hoyt, 2019; Hübl & Avritt, 2020; Radu et al., 2014). Given the substantial intergenerational trauma in these communities retaining community identity, community values and community connection, intergenerationally, has been recognised as important supporting a process of healing and of resistance (Afuape, 2016). Collective narrative practices may also allowed for the exploration of intergenerational trauma and resistance to that trauma (Lock, 2016; Ncube, 2006).

As this research highlights relational connection is important in helping people navigate traumatic experiences. Taiwo Afuape (2011,2016,2020) evidences the impact of trauma on separating people from each other and values that connect them. She also demonstrates how connective and collective interventions, which enable people to reconnect with each other and their values, aids in their navigation of traumatic experiences and resistance across levels of context. This research aligns with these ideas. The systems used in the UK for child protection did not meet the needs of these participants or others as indicated by the literature. Participants were either too scared of the LA to engage with it or

felt harmed by it as it removed resources and discriminated against people. Perhaps services can be preoccupied by risk at times which then limits opportunities for healing, connection and resourcing (Cottam, 2015; Featherstone et al., 2018). Percy Aggett and Philip Messent (2019) present a relational-collaborative approach for social services and mental health services. This is built upon connection and mutual collaboration with people that services are supporting to increase their agency and aid in resourcing them. Findings of this research may be supportive of this approach.

The experience of discrimination by participants in this research is deeply concerning and potentially mirrors the literature highlighting systemic discrimination in many public services (Bartholet, 2011; Hoosain, 2018; Miller, 2021). Participants in the research were harmed by this experience and worked hard to offset its impact. This research does not offer insight in addressing this but recognises the harm and need for change.

4.5 Conclusion

This research has provided a narrative inquiry, using a novel approach, to explore the experiences of dyads as they have navigated DVA. This research brings a unique perspective by capturing the narratives of dyads that have experienced DVA. Participants spoke to the scope of DVA and how it impacted their lives but also the many ways they found to resist that impact. They spoke to the value of the right services, support at the right time, but also the harm of services. They spoke to how the trauma of DVA appeared in unexpected ways. Finally, they spoke to the reciprocal relationship of connection and understanding, particularly between mother and daughter. This provides scope to consider the experiences

of dyads and implications this has for therapeutic interventions and services - “hope is something we do with others” Kaethe Weingarten.

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Appendices

Appendix A: Ethical approval

University of Hertfordshire UH

HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO	Leighton King
CC	Dr Barbara Rishworth
FROM	Dr Simon Trainis, Health, Science, Engineering & Technology ECDA Chair
DATE	18/10/2023

Protocol number:	LMS/PGT/UH/05473
Title of study:	Stories of Change with Caregiver and Child Who Have Experienced Domestic Abuse Together

Your application for ethics approval has been accepted and approved with the following conditions by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

Dr Jo Hadfield

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

Permissions: Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing**.** Failure to obtain adequate permissions may be considered a breach of this protocol.

External communications: Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete**.**

Submission: Students must include this Approval Notification with their submission.

Validity:

This approval is valid:

From: 18/10/2023

To: 01/06/2024

Please note:

Failure to comply with the conditions of approval will be considered a breach of protocol and may result in disciplinary action which could include academic penalties.
Additional documentation requested as a condition of this approval protocol may be submitted via your supervisor to the Ethics Clerks as it becomes available. All documentation relating to this study, including the information/documents noted in the conditions above, must be available for your supervisor at the time of submitting your work so that they are able to confirm that you have complied with this protocol.

Should you amend any aspect of your research or wish to apply for an extension to your study you will need your supervisor's approval (if you are a student) and must complete and submit form EC2.
Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

Failure to report adverse circumstance/s may be considered misconduct.
Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately.

Appendix B: Information Sheet

PARTICIPANT INFORMATION SHEET

Stories of Growth with Caregiver and Child Who Have Experienced Historic Domestic Abuse Together

You are being invited to take part in a study. Before you decide whether to do so, it is important that you understand the study that is being undertaken and what your involvement will include. Please take the time to read the following information carefully and discuss it with others if you wish. Do not hesitate to ask us anything that is not clear or for any further information you would like to help you make your decision. Please do take your time to decide whether or not you wish to take part.

What is the purpose of the study?

My names Leighton. I'm a Trainee Clinical Psychologist studying at the University of Hertfordshire.
Domestic abuse is a very common occurrence that can have a big impact on individuals. Most guidance and research focuses on the short term and how to support people out of abusive relationships. There is less guidance and research, and subsequently few services, which focus on how to support with how people may be impacted in the long term. As such, I want participants help in understanding how the abuse impacted them after it occurred. Particularly, I want to better understand how they resisted it's effects, how they understood it and how they grew beyond it. Furthermore, I think domestic abuse is unique in that it paradoxically involves harm from those who individuals may consider themselves safest with. As such, I want to understand all of the above through the lens of pairs who have jointly been exposed to abuse.

Do I have to take part?

It is completely up to you whether or not you decide to take part in this study. It is understandable that this may be an emotive topic and could be experienced as distressing for those taking part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. Following this the researcher will arrange an initial call with you to think about practical considerations but also to jointly create a safety plan with you and consider the potential emotional impact of participating. Agreeing to join the study does not mean that you must complete it. You are free to withdraw before or during the interviews without giving a reason. If an individual from a pair withdraws before the analysis begins, then the information from their individual and their joint interview will not be used.

Are there any restrictions that may prevent me from participating?

People participating in this study must be a pair of now adult individuals who have previously been exposed to domestic abuse jointly. During the abuse, one individuals must have been a child and the other provided care for that child. This may be parent and child, older sibling and younger siblings or any other kind of relationship, the pair do not have to be blood relatives. I define domestic abuse as any action or lack of action that has harmed or inferred harm to individuals within the same family, home or close community. The harm may have been physical, emotional, psychological, sexual, financial or spiritual and may have been a single instance or over an extended period. Participants must be English speaking.

What are the benefits of taking part?

The research will hope to address a lack of guidance by the government and professional bodies on working with individuals who have historic experiences of domestic abuse and participants will be highly valued contributors to this process. Discussing the growth and change since abuse can be experienced as validating and a powerful way of telling a stories of overcoming their perpetrator's abuse. Participants will be paid for their involvement via a 'love2shop' voucher.

What are the risks of taking part?

Though not focussed on the abuse itself the questions will be related to it and as such may be distressing for some individuals. To try and minimise this the researcher will meet with you before the interviews to help you complete a safety plan. Should you experience any distress during the interview, you have the right to request a pause or stop the interview at any time. The researcher will support with signposting to relevant support services if required.

What is involved?

Partaking will involve two interviews. Firstly, a joint interview with both members of the pair being asked questions with space to talk and explore stories. This will take up to 60 minutes. Secondly, an individual interview with each member of the pair individually which will take up to 45 minutes. Interviews may be face-to-face or online based on travel distance and preference. Questions within the interview will not focus on the abuse itself but will focus on what happened after. The interviews will be recorded. If it takes place online then via Dictaphone and a recording via the video conferencing platform. If it takes place in person then by two Dictaphones.

Confidentiality

If you chose to be interviewed for this study all information you provide will be kept confidential. Data will be collected and stored in line with the Data Protection Act 2018 and

the General Data Protection Regulation (GDPR) 2016. The recording of your interview will be given a code (i.e. Interview A) and stored on a secure in a secure file on the University of Hertfordshire's One drive. All names and personally identifiable information will be removed from the transcripts by the researcher. Personal information will be kept securely and separately from the transcripts. The researcher's supervising and support terms will also be kept blind to the identity of participants when reviewing transcripts.

The results of the research will be presented in a thesis for the purpose of gaining a qualification in Clinical Psychology. The thesis will be held at the University of Hertfordshire Learning Resource Centre and will be accessible to all interested parties. A summary of the main research findings may be published in written work or articles that the research and/or her project supervisors write, as well as for the purposes of teaching and conferences. Information originating from the study will only be made public in an unattributable format. You will be referred to by a pseudonym of your choice within the thesis report.

Confidentiality may have to be broken in the circumstances that information disclosed within the interview indicates that someone may in someway be at risk of severe harm. An example of this would be a disclosure that one of the participants is intending to end their life in the near future. If confidentiality needed to be broken it would first be discussed with the participant, unless this clearly increased risk, and ideally done in a collaborative manner. If was done it would be done in a manner where one relevant information is shared with the appropriate professional body.

How long will my personal information be kept?

Your personal information and recordings will be destroyed upon successful examination of this research.

Who has reviewed this study?

This study has been approved by the University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority (Protocol Number: ….). The research design has been formally peer-reviewed by the study's supervisors – Dr Barbara Rishworth and Dr Jo Hadfield, as well as staff from the University of Hertfordshire's Doctoral Clinical Psychology programme.

Further information

Thank you for taking the time to read this information. If you have any questions, please contact me or the primary project supervisor using the contact details below.

Researcher: Leighton King **Supervisor**: Dr Barbara Rishworth
✉ l.king7@herts.ac.uk ✉ b.rishworth@herts.ac.uk
🖃 Health Research Building, College Lane Campus, University of Hertfordshire, Hatfield, AL10 9AB

Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of this study, please write to the University's Secretary and Registrar at the following address:

Secretary and Registrar
University of Hertfordshire
College Lane
Hatfield
Herts
AL10 9AB

Thank you very much for reading this information and giving consideration to taking part in this study.

Appendix C: Consent Form

Name of principal researcher:	Leighton King
Contact details:	✉ l.king7@herts.ac.uk ✉ Doctorate in Clinical Psychology, F262 Wright Building, College Lane Campus, Hatfield, AL10 9AB
Ethics Protocol Number:	
Participant Identification Code:	_____ *(to be completed by the researcher)*

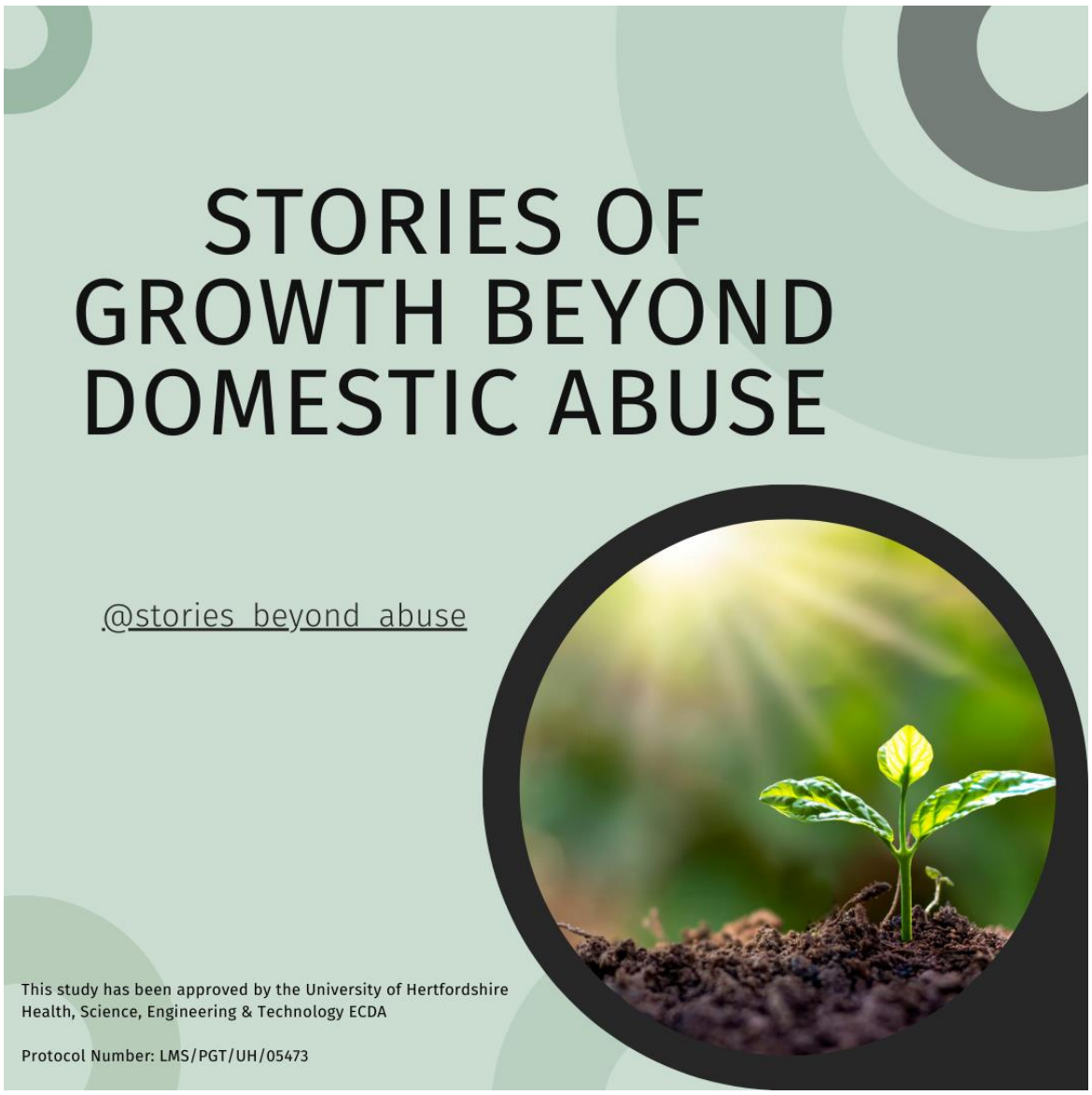
To be completed by participant (please initial each box)	
I confirm that I have read and understood the participant information sheet for the above study. I have had the opportunity to consider the information, ask questions and have these answered satisfactorily.	
I confirm that by signing this form I am also consenting to an initial meeting with the researcher, this meeting will include the researcher completing a safety plan for myself to help minimise the potential emotional impact of the research interviews.	
I understand that my participation is voluntary and that I am free to withdraw from the study at any time, without giving any reason. If I withdraw from the study, my data can only be withdrawn in the week following the interview. I understand that due to the nature of the data analysis being conducted, it will not be possible to withdraw my data once data analysis has begun. If I do withdraw I understand that the other individual from my pair, if consenting, will still be allowed to continue with their individual interview and the information from that interview will still be analysed.	
I agree to my interview with the researcher being recorded. This recording will take place on the video conferencing platform and on a secondary recording device (Dictaphone) if remote and via two separate recording devices if in person.	
I understand that parts of my anonymised interview transcript may be looked at by members of the research team and members of the research peer support group at the University of Hertfordshire. Anonymised sections of the interview transcript may also be looked at by two examiners of the researcher's thesis. All these people are required to keep my interview private and confidential.	
I agree that the researcher can contact me to talk about my interview and the study. I am aware that I can ask the researcher not to contact me anymore, at any point.	

I agree that the quotes from my interview may be used in written work or articles that the researcher and/or her project supervisors write, as well as for the purpose of teaching and/or conference presentations, as long as my name is not used. I understand that the researcher will do their upmost to make sure that no one will be able to tell who I am from the quotes, but in rare instances someone close to me might be able to identify me.	
I understand that the transcription of the interview and my personal details will be kept in a secure file on the University of Hertfordshire's One Drive. My interview recordings and personal information will be destroyed on successful examination of this research.	
I consent to my transcript being securely stored until successful examination of this piece of research at which point it will be destroyed.	
I agree to take part in the above study.	

Name of participant:	Date:	Signature:
Email address:		Telephone number:

Name of researcher: Leighton King	**Date:**	**Signature:**

Appendix D : Social Media Materials



Research participants needed!
Can you help?

Have you and someone close to you jointly been exposed to domestic abuse?

I would appreciate hearing your story of how you made sense of things after the abuse.

What are you trying to find out?
I want pairs of participants help in understanding how the abuse impacted them after it occurred. Particularly, I want to better understand how they resisted it's effects, how they understood it and how they grew after it.

Participants must be:

- Pairs who, at the time of the abuse, had the relationship of caregiver and child (it can be blood relations but doesn't need to be. As long as at least one of you was a child and the other was caring for them in some way)
- Not currently within an abusive relationship
- English-speaking.
- Over 18.

If this sounds like it might be you or you're unsure then please message me and i'm happy to provide more details or make time for a discussion More information on my instagram profile too.

Don't meet those criteria but want to help?
Please spread the word. Share in your stories on your other social media platforms, its really appreciated.

Why is the researcher interested?
I have worked in services that have supported individuals who had been exposed to domestic abuse and I am an individual who has been exposed to domestic abuse both as a child and an adult. These experiences have been influential. I want to use my position to produce research that is helpful to those affected by domestic abuse.

@stories_beyond_abuse

This study has been approved by the University of Hertfordshire Health, Science, Engineering & Technology ECDA

Protocol Number: LMS/PGT/UH/05473

WHO AM I AND WHY AM I DOING THIS?

Hi! My names Leighton. I'm a Trainee Clinical Psychologist studying at the University of Hertfordshire.

I have worked in services that have supported individuals who had been exposed to domestic abuse and I am an individual who has been exposed to domestic abuse both as a child and an adult.

These experiences, both personal and professional, have been influential too me making me passionate about the area. I want to take that passion forward and try and use the privilege I have to produce research that is helpful to those affected by domestic abuse.

This study has been approved by the University of Hertfordshire Health, Science, Engineering & Technology ECDA

Protocol Number: LMS/PGT/UH/05473

WHO CAN PARTICIPATE IN THIS RESEARCH?

This study has been approved by the University of Hertfordshire Health, Science, Engineering & Technology ECDA

Protocol Number: LMS/PGT/UH/05473

Participants must be:

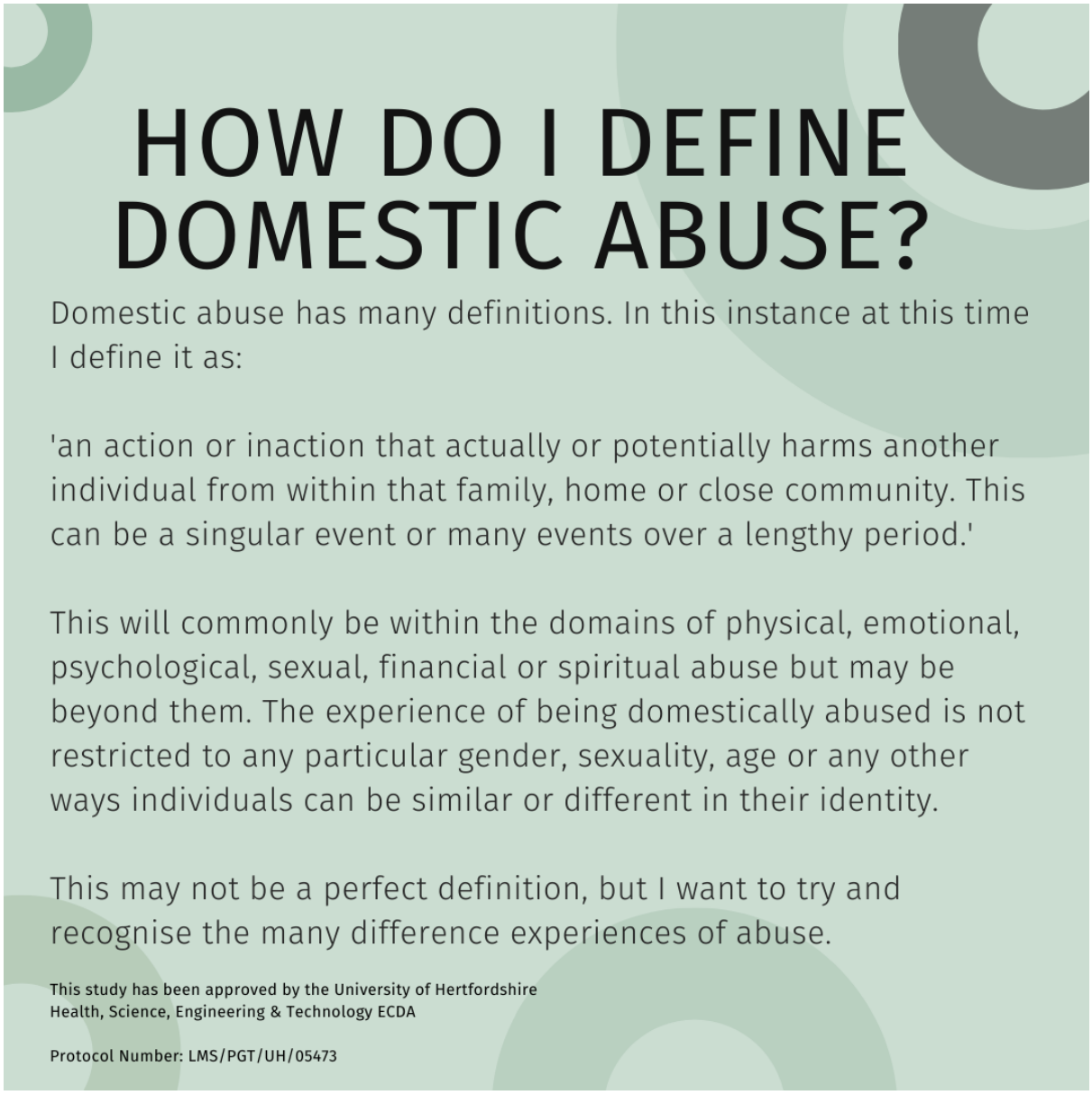
- Participants must be:
- Pairs who, at the time of the abuse, had the relationship of caregiver and child (it can be blood relations but doesn't need to be. As long as at least one of you was a child and the other was caring for them in some way)
- Not currently within an abusive relationship.
- English-speaking.
- Over 18.

If this sounds like it might be you or your unsure then please message me and i'm happy to provide more details, make time for a discussion or simply provide some space for you to meet me.

I don't meet those criteria but I want to support this research.

Please spread the word. Share in your stories on your other social media platforms. It's really appreciated.

@stories_beyond_abuse


HOW DO I DEFINE DOMESTIC ABUSE?
Domestic abuse has many definitions. In this instance at this time I define it as:
'an action or inaction that actually or potentially harms another individual from within that family, home or close community. This can be a singular event or many events over a lengthy period.'
This will commonly be within the domains of physical, emotional, psychological, sexual, financial or spiritual abuse but may be beyond them. The experience of being domestically abused is not restricted to any particular gender, sexuality, age or any other ways individuals can be similar or different in their identity.
This may not be a perfect definition, but I want to try and recognise the many difference experiences of abuse.
This study has been approved by the University of Hertfordshire Health, Science, Engineering & Technology ECDA
Protocol Number: LMS/PGT/UH/05473

WHAT'S THIS RESEARCH ALL ABOUT?

Domestic abuse is a very common occurrence that can have a big impact on individuals.

Most guidance and research focuses on the short term and how to support people out of abusive relationships. There is less guidance and research, and subsequently few services, which focus on how to support individuals after surviving abuse. As such, I want participants help in understanding how the abuse impacted them after it occurred. Particularly, I want to better understand how they resisted it's effects, how they understood it and how they grown following the abuse.

I think domestic abuse is unique in that it paradoxically involves harm from those who individuals may consider themselves safest with. As such, I want to understand all of the above through the lens of pairs who have jointly been exposed to abuse.

This study has been approved by the University of Hertfordshire Health, Science, Engineering & Technology ECDA

Protocol Number: LMS/PGT/UH/05473

Research participants needed! Can you help?

Have you and someone close to you jointly been exposed to domestic abuse?

I would appreciate hearing your story of how you made sense of things after the abuse.

What are you trying to find out?
I want pairs of participants help in understanding how the abuse impacted them after it occurred. Particularly, I want to better understand how they resisted it's effects, how they understood it and how they grew after it.

Participants must be:

- Pairs who, at the time of the abuse, had the relationship of caregiver and child (it can be blood relations but doesn't need to be. As long as at least one of you was a child and the other was caring for them in some way)
- Not currently within an abusive relationship
- English-speaking.
- Over 18.

If this sounds like it might be you or you're unsure then please message me and i'm happy to provide more details or make time for a discussion More information on my instagram profile too.

Don't meet those criteria but want to help?
Please spread the word. Share in your stories on your other social media platforms, its really appreciated.

Why is the researcher interested?
I have worked in services that have supported individuals who had been exposed to domestic abuse and I am an individual who has been exposed to domestic abuse both as a child and an adult. These experiences have been influential. I want to use my position to produce research that is helpful to those affected by domestic abuse.

@stories_beyond_abuse

This study has been approved by the University of Hertfordshire Health, Science, Engineering & Technology ECDA

Protocol Number: LMS/PGT/UH/05473

Appendix E: Safety Plan

SAFETY PLAN

Sometimes people can feel so overwhelmed and distressed that they may experience difficult and painful thoughts. Though the intent of this research is not to distress people it's recognised it could occur. This is a form you can complete so that when you do experience these thoughts you can follow it step-by-step until you feel safe. Keep the plan where you can easily find it when you need it.

Remember: These feelings will pass and you will overcome these feelings as you have before.

What I need to do to reduce the risk of me acting on difficult thoughts:
What are my early warning signs or triggers that make me feel more out of control:
What have I done in the past that helped? What ways of coping do I have?
What I can do to help calm and soothe myself:
What I can tell myself:

Where can I go?
What would I say to a close friend if they were feeling this way:
What would isn't helpful to me right now?
Who can I call? • **Friend / relative:** **Another?** • **Health professional:** **Other?** Local Crisis Team: • **Telephone helpline:** • **Other?** Samaritans: 116 123, National Domestic Violence Helpline on 0808 2000247?
If I still unsafe: To call 111 I will go to A&E If I cannot get there safety, I will call 999

Appendix F: Reflective Diary Extracts

Extracts were taken from differing points in the research process:

29/02/2024- Immediately following first dyadic interview

Oh gosh, what to say? That interview was so intense!!! So much information, how did that end up being two hours. They had so much to share. Felt so hard not to be a therapist in that space. I really felt pulled and pushed by their questioning, difficult to keep pace with judgements on if to seek clarity or not with so much information offered. Definitely weren't talking to me but ghostly audiences at points. So much resonance with intergenerational trauma and discrimination. The local authority was so harmful for them. I think I underestimated how much people might share, felt like they were so unheard in other spaces. Telling their story on their terms was so important to them. So much in what they said and did about impact of larger systems and discrimination. The questions seemed helpful to add structure and nudge them toward not only difficulties but also coping and resistance. They valued that. I'm going to need to sit with this for a while to understand it. That said I'll take up Barbara's invitation for a debrief, feel like it would be useful.

pauses and grabs drinks

Right now I've got all that out my system what am I going to do about it. Definitely seek support from Barbara and debrief. If that's what I saw then what did I not see….. perhaps the focus on race and age blind me to other graces such as gender and social class. Will need to attend to that when I do my analysis. Going into the individual interviews I will need to think if I need to change my approach at all. Lets sit with it for a day or two and then make choices with the team.

22/05/2024- Mid analysis

The analysis feels like it's going so well with so many stories emerging. Don't know how to tie it all together yet but I'll get there. I'm trying to hold my positionality in mind and can't help but feel I'm missing so much. I'm not a parent, I'm not a woman and I'm neither a mother nor a daughter. This has to mean I'm missing stuff? I need to pass through again and see what I'm privileging and what I'm not privileging in the analysis. I'll ask my team as well as their identities are closer to these experiences then mine. Perhaps there some blogs and some feminist influencers I can follow to more imbed myself.

29/05/2024- Nearing end of analysis

Been sat with the analysis for a while now. Feels like I'm privileging Dyad A in the analysis. They were just so evocative and they interviewed for long. I think perhaps I'm getting to lured by big and expressive moments and have lost sight of the subtle stuff which was more present with dyad B in the performance. Let's pass through it again and think about why I'm justifying my choices and attend to the subtle stuff in performance. See if that changes much. Should defiantly take this back to my methods group and my supervisory team. I hope I can make it sound coherent though as it feels like an absolute soup in my heard. Gosh I'm tired, having a placement in cancer and a thesis in DVA is not good for me. I need to take a break.

14/06/2024- Nearing the end of writing

This research is justified and much needed for the many reasons and I hope it will provide value going forward. I'm proud of the labour that has gone into it and what the results are. At the same time I know the Euro's started today. That means a 38% increase in DVA. Thats obscene! How many people will not have any opportunity to benefit from this research. A woman murdered every 11 minutes worldwide that means nearly 90,000 women were murdered in DVA since I start the proposal for this research…. Why? Such senseless violence. I am haunted and brought to tears by that fact, its wrongness transcends words. My only conclusion upon thinking about figures of this scale is that we must do better, all of us, to bring DVA to an end, to bring inequality to an end and stop this cycle of oppression and harm we all partake in. I need to learn from the amazing people who offered their stories to this research and resist.

Appendix G: Interview Transcript and Sample Analysis:

Pink: Thematic
Yellow: Structural
Green: Dialogical/Performance
My reflections at the time

Charlene:
We were very lucky to have stumbled across, you know, somebody who was supportive and able to put their heads on the chopping block and go against the the local authority.

Agency is externalised and rarity of supportive professional highlighted. I'm again invited into 'knowing' and having ingroup knowledge.
Charlene:
The expert that was allocated, you know, by the ^by, the courts to to our case, was really the Saviour there. A lot of people don't have that. I think that's quite important to say it's not the norm^. The local authority will come and take your children if they choose to. An expert normally agrees with the local authority and doesn't, you know, do the due diligence that they that they need to do sometimes not qualified enough to do the due diligence that they need to do. Social worker, support worker this this sort of thing to understand and see the complex issues that are going on in in within the family. So *pause* yeah, why the relationship happens because of, you know, abusive childhoods. What happened since was really lack of support from services.

Narrative about rarity of professional continues but includes contrasting position of what normal occurs. Briefly pivots back into the threat and harm of the local authority. Relates back to initial question. Invitation to knowing continues. "Its important to say" implies a recognition of how she is being heard. Is this for me, the research or other audiences?
Brooke:
Appears moved by her mother's emotion

Charlene:
Once, you know, I was in a state of, you know, awakening, so to speak, to, to to deal with that so really having to fight. I can understand and see quite easily why it just becomes too much for some parents and if I didn't have the support that I had which was minimal in how many experts are sort of, you know, the support network that's supposed to be put around you when you have local authority or abuse of any kind.
afuape
Refers back to narrative of transition to awareness of abusive and resisting it. Then moves to new narrative about sympathy for other not as fortunate. Pivots narrative mid flow.
Charlene:
If I didn't have that support, and, you know, so, coupled with my own strength of character. ^We wouldn't be here^. Things would be a lot worse.

Narratives of support and own agency alongside each other. Narration service to underline point succinctly begins to move toward exit talk as if writing a conclusion of an argument. Once again I'm invited into knowing, what do I know? Her strength of character of my own? Transition to 'we' from 'I', inclusive of Brooke.

Appendix H: Analysis Map

Post-its represent parts of a narrative summarised into a few words with reference to location in document as well as linking to narratives within dyads.

Colour coded by individual, then group by narratives, diagonal post-it represent commentary on social context, on my reflections on the telling at the point.

This followed intext analysis and was used to identify individual and collective themes.

List of Figures

Figure 1: Positional Daisy Model

Positional Daisy model:

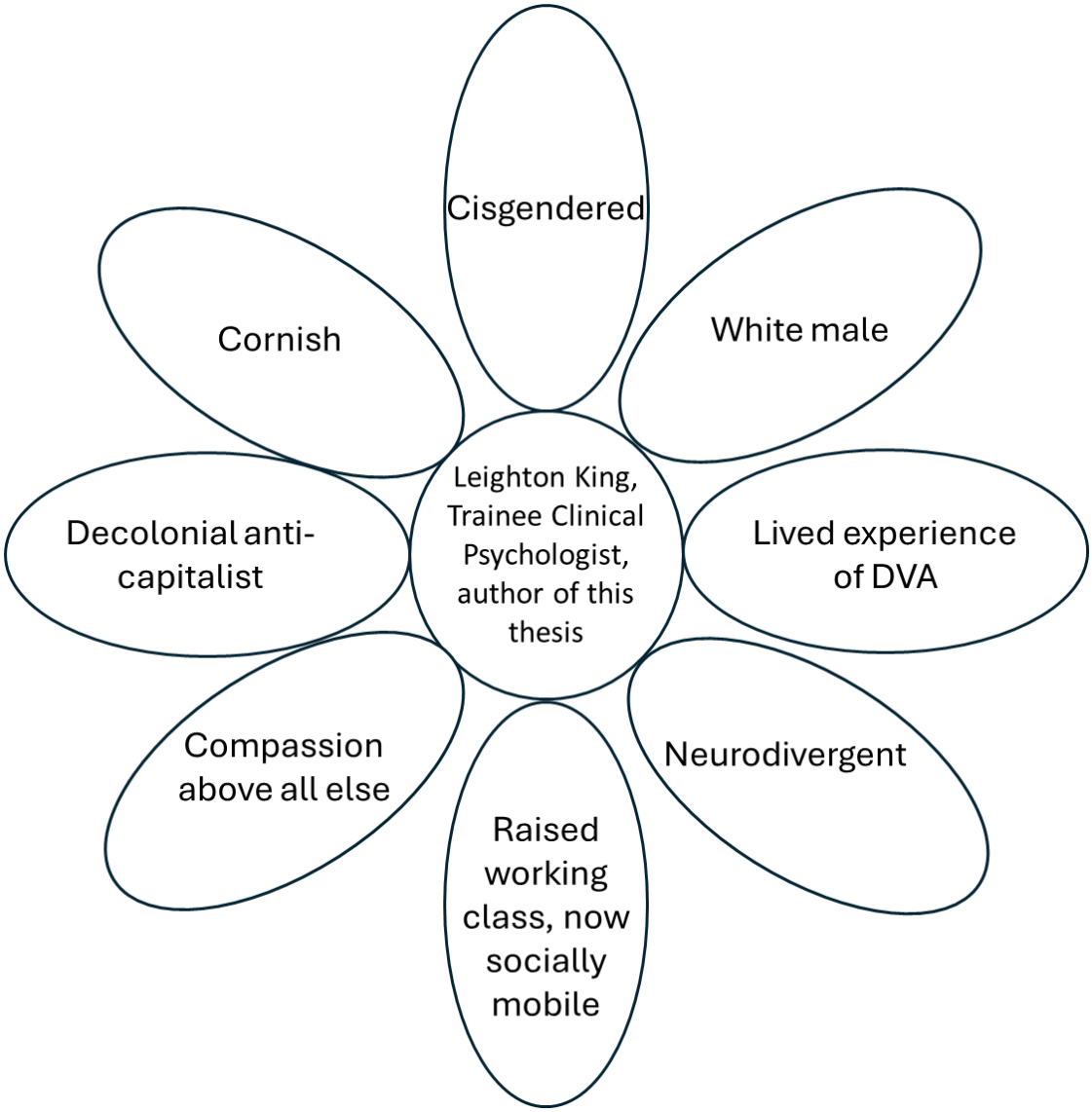


Figure 2: Prisma Flow Diagram

Prisma 2020 Flow Diagram of Study Selection Process (Page, McKenzie, et al., 2021; Page, Moher, et al., 2021; Sarkis-Onofre et al., 2021)

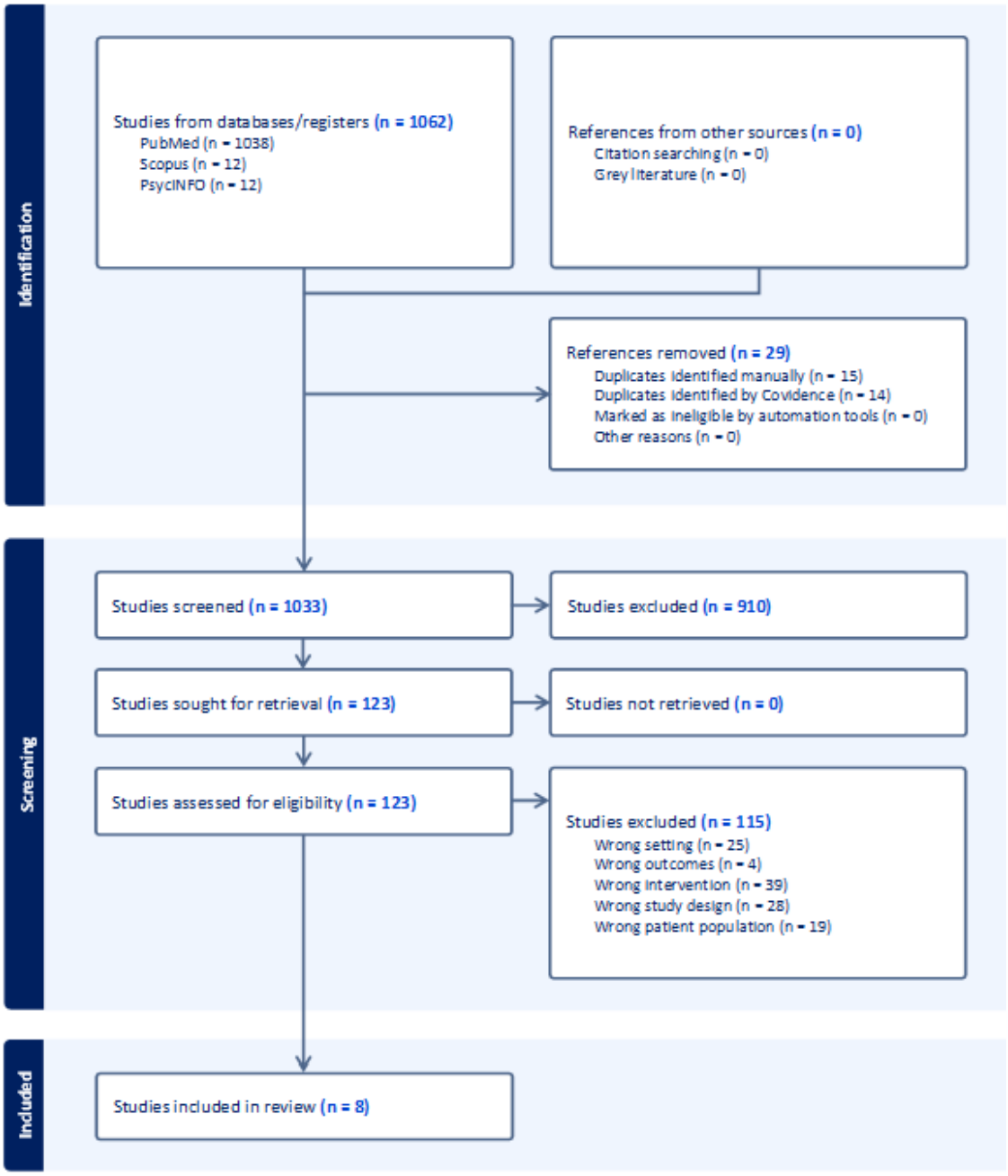
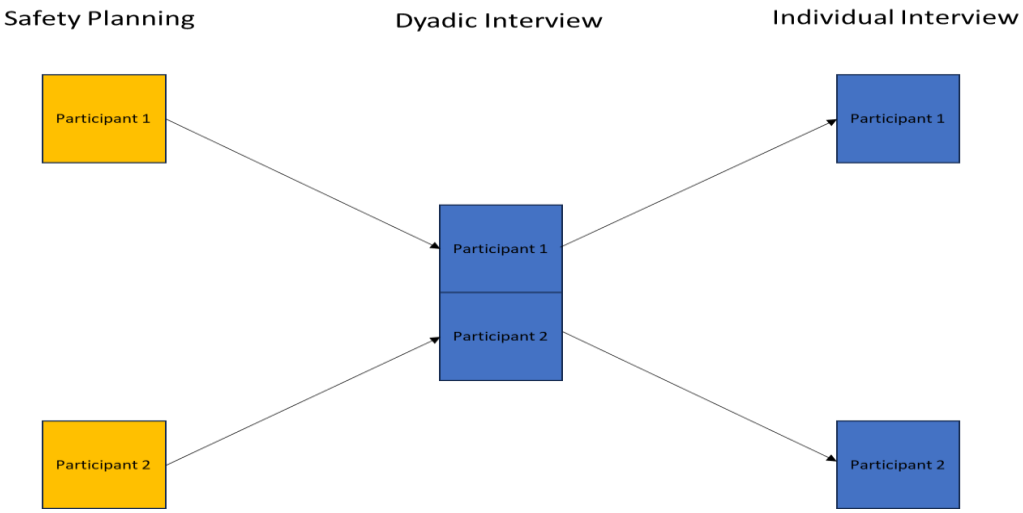


Figure 3: Interview Format



List of Tables

Table 1: A Brief History of DVA in the UK

Time	Major developments
- Pre-1550s	DVA (Domestic Violence and Abuse) has been referenced in literature for millennia (Llewellyn-Jones, 2020; Nicole, 2022) but whether it is intrinsic to human culture throughout history is unclear (Butovskaya, 2013).
- 1550-1750	In the UK, DVA against women and children is actively encouraged by structural patriarchy under both church and state (Amussen, 1994).
- 1750-1948	**19th Century:** Time of political upheaval and social change, including the women's suffrage movement and the emergence of first-wave feminism (Purvis, 2018) This would lead to substantial political reforms in the coming century. **1857:** Matrimonial Causes Act allowed women to seek divorce or annulment. (Matrimonial Causes Act, 1857) **1865:** The Criminal Procedure Act seeks to limit legally permissible violence against women and children (Criminal Procedure Act, 1865). **1928:** The Equal Franchise Act grants women equitable voting rights (Equal Franchise Act, 1928)
- 1948-1965	**1948:** Following the culmination of two world wars the United Nations adopted the Universal Declaration of Human Rights (United Nations, 1948). This is perhaps the most fundamental principle by which to challenge DVA today.

	1956: Sexual Offences Act includes the first legal definition of rape. (Sexual Offences Act, 1956)
- 1965-1970	**1967:** Abortion Act legalises abortion due to rape. (Abortion Act, 1967)
- 1970-1975	**1974:** Formation of Women's Aid Federation of England, now often known as 'Women's Aid', is one of the first and certainly the longest-lasting charities devoted to supporting women who experience DVA. They continue to be the largest DVA charity for women in the UK providing a range of service (Womens Aid, 1974).
- 1975-1980	**1976:** Domestic Violence and Matrimonial Proceedings Act provides new civil rights for those at risk of DVA (Domestic Violence and Matrimonial Proceedings Act, 1976). **1977:** Housing (Homeless Persons) Act provides access to state-funded temporary accommodation for individuals fleeing DVA (Housing (Homeless Persons) Act, 1977). **1978:** Establishment of the first parliamentary select committee on violence in marriage (UK Parliament, 1978). **1979:** Formation of the Southall Black Sisters. They immediately started making headlines through their campaigning in response to the virginity testing of Asian women and the UK government's immigration policies. The nature of the testing and the laws meant it often trapped women in abusive marriages or meant they were deported with no other options available. They continue to lobby to this day, focusing on the government policy of 'No Recourse to Public Funds' (Southall Black Sisters, 1979).
- 1980-1985	**1980's:** Substantial media coverage of major DVA cases led to public outcry over the treatment of individuals who have been raped (Lees, 1999; Wilson, 2017). **1985:** Prohibition of Female Circumcision Act criminalises female genital mutilation (Prohibition of Female Circumcision Act, 1985).

- 1985-1990	**1989:** First formal research on black women's experiences of DVA in the UK (Mama, 1989).
- 1990-1995	**1990's:** Introduction of Independent Domestic Violence Advocates (IDVA) to support survivor-victims of DVA, liaise across agencies and provide training (A. Robinson, 2017).
- 1995-2000	**1996:** Family Law Act introduces non-molestation orders. These orders are central to protecting people separating from abusive partners to this day (Family Law Act, 1996). **1997:** Protection from Harassment Act continues the work of the Family Law Act and introduces legislation to manage stalking behaviours (Protection from Harassment Act, 1997).
- 2000-2005	**2000:** Immigration Appellate Authority acknowledges DVA issues in asylum cases and allows women to seek asylum who are fleeing abuse (Immigration Appellate Authority, 2000).
- 2005-2015	**2005-2015:** Over this decade and the next, support for survivor-victims of DVA continues to improve, increased recognition of what constitutes DVA is introduced, and greater restrictions are placed upon perpetrators. This is done through several minor and major changes to laws and through the emergence of several charities (Centre for Women's Justice, 2016). 2008: Charities lobby for recognition of DVA in LGBTQIA2S+ community (Equation, 2008).
- 2015-2020	**2015-2020:** Continued efforts to support DVA survivor-victims and recognise DVA in diverse and intersectional communities (Galop, 2024).

Table 2: Search Terms

Concept 1 **Terms relating to therapy**	**Concept 2** **Terms outlining the past nature of the abuse**	**Concept 3** **Terms relating to DVA**
Thera* OR Psych* OR Counselling	Post OR After OR Following NOT Prevent	(Domestic* OR Intrafamilial AND Abus*)

Table 3: Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
• Any gender • Survivor-victim of DVA • Adult • Child • Any ethnicity • Any sexuality • Individual • Group • Family • Community • Any type of psychotherapeutic intervention • Focus must be on an intervention specficially for people exposed to DVA • Psychotheraptuic intervention at least in large aspects of the intervention • post crisis • Outcomes should relate to distress, functioning, meaning making or a similar domain • Any research methodology of qualitative, quantitative or mixed-methods • From any time	• Includes individuals who perpetrated abuse • Intervention is generic and isn't specific to the context of DVA • Participants within a transitory setting such as a shelter. • Participants are confirmed to be in an abusive relationship at the start of the intervention • Medication based interventions • Indirect interventions • Screening only interventions • Outcome only measures non psychological indicator such as volume of participants who returned to work

Table 4: Data Extraction Table

Author, year and title of paper	Location of study	Aim	Design	Population/ Sample	Data collected for analysis	Outcomes and conclusions	Authors quality appraisal
van Rosmalen-Nooijens et al, 2017, Young **People, Adult Worries: Randomized Controlled Trial and Feasibility Study of the Internet-Based Self-Support Method "Feel the ViBe" for Adolescents and Young Adults Exposed**	Netherlands	To evaluate **both effectiveness and feasibility self-support method "Feel the ViBe" (FtV) via the internet.**	Mixed-Methods: **Quantitative component RCT. Qualitative component questionnaires and data from forum.**	93 participants aged **12-25 who had been exposed to DVA**	Impact of Event Scale, **The Depression and Anxiety subscales of the Symptom CheckList-90-R, open-ended questions in questionnaires and from community manager reports, including their**	No changes in **impact of events scale but improvement in anxiety and depression measures ay halfway and post compared to control group. Qualitative data limited but indicated a sense of**	Sample size not adequate **to for UNIANOVA due to volume of drop out, Only female participants completed the intervention, significantly different scores in pre mesasures between control and intervention**

to Family Violence					**daily activities and actions**	**safety. Indicating the intervention is effective.**	**group, emergency contact system used in event c danger which participant could have expeirenced as support but wa not evaluated,**
Jaberghaderi et al, 2019, Effectiveness of **Cognitive Behavioral**	Iran	To examine **the effectiveness of cognitive behavioral**	RCT	139 male and **female participants aged 8-12**	Persian versions of Rutter **Teacher Scale, Child Report of**	Statistically significant difference **between**	Small participant number combine **with high drop out rate. Lack c**

Therapy and Eye Movement Desensitization and Reprocessing in Child Victims of Domestic Violence.		**therapy (CBT) and eye movement desensitization and reprocessing (EMDR) in child victims of domestic violence**		**with a reported history of child physical abuse and/or witnessing parents' conflicts**	**Posttraumatic Symptoms, Parents Report of Posttraumatic Symptoms, Life Incidence of Traumatic Events scale**	**control and treatment groups with notable reduction in measure scores. Indicating the intervention is effective and trauma symptoms can be effectively managed in children.**	**follow up assessment. School holidays commenced mid treatment limiting teache observations.**

Kamran Ehsan & Rowland, 2021, Possible **Role for Imagery-Based Therapy in Managing PTSD in Pakistani Women Experiencing Domestic Abuse: A Pilot Study Using Eidetic Therapy.**	Pakistan	To understand **the effectiveness of imagery-based therapy in women showing post-traumatic stress disorder resulting from 'spousal domestic abuse'**	Quasi-experimental **pre-post design**	40 women aged **18 to 64 with a self-reported hsitory of DVA and adequately high symptology for PTSD**	General Health Questionnaire-28, Karachi **Domestic Violence Screening Scale, PTSD Checklist-Civilian Version, Semi-structured interviews**	Treatment was effective **in reducing PTSD symptomology and improvement had no relation to literacy or education levels nor the characteristics of the individual perpatrating**	Lack of comparison group **and as suc what other factors may have contributed to improvement are unclear. Lack of follow up testing.**

						abuse or the survivor-victim. There was a relationship between worse symptomology and the length of time in a relationship. Indicating the intervention is effective.	
Sabina et al, 2023, Evaluation of **Integrative Community Therapy with Domestic Violence Survivors in Quito, Ecuador**	Ecuador	To explore **the efficacy of Integrative Community Therapy for individuals impacted by DVA**	Mixed-Methods: **Quantitative component quasi-experimental pre-post design. Qualitative component**	87 women aged **between 19 to 39 years, largely educated and working, single, divorced, or**	General Health Questionnaire, Rosenberg **scale (self-esteem), Social Provisions Scale (Social Support), Brief Resilience**	The quantitative results **indicated that there was improvement in the domains of general health, self-esteem, and**	Small sample size makes **results questionable and unable to include variables that might impact results. Measure of**

			questionnaire and focus group	**separated, type and length of abuse as well as number of abusive realtionships and the point fo the cessation.**	**Scale, questionnaire measuring acceptance of dating violence, Six qualitative questions for each individual as well as a focus group of 21 participants which explored the same questions.**	**social support. Four major qualitative themes emerged involving changes in boundaries and recognition of abuse in past, present and future. Improved sense of emotional wellbeing and sense of letting go of guilt, anger and shame. A sense of social support being**	**resilience did not align with how intervention promotes concept of resilience. Did not use comparison group but felt this was not suitable due to ethics.**

						important and feeling connected. Hope for participants own futures and the want to help others. Indicating the intervention is effective.	
Lewis, 2023, Trauma-specific mindfulness-based cognitive therapy **for women with post-traumatic stress disorder and a history of domestic abuse: intervention refinement**	UK	To explore **the effectiveness of mindfulness based trauma interventions for women with PTSD who have experienced DVA**	Mixed-Methods: **Quantitative component RCT. Qualitative component semi-structured interviews**	20 women	qualitative interviews with professionals **and DVA survivors, and a consensus exercise with experts in trauma and mindfulness. Previous treatment**	Study produced a **prototype intervention and trial procedures that are likely to be feasible and acceptable to women with PTSD/CPTSD and a history**	Limited recruitment sites reduce **generaliseabilit of findings to different organisations and locations. This in turn lea to a fairly homogenous sample. Small number of**

and a randomised feasibility trial (coMforT study)					**history, PTSD Checklist DSM-5, International Trauma Questionnaire, DES-B (dissociative symptoms), PHQ-9, GAD-7, health-related quality of life states in adults questionnaire, KIDSCREEN-10 health-related quality of life questionnaire for children.**	**of DVA which is now suitable for a full size trial.**	**recruited individuals wh completed the study.**
Schubert, 2022, Supporting Children Who Experience **Domestic**	USA	To assess **if a Child Witness to Domestic Violence**	Quasi-experimental **pre-post design**	211 children(139**) and mothers(72)**	Strengths & Difficulties Questionnaire **(overall child**	children demonstrated less **hyperactivity, fewer negative**	quasi-experimental design without random **assignment.**

Violence: Evaluating the Child Witness to Domestic Violence Program.		**program had positive impacts on child and parent well-being for participants above and beyond supporting the parent individually in adult-focused DV services.**			**functioning), Dispositional Hope Scale,**	**emotional symptoms, and fewer total behavioral difficulties. Mothers demonstrated greater hope and agency. Indicating the intervention is effective.**	**Time windows that data were collected were not precisely the same, leaving open the possibility of different environmental and socio-political influences. Sample size did not allow for understanding the impact of other individua charcterisitcs such as race or socio-economi status. Over reliance on maternal**

							reporting so inherently subjective.
Lau, 2007, Outcome of systemic and **analytic group psychotherapy for adult women with history of intrafamilial childhood sexual abuse: a randomized controlled study**	Denmark	To assess **the the therapeutic impact of psychoanalytic and systemic group psychotherapy in individuals who had experienced intrafamilial sexual abuse.**	Quasi-experimental **between groups(no control) pre-post design**	151 women with **a history of childhood sexual abuse**	The DSM-IV and ICD-10 **personality questionnaire, Child sexual abuse questionnaire, Flashback registration, Global assessment of functioning, Symptom checklist-90-R, Registration chart questionnaire**	Group psychotherapy can **be a suitable intervention for women with a history of intrafamilial child sexual abuse. Both analytic and systemic group therapy grousp indicated substantial imrpovement**	Attrition was relatively high **and differential fro the study sample. The group format o the two investigated groups was not identical. Longer-term follow-up data are required to confirm whether the**

					(perceived problems in relationships and baility to tolerate and express emotions), Global life quality, Patients expectation to therapy and patient-rated change.	**across measures. Systemic group therapy was superior in measure score improvement across all domains. This effect especially pronouced in individuals with very high scores expeirencing more substantial reduction of symptoms in systemic group.**	**results are maintained.**

Serpeloni et al, 2023, Treating post-traumatic **stress disorder in survivors of community and domestic violence using narrative exposure therapy: a case series in two public health centers in Rio de Janeiro/Brazil**	Brasil	To establish **the feasability of Narrative Exposure therapy (NET) in the context of Rio De Janeiro.**	Quasi-experimental **pre-post design.**	8 women exposed **to DVA who experienced PTSD**	PSSI-5 a DSM-5 PTSD **symptoms scale,**	substantial reduction of **PTSD symptoms. NET is an effective intervention in the context of Rio. Valued case series but more research needed.**	Gender bias in sample**. Substantial practicle barriers to implimentation Small sample size. No contro group.**

Table 5: MMAT Appraised Papers

Paper	S1. Are there clear research questions?	S2. Do the collected data allow to address the research questions?	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?	5.2. Are the different components of the study effectively integrated to answer the research question?	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?
Evaluation of Integrative Community Therapy with Domestic Violence Survivors in Quito, Ecuador	Y	Y	Y	Y	Y	Y	Y
Trauma-specific mindfulness-based cognitive therapy for women with post-traumatic stress disorder and a history of domestic abuse: intervention refinement and a randomised feasibility trial	Y	Y	Y	Y	Y	Y	Y

(coMforT study)							
Young People, Adult Worries: Randomized Controlled Trial and Feasibility Study of the Internet-Based Self-Support Method "Feel the ViBe" for Adolescents and Young Adults Exposed to Family Violence	Y	Y	Y	Y	N (The qualitative element might be but it is not shown in this paper)	Y	N (good brief description of coding process but minimal results shown in paper)

Table 6: CACQES Appraised Papers

Paper	Outcome of systemic and analytic group psychotherapy for adult women with history of intrafamilial childhood sexual abuse: a randomized controlled study	Treating post-traumatic stress disorder in survivors of community and domestic violence using narrative exposure therapy: a case series in two public health centers in Rio de Janeiro/Brazil	Supporting Children Who Experience Domestic Violence: Evaluating the Child Witness to Domestic Violence Program	"Possible Role for Imagery-Based Therapy in Managing PTSD in Pakistani Women Experiencing Domestic Abuse: A Pilot Study Using Eidetic Therapy"	"Effectiveness of Cognitive Behavioral Therapy and Eye Movement Desensitization and Reprocessing in Child Victims of Domestic Violence"
1. Is it clear in the study what is the "cause" and what is the "effect"	Y	Y	Y	Y	Y
2. Was there a control group?	N	N	Y	N	Y
3. Were participants included in any comparisons similar?	Y	Y	Y	N/A	Y
4. Were the participants included in any comparisons receiving similar treatment/care, other than the exposure or intervention of interest?	Y	Y	Y	N/A	Unclear
5. Were there multiple measurements of the outcome, both pre and post the intervention/exposure?	Y	N	N	N	N
6. Were the outcomes of participants included in any comparisons measured in the same way?	Y	Y	Y	N/A	Y
7. Were outcomes measured in a reliable way?	Y	Y	Y	Y	Y
8. Was follow-up complete and if not, were differences	Y	Y	Unclear	Y	Y

between groups in terms of their follow-up adequately described and analyzed?					
9. Was appropriate statistical analysis used?	Y	Y	Y	Y	Y

Table 7: Interview Questions

	Dyadic Interview	**Individual Interview**
Interview Questions	**Can you tell me about how the abuse you both experienced has impacted you?** Prompt: What impact has all this had on the relationship between you?	**Can you tell me about how the abuse you experienced has impacted you?**
	What ideas have you shared about why the abuse happened and what has happened to you since?	**What ideas do you have about why the abuse happened and what has happened to you since?**
	How have you responded to your shared experiences of abuse and how have these responses developed over time? Prompt: How have you coped with, responded to and/or resisted the abuse?	**How have you responded to your experiences of abuse and how have these responses developed over time?** Prompt: How have you coped with, responded to and/or resisted the abuse?

	Looking back to the acts of abuse, what ideas or resources do you have now that you wish were available to you in your initial responses to the abuse?	**Is there anything you didn't say in the joint interview that you wish to share?** Prompt – what contributed to your decision not to share this?
	Are there any stories about your experiences of abuse or what has happened since that you have not yet had the opportunity to tell and/or that you feel go unheard?	**Are there any stories about your experiences of abuse or what came after that you have not yet had the opportunity to tell and/or that you feel go unheard?**
	How has it been to tell your stories together?	**I want you to think of someone who has been supportive of you. How might they describe how you've been since the abuse?**
		How has it been to tell your story? Prompt: joint vs individual?

Table 8: Inclusion and Exclusion Criteria

Inclusion criteria	Exclusion criteria
• Dyad aged 18+ with previous relationship of child and caregiver. • Jointly exposed to DVA. • English speaking. • Able to attend interviews and pre meet.	• Individuals who are within an abusive relationship, • Dyads which include a someone who perpetrated DVA. • Individuals who appeared too distressed by the topic to engage in the research safely. • Individuals who are unable to meaningfully consent to the study such as lacking capacity as indicated by the Mental Capacity Act 2005.

Table 9: Good Narrative Analysis According to Riessman (2008)

Quality guidance	**Action taken to ensure quality**
The process of inquiry begins when the interview starts.	A post interview journaling occurred immediately after each interview with a post interview debrief available with research team.
Active and engaged listening is a necessity.	The interview ensured minimal distractions in their interviewing environment and adequate rest time between interviews to ensure focus.
Impact of the setting of the interview.	All interviews took place online in environment that felt safe to the participants which was discussed at length in the pre-interview meeting.
Transcripts should not be corrected or rectified.	Transcripts were transcribed and interpreted verbatim.
NI is not a set of techniques of an fixed guidance. It should be adapted to best fit the purpose.	Adaptions were made to fit the method to the experience and sample.

Table 10: Analytic Categories Adapted for this Research Based on Andrews, (2021); Mik-Meyer & Järvinen, (2020); Nollaig, (2011)

Analytic category	**Focus of Categories Inquiry**	**Questions to support In Inquiry**
Thematic	Thematic focuses on what is being said and what language is being used to do so.	• "What is being said?" • "what type of story is being told?" • "What is not being said?" • "Where do dyads stories and language converge and diverge?" • "Is this a story about abuse, it's impacts or resisting?" • "what non-verbal communication is occurring or not occurring"
Structural	Structural focuses on how a narrative is organised in terms of it's sequencing of information and what domains are and are not explored.	• "Is this story coherent to me? Might it be coherent to others?" • "Is this story coherent when told separately and together?" • "How is the story sequenced?"

		• "Who are the main characters in this narration?" • "What parts of the story are given more or less focus?"
Dialogical/Performance	Dialogical/Performance focuses on the co-construction of narratives between individuals. How narratives may or may not change based on the audience present and how these are contextualised in the socio-political world in which people exist.	• "Who is telling this story and Why?" • "What does the person narrating privilege?" • "Who is not telling this story and why?" • "Who is this story being told to?" • "What is the purpose of this story?" • "What emotion might be showing up for the speaker in this narration?" • "What emotion or response is expected from the audience in this narration?" • "What emotion or response is provided by the audience in this narration?"

		• "How is my identity impacting my listening, what do I privilege?" • "How are interactions between interviewer and participant/s influencing this narration?" • "How is this narration informed by the narrators and audiences' context?"

Table 11: Table of findings

Story	**Sub-story**
The relationship with DVA	• Acts of resistance
Understanding and Connection	• Mother and daughter
Right support at the right time	• Failure of services • Embodied lives

Table 12: Critical Appraisal of Research Using "Big-Tent" Criteria for Qualitative Quality Tracy (2010)

Criteria	Efforts to meet criteria
Worthy topic	• This research is highly relevant given the previously outlined scale and impact of DVA. • The increase in DVA during Covid-19 lockdowns unfortunately indicates an increased need for understanding DVA and what may be therapeutically beneficial for individuals and dyads who have experienced DVA. • The topic and how it is explored in this research is powerfully emotive and rich in detail with hopes that it will informed not only further research but also therapeutic work.
Rich rigour	• This research demonstrates 'requisite variety', the process of a data collection method being of similar complexity to the event being studied, by utilising multiple interviews to highlight the relational aspect of a relational harm as well as relational healing. Conducting dyadic and individual interviews provides complex and nuanced data. • The repetitive nature and length of interviews provides a large volume of data per participant. • Attending specialist NI workshops throughout the past year shows a dedication to rigour throughout the research process.
Sincerity	• Throughout this research I have offered consistent reflections both highly personal and honest. • Once reflections have been offered I have shared how these were considered with my research team and interrogated what informed my thinking, where are my biases or privilege show up. Following this I have critically considered my decisions and what actions I took or what I opted to change following this.
Credibility	• This research has utilised thick descriptions heavily orientated to the specific and more general context throughout but especially in the analysis. • Substantial efforts have been made to 'show' rather than 'tell' readers about conclusions where possible. • The usage of repeated but contextually different interviews with each individual provides similar but differing perspectives of the experience of the impact of DVA and resistance to it. It provides a degree of what is

	termed crystallisation[25], the qualitative equivalent of triangulation.
Resonance	• In the writing of this research many efforts have been made to weave a narrative that is engaging and evocative for the reader. The aim is to help them relate the to the experiences of those written about within the text and feel moved but the emotional labour of those who generously partook within this research.
Significant contribution	• The ultimate goal of undertaking this research is to be theoretically and practically significant to improving the support of those who have experienced DVA and also encourage further exploration of this under researched domain.
Ethical	• From its inception I have sought to be deeply ethical in every aspect of this research. I worked to ensure that my use of power in this context was in no way replicative of what participants may have previously experienced. • I have shown great relational ethics in my transparency about my experience, showing care and concern for the wellbeing or prospective and actual participants through the various stages of this research, especially in the distress protocol. • I intend to keep displaying exiting ethics by carefully considering dissemination. It is important to me that the emotional labour and time invested by those who helped me in this work does not go to waste.
Meaningful coherence	• Design, data collection, analysis, and theoretical links all draw from adjacent ideas and conceptualisations of psychology, research, and life. • Social constructionism and co-construction of reality informed by socio-political context have framed every part of this research.

[25] Crystallisation is an idea that individuals can view the same or similar thing from different perspectives and come to different conclusions about it. As opposed to disproving one of the observed perspectives by how 'right' each perspective might be it instead positions that differing perspectives of a sufficiently complex event in fact thicken and enrich the understanding of the thing being observed.

Table 13: Table of Qualitative Methodologies

Methodology	Brief Overview	Rationale for not being selected
Narrative Inquiry (Reissmam, 2008)	Exploration of meaning constructed through stories and their narration situated in broader social context.	Individuals narratives are subjective and reflect 'a reality' not 'the reality'. People construct and construct meaning from the interaction between their identity and their socio-cultural contexts and how this impacts their experiences. NI highlights the interaction between the researcher and participants and how the performance, the understanding and the retelling of stories fundamentally alters them based on the researchers on socio-cultural contexts, identity and experiences. These ideas translate well to the research epistemology but also the topic of DVA which is socio-politically laden, heavily influenced by power and often associated with lies, secrecy and subjective truths.
Interpretative Phenomenological Analysis (Smith et al., 2009)	Theoretically informed exploration of personal experiences using small and largely homogenous samples. Attends to both idiographic and thematic ideas during analysis.	This research is exploratory in nature attempting to understand broad themes of a highly complex experience as opposed to analysis of unique aspects of each individual experience. IPA is less well suited to navigating experiences located within socio-cultural landscape.
Grounded Theory (Charmaz, 2014; Glaser, 1992; Strauss & Corbin, 1990)	Theoretically informed exploration of social processes and what factors may shape or otherwise influence phenomena. Analysis produces core concepts or categories.	Would not well address research questions as it requires development of grounded theory or model from the data set and analysis
Discourse Analysis (Edwards & Potter, 1992; Davies and Harre, 1990; Wetherell 1998)	Adopts critical stance toward hegemonic understandings, Attends to social and linguistic processes, culturally informed, commentary	Is sometimes viewed as overanalysing and overly hermeneutic meaning it is sometimes accused of speak for people and adding meaning where there isn't any. Can achieve similar

	on power, many levels of analysis	social critical consciousness whilst not losing the narrative and meaning of the participants using NI.