

CHILDHOOD WITNESSING OF DOMESTIC VIOLENCE AND
ITS IMPACT ON CHARACTER DEVELOPMENT ACROSS
TIME AND ADULTHOOD RELATIONSHIPS

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Abstract

This phenomenological research study explored the experiences of five adult participants who reported witnessing domestic violence between their parents during childhood. Through the process of open-ended interviews, this work added further support to the existing understanding of the impact that childhood witnessing of parental violence can have on one's adult behavior and relationships. Thus far, child witnesses to parental violence receive little attention, perhaps due to the lack of tangible evidence that they have been harmed. Existing studies in the field primarily make use of quantitative methods to examine negative outcomes of such experiences. This study identified similar themes among the five participants regarding their childhood experiences. Personal views and the potential needs of the former witnesses were highlighted by specific descriptions of the past experiences which may have led to the negative outcomes in their lives, such as sense of indirect victimization, posttraumatic stress, psychological distress, affected self-esteem/confidence, and relational difficulties. Furthermore, the adult participants described certain commonalities of unfavorable experiences during childhood-- fear, sense of endangerment, limited ability to predict daily routines, receiving poor modeling of communication and coping, poor relational connections, maladaptive coping, and difficulty understanding their environment. The burden of these experiences led to harm in their adult lives and relationships. Participants shared similar beliefs about the lack of support they received during childhood and expressed the need for therapeutic intervention as a form of resolving some of the embedded learned behaviors and coping skills from the past. This dissertation is available in Open Access at AURA: Antioch University Repository and Archive, <http://aura.antioch.edu> and OhioLink ETD Center, <http://www.ohiolink.edu/etd>

Keywords: Childhood witnessing of domestic violence, parental violence, trauma, character development, adulthood relationships, intergenerational transmission of violence

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CHAPTER I: Introduction

The central focus of this phenomenological qualitative study is to understand the firsthand lived experience of adults who self-identify as having witnessed domestic violence as children. The project seeks to recognize how participants' childhood experiences have influenced their adult lives, particularly in areas of adulthood character development and adult relationships. Through a narrative approach, this qualitative study sheds light on behavioral responses and adaptive skills that may have been learned during challenging periods of childhood and whether such skills and behaviors are carried forward into adulthood as embedded patterns even when their adaptive value may have come into question.

Background and Rationale for the Study

Statistics in recent years seem to demonstrate a high occurrence of family violence. In 2010, the Centers for Disease Control and Prevention provided statistics indicating that about 10 million men and women are involved in some form of domestic violence each year (CDC, 2010). The forms of domestic violence reported in the statistics include physical, emotional, verbal, and sexual violence perpetrated by one partner to another (CDC, 2010). A more recent recording by the Centers for Disease Control and Prevention (2014) suggested that at least 12 million men and women experience some form of domestic violence each year. In considering the number of domestic violence occurrences between intimate partners, concerns about the number of children exposed to the violence as witnesses are amplified. Most domestic violence occurs in homes where children are present (Evans, Davis, & DiLillo, 2008). As the overall incidence of domestic violence between adult intimate partners remain consistent, children may continue to be at risk of witnessing such acts (Elbow, 1982; Groves, Zuckerman, Marans, & Cohen, 1993; and Rosenbaum & O'Leary, 1981, as cited in Edleson, 1999). As a result of the continuous number

of children exposed to such violence there is also a probability of a growing number of future adults with a history of witnessing such violence.

Cole, O'Brien, Gada, Ristuccia, Wallace, & Gregory (2005) estimated that three to 10 million children witness some form of violence between caregivers in their own homes each year. Moreover, recent and more precise research surveys regarding the prevalence of children witnesses to adult partner violence have reported that one in 15 children are witnesses to parental or caregiver violence each year (Hamby, Finkelhor, Turner, and Ormrod, 2011). Howell, Barnes, Miller, and Graham-Berman (2016) suggest that at least 275 million children witness domestic violence worldwide per year.

Though being witness to family violence has been reported as an ongoing trend in the lives of families for many centuries, it has been acknowledged and has become more of a concern in recent years (Edleson, 1999). Although, instances of family violence and children witnessing parental violence remain continuous, an evolving and noticeable change has occurred in that attention has increased on the problems of family violence, while heightening opportunity toward research expansion (Edleson, 1999). The research attention on the topic in the last three decades has confirmed that child witnesses to violence may become challenged by long-lasting negative impacts during childhood and well into adulthood (Carlson, 2000; Haj-Yahia, 2001).

Since domestic violence seems to be unceasing, there continues to be a possibility for children to witness such incidents and therefore, many potentially face long-term harm. Children who witness domestic violence are at risk for displaying a range of deleterious psychological problems throughout their lives, such as experiencing "cognitive, behavioral, and emotional" instability (Stiles, 2002, p. 2052). The present study will explore how a sample of adults who witnessed violence as children believe that those areas of functioning been affected since

childhood, specifically in the areas of relationships, coping, identity development, and personality development. It is important to identify and understand their insights about their needs as children and now as adults. Having knowledge of past and current needs of adults who witnessed domestic violence as children can inform plans of action and interventions necessary to shift some behaviors and adaptive skills throughout the lifespan.

Learning how experiences are felt and acted out by the witness of domestic violence as the expert provides merit and helps in establishing effective interventions that are specific to the needs of witnesses. Understanding the process by which an individual reaches a sense of well-being despite having witnessed parent to parent violence can help identify the direct needs of this population.

The cause of limited awareness regarding the needs of the witnesses is that both the community and the witnesses themselves broadly assume that witnessing violence during childhood has little or no impact, especially long-term impact (Edleson, 1999). Since witnesses' are not harmed physically by observing parental violence, their endured harms tend to be left unnoticed as a problem in society. Therefore, endured challenges that witnesses suffer can become difficult to notice, identify, assess, and treat (Kolar & Davey, 2007). Moreover, this may possibly make it difficult for lawmakers, healthcare professionals, family members, social workers, and the individual who has been indirectly victimized as a witness to understand the nature of that impact.

There are potential manifestations to emotional, cognitive, and behavioral functioning, as well as the impact on a witness's ability to cope effectively which can leave the victim less able to notice the harm done to them (CDC, 2010; Edleson, 1999). The witnesses can suffer effects similar to the adverse effects experienced by physically abused children (Kolar & Davey, 2007;

CDC, 2010). Due to their experiences, there may also be the possibility of witnesses adding to the continuous trend of violence. It is important to understand how the deleterious effects of witnessing violence as a child are associated with intergenerational transmission of violence (Hamby et al., 2011). Hetzel-Riggin and Meads (2011) described the negative impact as including increased risk of exhibiting overall distress, partner violence as adolescents and adults, and difficulty finding solutions to problems throughout life. Such factors can become indications of further relational challenges throughout life.

Edleson (1999) explained that, although children may not be the intended victims during periods of active incidents of violence in a home, nevertheless become unintentional victims. Regardless of how the child responds or reacts during the events, they can be at risk for experiencing fear as a result of the traumatic context of the incidents, and that fear can therefore become prolonged and internalized (Kamphius & Emmelkamp, 2005). Negative internalized fear created by trauma may cause serious psychological distress as it is manifested in symptomology or behaviors (O'Brien, Cohen, Pooley, & Taylor 2013). The child witness may then continue to experience the effects of stress throughout life. For example, individuals may experience adverse reactions of guilt, shame, embarrassment, and ineffective self-soothing, problem-solving, and developing posttraumatic stress (Haj-Yahia, Tishby & De Zoysa, 2009; Hoglund & Nicholas, 1995; Hetzel-Riggin & Meads, 2011). The adversities may also lead to the early development of trauma symptoms which manifest at that time and potentially into the future (Dutton, 2000).

Although there is scarce research specifically regarding the lived experiences and personal interpretations of surviving adult witnesses, some studies have examined areas of concern such as measurable, observable, and detectable outcomes regarding mental health of adult witnesses and the intergenerational transmission of violence (Graham-Bermann, Cater,

Miller-Graff, & Howell, 2017; Diamond & Muller, 2004; Henning, Leitenberg, Coffey, Turner, & Bennett, 1996; Haj-Yahia et al., 2009; Graham-Bermann, Gruber, Girz, & Howell, 2009).

However, measurable studies with adults regarding mental health, victimization, and perpetration concerns as a result of indirect childhood victimization do not provide sufficient data regarding the personal and unique experiences of the adult former witnesses.

Exploratory Questions

The overarching research questions in this study are the following:

- What was the lived experience as a child of witnessing violence between parents/caregivers?
- How do the research participants perceive those experiences to have impacted them as adults?
- How does witnessing domestic violence during childhood, and the behavioral responses and adaptive skills developed across time as coping strategies, impact character development and adult relationships?

Significance

Domestic violence is a widespread problem with negative consequences on exposed child witnesses and therefore requires increased scholarly attention and a further understanding of the needs of the victims (Graham-Berman, 2017; Evans et al., 2008). Witnessing domestic violence as a child may influence the development of adaptive skills during childhood, which may become ineffective long-term strategies (Van Der Kolk, 2014; Kamphius & Emmelkamp, 2005). It is important to learn how to attend to the needs of these victimized individuals both then as children and now as adults.

As research has stated, there is the potential for enduring feelings of guilt, embarrassment, and shame resulting from witnessing domestic violence as a child. This study further explores how those experiences and feelings manifest across time; in addition, it seeks to use the narrative descriptions of the subjects' understanding of the impact of that violence on their lives to aid in determining possible therapeutic intervention with children and adults.

Relevance to Clinical Psychology

This study aims to identify common issues among adult participants who were child witnesses to parental domestic violence. The research can lead to global benefits such as insights into working clinically with couples and individuals. It may also lead to insights for those professionals conducting early intervention with children who presently witness parental violence in their homes. There may be less evident issues such as deeper core descriptions of experiences that may exclusively arise in psychotherapy. Areas that have not been explored in research—such as perceptions, interpretations, insights, awareness, and needs regarding guilt, embarrassment, shame, feelings of being stuck, and lack of understanding of causes and solutions—may become crucial pivotal points during therapy.

The information gathered in this study adds to research and clinical knowledge of trauma and the after effects of trauma or negative experiences in adults with a history of witnessing domestic violence during childhood. This research adds knowledge about child witnesses' interpretation and perceptions related to these experiences. Child witnesses' may form and establish their lives based on constructs from their childhood environment. It is important to understand how the past may be influencing child witnesses as adults by to long-term patterns of behaviors and coping skills learned in childhood. If individuals with these past influences begin to understand the impact of that past, they may gain an increased ability to manage these

influences in their present lives. They may be able to re-construct their lives by making meaning of their past and learn to make healthier and more conscious choices by reflecting on their past.

Gaps in the Literature

There is a lack of research on the specifics of lived experiences of witnesses of domestic violence. The dominant research focus has been on physical abuse and the aftermath of trauma caused by direct abuse to children or adults. In addition, where research exists regarding adults and the aftermath of their childhood experiences as witnesses, such studies are primarily focused on gaining information through quantitative methods and structured interviews that examine measurable, readily observable outcomes such as psychological diagnosis and the rate of intergenerational transmission of violence. There is a lack of current research exploring the experiences of adults who were childhood witnesses of domestic violence and how these childhood experiences relate directly to their day-to-day adult lives.

We know that witnesses of parental violence are affected across time as they grow and develop into adults (Allen, Wolf, Bybee, & Sullivan, 2003; Rossman, 2001). Literature has examined contemporaneous and long-term effects (O'Brien et al., 2013), but the particular focus here is the relationship patterns and character development across time and how people who witnessed violence as children describe their relationships both then and now.

Definition of Terms

“Domestic violence can be described as the power misused by one adult in a relationship to control another. It is the establishment of control and fear in a relationship through violence and other forms of abuse. This violence can take the form of physical assault, psychological abuse, social abuse, financial abuse, or sexual assault. The frequency of the violence can be on and off, occasional or chronic” (Ravneet Kaur and Suneela Garg, 2008).

It is important to become acquainted with domestic violence terminology used in this study. In this study, violence in a home is characterized by violent occurrences between parents or caregivers of children. The literature refers to this type of violence with a few different terms, including interparental violence, intimate partner violence, and domestic violence. The World Health Organization uses the term “intimate partner violence” and defines it as “behaviours by an intimate partner or an ex-partner that cause physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviours “ (p.1). Straus (1990) describes adult-to-adult domestic violence as “acts carried out with the intention of, or perceived intention, of causing physical pain or injury to another adult in the household” (p. 76). The situation involves an abused person in a dyadic intimate or intergenerational relationship being intimidated, controlled either directly or coercively, and threatened by the abuser (Bartels, 2010; Tjaden & Thoennes 2000). Edleson (1999) goes on to define witnessing as an act which “includes multiple ways in which a child is exposed to adult domestic violence, including directly viewing the violence, hearing it, being used as a tool of the perpetrator, and experiencing the aftermath of violence” (p. 844).

In this study, witnessing family violence also includes the involvement of children who potentially intervene between parents during adult intimate partner violence. They become included in the act of violence by either attempting to mediate during arguments, conflicts, and aggression between their parents or in some cases even become involved through the legal aspect of the situation. For example, although the children themselves are not the direct and intended victims of the abuse or violence, they may still be caught in situations when law enforcement intervenes for de-escalation and arrests parent(s) or when the children themselves are taken into protective custody. Lastly, another factor of witnessing domestic violence includes seeing the

aftermath of the physical, emotional, or psychological harm of the adult victim including maternal depression, if the victim is a mother (Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003).

In defining violence repetition as intergenerational transmission of violence, Seigel (2013) described it as the continuing trend and cycle of violence that repeats itself from one generation to the next as a result of having a past of either witnessing domestic violence or being a direct victim of domestic violence. For witnessing individuals, the violence typically begins between parents; however, it later becomes a negative effect throughout the lifespan as it potentially leads to problems in adulthood—including the intergenerational transmission of violence onto the adulthood lives of those children.

Conclusion

The literature review in this study will continue to explore the data on the adverse outcomes found in those individuals who have witnessed parental domestic violence as children and how that experience lasts into adulthood. The literature review will initially focus on how witnessing domestic violence affects a child socially, emotionally, and psychologically. The subsequent section will emphasize the long-term effects into adulthood in interpersonal functioning, character development and adult relationships. The literature explored will include examination of more general difficulties in adulthood, including posttraumatic stress, impaired coping strategies, more general negative effects on psychological functioning, and the trend toward becoming entrenched in problematic relationships and even the tendency to become embroiled in the intergenerational transmission of violence.

CHAPTER II: Literature Review

This study focuses on understanding the lived experiences of adults who witnessed parental violence during their childhood and how those early experiences affected them into adulthood. In defining witnessing domestic violence there are different descriptions of the process by which one can witness violence (Holden, 2003). However, consistent with the aim of this study, the most commonly revealed types of witnessing violence include experiences such as seeing and/or hearing some form of aggression, having knowledge that others have been harmed either during or after the incident has occurred, and being informed of the violence that took place during the absence of the witness (Hamby et al., 2011).

The present study emphasizes how experiences of witnessing parental domestic violence during childhood extend into adulthood. However, this review is divided into two major sections. The first section presents literature regarding early experiences of childhood trauma as the section later expands into childhood experiences of witnessing parental violence. The second major section features reviews related to how childhood experiences of witnessing domestic violence persist and extend into adulthood. This part of the literature review is divided into sections including the overall experiences of adults who witnessed such violence during childhood, the various mental health concerns related to childhood pasts impacting adulthood, and concerns related to intergenerational transmission of trauma, re-victimization, and/or perpetration.

Development of Domestic Violence Research

Research on domestic violence became a public interest and was identified as a serious social problem in the early 1970s during the emergence of the Women's

Movement. At that time, the focus was exclusively on battered women's rights (Tjaden & Thoennes, 1998). Prior to the research and concern in the 1970s, spousal abuse was a behavior that was accepted in society and did not have any legal regulations (Zosky & Johnson, 2004). Up until the 1970s, the focus was still exclusively on women even to the exclusion of children.

In the 1980s, the focus expanded to include the link between children and the effects of domestic violence (Fantuzzo & Mohr, 1999). For example, in 1984, Carlson (as cited in Carlson, 2000) indicated that 3.3 million children in the United States witnessed either visually or aurally some form of violence and aggression during parental conflict at least one time during their lifespan. Following Carlson, several studies were initiated about children witnessing domestic violence and being indirectly or unintentionally victimized (Zosky & Johnson, 2004). Tjaden and Thoennes (2000) reported that about 4.8 million acts of domestic violence, including both physical and sexual aggression, were perpetrated each year against women, while 2.9 million aggressive acts were perpetrated against men. In 2014, the numbers had risen and about 12 million men and women had experienced some form of domestic violence (Centers for Disease Control and Prevention, 2014).

Consistent with the concerns of this current study, research indicates that most of the violence that takes place in adult intimate partner relationships occur in homes where children are present (Evans et al., 2008). In 2000, Carlson indicated that at least 30% of American children were vulnerable to witnessing domestic violence. Research disclosed that children who witness domestic violence are "silent victims" in that they suffer its bystander effects and may endure emotional and psychological harm even though they

were not the intended victims (Augustyn, Saxe, Groves, & Zuckerman, 2003, p. 431). The negative impact of direct exposure or witnessing family violence has finally been acknowledged in the last 30 years as being a traumatic experience for children (Carlson, 2000; Haj-Yahia, 2001). It has also been demonstrated that those accidental victims may develop into adults with long-lasting psychological symptoms such as deficits with mood regulation and self-esteem (Carlson, 2000; Haj-Yahia, 2001). At that time, it was acknowledged that it was important that a child feels a sense of safety throughout their growth in order to learn how to function in a healthy manner as they develop into adults (Carlson, 2000; Haj-Yahia, 2001). However, due to the fearful experiences as witnesses of domestic violence, their sense of safety can become compromised and potentially lead to negative psychological issues later in life (Carlson, 2000; Haj-Yahia, 2001). The National Survey of Children's Exposure to Violence conducted by the U.S. Justice Department concluded that in 2011, at least one in 15 children (6.6%) witnessed domestic violence at least once a year (Hamby et al., 2011). Becker-Blease and Freyd (2005) found that witnessing violence could lead to feelings of endangerment by the child. In addition, excessive and frequent feelings of danger can lead to feeling abandoned by caregivers or parents. Finally, they found that enduring consistent experiences of fear of danger might damage one's sense of trust for the people children depend on and rely on as caregivers.

Childhood experiences

While the current study concentrates specifically on the lived experiences of adults who witnessed parental violence as children, this chapter initially consists of literature regarding impacts on children, and then follows by exploring the impacts on adult former witnesses. It is essential to understand the impact that the exposure to

violence has on children witnesses in order to form a foundation for understanding how their experiences shaped them, which lays the groundwork for research related to adults and the effects of witnessing domestic violence.

Early development and trauma. Early development is a crucial period for a child's growth toward both emotional and mental stability. It is important for children to be provided with positive and nurturing experiences as their minds develop so that they can learn how to regulate their emotions and to gain a strong sense of self (Siegel & Bryson, 2011). Siegel & Bryson (2011) demonstrate the importance of children being able to thrive through the assimilation of both the right side and left side of their brain so that logic and emotions can become developed simultaneously. This promotes wholeness for the child. Positive and nurturing experiences as well as being able to fully use both sides of the brain promotes healthy childhood experiences leading to successful growth. Therefore, the lack of attention toward children during periods of active violent incidents by parents may compromise children's development.

Van Der Kolk (2014) points out the importance of acquiring skills toward self-care for physical needs during early development because such acquisition during the primitive years leads to character development and the acquisition of daily functioning styles. However, Van Der Kolk (2014) goes on to mention that in order for these steps to be accomplished in one's life, children must start the mastering process by modeling parents and caregivers. Usually such skills are attained through early interactions with the people on whom children are dependent. However, there are several different forms of interactions and bonds that take place between parents and their children that can determine either healthy or unhealthy forms of childhood experiences.

Consistent with the current study, research describes the potential for disruption in the maternal bond when children grow up as witnesses to parental violence. Acts of violence can interrupt the relationship between mother and child during domestic violence incidents due to the mothers' pre-occupation with her personal safety and therefore, become less available to their children (Boeckel, Wagner, & Grassi-Oliveira, 2017). As a result, mothers who are victims of intimate partner violence become less available to the child, which can then disrupt the process of healthy modeling (Boeckel, Wagner, & Grassi-Oliveira, 2017). Children of abused mothers tend to be challenged in developing emotional regulation skills due to the poor bond and modeling between the mother and child (Boeckel et al., 2017). Children require not only a solid foundation of positive experiences but also modeling by parents, which can symbolize a form of dealing with emotional distress and solving problems during periods of need.

Early experiences of trauma. Early childhood trauma indicates experiences of fearful, unhealthy, and/or unsafe incidents in early development, which can cause adversity throughout a child's process of growth (Van Der Kolk, 2014). The adversity endured and the symptomology manifested are often difficult to detect due to the absence of physical injuries. Although many children end up surviving most traumas and continue through their development as expected, for others, trauma can become a negative influence on the development of their cognition and overall wellness (Pynoos, Steinberg, & Piacentini, 1999). Thus, it is helpful for caregivers, relatives, school staff/faculty, nurses, and physicians to be well informed of childhood trauma as well as its causes and effects, to either avoid or reduce levels of potential childhood trauma (Pynoos et al., 1999). Cook-Cottone (2004) states that schools should be a primary place where early

childhood exposure to trauma should be detected in children and that school psychologists should have the basic understanding of posttraumatic stress symptoms and its manifestations in children. In addition, Cook-Cottone (2004) states that there should be adequate knowledge for early interventions and continued means for prevention in place such as “assessment tools, treatment options, and school reintegration planning” (p. 127).

Addressing the problem and intervening can greatly reduce levels of symptomology in children. Herman (1992) mentions that “trauma in childhood forms and deforms personality” (pg. 96), and that the child can encounter complications and difficulties during times of having to acclimate to tasks. We can infer from this that it may be useful to detect symptoms and put forth the effort to intervene earlier rather than later for potential recovery and in eliminating long-lasting effects on personality and character development.

The role of parental availability, involvement, understanding of their own behaviors, and early intervention may promote a healthier growth process for children. It may be especially advantageous for parents to take into consideration that a child continues to have the potential to avoid posttraumatic stress symptoms or posttraumatic stress disorder if there are solutions to eliminate repetitive traumatic incidents that a child is involved with or exposed to (Copeland, Keeler, Angold, & Costello, 2007). Although an individual faces challenges through witnessing danger or being informed of it, there are ways to intervene with actions to lessen the impact of trauma and to stop it from developing into a problem that will last throughout the lifespan.

The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5), defines the causes leading to development of posttraumatic stress symptomology for children being a direct victim while experiencing physical threat, serious injury, or sexual violence (American Psychiatric Association, 2013). In addition to directly experiencing the traumatic events first-hand, the development of posttraumatic stress symptomology is also defined as witnessing violence as it occurs to others, or learning of traumatic events which have affected close members of the family (American Psychiatric Association, 2013). The onset of symptoms after the traumatic events can consist of “recurrent, involuntary, and intrusive memories of the traumatic events” (American Psychiatric Association, 2013, p. 271). Furthermore, there may be recurrences of frightening and stressful dreams involving the traumatic events, which may include experiences of flashbacks consisting of the past traumatic events. In addition, symptoms of flashbacks can include prolonged distress while responding to both internal and external cues that may resemble traumatic events from the past. There may be presentations of psychological responses or reactions to those cues, which resemble a similar reaction experienced during the past traumatic events (American Psychiatric Association, 2013).

Impact of childhood witnessing of domestic violence. The issue of children witnessing parental domestic violence has gradually gained research interest in recent years as a social and public health issue (Zosky & Johnson, 2004). Witnessing violence as a child has become more openly acknowledged as a form of child maltreatment (Wathen & MacMillan, 2013). Comparable to the adverse effects of directly abused children who exhibit major negative effects in overall wellbeing and the onset of risky behaviors (Lepisto, Luukkaala, & Paavilainen, 2011), child witnesses to parental violence

have also been found to exhibit similar adversity as a result of their experience (Augustyn et al., 2003; Kolar & Davey, 2007). Augustyn et al. (2003) argue that witnessing parental violence creates a phenomena of silently experiencing adversity, in that children can feel powerless during their exposure to violence while observing their parents in conflict or aggression. Further, such an event may lead to the feelings of fear in the child (Zuckerman, Augustyn, Groves, & Parker, 1995).

Experiencing terrifying thoughts of the potential existence of danger can be traumatic because the child may feel that the people who would normally provide security and protection may not be able to attend to their needs (Zuckerman et al., 1995). If the child feels that their only source for protection is hurt or unavailable, the fear can become exacerbated while leading to feelings of helplessness. Therefore, the idea of being silently victimized accounts for the child having to experience feelings of fear and helplessness in isolation.

In consideration of the supportive literature regarding negative impacts on child witnesses to being victimized with possible injury and impairing emotional and behavioral functions, this current study explores additional data and literature to demonstrate the effects of those impacts on adaptive behaviors and responses. Through this study, it is hoped to add to the existing knowledge about how adaptive behaviors and responses in response to witnessing domestic violence may lead to problematic and minimally functioning coping skills throughout a child's life. Most importantly, the main intention of this study is to understand how those affected behaviors and responses throughout childhood have become subsequent characteristics into adulthood.

Negative Impacts of Witnessing Domestic Violence during Childhood

Childhood symptoms of posttraumatic stress and other

mental/behavioral concerns. Van Der Kolk (2014) posits that the developing brain can be wounded by frequent stress and exposure to violence and traumatic events, leading to detrimental consequences across time. As the brain adapts and establishes particular responses and behaviors as a form of survival both in the body and the mind, the individual may very well adapt to the skills formed throughout stressful periods in life (Van Der Kolk, 2014). As mentioned earlier, although not all children exposed to or who have witnessed family violence will develop posttraumatic stress disorder, some of them might (Margolin & Vickerman, 2007). Rossman and Ho (2000) interviewed and assessed a total of 285 children between the ages of four and 13, some of whom were residing at home and some at a women's shelter with their mothers.

The children were divided into four groups, two groups recruited from shelters and two groups who resided at home. One group consisted of sheltered children who had witnessed domestic violence and aggression but did not have any record on file for being directly abused (i.e. records retrieved from Child Protective Services). The other group of sheltered children had witnessed domestic violence, but also had a record on file of either being direct victims of physical or sexual abuse. A third group of children resided at home and had witnessed parental violence without a record on file for direct abuse, and the last group of children did not have any form of exposure or direct experience of abuse. The results from this study concluded that children who were both witness and direct victims of physical or sexual abuse demonstrated higher ratings of posttraumatic

stress disorder as compared to children who had never been exposed to any violence (Rossman & Ho, 2000).

Interestingly, the difference between the witnesses versus the direct victims was not statistically significant. The children who were only as witnesses to violence without any direct physical abuse showed only slightly lower ratings of posttraumatic symptoms as compared to directly abused children. Therefore, the study asserted that children who witness parental violence are as likely to develop posttraumatic stress disorder as children who are victims of direct abuse. Rossman & Ho (2000) state that repetitive and critical exposure to or witnessing of trauma can lead to emotional and behavioral responses and potential emotional and behavioral dysregulation.

In correspondence with the negative effects of posttraumatic stress disorder or symptoms as an outcome of childhood witnessing of parental violence, supplementary studies have revealed that other negative or adverse impacts can also be present. Lepisto et al. (2011) demonstrated that both witnessing domestic violence and being a first-hand victim of direct violence have effects on the overall relationships of children and adolescents throughout their development. The study indicated that homes consisting of families where domestic violence is present tend to have a poverty of bonding within their relationships and their levels of support and protection system are low (Lepisto et al., 2011). There are also factors associated with children enduring stress during such periods of their upbringing, which provoke anxiety and challenges with their mood as a result of the unhealthy bonding experiences with caregivers (Felitti & Anda, 2007). Low levels of support or protection toward children who witness or experience domestic

violence can be considered a public health problem which requires attention and awareness.

Childhood coping strategies. There is an insufficiency in protection and/or support for children in homes where parental violence takes place (Lepisto et al., 2011). The literature thus far identifies issues related to adversity and the need for attention. Witnessing parental violence has been an issue for many years in that the research has been guiding professionals and the public towards recognizing that trauma from witnessing parental violence may be the cause of psychological distress among children. It can be challenging for children to cope with witnessing domestic violence-including seeing, hearing, and knowing about violence occurring between their parents.

Van der kolk (2014) states that children have “biological instincts” to attach to their parents and also have natural instincts in establishing the most effective forms of coping skills as a method of getting their needs met. Additionally, children may continue to use such forms of coping and attachment to the extent to which those practices become ingrained characteristics as long-term adaptations (Van der kolk, 2014). The idea of learning and adapting to certain coping skills and behaviors as a result of negative environmental experiences can predict that child witnesses to parental violence can be at risk for negative long-term outcomes in terms of emotional and social wellbeing. The way children perceive situations and the consequences of being witness to violence between caregivers indicates negative impacts on children’s coping skills and their overall wellbeing throughout childhood (Allen et al., 2003). Children’s coping skills and strategies tend to take effect during periods when children are initially exposed to events and incidents which require an immediate and urgent response.

Understanding and being able to identify the forms of coping skills children often resort to as forms of emotional expression may help in recognizing the needs of a child during actively stressful periods. A quantitative study facilitated by Allen et al. (2003) investigated “coping responses” (p. 123) of children between the ages of seven and 11 to learn about the immediate coping response of a child during periods of actively witnessing domestic violence. The researcher measured four kinds of immediate coping responses by having children answer questionnaires regarding the ways that they would normally respond and cope with their emotions or the situations as their caregivers/parents were involved in a violent exchange. The questions consisted of whether children “(1) became aggressive against the assailant and sought help, (2) became overprotective of their mothers, (3) avoided or ignored the abuse, or (4) had little response at all” (Allen et al., 2003, p. 123). The results demonstrated that most children had similar emotional reactions during periods of witnessing domestic violence and that while there were differences in the way that they reacted and coped with the experiences, most of them used an active response in the way that they used coping strategies. However, the small percentage of children who had no response at all were actually exposed to much less domestic violence in their homes (Allen et al., 2003).

The study demonstrated that a child witness to violence exhibits a forceful reaction toward the violence: while they somehow feel the need to respond to the situation in that moment. Most of the children indicated experiencing fear, anger, and confusion during violence. According to the mothers of the children, 44% of the children became aggressive toward the perpetrator and 71% became overprotective of their mothers. Additionally, through children’s reports, 67% of the children indicated that they

would escape the room where the violence took place, 60% stated that they would ignore the situation all together, 49% of the children tried to intervene and stop the violence (Allen et al., 2003).

Folkman & Lazarus (1980) define coping as “the cognitive and behavioral efforts made to master, tolerate, or reduce external and internal demands and conflicts among them” (p. 223). They explain that the appraisal of choosing a type of coping strategy is accomplished through distinguishing whether the event requires a constructive approach in identifying a solution to a problem, or a different approach requiring emotional acceptance of a situation for what it is. Folkman & Lazarus (1980) went on to describe that often, coping can be treated as a defense mechanism that serves to “reduce tension and restore equilibrium; attention is focused on tension reduction rather than problem-solving” (p. 221). Folkman & Lazarus (1980) also suggest that molding coping strategies during periods of distress is accomplished by reducing momentary tension and the feelings of urgency for survival can become the core foundation in one’s life as a potentially permanent method of coping. Early experiences during periods of the developing mind can shape how children begin to learn survival skills and how they live their lives in general (Siegel & Bryson, 2011). However, if children practice such skill repeatedly, the learned skills can then be applied toward other areas of their lives that may not require such coping skills (Folkman & Lazarus, 1980; Maslow, 1968). The fact that children learn to appraise and adapt to situations early in their lifespan may also be perceived as unfavorable in non-threatening circumstances, in that the coping strategies applied during negative experiences are used to foster tension reduction and survival (Folkman & Lazarus 1980; Maslow, 1968).

The information from these studies connotes that immediate and urgent coping strategies established during a child's early years can become adaptive and the child may sustain those practices throughout their lives. Therefore, when a child has to make an interpersonal decision to respond to a violent event as a witness, they will continuously choose the best method for that moment to have the most effective approach toward immediate survival. During this period the child may not be aware of the consequence of the skills becoming adaptive and that they may later be at risk for similar coping in adulthood (Rossman, 2001).

Joseph, Govender, & Bhagwanjee (2006) conducted a phenomenological study about the effects of coping strategies with five children between the ages of eight and 12 through interviews; the children were witnesses to violence or abuse between their parents. The study revealed that children who were witnesses to violence and/or abuse between their parents were generally overwhelmed and typically experienced distress. The study found that the stress experienced by the five children led to a range of coping responses, both internalized and externalized. Although the developmental status, temperament, and personality of each child led to variation in psychological responses to these situations, the style of coping also relied on gender and the age of the child during the time of the event.

As an elaboration on gender differences in responding to or coping with violence between parents, Joseph et al. (2006) found that boys demonstrated more internalized feelings while resisting crying as they felt that it would be considered a fragile act. On the contrary, girls showed increased ability to outwardly express emotions, such as crying. In addition, the children who were older had a varied set of cognitive-based strategies while

responding to the traumatic experiences. For child witnesses, identifying coping skills as a form of survival through traumatic involvements was recognized as a disempowering experience (Joseph et al., 2006). The reasons behind the children's feelings of disempowerment or lack of confidence were mainly influenced by the roles of the child, their forms of functioning in the family, and personal self-identity which were all somehow challenging to understand and difficult to accomplish due to the frequent inconsistency in personal roles, family functioning, and personal self-identity (Joseph et al., 2006). One of the coping strategies used by children was denial. The way that the girls practiced denial was based on seeing their mothers return to normal daily functioning without leaving the house. In the study one of the girl participants indicated, "It must be okay, otherwise she would leave...she can leave if she wants" (Joseph et al., 2006, p. 32).

Another concerning coping strategy used by child witnesses is that children began to experience worry, disappointment, and discontentment toward the perpetrating parent, which was the father in most cases. The children were unable to make sense of the situation where they love their fathers but did not like his presence in the home. This conflict led to feeling uncertain about what to do with their feelings of sadness, disappointment, and anger. These feelings precipitated ambivalence about the situation as a whole and their feelings and thoughts for each parent. In addition, the study clearly demonstrated that the children's feelings manifested as helplessness and at times needing to act in the parent role to try to organize the situation. This study identified the children's coping strategies as maladaptive. Such coping strategies may distort a child's

wellbeing when the child's behavior is based on fear rather than logic, which then may alter healthy forms of coping (Joseph et al., 2006).

DeBoard-Lucas & Grych (2011a) indicates that children's adjustment and method of coping with situations, especially during violent instances, are often molded and facilitated by their parents' aggression and conflict. The consequences that children experience from witnessing violent events between parents become a predecessor for an inability to interpret and understand the situations, which leads to further struggle with emotional and behavioral problems (DeBoard-Lucas & Grych, 2011a). Further, among the 34 children who were interviewed, DeBoard-Lucas & Grych (2011a) found that children exhibit various forms of behavioral coping responses during active incidents of witnessing violence between parents. A form of behavior among half of the participants was to remove themselves from the interaction between their parents. However, the children did not ignore the situation. Instead, they continued to listen or even watch the incident take place from a distance. Some of the children tried to stop the fight or the argument between their parents as a coping method while physically separating them or telling them to stop fighting.

Lastly, a small percentage of children tried to stay away from the fight zone and called the police for help instead. In the study the children habitually coped in the moment by either intervening or withdrawing from the situation (DeBoard-Lucas & Grych, 2011a). Lepisto et al. (2011) further found that adolescents who were witnesses to domestic violence in their home tend to use unaccommodating coping strategies while exhibiting characteristics such as self-blame, ignoring the problem and/or worrying excessively. Moreover, adolescent witnesses were less likely to seek help and learned to

be secretive regarding their lives at home. These children demonstrated less ability to practice any form of relaxation or any calming activities. They had a tendency to seek belonging. It is inferred that if children who witness domestic violence were receiving support and/or proper treatment throughout the times of active events, it may have promoted overall wellbeing and growth during their development (Lepisto et al., 2011).

Lasting effects into adulthood after witnessing parental violence during childhood

As evidenced by the literature, research about children and their response to witnessing violence among parents existed long before interest arose in how those children continued to have manifestations of responses and adaptive behavior in their adult lives. There is little known about the details and personal experience of the direct impact of witnessing parental violence throughout childhood and the long-lasting effects of it into adulthood. In addition, there is a lack of research in areas of identifying the inner experiences of adult individuals who have a history of being witness to domestic violence.

There is also limited awareness regarding the adversity caused by the experiences of child witnesses, in terms of understanding their thoughts/feelings and personal perspectives of how witnessing domestic violence as a child may have affected them into adulthood. The needs of this population have not yet been assessed or understood. The lack of research might be due to the subtle nature of the problem in that the injuries and the hurt inflicted by such experiences are difficult to detect. However, in this study it is the goal to detect and become informed of the needs of these individuals through hearing their inner experiences of their lives. It is then hoped to reach a place of awareness of the needs of these individuals and others like them in an effort to address the problem.

Despite the limited data and research with regard to the inner experiences of adult former witnesses, there are studies that have focused on the potential adversities; however, the issues addressed in current research have exhausted their potential for identifying measurable and detectable areas of concerns. A study exploring potential threats to a child's growth during periods in which violence was witnessed found that progressive behavioral responses and consistent adaptive coping are manifested in early childhood but may often transition into adulthood as embedded patterns of coping (O'Brien et al., 2013). It is important to give a voice to children who witness parental violence in an effort to intervene during the early stages of development to eliminate the potential adult difficulties navigating life in an unhealthy way (O'Brien et al., 2013). A supportive, understanding, and safe home allows children to learn and comprehend the reasons for negative events. The more aware and informed the child becomes, the higher chance they may lead a rewarding life as they progress into adulthood (Holt, Buckley, & Whelan, 2008).

O'Brien et al. (2013) examined adult female former witnesses to domestic violence who identified strong connections between childhood experiences of witnessing and impacts on their adult lives. This qualitative investigation offered valuable information in understanding how the adult participants speak about their recollection of personal experiences as children and the way they feel those experiences impacted them in adulthood. The participants indicated that their mothers were not very available during their childhoods. Rather, the participants described their mothers as available exclusively for their physical needs. The mothers were described as overly consumed with their personal stressors as a result of being victims of spousal abuse. The participants described

their childhood coping as mastering tolerance for their mothers' emotional absence. The participants stated that they felt invisible and alone during active periods of violence, which manifested the need for a retreat away from the immediate domestic violence. The participants in the study stated that they would "block-out the abuse," trying to block out the thoughts and memories of the incidents because of the stressful response if they endured the pain of thinking about the abuse (O'Brien et al., 2013, p. 102). Even though they would continue hearing the sounds of the violence between their parents, they had a goal to at least serve their physical safety by staying away from the vicinity. The study confirmed that the issue of being witness to violence has been overlooked. The participants demonstrated that witnessing domestic violence had negative impacts on their lives, especially over the long-term (O'Brien et al., 2013).

To further elaborate on the potential risks facing adult former witnesses, McKee and Payne (2014) interviewed a total of 375 adults, of whom 67 reported being childhood witnesses to parental violence, in an attempt to investigate the relationship between childhood adversity and adulthood emotionality as a means of emotional reactivity. The study intended to discover if adults felt the consequences of witnessing domestic violence as children. However, even though the study concluded no significant findings or difference in levels of emotionality between the childhood witness group and the non-witness group, the results may have been flawed due to the unequal sample size of the groups. It can be inferred that the data might not be reliable due to comparing unequal sample sizes. If the sample sizes were similar, perhaps there would have been an outcome demonstrating a higher level of emotionality among the former witness group. Although

their findings differed from the previous study, the authors still found a slight difference between the witness and non-witness groups (McKee & Payne, 2014).

In a more reliable description of former adult witnesses and adulthood adversity, a study of 703 male and female adults of reported former witnesses shared their childhood experiences, perceptions, and beliefs, as well as their present experiences. The study confirmed that a child's optimal development can become compromised or challenged by witnessing violence. However, through the personal beliefs of the participants, the study sought to determine whether those experiences from childhood had an impact on the participants' adjustment process into adulthood (Graham-Bermann et al., 2017). According to the study, male participants reported that their present beliefs as adults consisted of ascribing their violent behaviors to personal issues such as monetary difficulties as well as substance use were contributing factors for the perpetrator.

In contrast, female participants were more likely to attribute their psychological problems to the perpetrator's abusive behaviors. Former adult witnesses demonstrated the ability to link their experiences of exposure to abuse during childhood to making connections between how and why their childhood lives consisted of negative experiences. The outcome of the study postulates that there may be space for future planning toward intervention and prevention models. The conclusion also infers that individuals may be open to further understanding the nature of their past and present lives in an effort to eliminate intergenerational transmission of trauma and violence (Graham-Bermann et al., 2017).

In comparison, Dick's (2005) research with sons of perpetrator fathers examined the perceptions and beliefs of male participants who reported childhood witnessing of

parental violence. The male participants who identified as witnessing violence between parents during childhood specifically spoke about their perceptions, thoughts, feelings, and relationships with their fathers (Dick, 2005). The former witnesses were later compared to another group of men without any reported former experiences of witnessing parental violence in their childhoods. The former witnesses reported having less of a nurturing and loving relationships with their fathers. They also reported having less of a bond with their fathers and not viewing their fathers as empathic or nurturing individuals. The men in the study indicated that they had more positive perceptions of their mothers as opposed to their fathers and saw more positive attributes in their mothers compared to the non-witnessing group. They also perceived having a lack of affectionate communication with their fathers. The former witnesses associated their fathers with lacking the capacity to be loving and compassionate toward their sons as well as a lack of interest in their sons' overall wellbeing (Dick, 2005).

Further, the non-witness group demonstrated more positive perceptions of their fathers than the witness group. The non-witness group also reported more positive interactions and connections with their fathers (Dick, 2005). The relationship between children and their fathers seems to be imperative for a child's development and their future as adults. A child's attachment and development require lovingness and warmth from a father (Hawkins & Palkovits, 1999); therefore, there should be increased awareness of the relational issues that take place in people's homes. An invisible injury from witnessing domestic violence leads to disconnection between fathers and sons and has led to long-lasting issues interfering with the success of the indirect victims to violence.

Mental health and psychological concerns in adulthood. Although studies have attempted to understand the long-term effects of witnessing domestic violence during childhood and its impact on individuals as adults, there continues to be a gap in areas of knowledge regarding overall psychopathology and character development for those individuals. There also seems to be a lack of information regarding first-hand experiences told through interviews. Researchers believe that witnessing violence can be just as bad as being a direct victim of violence. It can produce feelings of overall helplessness, symptoms of depression, guilt, and a diminished sense of self-worth during childhood (Jaffe, Wolfe, Wilson, & Zak, 1986). There are unseen wounds formed throughout the years which seem to require a thorough understanding followed by an effective plan to intervene. Children tend to internalize their symptoms during childhood especially those resulting from traumatic experiences such as conflict and psychological and/or physical violence between their parents, which can lead to carrying those symptoms into adulthood, becoming adaptive forms of understanding life (Silvern, Karyl, Waelde, Hodges, Starek, Heidt, & Min, 1995). Psychological adjustment is an area of development that might require early adaptation to healthy, effective, and safe functioning during one's primitive stages of growth in order to continuously establish practices for life's stressors and challenges. It can be important for effective functioning skills to begin before adulthood.

Adults with experiences as former witnesses to domestic violence tend to have symptoms of depression and/or anxiety. Graham-Bermann et al. (2017) suggested that adult participants with a history of witnessing domestic violence as children exhibit mild to moderate levels of depression and anxiety. Even though Graham-Bermann et al. (2017)

found participants demonstrated continuity of understanding that the perpetrator's behavior was contingent on psychological distress and interpersonal challenges, the participants continued to exhibit observable symptoms of depression and anxiety as long-lasting traits from childhood. Similarly, Silvern et al. (1995) also noted that both adult men and women former witnesses to domestic violence have demonstrated symptoms of depression and anxiety. In addition, it was also notable that the same participants who exhibited depression and anxiety also revealed having challenges with their self-esteem. Feelings of reduced self-esteem and symptoms of depression/anxiety can be areas of psychological health that require immediate attention, as they are vulnerabilities to long-term difficulties.

Comparable to the previous studies, Diamond and Miller (2004) also identified that both adult men and women who were former witnesses to abuse and/or conflict between their parents (e.g. witnessed conflict alone, physical abuse, or psychological abuse) demonstrated symptoms of depression. Irrespective of the type of aggression or violence that children witness, they tend to internalize symptoms during traumatic events, which make those children prone to psychopathology as adults. However, even though men and women both internalize symptoms in their early childhood, women tend to be more prone to internalizing symptoms than men (Silvern et al., 1995).

Although research regarding psychopathology with former adult witnesses is scant, the studies thus far have purely focused on the negative effects from the perspective of female adult former witnesses. Additional data considering the relationship between “psychological and social adjustment” with women witnesses to parental violence has suggested that women can experience direct negative impacts including

difficulties with “psychological and social adjustment in adulthood” (Henning et al., 1996, p. 35). Henning et al.’s (1996) study of “psychological and social adjustment” identified many areas of adjustment that have to do with the growth of an individual. These areas include six functions of social relationships: “perceived emotional closeness and security, social integration, reassurance of worth, reliable alliance (perceived acknowledgments by others for tangible assistance); guidance, and opportunity for nurturance” (Henning et al., 1996, p. 39).

Adult coping style. Having difficulties such as traumatic experiences and childhood distress during one’s formative years without awareness or necessary interventions can lead to having established maladaptive skills and learned behaviors as one matures into adulthood while theoretically impacting behavior and possibly also affecting adult relationships. This can be in part due to the individual not having the proper coping skills through issues in their lives and relationships. Often, coping skills and specific coping styles are formed throughout the lifespan while experiences and practices to manage, tolerate, and solve issues become understood and resolved. Existing research has demonstrated that children experience difficulty attempting to address their feelings during the periods of actively witnessing parental conflict or violence. Various forms of unhealthy, unsafe, and ineffective coping styles can be used during traumatic periods. Research has linked childhood coping styles to lasting issues into adulthood for individuals who are former witnesses to domestic violence.

While less research has been conducted for the specific area of adults’ coping styles as former witnesses to violence, Hetzel-Riggin and Meads (2011) identified prominent findings which support the idea. Their research suggests that intervention for

individuals who have been subject to any form of repetitive violence should comprise adopting specific coping abilities that address the particular needs of each individual while taking into consideration their history and the type of experiences they have endured. For former child witnesses, after every experience of being involved in any form of violence, each individual is inclined to use coping mechanisms that are most effective in that moment as they deal with the present problem. The selected coping skills would normally be consistent with their perception of the perceived vulnerability, intimidation, threat, and their reaction to it (Hetzel-Riggin & Meads, 2011). Therefore, it makes sense to assume that an adult who has practiced avoidant or dismissive coping throughout childhood may be more inclined to cope in similar ways in their adult lives. This may lead to problems in their character development and their adult relationships. Hetzel-Riggin and Meads (2011) predicted that adults who as children had witnessed domestic violence between their parents have high levels of “dominance and isolation, emotional and verbal abuse, and physical violence from an intimate partner” as their best forms of coping skills (p. 590).

Another coping style difference confirmed during the investigation was that individuals who did not experience or witness violence during childhood tended to have an increased level of solution-based coping which generally led to a decrease in negative outcomes. Individuals who had witnessed violence during childhood were more inclined to use avoidant coping skills as adults, which is a predictor for more negative outcomes in general (Hetzel-Riggin & Meads, 2011). Such characteristics are known to be unhealthy and ineffective styles of relating with partners in intimate relationships as well as common factors leading to problems in other relationships in general. It is important for

individuals to evaluate the outcomes after attempts to resolve issues in life to increase the effectiveness for later events as they occur. However, the practice of “non-productive coping methods including not coping, tension reduction, self-blame, ignoring the problem, and worrying” (Hetzl-Riggin & Meads, 2011, p. 587) as a general form of coping throughout childhood and into adulthood makes it difficult for adults to be aware and insightful to detect issues and unproductive coping as they occur in their adult lives.

Other ineffective or negative styles of coping which can lead to potential concerns in adult relationships and overall character development in adulthood have to do with substance use. It is evident and clinically accepted that in periods of distress and in threatening situations people are inclined to have automatic responses to the perceived threat or stress. This often can be an indicator susceptibility to drug use and/or addiction (Goeders, 2003; Sinha, 2008).

An ineffective response to stress normally occurs during the event in which the individual has very limited to no ability to use the proper coping skills in regulating stress levels (Cohen, Gianaros, & Manuck, 2016). Due to the lack of proper coping skills available, the adult individual becomes more inclined to abuse substances to regulate their response to the situation. Witnessing parental or family violence during childhood has been associated with posttraumatic stress symptoms and/or posttraumatic stress disorder in adulthood (Haj-Yahia et al., 2009). Therefore, if childhood stress and trauma in general is a marker for increasing risk of adulthood substance use, then it is also pertinent for children who have induced stress through the trauma of witnessing family violence.

Consistent with previously presented data, Cohen et al. (2016) suggest that life stressors and traumatic events can lead to symptoms of depression and/or anxiety. However, Cohen et al. (2016) add that those symptoms provoked by trauma often become an antecedent to potential drug use as a method of coping with the tension associated with the stressors. Thus, one's perception and understanding of the stressor can be the motivator for the way one chooses coping methods. From a psychological perspective, the individual's threat assessment of the stressor and the event will determine how effective the coping means will be (Cohen et al., 2016). Early childhood exposure to life stressors and adverse experiences related to trauma can mediate substance use due to similarities between drug response and natural biological responses. There is convincing evidence linking childhood adversity to adult drug use and addiction initiated from the prefrontal circuits (Sinha, 2008). "A critical role is seen for prefrontal circuits involved in adaptive learning and executive function, including controlling distress and desires/ impulses, in the association between stress and addiction risk" (Sinha, 2008, p. 2).

Although there is a scarcity of research focusing on childhood traumatic experiences by former adult witnesses of domestic violence, more recent research by Garami, Valikhani, Parkes, Haber, Mahlberg, Misiak, Frydecka, & Moustafa (2019) added knowledge regarding childhood trauma and "interpersonal trauma" leading to adult substance use disorders (Garami et al. 2019). Garami et al. (2019) found that substance use disorder is common amongst those individuals who have experienced incidences of childhood trauma. The researchers investigated the severity of the trauma in order to determine the specifics of the impact on opioid use disorder.

Between a healthy control group and the patient group (e.g. individuals who were active users of opioids), individuals with substance use disorders experienced greater childhood stress caused by severe trauma and more incidences of trauma as compared to the healthy group, and a higher perceived level of stress (Garami et al., 2019, p. 434). Perceived stress can generally be defined by how one measures threat to which they are exposed. Stress results from the individuals appraisal of the situation as unpredictable and their own feelings as overwhelming (Garami et al., 2019, p. 434). The outcome of Garami et al.'s (2019) study also established that individuals with “noninterpersonal lifetime trauma was a better predictor of addiction status than was interpersonal lifetime trauma” (p. 441). However, although noninterpersonal lifetime trauma was a better indicator of addiction, the outcome of the study confirmed that overall lifetime trauma and childhood trauma for both interpersonal and noninterpersonal trauma have a major role in addiction, specifically opioid use, and that this can all be accounted for by the stress created by trauma (Garami et al., 2019).

Research has shown that interpersonal trauma has many negative impacts on individuals and that it affects one's identity and self-worth, which can result in an inability to negotiate personal boundaries (Brown, Kallivayalil, Mendelsohn, & Harvey, 2012). Such perceptions can be deleterious for an individual to exhibit. Not having confidence and self-trust and not knowing that one can manage day-to-day stressors can lead to drug use as the best coping strategy (Garami et al., 2019). On the contrary, being exposed to noninterpersonal trauma is defined as not having perceived a direct threat during an incident (Garami et al., 2019). Although exposure to noninterpersonal trauma does not constitute a perceived threat, it continues to predict as much as or more of an

association with drug use later in life. This information emphasizes the purpose of this present study as it presents consistent data confirming that trauma related to domestic violence during childhood, whether witnessing violence or being a part of the violence directly, can have a direct impact on the individual's ability to use healthy coping strategies as he/she develops into an adult, which leads to substance use as a form of coping in adulthood.

Adult posttraumatic stress symptoms. Over the years, many studies have shown that adults who have witnessed domestic violence during childhood may have residual effects of posttraumatic stress, which has manifestations into adulthood. The leading cause of posttraumatic stress disorder in DSM-5 is to experience a direct traumatic event(s), being a witness to a traumatic event(s) as it occurs to others, learning about tragic or traumatic event(s) that happened to other loved ones, and/or repeatedly being exposed to any extreme hostile event(s) (American Psychiatric Association, 2013, p. 271).

Haj-Yahia et al. (2009) studied adult college students who self-identified as former witnesses to domestic violence throughout childhood. The researchers found that there was a strong association between witnessing domestic violence as children and vulnerability to develop posttraumatic stress disorder in adulthood. In their study, they found that higher exposure to violence throughout childhood predicted higher severity of posttraumatic stress disorder among college students. Furthermore, the researchers searched for other elements that could have exposed variations of severity in the posttraumatic stress disorder diagnosis of the adult participants due to more frequent

exposure to witnessing the violence, such as demographics and socioeconomic status (Haj-Yahia et al., 2009).

Posttraumatic stress disorder was caused by different forms of witnessing violence in each individual. The determinant for posttraumatic stress disorder was attributed to the lifestyle and cultural affiliation of the individual. The study concluded that the older the parents' ages, the larger the family was, and the less support that the children and family had all predicted more frequent exposure to parental violence. However, there was no difference between male and female participants in describing frequency and severity of exposure. In addition, there was also no significance between the parents' socioeconomic status or education levels in terms of effects on the frequency or severity of violence between the parents. Another aspect of the study was that after comparing the findings between individuals who had experienced direct family violence as victims and those who were witnesses to family violence as children, it was found that there was no significant difference between the level of posttraumatic stress disorder in college students (Haj-Yahia et al., 2009). However, more interestingly, an aspect that weighed heavily on the form of posttraumatic stress disorder between students was the individual's overall perception of his/her family and the environments during the periods when traumatic events, such as family violence, took place. The way that one defined and perceived their lives and their families was an indicator of the different forms of posttraumatic disorder symptomology they would exhibit.

Another study with adults who witnessed or experienced firsthand direct parental abuse during childhood brought attention to the development of posttraumatic stress symptomology. This study added supporting evidence to the idea that exposure to family

violence either through direct abuse by family or indirectly through witnessing abuse during childhood, adolescence, and young adulthood is strongly related to showing symptoms of posttraumatic stress as an outcome of past trauma experience (Haj-Yahia & Bargal, 2015). Haj-Yahia and Bargal (2015) stated that the more the adult participants had childhood exposure to family aggression the more likely they were to exhibit posttraumatic stress in adulthood. Additionally, there was no difference or significance found in the impact of demographics and socioeconomic status as a predictor of outcomes.

The results revealed similar outcomes of posttraumatic stress among the participants equally. Given the evidence from the study, most types of exposure to family violence can be considered a traumatic experience for a child, which can carry into adulthood (Haj-Yahia & Bargal, 2015). It can be seen that regardless of age, gender, race, socioeconomic status, or the type of violence exposure which consisted of either “personal experience with various types of abuse and neglect, witnessing various types of aggression and violence, and the exposure to the co-occurrence of family violence” there can be an impact on the individual into adulthood (Haj-Yahia & Bargal, 2015, p. 2929).

Another interesting finding in the study was that the greater the physical violence and the psychological aggression exposure, the lower the child witnesses’ perceived level of parental’ psychological adjustment (Haj-Yahia & Bargal, 2015). The lower the victim’s perception of the parents’ psychological adjustment, the higher levels of posttraumatic stress were exhibited among the study participants. It may be inferred that the lower a child perceives his/her parents’ psychological adjustment, the less they perceive their parent’s ability to protect them. The child may associate his/her parents’

low psychological adjustment to having low levels of parental stability. This perception may lead to higher levels of trauma because the child feels unsafe.

Research thus far has demonstrated that adults who have survived exposure to either type of childhood trauma, by witnessing or experiencing physical abuse have a high chance of developing posttraumatic stress through childhood and into adulthood (Kulkarni, Graham-Bermann, Rauch, & Seng, 2011). While exploring the differences and similarities with two major areas of focus (e.g. witness group and physically abused group) Kulkarni et al. (2011) explained that witnessing violence alone without any physical abuse during childhood predicted the development of posttraumatic stress. The study was conducted with four different groups of pregnant women: a group that consisted of women who were only witnesses to parental violence; another group of pregnant women who personally experienced parental abuse; a group of pregnant women who were both personally abused and also witnessed parental violence; and lastly, a group of pregnant women who reported having no exposure to any type of abuse growing up as a comparison group (Kulkarni et al., 2011). In this study, the level of posttraumatic distress with the witness group was judged as the least level of distress as compared to the groups who experienced personal abuse and those who both experienced abuse and witnessed abuse.

A study by Silvern et al. (1995) also examined the association between family income status and parental partner abuse and similarly found that there was no significance with the family's socioeconomic status and the violence which took place between the parents. However, as in many of the previously reviewed studies, this study was conducted in an effort to add to the gap in qualitative research. This research studied

former witnesses to parental violence from the perspective of their lived experiences reporting measurable outcomes of inner their experience and potential inner injuries. There is a shortage of research conducted on populations consisting of exclusively being witness to violence and the direct impact of their past affecting their present lives as adults. Most studies of adult former witnesses have focused on quantitative methods and have explored areas which lack personal exploration and making meaning of experiences.

Intergenerational transmission of trauma and violence. Siegel (2013)

describes “intergenerational violence” as “violence begets violence,” and “an apt descriptor of the cycle of family violence, as children who witness parental violence are at high risk for repeating family violence in their own adult intimate relationships” (p. 163). “Despite the fact that most American children are provided with ample protection and support, too many home environments fail to recognize the harm that is caused by intimate partner violence” (Siegel, 2013, p. 163). This implies that due to having no visible scarring or bruising from witnessing domestic violence, there is limited attention to those children who might exhibit internal injuries that become long-lasting issues into adulthood, leading to a continuation of the cycle of violence. Not only are the children suffering in their earlier developmental years, they are potentially at higher risk to become victims or perpetrators in their adult intimate relationships, which continue the trend of violence to become a larger and less manageable problem (Siegel, 2013).

Given the evidence of significant empirical work established in prior research indicating childhood witnessing of domestic violence as a predictor to trauma and later in life posttraumatic stress symptoms, it makes sense to acknowledge later in life re-victimization and/or perpetration as well. First, it is essential to have an understanding of

what has happened to adults while they were children who witnessed violence by caregivers, while expanding on further understanding of whether those children end up in violent relationships as adults. Therefore, having knowledge of a child's thoughts and reactions during the violent episodes can be a great foundation in exploring how and why similar behaviors and relationship issues arise later in their lives as adults. Referring to research reviewed here earlier, Graham-Bermann et al. (2017) investigated how witnessing parental violence affected participants at the time and how it continued to affect them as adults. The study indicated that witnessing traumatic and violent acts during childhood leads to less-than-optimal development of the child during the periods when the violence is taking place. The study intended to seek an association between the childhood beliefs of the participant regarding partner violence and their beliefs about violence as adults. As mentioned previously, the adults who were part of the study had similar beliefs regarding perpetration during childhood and in adulthood. Both men and women seemed to believe that the perpetration was taking place between their parents during childhood because the perpetrator had physical or mental health problems, relationship issues, and/or an experience of distress (Graham-Bermann et al., 2017).

In an earlier study, Graham-Bermann et al. (2009) explained that as children grow up in homes with parents who are either physically or mentally unhealthy, the children are more prone to higher levels of posttraumatic stress, anxiety, and depression. Thus, Graham-Bermann et al. (2017) found that beliefs regarding the cause of the violence throughout childhood seemed to predict the outcome of the effects in emerging into adulthood. The individuals who explained having beliefs that the perpetrator had mental or physical illness leading to their aggression demonstrated fewer mental health problems

and aggression in adulthood as well as fewer problems as adjusting to anxiety and traumatic stress in adulthood. On the contrary, the individuals who believed that the violence was taking place as a precipitation of cruelty or punishment by their parent they presented with greater mental health problems (anxiety and traumatic stress) and greater aggression in their relationships as adults (Graham-Bermann et al., 2017).

As mentioned previously, Hetzel-Riggin and Meads (2011) explored the link between witnessing parental violence during childhood and the risk of developing poor coping skills and psychological distress throughout life and the progression of those challenges into adulthood. Hetzel-Riggin and Meads (2011) also looked into how witnessing violence between parents during childhood can be a predictor of partner mistreatment in adulthood. The study was conducted with three groups: a combined group of individuals who were both victims of direct physical violence and witnesses of violence perpetrated by one parent toward the other; a group consisting of individuals who were subject to direct abuse only; a group with individuals who witnessed aggression and violence between their parents; and individuals who had no type of exposure to violence throughout childhood.

Not surprisingly, the combined group (childhood physical abuse and witnessing parental violence) demonstrated the highest level of partner abuse or mistreatment in adulthood, followed by the group who had been exposed to childhood physical abuse. Interestingly, even though the group containing witnesses to domestic violence was the last in line, they were still more prone to partner abuse and partner mistreatment in adulthood than those with no exposure during childhood (Hetzel-Riggin & Meads, 2011). This study continues to demonstrate a public health concern for individuals who have not

been directly abused but who are subject to victimization by exposure to family violence and the continuity of intergenerational transmission of violence.

Siegel (2013) indicates that neuroscience research proposes that emotion regulation has a significant role in the intergenerational reproduction and continuity of domestic violence and that it “promotes awareness of the importance of internalizing as well as externalizing responses to stress, neglect and abuse” (p. 163). Siegel (2013) explores a “trauma-informed approach” to this issue for the longer-term concerns of reducing the replication of “family violence from one generation to another” (p. 163). “The study argues for a trauma-informed approach to identifying children and parents whose symptoms of emotional dysregulation may be otherwise overlooked, and for an expanded approach to treatment that incorporates family systems and emotional regulation strategies” (Siegel, 2013, p.163). There is a possible link between the potential instabilities in emotional regulation produced by exposure to an environment of witnessing domestic violence between parents and the potential repetition of similar partner violence in adulthood intimate relationships (Siegel, 2013).

Studies have made clear that whether a child is exposed to violence directly or indirectly, there will be consequences to psychological and emotional adjustment and mental health-related problems which carry over into adulthood (Siegel, 2013; Kerley, Xu, Sirisunyaluck, & Alley, 2010). The psychological distress and inability to make sense of episodes of violence during childhood seem to be the major antecedents that transform into the inability or challenge to self-regulate overwhelming emotions and thoughts. Therefore, this becomes a problem during the emergence into adulthood. Psychological distress and the inability to properly or effectively communicate feelings

during conflict can become an issue in identifying the most effective forms of self-expression, which can then generate into a repetition of their experiences to witnessing childhood violence. It can be considered to be a socially learned behavior in the family environment as a child (Kerley et al., 2010).

Social learning theory concentrates on the notion that people learn what they see as they develop. In terms of socially learning behaviors in relationships and in narrowing the lens into domestic violence, social learning theory by Bandura (1973) can extend to the topic of intergenerational violence by suggesting that people tend to repeat what they observe and that they adopt behaviors that are modeled to them. Aggression can be a learned behavior, as social learning theory describes that if an individual has been shaped through modeling of aggression, then they will replicate violence. Similarly, if an individual has been shaped through modeling of behaviors that are passive and fearful, they may repeat such behaviors to the extent of becoming victimized in adulthood. Literature amply confirms that for some instances and for some individuals, violence is learned during childhood and later transitioned into adulthood (Black, Sussman, & Unger, 2010).

However, although the majority of the studies regarding exposure to violence and intergenerational transmission of family violence are focused on childhood exposure in terms of direct physical abuse from parent-to-child, some of the literature has mentioned and/or has compared findings of direct violence to indirect violence (witnessing violence between parents). Instances like this suggest the importance of healthy and effective forms of behavior and problem-solving skills during periods of modeling for children,

especially considering that children will grow and mature into adulthood at some point and use what has been provided to them during the learning years.

A study conducted by Black et al. (2010) exclusively investigated the effects of intergenerational transmission of violence by individuals who witnessed domestic violence and how it impacted their adulthood relationships. The study was conducted with adults who witnessed intimate partner violence during the periods in which they were emerging adults, as opposed to childhood. Even though the participants were emerging adults and not young children during the periods of parental violence in their lives, this study had strong data relevant to the idea of witnessing parents in violence or aggression and the association with later adulthood intimate partner violence conducted by the participants. The information in this study had rich descriptions regarding the negative effects of being indirectly victimized through family violence and adverse effects into adulthood regarding adulthood partner violence as a learned behavioral response to conflict or adaptive skills through other measures of emotional or psychological concerns.

Black et al. (2010) discovered that from a sample size of 292 undergraduate students, that 58% had at some point in their older adolescence witnessed psychological aggression between parents, whereas 17% of them reported having observed physical violence. As a result, 69.5% of the respondents reported that they experienced psychological aggression and violence in adult intimate relationships and 27% of the respondents indicated that they experienced physical violence in their adult intimate relationships. Although it is unfortunate that the incidence of intergenerational transmission of family violence was highly prevalent, it is useful to have the information

with regard to learning about the aftermath of such traumatic experiences in earlier life, which can transition into adulthood because “childhood experiences determine adulthood personality” (Feroz, Jami, & Masood, 2015, p. 323).

Regarding the intergenerational transmission of family violence as a repetitive dynamic, Kerley et al. (2010) conducted a study consisting of married Thai women. The purpose of the study was to understand family of origin and childhood experiences as having a potential association with adulthood marriage and other relational issues. The researchers searched for potential causes of intergenerational transmission of violence within current adult families through the lens of social learning process. The outcome consisted of finding “long-term and significant effects of childhood witnessing and direct childhood physical abuse to be linked with consequent psychological and physical violence in adult relationships”, and that there was a strong relationship between childhood exposure to parental domestic violence during childhood and later adulthood involvement in relationships consisting of violence (Kerley et al., 2010, p. 337).

Another study was conducted with exclusively female former victims of direct abuse and witnesses of parental abuse or aggression. The study used quantitative methodology and was conducted with female victims from a women’s shelter. The study explored whether “perceived childhood exposure to violence was an antecedent to vulnerability to having predisposition to adulthood victimization” (Ryan, Rich, & Roman, 2015, p. 1). As predicted, the study discovered a relationship between one’s childhood perceived experiences of domestic violence and the possibility of experiencing partner violence in a current adult relationship (Ryan, Rich, & Roman, 2015). Among the witnessing participants, it was reported that the most recurrent type of exposure as a

witness was to observe disputes and conflict between their parents. The most common way to have witnessed conflict between the participants' parents was to see the mother's abuse such as "shouting at her, insulting her, accusing her of cheating or threatening her life" (Ryan et al., 2015, p. 8).

Consequently, the study revealed that these childhood experiences of witnessing their mother becoming emotionally or psychologically victimized led to participants being victimized in their adult relationships. The majority of the participants indicated that abuse in their adult relationships started as soon as they became married to their partner (Ryan et al., 2015). The most common form of abuse experienced among the participants was emotional, meaning they would experience shame and insults, and would be disrespected, and often be blamed for adultery by their partner (Ryan et al., 2015). The findings in this study suggest that being witness to parental aggression can be repeated while leading to vulnerabilities in adulthood victimization.

Through the lens of attachment theory and the perspective of considering the process of relationship formation, an abundance of research has supported the concept of childhood experiences and earlier relationships in life influencing the way attachment forms and becomes a method of relating to others throughout the lifespan. Godbout, Daspe, Lussier, Sabourin, Dutton, & Hebert (2016) examined the effects of early exposure to violence in the form of both witnessing or being directly abused by parents and the association of violence in personal intimate relationships with French-Canadian adolescents and emerging adults who were engaged in coupled relationships in a longitudinal study.

The purpose of the study was to better understand whether insecure attachment (i.e. anxious attachment and avoidant attachment) was linked to earlier exposure to violence within the family and how it affected later relationships in terms of violence or aggression (Godbout et al., 2016). The study stemmed from the view that past exposure in any form may be a predictor of concerns with attachment (i.e. insecure attachment-anxious or avoidant; (Godbout et al., 2016, p. 1). The researchers hypothesized that there would be a replication of relationship patterns similar to past encounters, in that the past experiences would lead to being insecurely attached within romantic relationships and possibly to perpetration of violence in current relationships. In turn, they predicted that the insecure attachment would be “linked to higher levels of violence and lower levels of relationship satisfaction” (Godbout et al., 2016, p. 3). The study supported the idea that higher levels of violence exposure during childhood contributed to poor attachment in adult romantic relationships. In turn, poorer attachment led to lower contentment and more potential violence in adult romantic relationships.

Although this study confirmed that either being a victim of family violence or witnessing family violence can be a predictor of negative outcomes in future romantic relationships, there was an additional outcome influential to this dissertation: this study had a large sample size of subjects who were exclusively witnesses to parental violence during childhood. The larger number of witness participants highlights the idea that a witness’s past experience is also highly correlated with future problems as adults, while confirming the trend of intergenerational transmission of violence.

Studies have examined the underlying causes of men becoming perpetrators while conducting research with men who have had childhood exposure to violence between

parents. Zhu and Dalal (2010) sought to identify if there was a correlation between witnessing adult violence during childhood and perpetration by those men in their adult romantic relationships. This seemed to be a form of extension to social learning theory, which defines learned behaviors in childhood being replicated in adulthood (Bandura, 1973). From the perspective of transmission of violence, social learning theory can be understood as an individual seeing and learning behaviors from others during childhood as an effective form of conflict resolution (Bandura, 1973).

Among a population of Indian men, Zhu and Dalal (2010) found that the reasoning and rationalization for their violent and abusive behaviors towards female partners was supported by their belief in control over women. With this belief, there was a connection between coercive control and the responsibility of a women's "obedience" to their spouse. The study was conducted through structured interviews to explore the attitudes of the male perpetrators in wife beating behaviors (Zhu & Dalal, 2010, p.1). The majority of the male participants who were former witnesses of parental violence indicated that they beat their wives any time they wanted to. The age difference between the younger men's group and the older men's group did not make a difference in their attitudes. Abusing wives seemed to be accepted and permitted under most circumstances where the wife was perceived as being disobedient. Other reasons for wife beating consisted of six specific concerns: "wife disobeying him, neglects household tasks, refuses sex, is suspected of being unfaithful, and for being disrespectful to the in-laws" (i.e. to the respondent's senior relatives) (Zhu & Dalal, 2010, p. 257).

A similar study conducted with male perpetrators by Mbilinyi, Logan-Greene, Neighbors, Walker, & Roffman (2012) aimed to add to the limited research on direct

factors of childhood exposure to violence and the relationship to adulthood perpetration or victimization. The study consisted of 124 male perpetrators who had not sought clinical attention at any point in their lives. The study discovered that the behaviors of the participants were considered a “normalization of violence” (Mbilinyi et al., 2012, p. 171) throughout the life span of the participants. The study consisted of three groups: a control group; another group with individuals who reported having high exposure to violence during childhood; and a group consisting of men who reported having lower exposure to violence during childhood. The highest sample group consisted of men who had high levels of exposure during childhood. Among the individuals in the high exposure group, there was a significant finding of “severe psychological aggression, both minor and severe physical assault, minor sexual coercion, and severe injuries” (Mbilinyi et al., 2012, p. 177).

More importantly, there was clear presentation of all of the participants in the high exposure group demonstrating the highest amount of perpetration as compared to the other groups. The focus of this study was to identify the factors of exposure leading to adulthood perpetration and in turn to create interventions, intending to discover a form of “interruption of intergenerational transmission of violence” by having specific deterrence plans in place (Mbilinyi et al., 2012, p. 181). Interestingly, the participants with the highest exposure to violence during childhood were more likely to indicate that their behavior was causing their partner to experience shame and embarrassment; however, as compared to the other groups, they reported that they did not feel like they were losing self-respect as a result of the physical or emotional pain inflicted on their partner. The

group with no exposure through witnessing was more inclined to lose respect for themselves for committing violence (Mbilinyi et al., 2012).

More recently, Narayan, Labella, Englund, Carlson, and Egeland (2017) confirmed the effects of earlier domestic violence among parents to be a predictor of adulthood perpetration with both adult male and female participants through a quantitative longitudinal study. Violence between parents affects children as early as infancy and while they are toddlers. This study's intention was to provide additional research in understanding the long-term link between exposure to parental violence at birth (ages 0-24 months) and toddler and preschool age children (ages 25-64 months), to intimate partner violence and perpetration as well as victimization in adulthood. A major area of interest in the study was to determine whether or not the timing of witnessing violence plays a role in the effects of the incidents.

The findings concluded that the developmental periods of the child, even during those earliest periods, may become interrupted. They implemented the study through a developmental psychopathology lens, which then emphasized how early experiences played a role into future adaptation. The study's results found that the timing of witnessing domestic violence determines the continuation and change of intimate partner violence throughout the transitioning periods from earlier adulthood to later adulthood (Narayan et al., 2017). The higher the severity of exposure to the violence during the toddler/preschool phase, the more likely for an individual to either become a perpetrator and/or a victim by the age of 23.

Although the outcomes in Narayan et al. (2017) identified that toddlers/preschoolers were affected more than newborn/infants from witnessing their

parents in violent exchange, the study implies that no matter the age of the child during the violence, the child is still vulnerable to being affected by it. Early negative experiences can lead to adult life violence in relationships (Narayan et al., 2017). There is ample “evidence that witnessing and/or experiencing violence is related to different patterns of abusive behavior and, perhaps, psychopathology” (Murrell, Christoff, & Henning, 2007, p. 523). The research on intergenerational transmission of violence has made it clear that there is a need for further intervention for adults who have been raised in homes consisting of violence.

Conclusion

This literature review examined the effects and negative impacts of witnessing domestic violence during childhood and the long-lasting effects of adversity into one’s adulthood. The literature contained data related to relationships between witnessing violence and aggression in the forms of verbal abuse, physical abuse, emotional abuse, and coercive control between parents during childhood and the long-term effects of the experience into adulthood. Research on the relationship between children and their responses to trauma and violence throughout development as well as research on adulthood outcomes due to a history of trauma and domestic violence have provided a wealth of understanding of the major impacts on one’s life as a result of either witnessing or being a direct victim of domestic violence. Literature in areas such as posttraumatic stress, coping, psychological/mental health concerns, and intergenerational transmission of violence suggest that the incident rates are high. As a result, childhood developmental issues, character development across time, and adulthood issues regarding character and adulthood relationships are areas of concern.

Even though there is an abundance of research in areas regarding specific observable and measurable outcomes into adulthood, such as the effects of adulthood violence, victimization, psychopathology, and posttraumatic stress, there are not many research studies that capture the experience of adults from their own perspectives and exploration of inner experiences of people who may have endured further non-observable or measurable internal injuries. Furthermore, most studies are conducted in an attempt to study both witnessing and abused children's perspectives or adults who were direct victims of physical violence. Most of the studies, even in the areas of physical abuse, are examined through quantitative research. In addition, most studies on adults who were witnesses to domestic violence compare them to adults who were physically abused during childhood, or with adults who were both abused and were witnesses to violence during childhood. Through these studies, there remains a lack of clarity in understanding the type of experiences and how those experiences have had a direct link into adulthood from the witness's perspective and witnesses' interpretations and perceptions of descriptors leading to potential needs. By understanding the underlying information of more detailed feelings and thoughts of the precipitating factors which led to their past characteristics and thereby how those characteristics carried into adulthood, can be effective forms of intervention and prevention can be identified.

This study attempts to understand the personal experiences of adults' present lives and how their experiences have led to current patterns of character and relating to others. Through a phenomenological approach, observational open-ended interview questions and probing for elaboration will glean a clearer understanding of experiences. Valuable data can be obtained through personal perspectives, interpretations, and perceptions of

childhood experiences and then how practices and involvements during childhood potentially lead to long-lasting impacts into their adulthood lives. Having the evidence that childhood exposure as a witness is harmful for a child and that the adaptive skills and behaviors are contemporaneous into adulthood (Bandura, 1973; Godbout et al., 2016; Van Der Kolk, 2014) has been an assistive guide for the direction of this current study. This study consists of three main research questions:

- What was the lived experience as a child of witnessing violence between parents/caregivers?
- How did the research participants perceive those experiences to have impacted them as adults?
- How did witnessing domestic violence during childhood and the behavioral responses and adaptive skills they developed across time as coping strategies impact their character development and adult relationships?

The gathered information in this study can contribute to the existing knowledge in clinical psychology. Clinicians and practitioners can gain increased awareness of the personal experiences in order to establish effective treatment plans for both adults who have not sought treatment for their childhood traumas and for children who are going through the victimization of witnessing traumatic incidents of domestic violence. Identifying proper treatment for such individuals is an attempt to increase knowledge and awareness while treating underlying causes of the surface issues, which are mentioned in this literature review. As a result, it can be a great benefit in potentially reducing intergenerational transmission of violence. It is important for this issue to be handled with

the same respect that issues around abused children are currently being handled in the public health system to have proper interventions in place.

CHAPTER III: Methodology

Introduction

This study was conducted using a qualitative research design because such an approach provides the opportunity to gain a deeper understanding of the issues under study “from the perspective of the research participants” (Bloomberg and Volpe, 2012, p. 27). The use of a small number of carefully detailed one-on-one semi-structured interviews makes it possible for the participants to describe their experiences in greater detail and complexity and in an environment where they feel better able to speak freely and safely (Creswell, 2013). By conducting a qualitative study of this topic with adults who have witnessed domestic violence during childhood, it was hoped to empower individuals to share their stories and for us to hear their voices (Creswell, 2013).

Phenomenology

This study implemented a qualitative phenomenological approach in interviewing the participants, as such an approach enables us to enter more fully into the perspective of the participants and to examine the similarities among participants (Kvale and Brinkmann, 2009). Edmund Husserl founded “phenomenology as a philosophy” and as an overall understanding of consciousness and experience. Husserl described the approach to “investigating essences” during the process of searching from “common essence” throughout the interview as the participant describes the phenomena (Kvale and Brinkmann, 2009, p. 27). It was termed as “free variation in fantasy” meaning that the participant freely described their experiences (Kvale and Brinkmann, 2009, p. 27). It was also described as “varying a given phenomenon freely in its possible forms, and that, which remains constant through the different variations, is the essence of the

phenomenon” (Kvale and Brinkmann, 2009, p. 27). Thereafter, phenomenology was expanded by Martin Heidegger as an existential philosophy, “and then in an existential and dialectical direction by Jean-Paul Sartre and Maurice Merleau-Ponty” (Kvale and Brinkmann, 2009, p. 26). The phenomenological approach specifically means that there is great “interest in understanding social phenomena” of the former witnesses with their own perspectives while describing their unique experiences while taking into consideration “the assumption that the important reality is what people perceive it to be” (Kvale and Brinkmann, 2009, p. 26).

Using a phenomenological approach allowed the former witnesses to describe common meanings through their shared experiences of being exposed to domestic violence and how their perception and existence in those circumstances impacted them in the past and today (Creswell, 2013). The most significant aspect of this approach is that descriptions are given as “precisely and completely as possible and to describe rather than explain or analyze.” The goal was to arrive at an investigation of essences by shifting from describing separate phenomena to searching for their common essence” of the witnesses’ lived experiences (Merleau-Ponty, 1962, p. 27). This research project made use of semi-structured interviews designed to capture the participants’ understanding of the impact the prolonged emotional trauma had on their interpersonal functioning, character formation, coping strategies, and relationships throughout adulthood.

The primary purpose of the study was to discover and seek understanding of the lived experiences of adult men and women who report the witnessing of domestic violence throughout their childhood between parents or caregivers, and the impact of

those experiences in their adult life, if any. It is the overarching thesis that exposure to domestic violence in childhood will negatively affect the quality of adult relationships. The research from this dissertation will contribute to the technical literature in clinical psychology regarding domestic violence and the sequelae of trauma into adulthood.

The interviews obtained descriptions of the lived experience of having witnessed domestic violence and also descriptions of how the men and women perceive and interpret their worlds at present. In addition, the interviews examined how the participants' pasts have impacted their adult relationships (Moustakas, 1994). The researcher's interest was to discover whether the trauma that these individuals experienced may have inhibited them from developing a purposeful and meaningful life and establishing healthy relationships.

Interview Questions

During the interviews, the researcher heard and documented the experiences of domestic violence shared by the participants. Through this process the researcher compared and contrasted the similarities and differences in each interview to determine how the adults believe they are impacted by their past, in areas of interpersonal functioning, perception, awareness, insight, and relationships (Bloomberg and Volpe, 2012, p. 32).

By gathering data through open-ended questions, the participants freely, naturally, and safely described and expressed their childhood and adulthood experiences. Open-ended questions were used in the interview process, so that the data collection would allow the adult participants to express their experiences naturally and effectively as they attempted to recollect their childhood memories. This approach was employed so the

adult participants would be able to bring to the forefront their own unique perspectives on these difficult experiences (Lester, 1999).

The responses of the participants and their experiences were obtained through 60-90 minute semi-structured interview processes. The interview consisted of 21 open-ended questions with some additional probes as needed. Transcriptions of audio recordings of the interviews were used to identify common themes across all the interviews. During the crafting of coding, 4 themes and 13 subthemes emerged that seemed to capture commonalities wherein most of the participants provided similar responses to the interview questions.

Participants

This study included a total of 5 adult participants (age 25 years or older) including 1 male and 4 females who identified as growing up with parental or caregiver violence (e.g. witnessing, hearing the violence/aggression, and learning about its aftermaths of emotional violence, verbal violence, coercive control, or physical/sexual) throughout their childhood.

Method

Through the phenomenological approach, the question-and-answer phase was obtained while the participants described the meaning and purpose of their experiences as an adult and how they related their current lives to their childhood experiences of witnessing domestic violence. The phenomenology method promoted a deeper understanding of the phenomenon as it allowed all of the participants to provide their own understanding and perceptions of their experiences with great detail (Bloomberg and Volpe, 2012). Since this study required participants to speak about a very sensitive

subject, the researcher provided a safe space, trust, and confidentiality along with the right to refuse any self-disclosure that might be uncomfortable for the participant. The researcher demonstrated a calm and patient demeanor through compassion and empathy in order to ensure the participant that they were in a safe place without judgment. Additionally, the researcher periodically reminded the participant that they were not obligated by any means to continue to share their experiences should they feel discomfort or unable to manage the surfacing of negative and sad feelings.

Sampling

This study implemented snowball sampling. Participants who fit the criteria were invited to join the study. The criteria consisted of being at least the age of 25 years or older and having had childhood exposure to domestic violence between parents or caregivers, with the exposure exclusively in the form of witnessing the violence without being direct or intended victims of any form of abuse specially toward them. In turn, each participant was asked if they had further resources in locating other participants. The participants were residents of Southern California. They were provided with a detailed description of the study and were notified of their rights to privacy and to refuse to answer any questions.

Participants were provided with consent forms and forms that required them to answer basic demographic questions. The participants were asked perceptual questions about how they believe their childhood experience may have or may not have impacted their lives, specifically their relationships, social life, and interpersonal skills. The interview style consisted of standardized open-ended questions that permitted the prompting and probing for further information if needed (Bloomberg and Volpe, 2012).

The questions were standard throughout all of the participants and remained the same for the entire study.

The 60–90 minute interviews took place in a private office space or a private library room consistent with phenomenological research, to increase the understanding of the experiences of the subjects in a safe space. Because the researcher had more to gain than the participant, the researcher contributed \$30 to each participant.

Data Collection Method

Data for this interview were collected in a private semi-structured interview. The interviewer facilitated one open-ended interview on any given day. The participants were informed and their consent was obtained for the interview to be audio recorded with a digital recorder throughout the entire interview. Following the interview the audio recording was transcribed for analysis.

Data Analysis Method

After the interviews were completed, the researcher looked for common themes in their experiences and particular areas of experience that participants chose to share, such as how they perceived their past experiences, how they interpreted the impact on their adult lives, and how they made connections between their experiences as former witnesses and their interpretation of the effect it had on their lives as adults both in positive and negative ways. Most importantly, the researcher focused on character development and adult relationships. Areas which highlighted the foundations of how one developed and how relationships were managed in adulthood were understood through areas of interpersonal functioning styles such as: problem solving, coping skills, quality of intimacy, communication skills, and then how the participants negotiated their needs,

love, and ability to connect within their relationships. By asking specific interview questions the researcher searched for themes of how prolonged and historical trauma manifested and impacted the participants' lives as adults in the present.

During the process of coding and analyzing, the researcher transcribed the recording then “organized the data while conducting the preliminary reading-through” of the retrieved data (Creswell, 2013, p.179). Thereafter, the information was separated into themes. The similarities and differences of the themes were then compared between one interviewee and the others. All areas of similar themes that were coded were ascribed a heading to identify that area of character or experience that was disclosed by more than one participant. Once the process of creating the themes was complete, the researcher went back into the process of re-reading the interviews once again in order to search for all of the participants' experiences which fell into a category of one of the themes. After the entire coding process was complete, the themes were described in detail and then they were compared between participants.

Role of researchers experience and Bracketing

An important factor to take into consideration is the researcher's pre-existing experience as a clinician and the exposure to areas of the interviews which were common issues that have been encountered in clinical practice and in personal life experiences in the past. There were areas of shared experiences during the interview process that arose between the researcher and the interviewee. The familiarities of experiences (working in clinical practice with adult patients who exhibit trauma and who have had abusive upbringing) during interviews and in the content of the disclosure of the participant's personal lived experiences which have become a possible influence on the researcher's

interpretation and probing for further questions of exploration during the interview process.

When a researcher encounters a bias during the process of exploring and understanding “bracketing” is required in order to mitigate an undesirable outcome. When confronted with such bias it “calls for a suspension of judgment as to the existence or nonexistence of the content of an experience. The reduction can be pictured as a ‘bracketing,’ an attempt to place the common sense and scientific foreknowledge about the phenomena” (Kvale and Brinkmann, 2009, p. 27). Therefore, the main goal for the researcher in this study was to be aware of the potential shared experiences followed by the potential for biases. In so doing, the researcher was able to set aside her judgment during the process of coding to the best of the researcher’s ability.

Ethical Considerations

This study involved participants talking about sensitive issues that could result in harm through re-experiencing their past trauma, which could cause physical and emotional discomfort, including feelings of anxiety linked with a sense of danger as well as other kinds of distress. The participant might have also felt as though his/her privacy was being invaded and might have felt distrust of the researcher.

In order to assist the participants in feeling safe and comfortable, the researcher set guidelines of freedom: participants were able to choose to stop at any moment, were allowed to refuse to answer certain questions, able to ask for a break from the interview at any time, and were aware that the information provided would not be exposed or exploited in any way if they revoked permission to use the data. The participant was informed that their data and identifiable information would be anonymous and only the

interviewer would know them by name. They were also informed and provided with contact information and were assured that the researcher would be available for contact after the interview. The participants would have been provided with contact information for healthcare providers if it were necessary. Their rights of confidentiality were protected with signed consent forms.

The rights and welfare of the participants were protected. Interviews were conducted in private rooms where the interviewee felt comfortable. Interviews were kept confidential in that the researcher did not provide any information to any party beside the interviewee of their interview appointment and place of interview. Only the researcher will identify each participant. Each participant was assigned a permanent letter and number that were not in any order of gender, age, or other identifiable personal information. They were assigned one single number and an alphabetical letter, chosen randomly by the researcher. A short list of names of interviewees and the assigned code are being maintained in a separate locked file cabinets. The short list of names does not indicate the nature, purpose, or description of the list in order to maintain its disguise and confidentiality. The participants' private information will be protected in a safe or locked file cabinet for seven years. The participants' names are not listed on the interview transcription. The interviewer has used coded numbers and alphabetical letters to de-identify the participants' information that distinguishes one interviewee from another.

CHAPTER IV: Results

Introduction

The purpose of this phenomenological study is to understand the first-hand lived experiences and perceptions of adults who reported having witnessed parental/caregiver domestic violence within their home as children, and to then discern how those experiences from childhood have influenced their adult lives in areas such as adulthood character development and most importantly, their close adult relationships. This study aims to shed light on possible behavioral responses and adaptive skills which were learned and conditioned during childhood, and the probability of that those adaptations in character being carried into adulthood.

It is hoped this research will yield valuable information that will aid public health programs and social services in establishing intervention strategies that will address this public health issue. The overarching research questions, which were used in directing this study were the following:

- What was the lived experience as a child of witnessing violence between parents/caregivers?
- How do the research participants perceive those experiences to have impacted them as adults?
- How does witnessing domestic violence during childhood, and the behavioral responses and adaptive skills developed across time as coping strategies, impact character development and adult relationships?

Participant Summaries

Five English speaking adult participants between the ages of 29-51 took part in this research study. One participant was male and 4 were females. All of the participants were born and raised in the United States of America, though they were of varying ethnicity: the male participant identified as Native American, one female identified as Caucasian, two females identified as Latina/Hispanic American, and the last female identified as Middle Eastern American.

There were demographic differences among the participants in terms of present and past lifestyle circumstances across the areas of relationship status, birth order, use of mental health treatment, level of education, career, parent/caregiver relationship status, involvement of child protective services during their upbringing (placement/removal from home), who they were raised by, victim parent/perpetrator parent, type of violence witnessed, religious affiliation, and recollection of occurrence of violence in their home. All except for one participant were in relationships during the time of interviews. Two female participants were in committed unmarried relationships, the sole male was single, and two female participants reported being married during their interviews. Four participants were currently parents to biological children. Four of the participants were the eldest of their siblings, while one female participant was the middle child of three siblings.

Three out of five participants had one sibling and the other two had two siblings. Four participants were raised by both of their biological parents and one of the five participants was raised with a biological mother and stepfather of whom she identified as her “father”. With respect to religious affiliation, three participants indicated being of the

Protestant faith and two described themselves as Catholic. Level of education ranged from one person having not graduated high school (11th grade), one indicated being a college student, one participant stated having a bachelor's degree, and two of the participants had a graduate level degree. Two participants were college students, one was unemployed, and two of the participants were employed.

With all five of the participants, the fathers were the identified perpetrators, however, two of the participants' mothers were described as having attempted to physically fight back in an effort to protect themselves at times. As for the type of violence which occurred between their parents during their childhood, three participants indicted having witnessed their father as the aggressor toward their mother, consisting of physical abuse, emotional abuse, intimidation, and verbal abuse (coercion, threats, blame and control), and two participants witnessed their father impose emotional abuse, intimidation, and verbal abuse (coercion, threats, blame and control). All the participants indicated that they first recalled the violence taking place when they were between the ages four to six years. As far as law enforcement and/or child protective service involvement in participants' lives, only one of the participant reported having been separated from family due to child protective services detainment.

The other four reported that child protective services never became involved in the family's home life, though two did report that they had been separated from their parents and/or siblings at a young age for reasons directly related to violence in the home. One participant ended up living with grandparents because her parents became divorced, while the other participant began to escape her home and stayed with friends in order to avoid witnessing the continued violence and aggression in her home.

Overview of Themes

The interview transcripts led to the identification of four main themes and thirteen subthemes. The main themes were: 1) The childhood experience of witnessing domestic violence had an adverse impact on participants' overall quality of life; 2) Feelings of sadness and depressed mood were present during childhood; 3) There was a negative impact on interpersonal functioning skills in adulthood; and 4) Participants agreed that their parents' relationship behaviors were repeated by them in their adult relationships.

Theme one: Childhood experiences adverse to overall quality of life. The central theme that emerged with all five of the participants was that domestic violence between their parents led to a generally unhappy home life, which they believe made their childhood an overall negative experience. When each interviewee was asked to describe their experience as children, all participants shared that their childhood was mostly consumed with negative events and experiences, which had a significant impact on their overall wellbeing in terms of performance, feelings, and functioning for both childhood and adulthood. A notable aspect of this theme was that all of the participants shared two major aspects to this experience.

First, they had a negative feeling associated with their childhood, and connected with this was the notion that there was also a serious misapprehension of what was truly taking place during those times and the meaning behind the context of the incidents. There was also a notable misapprehension of how to make sense of the form of relating that took place between their parents and difficulty understanding how one should learn to relate to others in their lives. There was instability in their predictions and interpretations of the meaning behind their experiences and their understanding of how to

make sense of the events. For example, participant three shared that she considered the experience of growing up in her home to be deleterious because she felt the home to be an unsafe and uncomfortable place to be during childhood. She went on to say that an immediate unpleasant or an uncomfortable feeling would suddenly arise.

It was more of a hostile environment where I don't remember ever speaking or talking about my day or anything else as much... so I was more tiptoeing and making sure that I felt like the perfect child to make sure and prevent incidents from occurring between my parents.

Participant five reported that her adverse childhood experiences impacted her performance in areas of achievement and social standing due to limited self interest and preoccupation with worries and concerns of her home life. She described that her preoccupation with worry and trying to predict life were hindrances and that it created impediments in her life. She indicated that she found the unpredictability of the unexpected anger outbursts by her father toward her mother to be “controlling,” and his tendency to throw things around the house led to feelings of unsteadiness and discomfort. She said, “I used to feel it all over my body, just the sense of anxiety.” The participant also stated that although her father never physically harmed her mother, “it was more verbal and emotional abuse”. She said:

There was always yelling and aggressive behavior taking place and some belittling. I performed poorly in school throughout childhood because I couldn't concentrate, since my head was always at home and thinking about what my parents were possibly doing.

Participant four shared feelings of fear and an unstable sense of self while witnessing aggression during the violence in his home. He shared having feelings of sadness, fear, and discomfort with not knowing how to make sense of the situations taking place. He also stated that at times he had feelings of not knowing who to feel bad for or what side to take, or even if he had to take a side. He described feelings of powerlessness and that no one was there to make him feel better. He went on to say;

My dad went to hit my mom and then she got one of those long fork things for meat, like a fork.... Then he hit her with something. I can't remember what it was, on the back and then she had called the cops and we were all crying.... There was nothing good about it. It was all bad. It was like all so bad that you don't know what to think or what to do. Like the most powerless feeling. And they took him away.

All of the participants described an overall sense of being preoccupied with the lack of predictability in their home life, which led to frequent feelings of discomfort and distress in their daily lives.

Subtheme one: Sense of a need to be involved in events. The participants also described feeling the need to be around their parents when incidents of domestic violence were taking place so that they knew what was happening, but simultaneously feeling that they should be away from the situation because it frightened them. Participant three stated that she would have feelings of extreme nervousness when she was exposed to the violence, but at the same time felt that she must stay around so that she could be present in case she needed to intervene.

Participant three continued;

During and after fights, I remember I would be very nervous. So I would be nervous and I would think mostly, “what if he turned to me or what if my mom turned to me because they were upset?” So I kind of feel like at the beginning I was just there because I was frozen there and I just was afraid to leave or come back because what if they called me back or something. So I would just be there and I remember feeling nervous and then as things escalated I became to feel very angry and like I wished I wasn't here... but I'm here and I need to be here because what if something happens.

It was interesting to notice the participants' feelings coming to life in the present tense in the description above “I wished I wasn't here”. It speaks to the intensity of her past experiences continuing to live on in her adult life. However, although all the participants described having adverse feelings, they also expressed the fact that they usually felt like the acts taking place were not clearly understood or identified. “I never understood what was wrong and what was going on because seeing violence was not out of the ordinary...I just thought it was normal at that time,” shared participant three.

Participant two commented that even though “there was nothing positive about the entire experience,”

At that time I didn't think anything of the situation that I grew up in and it didn't phase me. It didn't occur to me that it was an issue until I got older... As time went on I started having more insights about what his behaviors were like and what he had been doing all along.

Subtheme two: Feelings of fear, distress, & anxiety. When asked about feelings of fear, four out of five participants reported that they had feelings of fear and serious distress when thinking back to their childhoods. Participants expressed feelings of “being scared” immediately as they appeared to almost reenter their past as they described these experiences. All four of these participants clearly identified that throughout childhood they endured a constant sense of “being afraid” and could not focus on other things like their peers or education. Participants shared that although they were not direct victims of abuse by any parent, they still felt victimized and at risk, even though they felt confident that their father wouldn’t physically hurt them. Participant four indicated that he feared his father:

When I got to the age where I knew something was not right... I started having a lot of fear. I mean fear of my dad... seeing my parents, like they did hit each other once in a while. And there was always verbal aggression.”

Participant one indicated that the frequent and sudden violence led her to be afraid constantly during her childhood. She added:

It was very scary because things that popped up the most would be when we were sleeping in the same bed with my mom. That’s when my dad would be banging on the door outside. My mom would lock him out because she knew that if he wasn’t home at a certain time then he must have been out drinking. So she would lock him out and sure enough he would keep banging and yelling. It was scary because I would have to wake up to loud bangs while I was in deep sleep.

She added details of psychosomatic effects: “As a little girl, I always felt like I had butterflies in my stomach and heat on the back of my head. That’s when I knew that something wrong was going to happen.” She added:

It was right before my sister was born that the first time that I can say that I knew it was nothing playful anymore and where I got scared. I just jumped up and just stood in a corner and just observed and just watched them argue and they were throwing food all over.

Participant five described a general feeling of fearfulness which had become a part of her daily life due to the fact that, “One of the fearful aspects was that we had unexpected events in the household and sometimes I just never knew when a fight would break out and things would get thrown around.” She also added:

Not knowing when something bad will happen makes you feel like you should always be prepared for it. So I always had to have my guards up and ready. I was basically always living as if something bad just happened or was about to happen.

Subtheme three: Feelings of sadness and depressed mood during childhood.

When asked to elaborate on feelings throughout their upbringing, four out of five participants expressed that they did not feel understood at any point as children.

Participant four stated that he doesn’t remember a time when he felt understood by either parent, adding that he felt no one was available to listen to him, understand him, or validate his feelings. He stated that survival needs were met in terms of food and shelter and that his mother was available to attend to his needs during events when he was either physically hurt or in distress, but even then, there was not enough understanding of the thoughts and feelings he would have liked to share.

Growing up, I never had someone to listen to me or understand me. So anger was the only way I knew how to show someone that I was going through something since I never knew how to communicate or didn't even know how it was to be understood. This was the only way I knew how to feel understood... I didn't feel understood at home, teachers, counselors.

Feeling unheard and misunderstood led to feelings of sadness and/or depressed mood for all five of the participants. Participant one stated, "I didn't really have anyone to share things with... I didn't have the right tools to overcome situations and feelings."

Participant three reported that her feelings were never validated, which led to feelings of severe sadness and an overwhelming amount of difficulty expressing thoughts/feelings and also experiencing feelings of being trapped in her unhappiness.

Overall, I always felt sorry for myself and that I had to be in that situation, but I think what got to me the most was that I didn't think my parents felt bad for me for putting me in that situation... I had a breakdown this one time in school while we were working on something for our family.

She added that even during brief periods of exhibiting "breakdowns," that there wasn't enough implemented to support her. The participant also indicated not having the necessary tools to be able to manage and tolerate periods of "feeling sorry for herself." Participant four also stated frequent feelings of unhappiness during his upbringing. "I wasn't happy a lot of times." Consistent with unhappiness and not feeling understood, two participants reported experiencing feelings of loneliness during their upbringing.

Participant three reported feeling alone even when there were family and friends physically present, adding that she felt "invisible" and neither seen nor acknowledged.

She stated, “In those situations I was still the person that was not seen and they could’ve done more to make me feel like they were there for me as parents.” Participant five stated, “I used to feel lonely, scared and ashamed.”

Coping practices throughout childhood. When asked about childhood coping skills and the strategies they utilized, all five participants were able to provide a coping mechanism they used, all of which are considered to be generally unhealthy, unproductive, or unsafe. Two participants (participants four and five) stated that they used substances/drugs to cope with pain and unhappiness as it aided in “getting away,” while the other three participants indicated never using drugs due to fear of either losing control and/or “not wanting to be like their fathers.” They reported occasionally having drinks at events but that they never tried other drugs.

However, participant four and five began frequent drug use during adolescence. Participant four indicated that he would use drugs to “feel better.” “At fourteen years old, I started drinking and smoking cigarettes... I started taking pills (e.g. opiates) and was stealing from friends’ parents...I needed to feel better.” Participant five added that she needed to “wipe her problems away.” “I did start doing drugs and drinking excessively at the age of 15 because at that time it felt great and wiped all of my problems away... I partied too hard so I could escape home and to just not be there.”

Regarding the coping skills they made use of which were absent of drug use, participant one stated that she would hold things in and cry as an outlet and as a way to cope.

I didn’t really have anyone to share things with anyone... I didn’t have the right tools to overcome situations and feelings. I kept in a lot of stuff. I held in a lot of

resentment. I held in a lot of anger, I held in a lot of sadness...I would hold things in and a lot of times I would just cry. I think I would let it out by crying to other things that wouldn't pertain to my stuff.

Participant two indicated establishing the ability to disconnect from her emotions in order to tolerate the discomfort with the violent situations. "I think I used to disconnect from my emotions at that time and I was incredibly resilient." She shared that it was easier for her to deal with her environment by disconnecting since she didn't feel like she had control over the situations.

Subtheme five: Parents' limited ability to attend to their children's needs. When asked about support/nurture provided by parents, four out of five of the participants reported having limited to no support from parents and that their parents were preoccupied with their own conflicts and issues with one another, limiting the physical time and emotional capacity they had available to attend to their children's needs. All four of the participants indicated that survival needs were met; however, anything beyond food, shelter, and health concerns were avoided most of the time. Participant five verbalized that there were "No feelings of support or nurture from either parent due to preoccupation with their own issues between each other." Participant three stated that she felt as though she was not supported as needed. She added, "I felt like I was a little invisible to them... nothing else existed but them two."

Participant one stated:

If I had that deep emotional support from them then I wouldn't have been in the situation that I am in as an adult. I always wonder how my life would be if I was more of a risk taker...general needs were met and outings were a part of my life. I

know they loved us but I also know that they were also consumed with their own demons. They had too many problems of their own and had not time to focus on us.

Participant four went on to describe that his parents did not meet his true and meaningful needs and that there were unseen needs that required fulfillment but were not attended to. He shared stories regarding the absence of emotional needs being met and the internal emptiness he experienced as a child:

My dad would always come home drunk, but he was a good provider. My dad was a good provider. Why did we go without needs? We just went without his love. I guess he showed us by providing for basic needs but not by giving us his time and his love.

Subtheme six: Lack of support from others outside of their home. All five participants further reported that other adults outside of the home provided only limited support. The participants reported feeling that if they had experienced support or acknowledgment of their problems by others such as family members, teachers, or any other person in a position to help, it would have been a life changing experience. Although two participants (participant one and three) shared that they had grandparents who were helpful at times, but they still didn't feel fully supported because the violence in their home was not discussed neither outside or inside of their home. For instance, participant one and three shared that they had to "stay silent a lot until things were forgotten" as they described the silence both before and after events. They said the fact that the parents would move on after incidents seemed to imply that everyone should

move ahead and act like nothing ever happened. Participant one stated that she could have used help at that time. She added:

Very minimal sharing was done with family and friends but they never knew the extent of things... I grew up with a mom who said 'everything is personal and private' and always taught me not to share anything with anybody, not even family members. So I never opened up. I was always very quiet. This is why nobody could ever give me the support I needed... I could have used a lot of help. Therapy would have helped me out a lot. I would be different if I had that support. I think for my mom to instill in me that I shouldn't share with anybody, it was a mistake. Kids should be able to express themselves and talk to anybody whenever they want."

Participant three stated that she had some support from her grandmother who lived next door and that, "at least she was there to hear the violence and intervene at times." However, the participant indicated that her father decided to move to a different home so that her grandparents were not around. She stated, "My mom had slightly more power when we were next door to my grandparents." Participant four shared that he wished for someone to have helped or seen what he was going through during those times of his life: "I just wanted someone to hear me and understand me and give me answers. I was always hoping that someone would give me answers pertaining to why my life in general was like this."

Subtheme seven: Separation from family/siblings & Guilt/Shame. Participants two and three felt abandonment during separation from their families. Participant two was separated from home due to the parents' divorce, which was a result of the domestic

violence (e.g. sent to reside with both maternal and paternal grandparent at different times). However, participant three was removed from her home and sent to reside with grandparents as a result of the violence. (Only in her early adulthood did she learn this was the reason she left her parents, as it was kept it a secret at that time). Participant three began to experience feelings of guilt for being separated from family and siblings because she was never informed of the purpose of her placement. She stated, “I used to think I did something wrong and that was why I had to be away from my parents and my sister.”

Participant three and four also experienced feelings of guilt regarding the violence in their home and thought the aggression had to do with “something they did” to cause an outbreak of conflict or violence. Participant four stated, “It’s weird how I felt.” He commented, “I felt like is it my fault. Did I do something? Did I make my dad mad? It was like, when they’re mad they don’t care about me.” He added that he blamed himself but was also confused about what to think of the situation: “Is it my fault that I made this happen? Maybe I did something wrong.”

Subtheme eight: Trauma. When asked about feelings related to trauma, four out of the five of the participants disclosed common examples of why and how they thought witnessing the violence between their parents throughout childhood traumatized them. They reported experiencing similar reactions to situations occurring today which resemble events of the past. Participant one shared specific memories from her childhood, which were directly related to her feelings of trauma today as an adult. She reported the violence used to take place “at night,” and as a result;

I'm still scared of the dark until this day... As a teenager, I would be scared to sleep by myself and I would only want to sleep by my mom and hug her because I would have nightmares and I would wake up crying. Also, even now at nighttime I get scared of anything...if an emergency happens during the night, I notice my heart pounding faster than usual.

In addition, Participant three stated, "I would probably say that I have emotional trauma from witnessing it and it has affected the way I am now." Participant five shared that she strongly believes that she has been traumatized and that it displays itself in ways in which leads her to overreact to unusual, sudden, and loud sounds.

I was always afraid that something was going to happen to my mom, so I was so sensitive to sounds and unusual things that went on, so I would suddenly jump up because I was so used to being on edge at home. So I am used to being mindful of making sure I know what things take place between them since I was always so scared for my mom...they were traumatic because of the way I felt inside and how I dealt with the feelings that is how I dealt with it outside.

She added that she thinks that a lot of her behaviors, such as overall anger, frustration, and impatience, have to do with the way she learned to deal with her fears caused by her past.

Theme two: Negative impact on interpersonal functioning skills in adulthood. A common central theme among all participants was that their present adult lives have been negatively impacted by witnessing violence between their parents during childhood. There were common factors regarding limited effective modeling about the identification of problems in relationships. The fact that they were subject to being

triangulated into the conflict between their parents during childhood led to exhibiting feelings of having to choose sides between parents. This became an issue throughout their lives and into adulthood, and the participants described experiences of being challenged to identify where issues were present in their lives and when matters were considered problematic. The lack of communication and teaching by their parents regarding the conflicts and violence led to difficulty in gauging the severity of issues. Although they loved both parents, they were compelled to internally decide on the party who was at fault and take sides. Participant one indicated, “That kind of made me their mediator.”

Participants shared that not understanding situations led to having limited ability to independently understand areas of their personal adult lives. There was a sense of low self-trust in making choices and decisions as a result of limited understanding during childhood. They were affected by the limited explanation and guidance toward problem solving and identifying when life situations became problematic. All participants made reference to feeling a lack of supportive and/or healthy modeling, which could have had a positive effect on their lives. A shared area of focus between two participants was the lack of proper modeling throughout childhood, which led to branching out to many other negative areas (which will be discussed in later themes). Two participants (participant two and four) shared the reasons that they feel and believe that their fathers were poor models in their lives. Participant two stated:

I wish I had a more gentle dad... Now I'm kind of sexist toward men... I over identified with him while he was the abuser. So I identified with him and then kind of became very much like him... as a kid, my dad and I were cool. If you can't

beat him then join him. I was the oldest one, so I think he was trying to mold me in his image.

Participant four reported:

Because of my dad's behaviors at home toward my mom, I never got the teaching of how to be a man. I wish I had that father and son thing to teach how to be. Kind of like a motivation on how to be. I never felt like I can do anything right because I knew he was not right on the things he did and then he also never taught me the right ways to be. So I had no sort of guidance or modeling to go from. Like no foundation... every boy needs their father as their guidance and role model.

He stated clearly that he continued to long for a relationship with his father until his father passed away, adding:

I was beginning to have mannerisms like my dad and I knew that I didn't want them. So that was very difficult for me, especially with my children at the time when I had my children and my wife and for me to not be the way my dad was with yelling and wanting to strike. I swore that I was never going to be like my dad but it was easier said than done.

Subtheme one: Coping skills & Ineffective Interpersonal Skills (e.g. Caution/Mistrust/Anger). All five participants acknowledged having at least one or more ineffective methods of handling relational or situational challenges as adults. Participants indicated experiencing hardship in dealing with matters that require the ability to effectively cope with situations, exhibit patience, trust, be more revealing, and to have the capacity to take risks at times. Participant one expressed three categories that she

identified with: feeling that she is not a risk taker, believing she is too guarded and cautious most of the time, and that she can be impatient in relational situations and experiences road rage. She stated:

I noticed that conflicts with my boyfriend would escalate and I notice that my tolerance was to just throw things, not at him, but I would just throw things because I had no patience. Even with driving I realized I had road rage.

She went on to describe that she is cautious in forming and/or sustaining relationships, and that she struggles to take the risks to let others in, stating, “I’m very guarded with friendships that I try to form.” She added, “In my relationships, I could be controlling and possessive. I am learning that it’s not all about me but it’s about my partner too.” Participant two stated that she also has difficulty with conflict and with expressing feelings, which she handled by avoidance. She said:

I am very well guarded and I can’t be broken. And if I do break then I will be a bitch. I am very well defended... I am very resilient by nature. I don’t feel good with feeling stupid... If something makes me feel vulnerable emotionally and stupid, then that is when the bitch side comes out.

Participant three believes herself to be cautious and reserved. She stated:

I feel like I am more reserved now. Especially, now that I have kids. Even with my parents when they want to see my kids, but I just don’t leave them there because I am traumatized from this, so I don’t want my kids to go through it as well.

She also added that she delayed getting married to her fiancé due to caution and fear of ending up in a situation similar to her childhood: “I honestly feel, what if I become like my dad? Or what if my partner becomes like my dad and I become like my

mom?” Participant three continued to add an additional concerning coping mechanism such as inflicting pain upon herself, which she periodically practiced between the ages of adolescence and in her early 20’s.

Participant four reported having difficulty managing anger outbursts, as well as feeling mistrustful of people, feelings he believes grew out of his childhood exposure to violence between his parents. He commented:

It affected me in a way where I have a temper and because I feel like no matter who it is I am going to have anger before they do. Maybe to hurt them before they hurt me because I was afraid of getting hurt.

He added, “I don’t trust people... I also have envy for people who seem close in their families.” Participant five also reported having difficulty managing anger during her adulthood prior to receiving therapy:

I used to not be good at dealing with things and used to become angry and have no listening skills as an adult and had no patience and I also used to escape from situations until I finally worked on myself to better myself in terms of growth.

Subtheme two: Self-worth/self-esteem, confidence, and setbacks. When asked about self-worth/self-esteem, confidence, and whether they experienced setbacks in their lives as a result of their exposure to violence during childhood, all five participants were consistent in reporting some issues regarding their sense of self-worth which they saw as a setback in their development and well into adulthood. Participant two commented, “My self-esteem was impacted a lot due to perfectionism.” She also added that doubts about herself, even today, lead her to question her accomplishments:

It messed with esteem a lot. I still go back and forth with it. Am I smart now?

'Yeah'. Do I make money now? 'Yeah'. If I don't know something, that is when I become undone and I have no clue if I'm stupid or if I am worthless or if I am actually amazing.

Participant five stated, "I never felt like I was enough and was never proud of myself or my jobs or anything.... I could've done more with my career and done further schooling. I think I didn't have enough patience at the time." She later added, "I don't feel like I achieved. I also think my self-esteem was very damaged at that time and my early years of my adulthood."

Theme three: Relationships and conflict management in relationships. When questioned about the quality of their adult relationships, all the participants indicated that their relationships were impacted by their childhood experiences and the modeling they received from their parents. Participant one shared:

It started to get in the way of relationships as I noticed I would pick up some of my mom's tendencies. I never saw compromise in my household and never saw my parents talking things out, I never saw people reaching an agreement. I would get really upset and I would get really anxious and start yelling and screaming.

Participant two expressed:

I placate him because he's a good person and I think he placates my stress and anxiety and I can tell when it loads up. I keep things very surface with him... I keep it sheltered and we get along pretty good... Dumbing myself down towards men is a huge one.

Participant three reported:

Because of the type of marriage my parents had, I feel like that's why I'm not married and I have the longest engagement ever. I called off my wedding a lot of times and I feel like that's a part of it. I feel like what if I get married and this is what happens.

She continued, "Sometimes I feel like when I step up, what if I'm being my father and putting other people down." She also added:

I don't make friends easily. Maybe I'm a damaged person and maybe we're not going to have the same things in common. How would we relate since they haven't experienced what I've experienced so they're not going to understand the way I do things... I always have that fear of them not understanding and walking away.

Participant four stated:

I throw things and I want to hit people and strike but I hold myself. I am like my dad and do verbal abuse. I watch them and find their weak spots and then use them verbally as my ammunition.

He added, "You do something to me and you're going get it back." Additionally, he stated not having a balance of relating to others and his relationships were extreme in one way or another- either cutting them off or being extremely giving and available.

I have trouble trusting people in almost all types of relationships. I am very good to people and extremely giving to where it makes them uncomfortable sometimes, while I am always cautious, and if they break my trust one time then they are completely out of my book.

Participant five reported:

I'm sensitive and can back away from forming any type of relationship. I am easy to connect with others but I am careful. Intimate relationships were more difficult and I used to not let anyone in and didn't want to get hurt and I didn't want them to see the broken side of me. I'm not damaged goods.

She also added, "I started to really resemble him (her father) and I would have anger outbursts."

Theme four: Intergenerational transmission of parent relationship behaviors playing out in their relationships. All of the participants reported that aspects of their character or some of their behaviors mimic those of their parents. Participant one stated, "I was like wait, why am I like this when I knew that when I was younger I would see my mom and I would not want to be like her when I grew up." She added, "Things that I said I would never do, I was repeating them." Participant two started involving herself with people who had qualities like her father. "I've had four relationships all together and none of the partners were exactly like my dad but they weren't totally different from him either." She continued:

Then the third one, that was one I don't even like just acknowledging the existence of the stupid one... He was a batterer, not like my dad though...He used to twist everything and everything was my fault.... His patterns were icky manipulative and a batterer.... This guy was abusive by a plan. He was a batterer by choice... He came from behind me, puts his hand on my throat, and lifts me off the ground.

Participant five shared, "I think I kept choosing men who were like my father and that's how I had a divorce in my last marriage since he was like my father." She also

shared, “I was choosing someone and dealing with them even though I knew it wasn’t right or healthy. It just kept happening because it felt comfortable since I knew how to be as a person around that type of situation.”

Subtheme one: Perception and insight into parents’ past behaviors. When participants were questioned regarding their perceptions of what caused their parents to behave as they did, all five participants reported that they believe their parents’ behaviors grew out of their own childhood experiences and the way they were raised. Participant one stated, “I understand them more now than I did before, because they were both young and had to care for two kids and both had very traumatic childhoods as well.” In addition, she added, “Because of that none of them took responsibility over their actions.”

Participant two indicated:

Mom grew up in her home with a loving family. And her perfectionism and all that was kind of called for being passively praised by my dad. So that worked. However, in my dad’s case, I’m pretty sure again his dad was abusive toward him.

Participant four added, “My father was raised with a violent and aggressive father and now I know why he was acting the way he was because that’s all he knew how to do.” Finally, participant five expressed, “They did it because of their experiences. They were both used to it that way from their parents.”

Subtheme two: Future changes in relationship functioning. As participants were questioned regarding potential future changes that they would make in their lives and as present or future parents, all five participants reported the desire to make positive changes in their lives and to improve their sense of self, behaviors, relationships,

parenting skills, and overall satisfaction of their lives. Participant one stated having the desire not only to model healthy parenting skills to her own children, but also to her parents. She stated:

I think, when I have kids I will model to them (her parents) that I will raise my kids different... I know that I want to change that impatience and be more understanding and be able to justify other people's actions... When I have children, I am not going to shut them up. I want them to express themselves. I want them to feel confident and talk things out... I would want to have a close connection and to break that cycle of all the women in my generation who never had a connection between mother and daughters.

Participant two shared:

I am hoping that I can find more self-control and I'm hoping that I can release a lot of my anxiety and I think a portion of it still comes from the contact that I have with my dad.... I am hoping I can be better. I am hoping I can be more free. I just want peace... I would like to not yell as much and I would like to have more patience.

Participant three expressed, "Looking forward, I would say I want to get married to my partner and I want to have closer friendships." She continued, "I would want my children to come to me about things and their problems because I never had that."

Participant four shared, "I wish that one day society and public health will find a way to stop and change all of this at some point." Participant five indicated, "I would like to keep talking to my kids about things like my past so they can learn and make sure that they don't make the same mistakes that their grandparents did." She continued:

The fact that they don't know what those experiences are like, I would like for them to be mindful of the possibility of that in relationships and have them learn about it, and know how they would prevent that from happening in their future lives and relationships.

Participant five also shared:

I want to come to peace with my past and continue to go to therapy and monitor myself and keep working on understanding that what happened in the past had nothing to do with me.... I think for myself, I'm at my best that I can be right now.

Subtheme three: Therapy. During the interviews all five participants disclosed that they value therapy and feel and believe that it would have made a difference in their early development if they had been offered treatment at that time. Four out of five participants shared that they voluntarily entered therapy in their mid to late 20's.

Participant one stated, "I could have used a lot of help. Therapy would have helped me out a lot. I would be different if I had that support." She added, "Through therapy I've learned to express and accept." Participant two voiced, "During therapy is when I realized, 'Oh I guess I was abandoned and my parents each did a good job abandoning.'" Participant four stated, "After going to therapy, I am not ashamed to talk about it anymore because it's not happening anymore... I was starting to be more open when people asked me about my life." He continued:

Sometimes I talked about it with friends and I started to learn that I wasn't the only one and that some people had it worse. It made me feel good but not good because they got hurt. But that I wasn't the only one. You know sometimes you say

you feel weird and then you find out what somebody else went through. Well okay then I'm not the only one.

Participant five expressed, “I did a lot of work on myself through therapy and self-help books and just becoming generally more mindful of my behaviors and the reason why I was doing them.” Although, participant three consistently reported being a believer of therapy, she has not yet been to treatment:

I remember one time at school and I think, I had like a little breakdown about something we were making for our family and they got recommended that they take me and my sister to therapy. And I remember my dad almost switched the schools because he was like ‘I do not believe in therapy that's totally not something that I believe in’. And he said, ‘that's for crazy people and my daughter is not crazy. There's nothing wrong with them there's nothing wrong with us.’ So I remember that was the first time I think I remember someone telling me I needed some type of help.

CHAPTER V: Discussion and implications

This phenomenological qualitative study of five adults who witnessed parental domestic violence as children examined the lived experience (including perceptions, awareness, and needs), of these survivors. It incorporated the participants' level of awareness on how they perceived their experiences regarding the circumstances and included their reflections of the situations both in childhood and later in adulthood. The study sought to gain access to the participant's understanding of the behavioral and adaptive responses they made use of throughout childhood, some of which may have been retained with modification over time, and how these impacted their character development and relationships in adulthood. The study addresses the important issue of domestic violence which is a widespread problem and therefore requires more attention. The study also uses the participants' descriptions of their experiences of witnessing domestic violence to identify previously undetected or under recognized impacts on people's social and emotional development (i.e. to see beyond the absence of physical harm so as to apprehend "internal" psychic injuries). It is this researcher's conjecture that witnessing domestic violence as a child plays an important role in shaping the adaptive skills a child develops. In essence, the need to cope on their own with overwhelming anxieties and family insecurity, as these children generally report being unable to turn to their parents for comfort and support, may lead to establishment of survival practices that shape their character and interfere with their ability to form satisfying interpersonal relationships.

It is hoped that this research will aid in interventions that may help mitigate the impact of domestic violence and help to limit the intergenerational transmission of domestic violence and trauma.

This study sought to address three main research questions:

- What was the lived experience as a child of witnessing violence between parents/caregivers?
- How do the research participants perceive those experiences to have impacted them as adults?
- How does witnessing domestic violence during childhood, and the behavioral responses and adaptive skills developed across time as coping strategies, impact character development and adult relationships?

The researcher answered these questions via the analysis of interviews conducted with the five research participants, leading to the elaboration of themes that were then compared to and contrasted with previous research. This Discussion section will begin by presenting data from previous research, turning next to the childhood memories of the adult participants. Thereafter, the results and previous research regarding the adult life experiences of the participants will be explored. Lastly, and prior to advancing to later sections of this chapter, there will be a brief examination of the participants' overall childhood experience, as well as a description of the aspects of childhood experiences that the participants felt persisted into their adult lives.

Childhood remembered experiences as a negative impact during childhood

Consistent with previous research, this study demonstrates that childhood experiences as witnesses can cause trauma, which has adverse effects in terms of overall development into adulthood. A critical finding of the present study is that the adult participants unanimously reported that witnessing domestic violence, even when that violence was not directed against them, severely impacted them emotionally and behaviorally both at that time and later in their subsequent socio-emotional development. Thus, we can say with certainty that they were “invisible” or “silent victims,” as so often their distress (even trauma) went unnoticed, they felt alone, and the deleterious consequences they began to experience as children set them on a path of long-term wounding that continued throughout their lives (Kolar & Davey, 2007). All of the participants reported that the experience of witnessing domestic violence so tainted their family life that they went so far as to say that there was “nothing positive” about their childhoods, other than a few “outings” and some time spent with extended family members. Overall, and as revealed in the previous chapter, all the participants expressed that they felt deserving of a positive experience growing up, but were subject to nothing but adversity. They reported that the weight of the negative impact on witnesses led to an overall lack of wellbeing, impaired their productivity and their emotional and social health, and harmed their ability to form and sustain healthy relationships.

Limited social support during childhood

All participants shared that during the time the domestic violence was occurring they had a longing to be heard by someone or for someone to see what they were experiencing. Although they all shared that there were some people who knew a little

about what was taking place in their home, those people did not know the extent of the violence and the impact that the violence had on them. Consistent with previous research by Lepisto et al., (2011), child witnesses to parental domestic violence practice secrecy as a coping skill and often feel self-blame and unease. Participants in this present study also reported exacerbated distress due to limited ability to disclose their feelings and thoughts with others as a form of seeking help. Regardless of the differences between participants in terms of age, gender, ethnicity, or religion, they all felt pressured to be discreet and not to disclose to others what was occurring at home. The need for secrecy was a common theme in the homes of these child witnesses, and they were required to learn how to not share or disclose their negative experiences with any outside party.

Clearly, this made it more difficult for the distress they were experiencing to come to the attention of others. The pressure to bear up and suppress their distress while witnessing anxiety provoking circumstances may play a role in their subsequent extended involvement in victimizing relationships and unhealthy and unsafe lifestyles. This finding is in line with previous research on “silent victims” (Kolar & Davey, 2007, p. 86), which has noted that children of violent homes, where they were witnesses to “family violence,” are significantly impacted by having to bear such witness, and that children exposed to parental violence can be harmed in ways that may have a direct impact on their ability to sustain healthy lifestyles during childhood and then become locked in place as potentially long-lasting results of damaging effects (Kolar & Davey, 2007). All the participants expressed that they had a sense of pain, caused by the hostility which they were forced to keep quiet. One participant reported, “I felt like I was a little invisible to them,” which

can be interpreted as feeling a loss of a sense of recognition and even attachment due to involuntary observation of violence in the family.

Posttraumatic Stress

In line with previous studies, the participants report living with a general, even vague sense of distress that was experienced as both internal bodily and emotional unease as well as a kind of free-floating anxiety about external threats. All the participants expressed some symptoms of posttraumatic stress, while at least two participants described experiences which were consistent with posttraumatic stress. For example, Participant three who described most of the violence taking place at night stated, “I’m still scared of the dark until this day.” This is consistent with findings of Margolin & Vickerman (2007) who found that witnessing violence can affect children in a manner similar to direct abuse: “Exposure to violence, including marital aggression and child abuse, is increasingly recognized as a possible precursor to posttraumatic stress disorder in children and adolescence” (Margolin & Vickerman, 2007, p. 617). It is not the intention of this study to diagnose individuals, however, participants described exhibiting many forms of distress in childhood as a result of what they had to witness between their parents.

To rule out other stressful or traumatic major life events, which may have potentially skewed the interpretation, the researcher questioned the participants regarding any co-occurring major or traumatic life events. All participants stated that they had not experienced any other traumatic event outside of the violence in their home. However, one male participant indicated that his brother passed away during his late teens. He also added that the loss of his brother was not when the violence peaked and that it was

already taking place prior to the loss. He indicated that he had already endured traumatizing experiences from being witness to violence, a remark that was in line with the findings of Margolin & Vickerman (2007).

Attachment and other psychological distress

A significant and well-established body of research has revealed that children who endure significant stress throughout their upbringing are more likely to have greater difficulty forming satisfying attachments and other forms of intimate relationships, and are more apt to demonstrate instabilities of mood, experience greater anxiety, and feel greater degrees of life stress (Felitti & Anda, 2007). Four out of the five participants in this study shared that their childhood experiences were marked by fearful, stressful, and anxiety-provoking occurrences, which then became long-term issues. Participants identified specific childhood incidents, which continue to impact them emotionally to this day. Many of the participants repeatedly made note, during the interview, of the lack of predictability of the fights, verbal aggression, and the overall levels of violence in their home. The fact that this was noted repeatedly likely indicates that this lack of predictability was a factor which heightened the traumatic impact of the violence. Several of them stated this directly by indicating that the anxiety they experienced then and still re-experience to this day was related to the feeling of “not knowing” when something “scary” would happen again. The idea of this study was to be able to further identify the causes of internal wounds and how areas of posttraumatic stress, ineffective coping skills, and other mental health distress were manifested in the real world for these participants. Due to the undetectable nature of the their wounds and pain it is challenging to determine the need for intervention. It was important to further understand the antecedents, which

led to issues involving behavioral and emotional difficulties marking character development.

Coping

All of the participants reported having difficulty with establishing healthy coping and anger management, and exhibited sadness as a consequence of witnessing domestic violence. This is consistent with the findings of DeBoard-Lucas & Grych, (2011a) who report that witnessing parental violence leads to feelings of anger, sadness, and having poor or unhealthy coping skills. These authors identify two different response patterns in children to the experiences of family violence: Children either choose to be a part of the violence by intervening; or, worry about their own safety and back away (DeBoard-Lucas & Grych, 2011a).

During discussions of unhealthy coping skills developed during childhood, the participants in this study reported two means of responding to the violence they observed: either disconnecting from relationships with others; or coping by holding things in, internalizing and assuming an air of resiliency and self-possession. Sadly, this latter approach to coping was often associated with unhealthy practices later in life. One participant reported taking part in self-harm from late adolescence to early adulthood, while two others used substances and alcohol during early and late adolescence. Both circumstances were described as “getting away from the pain” in their lives.

The participants also disclosed some other difficulties with interpersonal skills that they linked to their childhood experiences. One element was that participants felt that they had poor modeling by their parents. Both mothers and fathers were perceived as being poor role models. Consistent with research by O’Brien et al., (2013), mothers were

perceived as emotionally absent and that children had to learn to master tolerance to the fact that their mothers were not as available as necessary. Additionally, participants reported that their mothers were perceived as weak and as having limited respect for themselves. It was also reported that their fathers were perceived as frightening and rigid.

Participants wished that their mother had been able to defend herself more in order for them to have had positive modeling and learn how to be a woman or how to treat a woman. Participants demonstrated the desire to have had a father who was gentle, supportive, and patient. The male participant disclosed that he would have been more advantaged if his father had modeled how to be an effective and functional father and husband. On the other hand, the women participants presented that they would have had better ability to select the right men in their lives if they had the advantage of having a father who demonstrated what a healthy relationship and a respectful partner looks like.

Participant responses were in line with previous research related to the overall coping skills of witness children. A study conducted by Lepisto, Astedt-kurki, Joronen, Luukaala, & Paavilainen (2010) of 1393 Finnish ninth graders found that childhood traumatic experiences of either witnessing family violence or being involved in domestic violence can lead to the development of ineffective styles of responding or coping with situations throughout childhood and into adulthood, especially in relationships. The study found that the majority of adolescents had a coping style consisting of seeking a sense of belonging and frequent self-blame (Lepisto et al., 2010).

As mentioned previously, there were two participants in this study who reported significant substance use in their adolescence and early adulthood; however, they stated that those practices were no longer being used at present. Aside from the coping skills

having to do with substance use, all of the participants in this study revealed that they have had other negative or unproductive coping styles, which they have become accustomed to, and that those skills have transitioned into their adult lives as unconstructive strategies, including ineffective dealing with anger in relationships (e.g. throwing things or guarded and withdrawn behavior) while avoiding conflict. All participants shared that they felt they did “not have the proper examples or teachings” to deal with conflict effectively. However, the positive aspect of all of this is that all of the participants showed insight into these difficulties and were able to make changes in their lives toward healthier coping patterns. Although quantitative measures have identified areas of poor coping skills in previous research, there has been a lack of research in specific areas of peoples’ inner experiences during and after periods of using such coping skills.

Self-esteem & Confidence

All of the participants stated that their history of witnessing domestic violence has had a direct impact on their feelings of inadequacy, low self-worth, and low self-efficacy. They all reported that they did not feel a sense of accomplishment in their lives, instead making note that they felt their lives were fraught with many setbacks. One participant said her self-worth and self-esteem were impacted by perfectionism caused by a constant internal pressure of feeling that she had to mimic the expectations that her father demanded of her mother. This was an interesting finding in that the same participant also indicated that she wished that her mother were a “stronger women.” Not only were participants fearful of violent events taking place in their homes, but they also altered their sense of self in accordance with their fathers’ requirements for their mothers.

Perhaps the participant mentioned above was struggling to meet the same expectations her mother had in the hopes of avoiding becoming her father's target. Consistent with previous research indicating that children who witness parental violence will undergo adverse effects by experiencing shame, embarrassment, and guilt (Haj-Yahia et al., 2009; Hoglund & Nicholas, 1995; Hetzel-Riggin & Meads, 2011), participants also shared a great sense of shame, guilt, embarrassment, and humiliation as a result of their lifestyles throughout childhood. Such feelings led to being more guarded and withdrawn while leaving them with little ability to have confidence in other areas of their lives.

This adversity carried over into adulthood for most participants. They felt that their shame and feelings of guilt led them to have lower self-perception and self-awareness. Participants' also described having to mask their feelings and reminding themselves to be prepared and strong at all times in case another cycle of violence broke out. Precariously, the practice of masking generally became a part of their personalities as they functioned through life, having to mask true feelings and thoughts while replacing them with more functional and typical forms of being ("everything was always fine and okay").

Adult relationships

During the interview questions of investigating forms of relating to others and participants' abilities to manage conflict in their relationships, participants shared they felt that there was a need to improve their behaviors and communication in their relationships. They noted being troubled by the extent of the anger they expressed toward friends and partners, as well as their avoidance of closeness and general mistrust of

others. All of the participants felt these difficulties were a direct result of witnessing violence.

The participants all felt that the coping skills they adopted in childhood became persistent patterns of coping that remained with little change even as adults. This finding is consistent with previous research which reports that childhood witnesses of domestic either become maladjusted in general, and/or later become involved in violent relationships where they are either the victim or the perpetrator (Hetzel-Riggin & Meads, 2011).

One participant shared that she was subject to an abusive relationship in her early adult life. Another participant indicated that he was impatient and mimicked his father at times. Although further research with more subjects is necessary to determine the broader validity of this finding, this study lends support to previous findings regarding the intergenerational transmission of violence. Black et al. (2010) conducted a self-report study with 292 undergraduate students who were witnesses to domestic violence and found that the majority of their subjects experienced violence in their own relationships. The more open-ended form of the present study allowed the researcher to take this finding a bit further, as the participants were able to use this format to discuss some of their own ideas of what kinds of experiences might have helped them break the cycle and prevent the intergenerational transmission of violence in intimate relationships.

Clinical implication

This study can be a benefit to parents of childhood witnesses, clinicians, mental health care providers, teachers, nurses, physicians, social services workers, and law enforcement officers. It focused on various areas of adversity regarding bearing witness

to domestic violence as a child and the negative impact it has in adult life. The study paid attention to the forces that drive the intergenerational transmission of domestic violence-- a recurring and increasingly prevalent problem. Participants' responses provided examples of their needs when they were children (such as support from parents, friends, or other family members), which was important information in learning about the particular needs of children who endure such challenges. This information can be helpful for providers or family members in recognizing how these elements can permeate the lives of victims, for example, by not having sufficient support, or not having an awareness of their past and present struggles, or by having past coping strategies become permanent, or by these becoming a defense by withdrawing.

This study provides more understanding of how individuals can use their awareness of their struggles in order to shift their locked-in characteristics and reduce levels of denial and improve relationships over time. Although the existing research speaks to some of the negative outcomes of the aftermath of childhood witnessing of violence, this particular study was helpful in that it provided space for participants to express their firsthand experience of the damage done to witnesses and the interpersonal needs evoked by witnessing violence between their primary caregivers. Thus the participants' reports helped fill some of the gaps in the literature, and provide critical firsthand accounts which should inform mental health practitioners, family members, social service providers, the legal system, policy makers, and law enforcement agencies. There were important and vital perspectives that have rarely been presented so directly.

The information that has been gathered here could provide support, insight, validation, education, and guidance to those who have been witnesses and to those

children who are experiencing such observation at the moment. It is possible to promote interventions for child witnesses and former witnesses, that foster identification of the problem and lead to further training for family, professionals, and paraprofessionals to refer witnesses for treatment and potentially address issues by having social services and policy makers involved more frequently. It is important for this issue to be handled with the same attention and focus that childhood victims of abuse are currently receiving.

Implication for future research

The present study discovered many important and helpful factors related to the often long-term negative impact of witnessing childhood domestic violence. It was helpful to hear firsthand from victims how witnessing works in shaping problematic adult relationships. Though there are some studies on childhood exposure to domestic violence and the impact on adulthood, this study delivered additional information about how child witnesses function in their adult lives. It revealed several commonalities among quite different individuals with similar histories. Nevertheless, further research is called for to elaborate and advance these results. It is important for future studies to attempt to control for and filter out other negative life changing experiences that might be unrelated to witnessing domestic violence but still could have a harmful impact on interpersonal relatedness. Other potential confounding factors to consider—ones which could not be controlled for in this exploratory study—include potential impacts led by socioeconomic status; the parenting style one was raised with; other traumatic events during their childhood such as losses, separations or the impact of other forms of violence; and difficult experiences in extra-familial relationships.

Although a number of studies have been conducted in the past to identify leading factors of various mental health, behavioral, or relational issues, those studies were not qualitative, open-ended interview based examinations of victims. Therefore, it might be helpful to compare the themes which were identified in the current study to future similar studies to determine if the childhood behavioral responses and adaptive skills practiced during childhood are in fact the elements that lead to the outcomes seen in this study's adult participants.

The other studies examining childhood witnesses to violence have used quantitative methodology and have concentrated on one area of negative impact, instead of the elaborated and detailed exploration of the overall experience. It was and will continue to be beneficial to hear and understand the subjective experience of victims to gain a wider angle of perspective on the areas of shorter and more long-term impact of this traumatic experience. Lastly, future studies in identifying and understanding participants' strength factors and resilience could be helpful in developing programs toward the use of trauma-informed care and early intervention.

An area of focus for future studies is to look further into resilience and the fact that most children who witness domestic violence between their parents or caregivers survive those experiences and have potentially normal lifestyles. The National Child Traumatic Stress Network states that "children are inherently resilient and can move forward from stressful events in their lives" (p. 1). They have also indicated that "one way children can heal is by having adults who care about them, provide guidance, attention, and support in the aftermath of the intimate partner violence" (NCTSN, n.d, p.1).

Limitations

This study has several limitations. Firstly, while taking into consideration the limited pool of participants, the current study cannot be viewed as generalizable for all former adult witnesses to parental domestic violence. Although all of the participants provided richly expressive information, a larger pool of participants is needed if we are to have greater confidence in the generalizability of the findings. Along with the small sample size, the selection process failed to recruit more male participants. It would be advantageous to make comparisons with a more gender-balanced sample. In addition, the researcher gathered, transcribed, and analyzed the data on her own. This raises some concerns regarding the reliability of the data—a common problem in interpretive qualitative research. Since the analysis of responses provided by the participants was generated and then analyzed by the same researcher, there may be some areas of concern when it comes to the accuracy of perception and interpretation.

We must also be aware of the dangers of relying on self-report descriptions of our informants. While such data provides unparalleled richness, the participants' perceptions of the impact of the past on their present lives is necessarily subjective and so may be imperfect, incomplete or even inaccurate in that they may not have been as aware of other intrinsic qualities, environmental factors, or personality dynamics which may have influenced their adaptive skills, interpersonal skills, behavioral responses, and relationships in adulthood.

An additional limitation to this study is that all of the interviews were conducted with adult individuals who were qualified by only three factors to be included in the study. There was supposed to be a consistent history of witnessing domestic violence

during childhood. Participants had to be 25 years of age or older and not direct victims of abuse. Perhaps in future work it may also be useful to screen out other experiences which may have influenced their lives in an effort to eliminate elements which are unrelated to witnessing domestic violence. For example, one area to consider ruling out would be the parenting styles they were raised by, such as authoritative or authoritarian.

Conclusion

This study gathered rich, first hand stories of the personal experiences of former witnesses to parental domestic violence in an effort to gain perspective on the level of awareness of the participants (e.g. degree of personal understanding of their experiences), their perceptions of their experience of exposure to violence, their behavioral responses and adaptive skills developed at that time as survival tools, and whether these behaviors persisted into adulthood. In addition, this study provided further understanding of how those behavioral responses and adaptive skills impacted adulthood relationships and interpersonal skills. This study also examined the intergenerational transmission of relationship patterns, which is believed to be the underlying cause of domestic violence and why it has continued to be unchangeable in prevalence .

Previous literature on this topic is very limited, and all the literature that was reviewed used quantitative methodology. There were no studies specific to the exploration of the lived experiences of the participants.

The goal for this study was to provide detailed information available to persons who assist children who are currently struggling as witnesses to parental violence and persons who assist adult former witnesses to parental violence. We hope that this research can be expanded in order to assist in putting a stop to intergenerational transmission of

violence. It is believed by the researcher that increased knowledge, insight, and awareness of the causes of the violence linked with ways of either preventing the violence and/or intervening before or after it occurs are critical in breaking this unhealthy cycle. It is important that family members, other loved ones of children, teachers, physicians, nurses, law enforcement/law makers, and social services are informed to facilitate timely intervention. It is equally important that education regarding the witnessing of domestic violence be provided to homes, health care settings, and schools as it may assist children in speaking out about their experiences as well as assist caregivers in addressing the needs of such children.

All of the participants put much thought into their understanding of the impact of their experiences on their lives. This was mostly done by sharing their story with others in adulthood, reading self-help books, and as a result of receiving therapy at some point in their twenties. All of the participants had a positive outlook on their future as they struggled to accept their experiences while understanding the precipitating causes and antecedents to their current characteristics, coping methods, relational issues, and behaviors.

Additionally, since the participants were aware of the cause of their issues in their current lives (e.g. learned behaviors and survival coping) and since they were also aware of the unhealthy patterns that they currently practice, the participants were equipped to make changes in their lives. The participants had a deep understanding of how they would set forth productive future goals, how they might shift the way they viewed themselves, their parenting styles, and coping skills, and all seemed dedicated to being a

healthier partner. Four participants also reported a commitment to either continuing or beginning mental health treatment.

References

- Allen, N. E., Wolf, A. M., Bybee, D. I., & Sullivan, C. M. (2003). Diversity of children's immediate coping response to witnessing domestic violence. *Haworth Maltreatment and Trauma Press, an imprint of the Haworth Press, Inc.*, 3(1/2), 123-147. doi:10.1300J135v03n01_06
- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5 ed.). Arlington, VA: American Psychiatric Association.
- Augustyn, M., Saxe, G., Grooves, B. M., & Zuckerman, B. (2003). Silent victims: A decade later. *Journal of Developmental and Behavioral Pediatrics*, 24(6), 431-433. doi:10.1097/00004703-200312000-00005
- Bandura, A. (1973). *Aggression: A social learning analysis*. Englewood Cliffs, NJ: Prentice-Hall.
- Bartels, L. (2010). Emerging issues in domestic/family violence research. *Research in practice report #10, Australian Government, Australian Institute of Criminology: Canberra, Australia*, 10, 1-11. Retrieved from <http://aic.gov.au/publications/rip/rip10>
- Becker-Blease, K. A., & Freyd, J. J. (2005). Beyond PTSD: An evolving relationship between trauma theory and family violence research. *Journal of Interpersonal Violence*, 20(4), 403-411. doi:10.1177/0886260504269485
- Black, D. S., Sussman, S., & Unger, J. B. (2010). A further look at the intergenerational transmission of violence: Witnessing interparental violence in emerging adulthood. *Journal of interparental violence*, 25(6), 1022-1042. doi:10.1177/0886260509340539

- Bloomberg, L. D., & Volpe, M. (2012). *Completing your qualitative dissertation* (2nd ed.). Thousand Oaks, CA: Sage.
- Boeckel, M. G., Wagner, A., & Grassi-Oliveira, MD, MS, PhD, R. (2017). The effects of intimate partner violence exposure on the maternal bond and PTSD symptoms of children. *Interpersonal Violence*, 32(7), 1127-1142.
doi:10.1177/0886260515587667
- Brown, N., Kallivayalil, D., Mendelsohn, M., & Harvey, M. (2012). Working the double edge: Unbraiding pathology and resiliency in the narratives of early-recovery trauma survivors. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4(1), 102-111. doi:10.1037/a0024969
- Carlson, B. E. (1984). Children's observations of interparental violence. In A. R. Roberts (Ed.), *Battered women and their families* (pp. 146-167). New York: Springer
- Carlson, B. E. (2000). Children exposed to intimate partner violence: Research findings and implications for intervention. *Trauma, Violence, and Abuse*, 1, 321-342.
doi:10.1177/1524838000001004002
- Centers for disease control and prevention (2010). National intimate partner and sexual violence survey. Retrieved from
https://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf
- Centers for disease control and prevention (2014). Understanding intimate partner violence fact sheet. Retrieved from
<https://www.cdc.gov/ncipc/dvp/ipvfactsheet.pdf>

- Cohen, S., Gianaos, P. J., & Manuck, S. B. (2016). A stage model of stress and disease. *Perspectives on Psychological Science, 11*(4), 456-463.
doi:10.1177/1745691616646305
- Cole, S. E., O'Brien, J. G., Gada, M. G., Ristuccia, J., Wallace, D. L., & Gregory, M. (2005). *Helping traumatized children learn: A report and policy agenda*. Boston, MA: Massachusetts Advocates for Children
- Cook-Cottone, C. (2004) Childhood posttraumatic stress disorder: Diagnosis, treatment, and school reintegration. *School psychology review, 30*, 127-139.
- Copeland, W. E., Keeler, MA, G., Angold, A., & Costello, E. J. (2007). Traumatic events and posttraumatic stress in childhood. *Archives of General Psychiatry, 64*, 577-584. doi:10.1001/archpsyc.64.5.577
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five traditions* (3rd ed.). Thousand Oaks, CA: Sage Publications
- DeBoard-Lucas, R. L., & Grych, J. H. (2011). Children's perceptions of intimate partner violence: Causes, consequences, and coping. *Journal of Family Violence, 26*, 343-354. doi:10.1007/s10896-011-9368-2
- DeBoard-Lucas, R. L., & Grych, J. H. (2011). The effects of intimate partner violence on school-aged children. In S. A. Graham-Bermann & A. A. Levendosky,(Eds.) *How intimate partner violence affects children: Developmental research, case studies, and evidence-based intervention*. Washington, DC: American Psychological Association
- Diamond, R., & Muller, R. T. (2004). The relationships between witnessing parental conflict during childhood and later psychological adjustment among university

- students: disentangling confounding risk factors. *Canadian Journal of Behavioral Science*, 36(4), 295-309. doi:10.1037/h0087238
- Dick, G. (2005). Witnessing marital violence as children: Men's perceptions of their fathers. *Journal of Social service Research*, 32(2), 1-24.
doi:10.1300/J079v32n02_01
- Dutton, D. G. (2000). Witnessing parental violence as a traumatic experience shaping the abusive personality. *Journal of Aggression, Maltreatment, and Trauma*, 3(1), 59-67. doi:10.1300/J146v03n01_05
- Edleson, J. L. (1999). Children's witnessing of adult domestic violence. *Journal of Interpersonal Violence*, 14, 839-870. doi:10.1177/088626099014008004
- Elbow, M. (1982). Children of violent marriages: The forgotten victims. *Social Casework*, 63, 465-471. doi:10.1177/104438948206300803
- Evans, S. E., Davis, C., & DiLillo, D. (2008). Exposure to domestic violence: A meta-analysis child and adolescent outcomes. *Aggression and Violent Behavior*, 13, 131-140. doi:10/1016/j.avb.2008.02.005
- Fantuzzo, J. W., & Mohr, W. K. (1999). Prevalence and effects of child exposure to domestic violence. *The Future of Children*: 9(3), 21-32.
- Felitti, V. J., & Anda, R. F. (2007). Adverse childhood experiences and stress: Paying the piper. *ACE Reporter*, 1(4), 4. doi:10.2307/1602779
- Feroz, U., Jami, H., & Masood, S. (2015). Role of early exposure to violence in display of aggression among university students. *Pakistan Journal of Psychological Research*, 30(2), 323-342.

- Folkman, S., & Lazarus, R. S. (1980). An analysis of coping in a middle-aged community sample. *Journal of Health and Social Behavior*, 21(3), 219-239.
doi:132.174.255.153
- Garami, J., Valikhani, A., Parkes, D., Haber, P., Mahlberg, J., Misiak, B., Frydecka, D., Moustafa, A. A. (2019). Examining perceived stress, childhood trauma and interpersonal trauma in individuals with drug addiction. *Psychological Reports*, 122(2), 433-450. doi:10.1177/0033294118764918
- Godbout, N., Daspe, M., Lussier, Y., Sabourin, S., Dutton, D., & Hebert, M. (2016). Early exposure to violence, relationship violence, and relationship satisfaction in adolescents and emerging adults: The role of romantic attachment. *Psychological Trauma: Theory, Research, Practice, and Policy*, 1-11. doi:10.1037/tra000136
- Goeders, N. (2003). The impact of stress on addiction. *European Neuropsychopharmacology*, 13(6), 435-441. doi:10.1016/S0924X(03)9003-4
- Graham-Bermann, S. A., Cater, A. K., Miller-Graff, L. E., & Howell, K. H. (2017). Adults' explanations for intimate partner violence during childhood and associated effects. *Journal of Clinical Psychology*, 73(6), 652-668.
doi:10.1002/jclp.22345
- Graham-Bermann, S. A., Gruber, G., Girz, L., & Howell, K. H. (2009). Factors discriminating among profiles of resilient coping and psychopathology in children exposed to domestic violence. *Child Abuse and Neglect*, 33(9), 648-660.
doi:10.1016/j.chiabu.2009.01.002
- Groves, B. M., Zuckerman, B., Marans, S., & Cohen, D. J. (1993). Silent victims. *Journal of the American Medical Association*, 269, 262-264.

- Haj-Yahia, M. M. (2001). The incidence of witnessing interparental violence and some of its psychological consequences among Arab adolescents. *Child Abuse and Neglect*, 25, 885-907. doi:10.1016/s0145-2134(01)00245-9
- Haj-Yahia, M. M., & Bargal, D. (2015). Exposure to family violence, perceived psychological adjustment of parents, and the development of posttraumatic stress symptoms among Palestinian university students. *Journal of Interpersonal Violence*, 30(16), 2928-2958. doi:10.1177/0886260514554288
- Haj-Yahia, M. M., Tishby, O., & De Zoysa, P. (2009). Posttraumatic stress disorder among Sri Lankan university students as a consequence of their exposure to family violence. *Journal of interpersonal violence*, 24(12), 2018-2038. doi:10.1177/0886260508327699
- Hamby, S., Finkelhor, D., Turner, H., & Ormrod, R. (2011). Children's exposure to intimate partner violence and other family violence. *National Survey of Children's Exposure to Violence, U.S. Department of Justice, 1-12*. Retrieved from <https://www.ncjrs.gov/pdffiles1/ojjdp/232272.pdf>
- Hawkins, A. J., & Palkovits, R. (1999). Beyond ticks and clicks: The need for more diverse and broader conceptualizations and measures of father involvement. *Journal of Men's Studies*, 8, 11-32. doi:10.3149/jms.0801.11
- Henning, K., Leitenberg, H., Coffey, P., Turner, T., & Bennett, R. T. (1996). Long-term psychological and social impact of witnessing physical conflict between parents. *Journal of Interpersonal Violence*, 11(1), 35-51. doi:10.1177/088626096011001003

- Herman, M.D., J. (1992). *Trauma and recovery*. New York: A division of Harper Collins Publishers.
- Hetzel-Riggin, M. D., & Meads, C. L. (2011). Childhood violence and adult partner maltreatment: The roles of coping style and psychological distress. *Journal of Family Violence, 26*, 585-593. doi:10.1007/s10896-011-9395-z
- Hoglund, C. L., & Nicholas, K. B. (1995). Shame, guilt, and anger in college students exposed to abusive family environments. *Journal of Family Violence, 10*(2), 141-157. doi:10.1007/BF02110597
- Holden, G. W. (2003). Children exposed to domestic violence and child abuse: Terminology and taxonomy. *Clinical Child and Family Psychology Review, 6*(3), 151-160. doi:10.1023/A:1024906315255
- Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: a review of the literature. *Child Abuse and Neglect, 32*, 797-810. doi:10.1016/j.chiabu.2008.02.004
- Howell, K. H., Barnes, S. E., Miller, L. E., & Graham-Berman, S. A. (2016). Developmental variations in the impacts of intimate partner violence exposure during childhood. *Injury and Violence, 8*(1), 43-57. doi:105249/ jivr.v8il.663
- Jaffe, P., Wolfe, D., Wilson, S., & Zak, L. (1986). Similarities in behavioral and social maladjustment among child victims and witness to family violence. *American Journal of Orthopsychiatry, 56*, 142-146. doi:10.1111/j.1939-0025.1986.tb01551.x
- Joseph, S., Govender, K., & Bhagwanjee, A. (2006). "I can't see him hit her, I just want to run away...hide and block my ears:" A phenomenological analysis of a sample

- of children's coping responses to exposure to domestic violence. *Journal of Emotional Abuse*, 6(4), 23-45. doi:10.1300/JI35v06n04_02
- Kamphius, J. H., & Emmelkamp, P. G. (2005). 20 years of research into violence and trauma: past and future developments. *Journal of Interpersonal Violence*, 20(2), 167-174. doi:10.1177/0886260504268764
- Kaur, R., & Garg, S. (2008). Addressing domestic violence against women: An unfinished agenda. *Indian Journal of Community Medicine*, 33(2), 73-76. doi:10.4103/0970-0218.40871
- Kerley, K. R., Xu, X., Sirisunyaluck, B., & Alley, J. M. (2010). Exposure to family violence in childhood and intimate partner perpetration or victimization in adulthood: exploring intergenerational transmission in Urban Thailand. *Journal of Family Violence*, 25, 337-347. doi:10.1007/s10896-009-9295-7
- Kolar, K. R., & Davey, D. (2007). Silent victims: children exposed to family violence. *The Journal of School Nursing*, 23(2), 86-92. doi:10.1177/10598405070230020501
- Kulkarni, M. R., Graham-Bermann, S., Rauch, S. A., & Seng, J. (2011). Witnessing versus experiencing direct violence in childhood as correlates of adulthood PTSD. *Journal of Interpersonal Violence*, 26(6), 1264-1281. doi:10.1177/0886260510368159
- Kvale, S., & Brinkmann, S. (2008). *Interviews learning the craft of qualitative research interviewing* (2nd ed.). Thousand Oaks, CA: Sage Publication, Inc.

- Lepisto, S., Astedt-kurki, P., Joronen, K., Luukaala, T., & Paavilainen, E. (2010). Adolescents' experiences of coping with domestic violence. *Journal of Advanced Nursing*, 66(6), 1232-1245. doi:10.1111/j.1365-2648.2010.05289.x
- Lepisto, S., Luukkaala, T., & Paavilainen, E. (2011). Witnessing and experiencing domestic violence: a descriptive study of adolescents. *Caring Sciences*, 25, 70-80. doi:10.1111/j.147-6712.2010.00792.x
- Lester, S. (1999). *An introduction to phenomenological research*. Taunton UK, Stan Lester Developments, pp. 1-4.
- Margolin, G., & Vickerman, K. A. (2007). Posttraumatic stress disorder in children and adolescents exposed to family violence: Overview and issues. *Professional Psychology: Research and Practice*, 38(6), 613-619. doi:10.1037/0735-7028.38.6.620
- Maslow, A. H. (1968). *Toward the psychology of being* (2nd ed.). doi:10.1037/10793-000
- Mbilinyi, L. F., Logan-Greene, P. B., Neighbors, C., Walker, D. D., Roffman, R. A., & Zegree, J. (2012). Childhood domestic violence exposure among a community sample of adult perpetrators: What mediates the connection? *Journal of Aggression, Maltreatment & Trauma*, 21, 171-187. doi:10.1080/10926771.2012.639203
- McKee, J. R., & Payne, B. K. (2014). Witnessing domestic violence as a child and adulthood emotionality: Do adults “feel” the consequences of exposure to partner abuse later in the life course? *Journal of Aggression, Maltreatment & Trauma*, 23, 318-331. doi:10.1080/10926771.2014.881947

- Merleau-Ponty, M. (1962). *Phenomenology of perception*. London: Routledge & Kegan Paul.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Murrell, A. R., Christoff, K. A., & Henning, K. R. (2007). Characteristics of domestic violence offenders: Associations with childhood exposure to violence. *Journal of Family Violence*, 22, 523-532. doi:10.1007/s10896-007-9100-4
- Narayan, A. J., Labella, M. H., Englund, M. M., Carlson, E. A., & Egeland, B. (2017). The legacy of early childhood violence exposure to adulthood intimate partner violence: Variable-and person-oriented evidence. *Journal of Family Psychology*, 31(7), 833-843. doi:10.1037/fam0000327
- National Child Traumatic Stress Network (n.d.). Effects. Retrieved from <https://www.nctsn.org/what-is-child-trauma/trauma-types/intimate-partner-violence/effects>
- O'Brien, K. L., Cohen, L., Pooley, J. A., & Taylor, M. F. (2013). Lifting the domestic violence cloak of silence: Resilient Australian women's reflected memories of their childhood experiences of witnessing domestic violence. *Journal of Family Violence*, 28(1), 95-108. doi:10.1007/s10896-012-9484-7
- Pynoos, R. S., Steinberg, A. M., & Piacentini, J. C. (1999). A developmental psychopathology model of childhood traumatic stress and intersection with anxiety disorders. *Biological Psychiatry*, 46, 1542-1554. doi:10.1016/S0006-3223(99)00262-0

- Rosenbaum, A., & O'Leary, D. K. (1981). Children: The unintended victims of marital violence. *American Journal of Orthopsychiatry*, 51, 692-699. doi:10.1111/j.1939-0025.1981.tb01416.x
- Rossman, B. B. (2001). Longer term effects of children's exposure to domestic violence. In S. A. Graham-Bermann, & J. L. Edleson (Eds.), *Domestic violence in the lives of children: The future of research, intervention, and social policy* (pp. 35-65). doi:10.1037/10408-003
- Rossman, B., & Ho, J. (2000). Posttraumatic response and children exposed to parental violence. *Journal of Aggression, Maltreatment and Trauma*, 3(1), 85-106. doi:10.1300/J146v03n01_07
- Ryan, J., Rich, E., & Roman, N. V. (2015). Perceived childhood exposure to domestic violence: The risk for adult revictimization. *African Safety Promotion Journal*, 13(2), 1-16.
- Siegel, D. J., & Bryson, T. P. (2011). *The whole-brain child*. United States: Bantam Books.
- Siegel, J. P. (2013). Breaking the links in intergenerational violence: An emotional regulation perspective. *Family Process*, 52(2), 163-178. doi:10.1111/famp.12023
- Silvern, L., Karyl, J., Waelde, L., Hodges, W. F., Starek, J., Heidt, E., & Min, K. (1995). Retrospective reports of parental partner abuse: Relationships to depression, trauma symptoms and self-esteem among college students. *Journal of Family Violence*, 10(2), 177-202. doi:10.1007/BF02110599
- Sinha, R. (2008). Chronic stress, drug use, and vulnerability to addiction. *Annals of the New York Academy of Sciences*, 114(1), 105-130. doi:10.1196/annals.1441.030

- Stiles, M. M. (2002). Witnessing domestic violence: The effects on children. *American Family Physician*, 66(11), 2052-2067.
- Straus, M. A. (1990). The conflict tactics scale and its critics: An evaluation and new data on validity and reliability. In M. A. Straus & R. J. Gelles (Eds.) *Physical violence in American families: Risk factors and adaptations to violence in 8,145 families* (pp. 49-73). New Brunswick, NJ: Transaction publishing..
- Tjaden, P., & Thoennes, N. (1998). Prevalence, incidence, and consequences of violence against women: Findings from the national violence against women survey. *United States Department of Justice*, 1-16. Retrieved from <https://www.ncjrs.gov/pdffiles/172837.pdf>
- Tjaden, P., & Thoennes, N. (2000). Extent, nature, and consequence of intimate partner violence: Findings from the national violence against women survey. *Washington DC: National Institute of Justice*. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/181867.pdf>
- Van Der Kolk, M.D., B. A. (2014). *The body keeps the score - brain, mind, and body in the healing of trauma*. New York: Penguin Group.
- Wathen, N. C., & MacMillan, H. L. (2013). Children's exposure to intimate partner violence: Impacts and interventions. *Pediatric Child Health*, 18, 419-422.
- Wolfe, D. A., Crooks, C. V., Lee, V., McIntyre-Smith, A., & Jaffe, P. G. (2003). The effects of children's exposure to domestic violence: a meta-analysis and critique. *Clinical Child and Family Psychology Review*, 6, 171-187.
- World Health Organization (2017). Violence against women. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

- Zhu, Y., & Dalal, K. (2010). Childhood exposure to domestic violence and attitude towards wife beating in adult life: A study of men in India. *Journal of Biosocial Science*, 42, 255-269. doi:10.1017/S0021932009990423
- Zosky, D. L., & Johnson, C. E. (2004). Silent victims: How school social workers can support children exposed to domestic violence. *School Social Work Journal*, 29(1), 40-54.
- Zuckerman, B., Augustyn, M., Groves, B. M., & Parker, S. (1995). Silent victims revisited: The special case of domestic violence. *American Academy of Pediatrics*, 96, 511. Retrieved from <https://pediatrics.aappublications.org/content/96/3/511.info>

APPENDIX A: Informed Consent Form-Dissertation Research Project

Antioch University Santa Barbara

Project Title: Childhood exposure to domestic violence and its impact on character development across time and adult relationships

Researcher: Zena Ouzounian, M.A. Pre-Doctoral Candidate
Dissertation chair: Dr. Brett Kia-Keating, EdD

Thank you for your interest in being a part of this dissertation research project. Please take the time to read a brief description of the project before signing and agreeing to be a part of this project.

If you have any questions about any of the information provided to you, please ask the researcher before you decide to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

This study will consist of a 60-90 minute interview, which will be audio recorded and transcribed into the final printed report of the project. The interview consists of sharing personal lived experiences from parts of past and present life, which pertain to the interest of the study (witnessing domestic violence). A contribution of \$30 will be provided to each participant who joins the study project.

Potential risk factors of volunteer involvement in dissertation research study:

This consent form is for an interview of sensitive information regarding self-disclosure pertaining to your personal experiences. This dissertation research study is about understanding your lived experiences as an adult who has witnessed parental/caregiver domestic violence throughout childhood and the impact that it has on your life today, if any. Understanding your perceptions, meaning, and interpretations is key. This study is not going to be introducing a treatment and/or ongoing therapy for the participants.

Taking part is voluntary.

- Any participant can choose to change their decision about printing this information in the dissertation project; they may notify the researcher and the information will not be printed.
- Any participant can choose to stop at any given moment, and can refuse to answer certain questions. They may also ask for a break from the interview at any moment, and will be told that they are secured with consents and that the information provided will not be exposed or exploited in any way.

Anonymity:

The participant has been informed that their names will be anonymous and that the only individual who will know them by name will be the interviewer

Participant's Statement

I agree that:

- I have read the notes written above and the Information Sheet, and understand what the study involves.
- I understand that if I decide at any time that I no longer wish to take part in this project, I can notify the researchers involved and withdraw immediately and I would continue to be entitled to the \$30.

- I consent to the processing of my personal information for the purposes of this research study.
- I understand that such information will be treated as strictly confidential and handled in accordance while personal data gets stored in a secured, locked container for seven years and then will be destroyed. My name will not be printed on any of the information you provide.
- I agree that the dissertation research project named above has been explained to me to my satisfaction and I agree to take part in this study.
- I understand that my participation will be audio recorded and I consent to use of this material as part of the project.
- I understand that the information I have submitted will be used as a graduate student project. Confidentiality and anonymity will be maintained and it will not be possible to identify me from any publications.
- I agree that my non-personal research data may be used by others for future research. I am assured that the confidentiality of my personal data will be upheld through the removal of any identifying information (including name, address, etc.).
- I agree that my age, gender, relationship status, and history of trauma exposure, and other demographics may be identified in the final report. However, no combination of demographic characteristics will be revealed that can identify me. I have the right to decline to answer any demographics questions during the period filling out demographics form.

Contact information:

If you have any questions about the study, you may contact Zena Ouzounian, M.A. at telephone # (xxx) xxx-xxxx or via email at xxxx@xxxxxxxx.xxx

If you have any questions about your rights as a research participant, you may contact Dr. Brett Kia-Keating, EdD, Chair of the Antioch University IRB, (xxx) xxx-xxxx ext. xxxx or dissertation Chairperson for this study, Dr. Brett Kia-Keating, EdD at (xxx) xxx-xxxx ext. xxxx.

Signature:

Date:

Thank you for helping build my education and experience. Your participation is greatly appreciated!

APPENDIX B: Dissertation Project Interview Questions

**Zena Ouzounian, M.A. Pre-Doctoral Candidate
Antioch University Santa Barbara**

ORIENTATION AND FAMILY OF ORIGIN

1. I am going to be asking you some questions about your family of origin. Who did you grow up with? Were your parents married at any point? If so, did they stay married throughout your childhood? If divorced, how old were you when they divorced? Do you have siblings, how many, ages, birth order, etc.? Were there any changes in your family life? Did anyone else live in your home when were growing up?
2. Can you tell me a little bit about what you recall of what it was like to grow up in your family and the kind of experiences you had (both positive and negative)? Any memories come to mind?
3. Thinking back, can you remember any significant events that occurred for your family or family members that had an impact on how your family functioned?

CHILDHOOD DOMESTIC VIOLENCE EXPOSURE AND ITS IMPACT

4. Tell me about the violence you witnessed in your family?
5. As best as you can remember, when did violence begin to take place in your home? How long did it last overall? Who was involved? How old were you at that time?
6. Some people have memories of feeling threatened by the violence between their parents/caregivers. Did you remember feeling this way? How old were you when you felt this way? Did you feel like this frequently?
 - a. In what ways do you feel that it had an impact on you at that time and across time, when & how?
7. In what ways would you say that the domestic violence in your life had an impact on the way that your parents cared for you?
 - a. Do you think you felt understood?
 - b. Do you feel that you received the amount of support/nurture you were hoping for or needed?
8. How did the victim parent/caregiver treat you?
 - a. Do you feel that the victimized parent/caregiver was emotionally available?
 - b. How do you feel the victimized dealt with his/her anger?
 - c. How about with the victimizing parent?
9. After the incidents of violent events, do you remember how your parents responded or reacted with you, or treated or behaved toward you?

ADULTHOOD EXPERIENCE AND COPING

10. A part of understanding the impact of domestic violence on you is to get a general sense of some of the relationships in your life, and so I am wondering: Outside of the moments

- where there was violence amongst your parents/caregivers do you remember a time when you were scared, upset, or hurt either physically and/or emotionally and.... Can you remember what you did and how you coped through those times?
11. What was it like for you to go through the exposure to domestic violence during your childhood? Do you feel that the experiences you had of witnessing domestic violence in your childhood affect you now as an adult? How would you describe that influence?
 - a. Would you say that your overall experiences during your childhood have had an effect on your adult personality?
 - b. Are there any aspects to your early experiences that you feel had a negative impact on you as an adult? How and in what way?
 12. How would you describe your overall sense of achievement, self-esteem, confidence, and self-worth has been impacted by being exposed to violence?
 13. Research shows that sometimes people turn to the use of drugs/ substances to help them cope with the demands of this kind of pain. Would you say that this applies to you at any point of your life? If so, when did it begin and for how long did it last?
 14. How was your level of tolerance or management of conflict during your childhood?
 - a. How about as an adult?
 - b. How does your anger get dealt with in your relationships now?
 15. Were the incidents of violence talked about among your family?

SELF-REFLECTION OF EXPERIENCES

16. Why do you think your parents behaved as they did during your childhood?
17. Would you say that any similar patterns of what you've witnessed in your childhood may have repeated themselves in your adult relationships or perhaps in your adult home?
 - a. What are your thoughts and feelings about that and how do you think that your childhood experiences have had an impact on your current experience?
18. How do you feel that your past exposure to domestic violence had an impact on your relationships with family, friends, co-workers?
19. Did witnessing domestic violence during childhood impact or currently impacts your ability to form intimate relationships?
20. When you look ahead to your future (next phase) both in terms of your life and your relationships, where would you like to be in terms of resolving or working through some of the experience of exposure to domestic violence?
 - a. In addition to the negative impact on you from being exposed to domestic violence, are there things you learned or went through that were helpful to you that you take away from it?
21. If you have children, or if you are thinking of having children some day, how do you think that your experience of growing up in a family where you witnessed domestic violence is likely to affect the way you will be with your children? And what would be your goal for the relationship that you build with your child?

APPENDIX C: Demographics Questionnaire

Antioch University Santa Barbara

Please circle or indicate by filling in the corresponding answers:

- 1) Age ____
- 2) Gender
 - ☐ Male
 - ☐ Female
- 3) Your ethnic and racial background?
- 4) Place of birth (city/region, country)
- 5) Are you a native English speaker?
 - ☐ Yes
 - ☐ No
 - ☐ Decline to answer
- 6) During your childhood, in terms of socio-economic status, would you say your parents/caregivers were:
 - ☐ Upper class
 - ☐ Upper-middle class
 - ☐ Middle class
 - ☐ Lower-middle class
 - ☐ Working class
 - ☐ Poverty
 - ☐ Decline to answer
- 7) Current personal socio-economic status:
 - ☐ Upper class
 - ☐ Upper-middle class
 - ☐ Middle class
 - ☐ Lower-middle class
 - ☐ Working class
 - ☐ Poverty
 - ☐ Decline to answer
- 8) Do you have siblings?
 - ☐ Yes
 - ☐ No
 - ☐ Decline to answer
- 9) If so, how many?
- 10) If you have siblings, what is your birth order? (i.e., first child, second child, third child, etc.)
- 11) How many people lived in your home when you were a child? ____ (Who ____ and for how long____)
- 12) Do you have a religious affiliation?
 - ☐ Yes
 - ☐ No

- Decline to answer
- 13) Religious affiliation:
- Protestant Christian
 - Evangelical Christian
 - Catholic
 - Muslim
 - Buddhist
 - Hindu
 - Jewish
 - Other _____
 - No religious affiliation
 - Decline to answer
- 14) Age that you first recall violence in your home: ____ For how long? ____
- 15) Perpetrator
- Mother
 - Father
 - Both
 - Other _____
- 16) Highest level of education:
- High School or Equivalent
 - Some College
 - Associate's Degree
 - Bachelors Degree
 - Master's Degree
 - Doctoral Degree (MD, PhD, PsyD, JD, DC, OD, etc.)
 - Other _____
- 17) Occupation/Career _____
- 18) Current marital or relationship status?
- Married
 - Divorced
 - In a relationship
 - Engaged
 - Living with another
 - Remarried
 - Separated
 - Single
 - Widowed
 - Decline to answer
- 19) Do you have children? If yes, how many?
- 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9+
 - Step-child or Step children

- ☐ Decline to answer
- 20) Who raised you as guardians or caregivers?
 - ☐ Biological parents
 - ☐ Single female parent
 - ☐ Single male parent
 - ☐ Biological and step-parent
 - ☐ Adoptive parents
 - ☐ Foster parents
 - ☐ Grandparents
 - ☐ Siblings
 - ☐ Other family/relatives
 - ☐ Decline to answer
- 21) Past and/or present employment status?
 - ☐ Employed full-time out of the home
 - ☐ Employed full-time in at home business
 - ☐ Employed part-time
 - ☐ Unemployed
 - ☐ Other
 - ☐ Decline to answer
- 22) Have you ever had psychotherapy or counseling?
 - ☐ Yes
 - ☐ No

If yes, was it helpful? YES____ NO ____

What age did you receive counseling or psychotherapy services? ____
- 23) Is there any other pertinent information that you wish to add?
