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Children and Domestic Violence: Emotional Competencies in Embodied and Relational Contexts

Abstract

Objective: This paper engages critically with the claim, present in most psychological literature, that children who live with domestic violence are likely to be emotionally incompetent and dysregulated. We explore how children who experience domestic violence make sense of and experience their emotions.

Method: 107 young people aged 8-18 (44 boys, 63 girls) from Greece, Italy, Spain and the United Kingdom participated in semi-structured and photo elicitation based interviews. These interviews were analysed using Interpretive Interactionism.

Results: We identified three common themes relevant to children's experience of emotions. In the theme *Constrained Articulation – Expressing Emotions* we explore how children use complex and contextually specific verbal and non-verbal ways to express embodied emotionality. The theme *Emotion, Embodiment and Relationality* considers how children's emotionality is not experienced in social isolation, but in relationship with others. The third theme *Catharsis, Comfort and Self-Soothing* explores children's strategies for coping with difficult emotions.

Conclusions: As reflexive and agentic beings, children experience, manage and express their emotional lives as relational and contextually located. We challenge dominant explanatory

models that conceptualise children who live with domestic violence as emotionally incompetent and dysregulated. We argue that these models underestimate the complexity of children's emotional responses by decontextualising and individualising them as a set of abstract social skills.

Keywords: Children, domestic violence, emotions, relationships, contextualization

Introduction

Psychological research on children's experiences of domestic violence (DV) has documented extensively its negative psychological impact (Meltzer, Doos, Vostanis, Ford, & Goodman, 2009). Children's psychological and social difficulties are often attributed to difficulties in emotional development, with studies highlighting that children who experience DV are often emotionally dysregulated and incompetent (Katz & Windecker-Nelson, 2006). In this article, we argue that such research takes an acontextual approach to emotion, and underestimates the complexities and nuances of children's emotional responses when experiencing DV. Based on a large scale qualitative study, this paper aims to explore children's emotional experience of DV and how they report coping with emotions.

In developmental psychology, a key assumption is that children develop emotional competence through parental modelling and emotional coaching (Katz & Windecker-Nelson, 2006). Parents are seen as shaping children's ability to label, recognize, express and regulate emotions. Further, parents' reactions to children's emotions, how they talk about emotion, and how they express emotion is assumed to have a direct shaping influence on how children develop emotionally (Eisenberg, Cumberland, & Spinard, 1998). Research on emotions in DV reproduce these developmental assumptions about the importance of parents in coaching and shaping children's emotional development. This body of research suggests that emotional recognition and expression are challenged in high conflict families, as parents either lack the

emotion skills themselves, or are emotionally overtaxed and too stressed by their own victim experiences to be able to manage this element of the parental role and consequently are emotionally unavailable (Katz & Windecker-Nelson, 2006). Therefore parenting, and particularly maternal emotional regulation and competence, are seen as mediating children's outcomes (Katz, Stettler, & Gurtovenko, 2016).

Children who experience DV have been reported to be less likely to express affiliative emotion than children from non-violent families (Logan & Graham-Bermann, 1999). They are described as more reactive, and more likely to exhibit dysregulated emotional patterns (Katz, Hessler, & Annest, 2007; Maughan & Cicchetti, 2002). It has also been suggested that emotional dysregulation mediates the link between DV and psychosocial difficulties (Katz et al., 2007). Tracking children's emotional recognition over time, Raver, Blair, & Garrett-Peters (2015) found that exposure to inter-parental conflict, household chaos and number of years in poverty contributed to preschool children's difficulties with recognising and regulating negative emotions. Similar findings in children exposed to maltreatment and violence have been ascribed to an anger bias, due to developmental progression in emotion recognition, combined with these adverse life events (Ardizzi et al., 2013, 2015).

This body of research on children's emotional development concludes that children who experience DV are more likely to be 'emotionally incompetent', with deficits in emotional awareness, emotion recognition and regulation (Katz et al., 2007). It suggests they do not 'learn' about emotions in a facilitative parental socialisation context, do not develop an understanding and regulation of emotion (Katz et al., 2007), and that this emotional dysregulation predicts social difficulties, negative peer interactions, and externalising and internalising problems. Elevated emotional reactivity and dysregulation have been linked to the development of future psychosocial difficulty, particularly children's subsequent involvement in violent relationships (Intergenerational Transmission of Violence), and is

seen as a key factor in the Intergenerational Transmission of Violence (Ehrensaft & Cohen, 2012; Harding, Morelen, Thomassin, Bradbury, & Shaffer, 2013; Siegel, 2013). Many researchers propose emotion coaching or emotion recognition and emotional skills training as an intervention to remediate emotional dysregulation (Barth, 2009; Hubble, Bowen, Moore, & Van Goozen, 2015; Katz & Windecker-Nelson, 2006), which mediates the link between violence exposure and psychosocial outcomes (Harding et al., 2013).

Mainstream emotion literature tends to construct the relational context of children's lived emotions as rigid and monolithic, as if, for instance, parents were *either* emotionally available, or *not*, rather than understanding how family is a composition of multiple and fluid positions (Ugazio, 2013). In addition, the research uses experimental settings, and abstract measures that ask children to describe emotion in reified ways. For example, researchers have used structured interviews, in which children were asked acontextual questions like "Can you distinguish anger from other feelings? Can you describe the experience of anger?" (Katz et al., 2007, p. 570). Similarly some researchers have set up staged conflict and conciliation situations between mothers and role play actors in experimental settings, and observed and coded children's responses to the conflict (Maughan & Cicchetti, 2002); or they have shown children coloured photos in which actors portrayed emotions like 'sad' or 'angry' (Raver, Roy, & Pressler, 2015). These kinds of methods strip out the meaning of the emotions, and the context in which they are located, reducing them to abstract categories produced by the researchers, but unlikely to be experienced or interpreted in the same way by children.

Asking children to describe their emotions in such abstract and decontextualized ways assumes that emotions can be meaningfully isolated from other psychological processes and from their social, material and relational context, and understood in such a disembodied, intellectual way, and that they can be measured through questionnaires, captured in photographs of actors, or observed in controlled laboratory environments (Lindquist, Wager,

Kober, Bliss-Moreau, & Feldman Barrett, 2012). Such measures lack face and ecological validity, and present as puzzling situations for the observing child, who presumably could see no cues for the emotions expressed or hostile interactions witnessed. Children rely on their ability to accurately read situations for cues that indicate emotional content and enables them to predict possible outcomes, for their own and others' safety and survival (Callaghan & Alexander, 2015; Callaghan, Alexander, Sixsmith, & Fellin, 2016a; Swanston, Bowyer, & Vetere, 2014). "Fake" situations like mock conflict, or acted out emotional reactions may only elicit confusion from children who find such artificiality difficult to read.

These issues compound the inherent difficulties researchers experience in interpreting emotions and the emotional worlds of other. As Hobson (2000) suggests, interpreting another's emotions requires that we 'hear' the symbolic form their articulation takes. In working with children's emotions, we must be receptive to children's own articulation of their experiences, which requires some suspension of our adultist understandings of emotion, an entry into the child's symbolic register (Vetere & Cooper, 2017) . Adult interpretations of children's emotional competence need to be more nuanced and context-driven, oriented to the child's meaning making and life experiences.

This research neglects the located, embodied nature of children's meaning making, and the contextual-relational experience of emotions (Callaghan, Alexander, & Fellin, 2016). By stripping the context away, the studies exclude children's own meaning making from the research context. In this way, the research underestimates the complexity of children's emotional responses, by decontextualising and individualising emotion as abstract skills.

In contrast, our study explored the embodied, relational and contextual emotional experience and competence of children growing up with DV. Our aims in this article are: 1) To illuminate the complexities of the emotional worlds of children who experience DV,

exploring how they recognise, act on and reflect on their own and others' emotions; and 2) to highlight the need for context-driven explorations of emotions in research and practice, and to challenge research which neglects to recognise the variation, nuances and richness of participants' emotional and social contexts.

Method

We used Interpretive Interactionism (Denzin, 2001) to analyse children's narratives, exploring how they made sense of their lived experiences of DV, and how that experience is socially and contextually constituted.

Participants

107 young people aged 8-18 (44 boys, 63 girls) participated in semi-structured and photo elicitation interviews. Convenience sampling was used. Most of the children were recruited via DV organisations across four European countries – Greece, Italy, Spain and the UK.

Procedure

Semi-structured interviews were used to explore children's experience of DV, with a particular focus on their understanding of how they coped with it. Researchers used the interview schedule as a flexible guide to facilitate children's discussion, enabling them to tell their stories as they wished, whilst follow up questions were used to facilitate fuller exploration. (See Appendix one for sample of the interview questions). Where children wanted to, drawings were used to support verbal articulation of their experiences (Einarsdottir, Dockett, & Perry, 2009). In addition, children were invited to bring photographs to interviews, to help them tell their stories (Bridger, 2013). Semi-structured interviews ranged between 24 and 83 minutes in duration and were conducted in participant's language of choice (Greek, Italian, Castilian, or English). The non-UK transcripts were translated into English, and cross-checked for accuracy by researchers fluent in both languages.

Interpretative Analysis

The interviews were transcribed verbatim, and were coded independently by at least two researchers using Interpretive Interactionism (Denzin, 2001). Researchers read and re-read each transcript independently, developing codes for each transcript. As analysis proceeded, emerging codes were discussed continuously within the team as the data was read and re-read. The research team refined the coding system by comparing and discussing coding, then classifying and ordering them to produce themes. This practice of comparison, refinement and cross-checking of coding ensured greater rigor and validity in the analytic process (Morse, 2015). Themes were built to consider both individual variation, and to explore how meanings and experiences were constituted across different children's narratives within an interpersonal, socio-cultural and political context. Using extensive field notes and team discussion, researchers maintained a reflexive process to trace the co-construction of the analysis, to increase the reliability and coherence of the process.

Ethics

Ethical approval for this study was secured via the University of Northampton Social Sciences Ethics Committee, and the project team adhered to the ethical code of the British Psychological Society (BPS, 2009). The research was ethically complex, as we managed the tension between children's right to articulate their experiences (Cater & Øverlien, 2014; Houghton, 2015), the need to be sensitive to the potential distress involved in talking to children about their experiences, as well as the risk of violent reprisals (Eriksson & Näsman, 2012; Morris, Hegarty, & Humphreys, 2012). We supported children to find safe ways to tell their own stories, respecting their capacity to make sense of their own experiences (Alderson & Morrow, 2011). Written informed consent / assent was secured from children and their non-violent parent or carer (Eriksson & Näsman, 2012). We tailored each interview to the developmental level and interactional style of each child, and facilitated interviews by using

creative techniques like photo and graphic elicitation (Fargas-Malet, McSherry, Larkin, & Robinson, 2010). Children were only interviewed if they had left situations of domestic violence, or if professionals working with them had assessed them to be safe to work with (Morris et al., 2012). Researchers had clear safety protocols and received guidance and on-going support from mental health workers and DV specialists, whom they could contact to facilitate additional support for families, or make referrals if they had concerns about children. We were careful to ensure that children were not identifiable in publications: transcripts and visual material were anonymized using pseudonyms, and through removal of identifying detail.

Analysis

From the analysis of the interviews across the four countries, three common themes relevant to children's experience of emotions emerge: in *Constrained Articulation – Expressing Emotions*, we explore how children find complex symbolic ways to express their experiences of embodied emotionality; *Emotion, Embodiment and Relationality* considers how children's emotionality is not experienced in social isolation, but in relationship with others; and in *Catharsis, Comfort and Self-Soothing* we explore children's expressed strategies for coping with difficult emotions.

Constrained Articulation – expressing emotions

Children's experience of emotion when DV occurs is both extremely powerful, and extra-normative. Because their experiences exceed notions of 'normal childhood', there is a lack of language available to communicate these experiences. In this extract, David (UK, 13) is at pains to let us know that he does not care, that his emotions have, from his point of view, been blunted in relation to his parents:

I did go live with my dad for a while, and then I went to live with my mum, and then things happen, and she won the custody like, like we got, like my mum got full custody and that's when I like didn't like absolutely care what happened from then onLike ((erm)) if I don't see my dad again, I don't care

Int: You don't care?

David: No ((.)) if he like went up here, I'd be like "Go away" ((laughs))

Int: So you'd tell him to go away?

David: Well, like ((.)) not that harshly, but yeah

Int: Alright, why would you do that?

David: just ((.)) I dunno ((.)) ((laughs)) just don't care

Int: So is it that you don't want him in your life?

David: ((erm)) ((.)) I don't know ((laughs))

Int: don't know?

David: No

Int: That sounds like you're not sure

David: ((.)) I don't care like if he turns up or whatever, but ((.)) like, I'm not sure about that like, want him in your life thing, I don't quite care like

If David's account here were considered against the kinds of measures used in psychological research on emotions, it is clear he would not perform well. His self-expression is limited, and he has trouble labelling his feelings. However, limited expression is an important strategy for protecting self and others in DV (Callaghan & Alexander, 2015), and David communicates a lot even in his apparent non-communication. "Not caring" is a statement many children asserted throughout our interviews. Asked about family, friends, losses, many of them said "I don't care". As a repetitive trope in this extract and other interviews the phrase functions as a means of expressing emotion for family members where their

connection to that person is ambivalent and complex. David's talk here, whilst hesitant and underdeveloped, accomplishes a lot in terms of communicating his emotional ambivalence – 'I don't care', repeated several times, communicates both his emotional investment in his relationship with his parents, and the pain that it causes him. He hedges his 'I don't care' and 'go away' with 'well, not that harshly', showing some concern about the potential impact of his words. He does not literally 'not care', and his paraverbal and nonverbal responses here communicate effectively – albeit not literally – what he is feeling (I wish I didn't care). His talk here is characterised by a sense of 'constrained articulation' (Callaghan, Gambo, & Fellin, 2015); to hear his communication involves attending not just to the explicitly expressed feelings and thoughts, but also to the silences, the contradictions, the clash between what is spoken and the complexities of what is not easily expressed in words. That he is not communicating his feelings directly in words does not mean that they are unarticulated. Children articulate and label their emotions, but do not use the labels researchers might expect. Consider this example from Hannah (UK, 11):

When I'm annoyed it's horrible, it's not like other people, it feels like my mind's blowing up and let's just say it feels like I've been chopped into cubes, glued back together and been blown up. That's what it feels like when I'm annoyed ...

Hannah articulates her anger as an embodied, disturbing force, which she experiences as overwhelming and as threatening to her integrated sense of self. She understands the experience, its unusual nature, and the concomitant loss of control. Emotion is felt in the body, and expressed through metaphors of sickness, violence and woundedness. Her descriptions are graphic, visceral and detailed. Whilst she does not use the kind of simple emotion labels that characterise psychological emotions research, Hannah conveys very precisely the experience of her emotions, using complex metaphoric language. Far from

being emotionally incompetent, she demonstrates more emotional insight than, for example, had she simplistically labelled her experiences as ‘angry’.

Children’s emotions are experienced and expressed as embodied, and as relational. Emilia (Italy, 16) here described her physical reaction to her parents’ fighting:

I remember when these things happened, I watched without knowing what to do when they quarrelled... I watched them and couldn’t bear my father striking out at my mother. So I would hit myself. I was trying to make myself feel the same pain. That’s what my father did to my mother. For example, if my father hit my mother, I tried to hurt myself with equal power, because I couldn’t bear that he beat her that way. I was devastated.

A profound empathy for her mother emerges here, in sharp contrast to research conclusions that children’s emotional experiences are blunted, or that they lack in affiliative emotion (Raver et al., 2015; Rigterink, Katz, & Hessler, 2010). She understands she lacks a healthier channel to express the intense feelings family violence evokes, and so turns the feelings on herself. She construes her self-harm as a way to empathise with and feel close to her mother, through shared embodied pain: whilst this strategy might be seen as problematic, her self-harm does not suggest a lack of empathy, responsiveness or emotional attunement.

This feeling of woundedness is also expressed by Nina (Spain, 13) in a drawing she described as *The Girl with the Isolated Heart* (See Figure 1), who says: “I avoid sharing my feelings, and keep my heart at a distance, to protect it from others, and from more pain”. The image is of a girl, with a gaping and bleeding wound in her back, and her heart held like a balloon on a string. The imagery is complex and multi-textured, identifying the hurt of symbolically ‘ripping out’ her own heart, as a response to the pain of the violence. It expresses her sense of raw woundedness, as well as the defensive strategy she has taken up to protect herself. This suggests considerable insight into her emotions and her defences, and some insight into the potential harm her avoidant strategy causes her: presumably the wound will not close or heal,

while her heart is kept so distant from her body; the image of the heart on a string is surreal, and expresses fragility inherent in its disembodiment. Ultimately, her route to healing seems to involve a restoration of the heart to the body – quite literally re-incorporating her emotions. Electra (Greece, 15) offers a similar image (See Figure 2). Like Nina, she did not say much, but the visual representation speaks for her:

Electra: And this broken glass

Interviewer: What does this represent?

Electra: Broken heart?

The image is of a badly damaged piece of glass. It is an old break, crusted over with dirt, with a hole in the centre of the pane. Despite the break, the glass remains in place. Electra uses it to communicate a sense of fundamental woundedness, a break that is old and enduring. Nonetheless, like the glass, she is ‘still standing’. The image communicates both her experience of being hurt, and her capacity to withstand the hurt that is done to her.

These extracts illustrate how children who experience DV are able to offer very complex articulations of their emotions. These are not necessarily captured through simple ‘predefined’ emotion labels, but are understood and expressed by the children through subjective, embodied and contextually located experiences, in symbolically rich ways (Callaghan, Alexander, & Fellin, 2016; Cromby, 2015; Ugazio, 2013). To understand children’s experiences of emotions requires that *we* become familiar with their symbolic register, rather than imposing *on them* an adult description of their emotional worlds.

Emotion, embodiment and relationality

Children’s emotional register is embodied and symbolic, and their experiences of emotions are constituted relationally (Ugazio, 2013). For children who have experienced violence, these emotional and relational worlds (particularly family relationships) are often fraught and

contradictory (Callaghan, Alexander, Sixsmith, & Fellin, 2016b). Michelle (UK, 8) is able to articulate her experience of the connection between emotion, relationality and subjectivity in complex, evocative ways, reflecting on the varying positions available in her high conflict family. One of the first things she tells the interviewer about herself is that she is ‘the youngest and the scarest’. In this phrasing, repeated several times in the interview, she locates her identity both in relation to her family (the youngest), and through an emotion label (the scarest). Later in the interview, she talks about her dislike of family arguments:

Michelle: And I just feel odd because ((.)) I feel alone ((slowly)). No-one else feels the same way, how I feel, so when they get angry, I’m scared, and I act differently to them

Int: When you said you don’t behave in the same way as them, what do you mean?

Michelle: So when they act in like a sticky-up mood, an angry mood and a protective mood, I’m the one that’s all scared and worried, and I hide, and when scary things happen, I like, I, I hide my head. I sometimes scream cause I don’t like it

Int: What sort of scary things?

Michelle: Shouting, (um), my brother going to hurt one of my sisters, like he’s done before. It’s, and, my dad gets angry when he throws something to calm himself down, and it scares me cause it makes a loud bang and I don’t like it, cause it’s loud.

Here, Michelle constructs a sense of difference for herself from the rest of the family. She positions herself as different through emotional self-labelling – “I am the youngest and I am the scarest”. This self-labelling is used as a means of managing her family relationships and of enabling her to produce a positive sense of self within the family. Her more positive self identity, rooted in being ‘the scarest’, enables her to separate herself from violent, aggressive and loud family members. She constitutes herself as ‘different’ through this emotional self-positioning: whilst being the ‘scarest’ might superficially appear to be a negative self-description, it also distances her from her high conflict family. Her being ‘the

scaredest' is evidence that she isn't 'like them', that she does not like arguing – they 'get angry', but she 'gets scared'. Michelle is engaged in complex emotion and identity work here, using her sense of her emotions as a resource on which to construct a sense of herself that is different from the family narrative of violence and interpersonal aggression. This perhaps isolates her ("I feel lonely") but it nonetheless enables her to create a space for herself to envision a sense of a potential non-violent future. Being 'the youngest and the scaredest' is a powerful subject position that protects her from the perceived inevitability of growing up to be violent. However, she also expresses concern about growing older – getting bigger:

I don't like it. I think in a way it's turning me into a different person, like a scared one, and half of me is becoming stronger and bigger and able to fight back and I don't like it 'cause it makes me start fighting, and I don't like fighting.

As she gets older, she worries that this is 'turning her into a different person'. As she grows more physically able, her old strategies may not work as well as it has done. Her sense of her emotionality is tied into her sense of herself as embodied. Getting 'bigger' means getting angrier, being able to 'stand up for yourself' and being able to 'fight back', in her family's narrative. In a world where adults often lose control of their emotions, becoming aggressive and threatening is interpreted by Michelle as an almost inevitable and frightening part of growing up. Within this context where embodied and relational emotionality intertwines with subjectivity, 'managing emotion' is far more complex than simple anger management, or emotion coaching. It is difficult to envisage how simple instructional strategies like these would interrupt a familial narrative that suggests that growing up means growing increasingly violent. Michelle's sense of self is constituted in the interconnections of emotion, embodied social practice (particularly family relational practices) and language (Blackman, 2008) that

cannot be understood through acontextual measures and these complex intertwining relational practices cannot be resolved through simple emotion coaching and skills training.

Another instance of the construction of family narrative is constituted around the relational practices of care. Elsewhere (Callaghan, Alexander, Sixsmith, et al., 2016b) we have outlined how children's sense of relational competence is often linked to their identity as carers in the family. Children's capacity for caring relies on sensitive attunement to the emotional landscape of the family, enabling them to recognise who needs their care, and how that care might best be provided. In this extract, Fiona (UK, 11) talks about looking after her younger brother, when there was violence going on downstairs, monitoring for signs that he might 'freak out':

He, you could see like he was going to start crying or something and you'd just try and like, try and get on with the game quite quickly, ((umm)) just try and like carry on playing, make the game like amusing and stuff so he could try and forget about it

This kind of caregiving requires that Fiona attends carefully to her brother to read his emotional reactions accurately, and that she responds with reassurance and calmness to distract him by engaging in the game. Whilst this kind of avoidant strategy might be seen as problematic, it nonetheless enables both children to cope in the immediate context of family violence, and establishes relational coping mechanisms to support them in managing the disruption they experienced at home. Many children cared for siblings, keeping their younger siblings physically safe, and enabling a sense of mutual support:

Karolos (Greece, 16): I was very scared. I didn't know what to do, at that time. ((.)) But I was trying to "calm" the situation. Meaning, I was taking my younger siblings, to another room of the house, so they didn't watch what was going on, so they didn't get anxious and frightened.

Children frequently comment on the way they would cope as dependent on their ability to read emotions accurately. For instance, Phaedra (Greece, 15) says:

Or when she was angry I would say to her ‘why is your face like that?’ I was such a “joker”. She would look at me and she was laughing at the things I was saying. ‘Why is your face like that? You look like an old lady’ I would say to her and she would laugh ((laughing)).

Phaedra articulates her ability to read her mother’s emotions, and gauge what will ‘work’ to comfort them both. She monitors, and recognizes her mother’s feelings, but does not verbalise her reading of the emotions explicitly, instead communicating her understanding through shared humour. Humour is a complex strategy for coping with difficult emotional situations, as it is so easy to mistime humour, and inflame difficult situations. But they both know Phaedra has recognised her mother is upset, and why she is upset, and that she is using humour to alleviate her mother’s distress. Through shared emotion – both conveyed and covered over by the joke – they comfort each other, and restore a sense of normalcy through shared laughter.

Children’s emotions are both experienced and articulated in relational encounters, which fuel family narratives. These in turn are lived in embodied and relational spaces. Children’s sense of the connections between the emotional, relational and material is beautifully captured in this extract from a photo elicitation extract (Figure 3).

My first ipod. I still keep it in a drawer, although now I have a new one. I listened to a lot of music with it, when I put the headphones it was like the world around disappeared. My grandmother gave it to me, I was very close to her. When I look at this ipod I always think about my grandmother’s smiles and the fact that she never understood the way it worked. She gave it to me because I wanted it, but she couldn’t even pronounce its name! I never asked her how she bought it, what she explained to the store. I was too young,

now I miss her so much. She was the only one who understood me, who always defended me. If she had stayed at home with us perhaps many things would not have never happened. (Nicoletta, Italy, 12)

Nicoletta's story is tinged with nostalgia and longing. The material object itself, the ipod, is imbued with emotional and relational meaning. It is at once a symbol of a lost relationship, and a symbol of a happier time. The feeling of being loved stays with her, despite the grandmother's physical absence, contained in the object, which 'reminds her of her grandmother's smiles'. The Ipod captures a sense of what could have been had her grandmother lived longer. In symbolising this possible alternative past, she also captures a sense of a possible alternate future, a future where violence is not part of the landscape.

In this theme we have explored the relational context in which children experience and articulate their emotions. Their emotions and their ability to express those emotions cannot be disentangled from this relational landscape. These relational contexts are also embedded in material spaces and embodied experiences, and the interstices of the material, embodied and relational together constitute the symbolic register children (like adults) draw on to experience and make sense of their emotional worlds.

Catharsis, Comfort and Self-Soothing

The children we interviewed generally felt it was very important to 'let your feelings out' – to find a way of expressing pent up and difficult emotions. A key feature of families where DV is experienced is that emotions often become highly restricted and constrained, and that the coercive control that pervades relationships extends to the control of emotional expression. Children talk about 'walking on eggshells', about 'thinking all the time about what they say', to avoid upsetting the violent parent, but also to ensure that they do not compound the

distress of others in the family, or place others at risk. Against this backdrop of constrained emotional expression, saying how you feel is both risky, and cathartic:

Josh (UK, 9): And like I used to say 'I hate you' sometimes, and it used to make me feel happy to say that, so he knows that I hate him.

Int: You wanted him to know?

Josh: Yeah.

Int: Why was that so important for you?

Josh: Because he just thinks, he thinks like I love him. But I don't.

Josh had expressed extreme fear of his father, which he still felt several years after he and his mother had moved across the country to get away from him. But in this context of fear, expressing how he really felt about his father's violence was very important to Josh.

Expressing his feelings may shatter the apparent control of the perpetrator, and disrupt the perpetrator's dominant explanatory narrative of the family's relationships. Josh's statement not only functions as a cathartic release (that makes him happy), but also asserts Josh's own power to re-author the family's emotional narrative – he is able to begin to determine his own family story, by expressing his feelings directly and truthfully.

Children had conscious strategies to self-soothe – some more functional than others. Some described the use of self-harm as a means of calming themselves down:

Sissi (Italy, 16): I closed myself in my room, put on headphones with loud music and ... and ... sometimes crying while I was doing the wrong ... I ... I made small cuts on my legs or I put out a cigarette on my arm.

Sissi attempts several things to calm herself down – she closes herself in her room, she blocks out sound with her headphones. When these strategies are unsuccessful, she soothes herself with self-harm. Whilst this is generally regarded as a dysfunctional strategy, it is nonetheless

a strategy to manage and deal with overwhelming emotion. Her embodied strategies match the embodied experience of her emotions.

Children reported a range of strategies for expressing and managing the emotions they felt during and after DV. These were often creative, were highly located, and often embodied.

Many of the children described use of sport and physical activity as a means of catharsis, and felt it was an important part of their coping. Paolo (Italy, 13) says:

My determination comes from basketball. Basketball was and is my way of venting. I do not know if I would have recovered from this terrible depression if it weren't for it.

Physical activity is understood here as a means of release, and a way of lifting emotions.

These young people see it as a useful strategy for managing their emotions. It is a way to build focus, to deal with anger, depression, and sadness. Their emotions are worked through, without conscious attention through embodied activity. This is elaborated by Emma (UK, 16):

So it would be football, rugby and gym right now and that's how, if I do get upset or angry I let out my anger when I'm playing the sport, that's what helped me deal with things It just feels like loads of adrenaline's running through my body and then all of a sudden I'm running into someone and they're on the floor and then all of a sudden I just feel like amazing, I'm just like, oh my God ((laughs)), and I look around they're just like, "You need to calm down," I'm just like, "Oh sorry," ((laughs)), but then I just feel really relieved from just doing that.

The release of energy and of negative emotion enables her to express her rage and distress in a safe and appropriate way. The sense of adrenaline and the channelled physical aggression in sport makes her feel powerful and positive ('amazing'). Emma describes herself as empowered in this kind of activity, as able to let go, to lose her sense of control, knowing that, within the context of the sports team, this will be contained. The emotional work of

managing relationships in families affected by DV can be exhausting, and switching off to the pain and violence is cathartic. The activity also provides a psychological space to not think for a while, but this is achieved collaboratively with others, in a team, with clear rules and boundaries which can enable emotional containment.

Many children also reported using creativity and play as a way of containing and expressing difficult emotion. Asked how she dealt with difficult emotions, Ella (UK, 16) says:

Drawing...It's like, this is how I put it to my art teacher, it's like letting out your emotions on a bit of paper... no one actually has to know what you went through, but they can know how you feel just with a drawing... So you express yourself through drawing, but no one has to actually know the exact details... They can know how you feel, but they don't know, they don't have to know the details, it's a lot easier that way.

Drawing therefore becomes a safe strategy for disclosure for her. She can express her feelings, and these can be read and understood by others, but she can do this without disclosing the violence itself. Disclosure of violence is seen as risky by children who fear the possibility of repercussions, the danger of being misunderstood, and the possibility of being stigmatised and bullied because of violence in the home (Callaghan & Alexander, 2015) She has found a way to communicate her emotions without communicating, by 'letting them out on a bit of paper'. A similar experience is described by Electra (Greece, 15), about writing:

I also write poems, and when I write, I basically express many times this sorrow.

Her poetry enables her to give voice to her experiences, and offers a safe space for self-expression. It also enables her to transform her difficult and destructive emotions, by creating them as something beautiful. These kinds of creative techniques enable the children to articulate their experience with a sense of safe distance; they are creative products, and can also be positioned as 'art' rather than as 'real', if the children feel it is necessary to disavow

the experiences they describe. The distance between self and creative product also enables psychological space for the working through of difficult emotion.

Young people also used music as an important form of self-expression, and self-soothing:

I listen to the music, at least every thought vanishes. (Naomi, Italy, 14)

The guitar, the music, I like it very much. I play the guitar, the sound ((.)) I feel nice.

(Electra, Greece, 15)

Listening to music, playing music enables both girls to comfort themselves. Being lost in the music, and in the sound, enables them to stop thinking about their difficult circumstances, and to feel good. Maria (Spain, 14) describes how, when locked in her room when there were arguments in the house, she would sooth herself with music and movement:

I would listen to reggae and I played it on the radio, as I was left locked up in my room, and then I danced and so, by myself.

Dancing alone to music in her room, Maria is able to achieve several things: she shuts out unwanted sounds from the arguments downstairs; she calms her feelings by distracting herself through the sound and soothes herself through embodied action. Through music and movement, she has created an embodied strategy for self-soothing. A kind of embodied stress-release is used by other children, like Danae (Greece, 11):

The ball that has different shapes and stuff like that. My mum bought it for me to play with, but I would hold it in my hands and squeeze it. When I was sad or upset, yes, I squeezed it sometimes. As if I had a lot of strength ((laughs)). As much strength as I had, I squeezed it and then it was easier to avoid these things.

Since Danae's experience of anxiety is embodied, she matches it with an embodied coping strategy. In addition to the physical stress release she feels from squeezing her stress ball,

Danae is also able to access an embodied experience of physical strength. In squeezing ‘as if she was strong’, she is able in some sense to ‘fake it till she makes it’ – she can model for herself, physically, the experience of strength she needs to cope with the distress she has also come to embody. Another experience of self-soothing is described by, Jilly (UK, 14):

I told you about my comfort blanket, didn't I? ((smiles)) ... Yeah. I used to rub it together and like put it over my face, and it used to like, calm me down and make me feel safe. I don't know why, but it just did... I still have it. It's silk, and I love silk, and my nan gave it to me, and it's just got loads of like, flowers, different patterned flowers and colours, and it's just all silk, and you just rub it together and it's just, a lovely feel ((mimes rubbing the blanket on her face)) ((laughs)).

Just as emotional experience is embodied, relational and contextual, so are children's strategies for emotional coping. In this extract, Jilly explains how her blanket soothes her, through its textures, its beauty, the sensation of rubbing it, as well as its relational meaning – it was a gift from her grandmother. In covering her face, she is closing out external stimulation, enclosing her in this experience of luxurious sensation, and - like Nicoletta- in a symbol of her grandmother's affection. In this way she is able to calm herself down.

Discussion

This research has highlighted the importance of understanding the emotional experiences of children who experience DV as embodied, relational and contextual, from the point of view of children themselves. Our two intertwining aims were to illuminate the complexities of the emotional worlds of children who experience DV, and to consider the importance of a contextually located account of their emotions. This enabled us to critically explore the validity of dominant psychological discourses that position children who experience DV as ‘emotionally incompetent’. By listening to children's articulation of their experience in their

own terms, rather than framing their experiences through adult constructs like emotion recognition, regulation and competence, we have constructed a less pathologising account that opens up pathways to a more subtle reading of children's emotional lives.

As reflexive, meaning making and agentic beings (Alexander, Callaghan, Fellin, & Sixsmith, 2016; Callaghan & Alexander, 2015; Mullender et al., 2003; Øverlien, 2014; Øverlien & Hydén, 2009) children do not passively learn emotion – they experience and manage their emotional lives in embodied, relational and contextually relevant ways. We have highlighted that, contrary to dominant psychological accounts, children are able to articulate their experiences of emotions, but that these accounts can only be understood within the child's context, story, and symbolic register (Hobson, 2000; Lindquist, 2012). We agree with Lindquist et al's (2012) constructionist view of emotions as contextual processes that cannot be simply gauged or estimated with tools that strip them of their context and function. From a socio-constructionist stance, emotional experience and subjectivity intertwine as they are both conversational processes, always contextual, embodied, and relational (Ugazio, 2013). Adopting a contextual approach means understanding emotions in relation to the multiple (often ambivalent) relations within families, and also exploring them within the intertwined and intersecting levels that construct our subjective selves, including, our culture, belief systems, values and emotional and embodied experiences.

The dominant explanatory models of the impact of DV on children underestimate the complexity of children's emotional responses because they decontextualize emotion, and individualise emotional responses as a set of abstract social skills. Further, they rely on a universalising, normative understanding of 'good mental health' and 'good emotional development' that presumes that there is just one way to be well and healthy, and that does not attend sufficiently to emotional life as it is lived in place, space and time. Because of this, we argue these studies underestimate children's capacity for coping with emotions, for

managing particular overwhelming and difficult emotions, and for self-comforting.

Extending the insight that children's experiences of emotions are embodied and relationally connected, we have noted that, consequently, their capacity for catharsis and for coping with DV are similarly embodied and relational.

Children's accounts of their experiences are multi-layered, and the emotional nature of their experience is not necessarily 'on the surface' or directly expressed using clear emotion labelling. The extracts we have presented illustrate that the children we interviewed were able nonetheless to express their emotions in vivid, embodied and evocative ways. Thus they are able to recognise and express their emotions, challenging the view of them as emotionally incompetent (Katz et al., 2007). However, their emotional responses and management of emotional experience cannot be understood in isolated or abstracted ways. They are located within their narratives, embedded in the symbols and stories of their everyday lives, and require both careful listening and some articulation to enable them to be heard.

Limitations

Our methods allowed children to go beyond words by creating and sharing visual images of their lived experience. However, the study only partially accessed the embodied dimension of emotional experience: this could be further explored through the integration of other creative and expressive techniques. Further, the project primarily worked with children known to services and support organisations. This limits the generalisability of this research, and it is possible that community based samples, and particularly samples of children who have not had any support might narrate quite different experiences from the ones reported here.

Research Implications

Further research is needed to understand children's emotion and meaning making in a contextual, embodied and non-reductionist way (Cromby, 2015). This requires that we attend to the co-construction of lived experiences, narratives and meanings within families in

respectful, meaningful and naturalistic conversations, and to take into consideration the context of the research and the meanings participants attach to it and the relation built with researchers.

Clinical and policy implications

Our analysis highlights the contextualised and relational understanding of children's emotional experiences and contexts, which has clear implications for practice.

Psychoeducational interventions like 'emotion coaching' and anger management are too individualist and acontextual, not taking into account the lived experiences of children's emotional landscapes. Based on our findings, we suggest that it is important to recognise, understand and respect the strategies children have developed to manage difficult emotions.

A more therapeutic, embodied, relational and systemic approach is needed to consider and foster the multiple relational and emotional competences and resources developed by children to face adversity. This requires supporting children to make connections between their embodied emotional experiences, and their relational context, to validate and build on their established competences, rather than presuming a universal way of managing emotions correctly. Such an approach can connect to children's lived emotional experiences, supporting their ability to envisage alternative stories and futures, not dominated by self-fulfilling prophecies of 'emotional and relational incompetence' that position them as likely to repeat cycles of abuse. Connecting this to their own understanding of the family story would enable children to differentiate their own identities and emotionality from those aspects of family relationships they find most problematic or unhelpful. Further, we suggest public campaigns aiming to increase public awareness about DV and children's emotional experience could reflect upon children's managing of complex emotions, being agentic and resilient and promote their stories.

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