

Adult Daughters of Battered Women: Resistance and Resilience in the Face of Danger

Kim M. Anderson and Fran S. Danis
Affilia 2006; 21; 419
DOI: 10.1177/0886109906292130

The online version of this article can be found at:
<http://aff.sagepub.com/cgi/content/abstract/21/4/419>

Published by:



<http://www.sagepublications.com>

Additional services and information for *Affilia* can be found at:

Email Alerts: <http://aff.sagepub.com/cgi/alerts>

Subscriptions: <http://aff.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.com/journalsPermissions.nav>

Citations (this article cites 21 articles hosted on the SAGE Journals Online and HighWire Press platforms):
<http://aff.sagepub.com/cgi/content/refs/21/4/419>

Adult Daughters of Battered Women

Resistance and Resilience in the Face of Danger

Kim M. Anderson

Fran S. Danis

University of Missouri–Columbia

This article reports on a qualitative study that examined first-person accounts of resilient women who, as children, were exposed to the battering of their mothers. The key finding was the roots of their resilient capacities that were forged in resistance to their childhood adversity and its consequences, particularly the violence perpetrated by their fathers against their mothers. The women used a variety of protective strategies to *withstand* and *oppose* their sense of powerlessness owing to the batterers' oppression of them and their mothers. Implications for social work practice include using resistance to oppression as part of a resilience-oriented helping paradigm in working with children who have been exposed to domestic violence.

Keywords: *children exposed to domestic violence; domestic violence; oppression; resilience; resistance*

Every year, 3.3 million to 10 million children in the United States are exposed to at least one incident of interparental conflict or domestic violence (Fantuzzo, Boruch, Beriama, Atkins, & Marcus, 1997; Straus, 1992). Living with a father who is abusive to your mother creates an oppressive home environment that is characterized by fear and powerlessness. In the past 20 years, research has focused on determining the developmental aftereffects for children who have been exposed to parental violence (Fantuzzo et al., 1997; Graham-Bermann, 1998; Hughes, 1988; Peled & Edleson, 1999). Because of the violent and often prolonged nature of battering, children who are exposed to their mothers' battering are subject to stressors that often go beyond their adaptive capacities and may produce long-lasting effects (Maker, Kemmelmeier, & Peterson, 1998). Although previous research has focused on the negative consequences of exposure to abuse, the purpose of this article is to report on a qualitative study that investigated the strategies that girls used to overcome an oppressive home environment.

Surviving the Batterers' Violence

Research has highlighted the stressors that are related to domestic violence in the lives of children (Graham-Bermann & Edleson, 2001; Peled & Edleson, 1999). Studies have shown that many children who have been exposed to acts of violence between their parents or parental figures are more maladjusted than are those from nonviolent families. The findings suggest that there is a link between children's exposure to domestic violence and the

development of symptoms, including behavioral problems (particularly physical aggression and noncompliance), anxiety, depression, difficulty concentrating, low self-esteem, somatic complaints, and revictimization (Cummings, Peplar, & Moore, 1999; Jaffe, Wolfe, & Wilson, 1990; Kolbo, Blakely, & Engelman, 1996; McGee, 1997; Mitchell & Finkelhor, 2001). In addition, witnessing parental violence has been found to be a significant predictor of posttraumatic stress disorder (Kilpatrick, Litt, & Williams, 1997). The results of these studies demonstrate that children are highly affected by exposure to violence involving people who are close to them.

One way to assess the long-term impact of exposure to domestic violence is through retrospective research designs (Maker et al., 1998). The majority of studies of childhood exposure to adult domestic violence have involved samples of college students. The findings have suggested that higher levels of depression and symptoms of stress occur in men and women who have been exposed to family violence compared to those who have not (Straus, 1992). In addition, studies have demonstrated that exposed individuals have poorer social adjustment and greater difficulty with relationships, including interpersonal violence, than do those who have not been exposed (Henning, Leitenberg, Coffey, Turner, & Bennett, 1996; Straus, 1992). This finding is particularly evident in studies of the characteristics of men who abuse their intimate partners (Tolman & Bennett, 1990). The findings of these studies demonstrate that exposure to parent-to-parent violence may be a significant obstacle to achieving successful intrapsychic and interpersonal functioning in adulthood.

As research on the consequences of children's exposure to domestic violence has progressed, it has become evident that adaptation varies for each individual (Graham-Bermann & Edleson, 2001). Mediating protective factors for children who have been exposed to domestic violence include the type of violence against the mother, having social supports, having an internal locus of control, accessing physical and mental escapes, and participating in support and educational groups for domestic violence (Bancroft & Silverman, 2002; Graham-Bermann & Edleson, 2001; Humphreys, 2001; Mullender et al., 2002).

Defining Resilience

Recognition that not all children who have been exposed to adverse conditions develop pathologies as adults has led to the emergence of research on resilience (Fraser, 1997; Masten, 2001; Wolin & Wolin, 1993). Much of this research has focused on uncovering the attributes that help at-risk children resist stress. Protective factors in the children, their families, and external support systems have been identified (Garmezy, 1987; Werner & Smith, 1992). These protective factors evolve from the adaptive changes that occur when children *successfully* cope with stress. If a person does not experience impaired functioning, he or she is perceived as being competent or "thriving" despite the experience of adversity. Unfortunately, a contextual understanding of adversity is overshadowed by assessments of overall functioning, particularly estimates of competence.

Although researchers have explored individual and environmental protective factors, these concepts remain underdeveloped, particularly in relation to adversity (Cowger, Anderson, & Snively, 2005). Consequently, previous research and theory building have been insufficient in specifying hypotheses for testing resilience. Despite the development of tools that address aspects of resilience, such as coping (Lazarus & Folkman, 1984),

social adjustment, and self-esteem (Hudson, 1997), minimal, if any, attention has been paid to the details of how and why resilience is forged within a particular context of adversity. Thus, although descriptions of resilient factors are presented, the dynamics of oppression and abuse are minimized or not addressed, so there is little emphasis on the psychosocial processes that are involved in the development of these factors. A theory of resilience or a description of meaningful constructs is lacking that may be used to integrate the various studies of risk and protective factors into a coherent whole.

Redefining Resilience

Research on resilience has often obscured how individuals interpret their survival and the strengths that led to that survival. Although the term *adverse* is used to describe difficult or even traumatic family environments, the context of these conditions has been stripped or minimized. Without a careful exploration of the dynamics and consequences of individuals' exposure to family violence and abuse (i.e., adversity), many facets of the experiences are unnoticed or distorted, particularly in relation to how one's survival abilities develop among chaos and pain (Dietz, 2000). Whereas research on resilience has mostly targeted children, exploring how persons grow and prevail in the aftermath of violence and traumatic events is a relatively new trend (Ai & Park, 2005).

Anderson's (2001) research on adult survivors of incest is one, if not the only, study that investigated the strategies of resistance to childhood oppression as leading to resilience. Incest survivors' protective strategies included resistance to being powerless, silenced, and isolated. Anderson's study broadened the traditional definition of resilience (i.e., competence despite the endurance of adversity) to include individuals' survival strengths that develop as a means of protecting them from childhood oppression. Anderson's findings demonstrate how resilience (survival and perseverance) may emerge as a result of the interplay between risk (childhood oppression) and protective factors (strategies of resistance) and is a process that continues to develop throughout a person's life.

Individuals typically are resistant to violence and use a variety of mental and behavioral strategies to prevent, withstand, stop, or oppose their subjugation and its consequences (Wade, 1997). This concept of resistance fits well with a feminist theoretical framework of domestic violence that views abuse by intimate partners as part of the systematic subjugation of women in society (Yllo, 1993). Thus, attempts to stop an abuser's violence or protect oneself and one's children can be viewed as acts of resistance.

How battered women actively use strategies of resistance in an attempt to make their relationships safe for them and their children has been documented (Campbell, Rose, Kub, & Nedd, 1998; Cavanagh, 2003; Geiger, 2002; Hollander, 2002; Wood & Roche, 2001). Yet the professional literature has been silent in regard to children's resistance to batterers' violence (Bancroft & Silverman, 2002). A literature search of the PsycINFO and *Social Work Abstracts* databases did not identify a single study that addressed children's acts of resistance toward batterers. Instead, the primary focus was on detecting problematic functioning (e.g., cognitive, emotional, and behavioral effects), rather than recognizing what children do when violence occurs. The lack of information on how children endure domestic violence and how their survival (resistance to oppression) strategies continue to assist them as adults provided the rationale for this study of adult daughters of battered women.

This exploratory study included in-depth interviews with 12 women who were exposed in some way during childhood to their mothers being battered by male intimate partners.

Whereas previous research has focused on the negative consequences of exposure to domestic violence, this qualitative study looked at the strategies that daughters use to overcome this oppressive environment. The inquiry included an exploration of the women's perspectives on the personal qualities and social conditions (psychosocial processes) that enhanced their ability to survive exposure to domestic violence as children and to persevere throughout their lives. Because little is known in this area, the findings may provide significant theoretical and practice implications for social work practitioners and for individuals who have been exposed to domestic violence who may receive their services.

Method

Research Design and Questions

The grounded theory method was particularly suited for this study because its purpose is to identify complex and hidden psychosocial processes with the goal of developing theory (Glaser, 2001; Strauss & Corbin, 1998). This method involved being "immersed" in the participants' world viewpoints and was guided by the assumption that not all concepts that are related to the resilience of adult daughters of battered women had been identified. In addition, retrospective designs with adults who were exposed as children to the violence of batterers are recognized as a potentially viable way to address gaps in knowledge about the long-term impact of exposure to domestic violence (Moon, 2000; Williams, Boggess, & Carter, 2001). The research questions included (1) How do adult daughters of battered women perceive the impact of childhood exposure to domestic violence? and (2) What are the psychosocial processes that influenced the adult daughters' ability to cope with exposure to domestic violence?

The Participants

After final approval by a university internal review board, we recruited participants through local newspaper advertisements. During initial telephone screening, we discussed the purpose of the study, explained the consent form, and explored each person's interest in the project. The initial purposive sampling criteria included women aged 22 or older who did not reside in their parents' homes; had experienced (during childhood) their mothers being battered by intimate male partners; had the ability to express their thoughts, feelings, and opinions about their exposure to domestic violence in a manner that addressed *both* the effects of the trauma *and* their ability to persevere; and were able to differentiate between exposure to their mothers' abuse and any violence directed personally at them. Subsequent theoretical sampling was based on the qualitative criteria (Denzin & Lincoln, 1998; Oktay, 2004) of saturation of the code categories, relevance to the emerging theory, and added variation of perspective (e.g., the sample's diversity with regard to the characteristics of the batterers' abuse). On the basis of the sampling criteria, 12 of the 27 women who inquired about participating became research participants.

The 12 participants ranged in age from 22 to 54 ($M = 37$). Nine participants were European American, 1 was Hispanic, 1 was Asian, and 1 was Native American. Of the 12 participants, 10 were heterosexual, 1 identified as a lesbian, and 1 identified as a bisexual. This was a highly educated sample; 2 had high school degrees only, 4 had some college experience, and 6 had completed bachelor's and/or master's degrees.

Ten participants were exposed to the batterers' violence for 13 or more years, 9 of whom reported that the violence was present throughout their childhoods. All the participants reported physical and emotional abuse, and 9 reported that the batterers used weapons, including guns, knives, and/or automobiles. Of the 12 batterers, 11 were the women's fathers and 1 was a stepfather. In addition, 8 participants reported that the batterers had an alcohol and/or drug problem.

Procedure

Although a semistructured interview guide, consisting of 11 open-ended questions, was used, the interviews remained open to the direction taken by the participants. Each interview began by the interviewer asking the participants to share their childhood experiences of exposure to their mothers' battering, including the threat or actual use of physical, sexual, or verbal abuse. As the women's stories unfolded, 8 additional questions were asked regarding protective factors in them, their families, and their external support systems. The final 2 questions addressed recommendations for adults or children who have been exposed to domestic violence and for social service providers (including social workers) who may work with them. Each in-depth interview was approximately 1 1/2 hr. A 30-min follow-up interview was conducted after the participants received a summary of the findings to gain their insights on the final analysis. At the conclusion of the second interview, the participants were given a \$25 gift certificate.

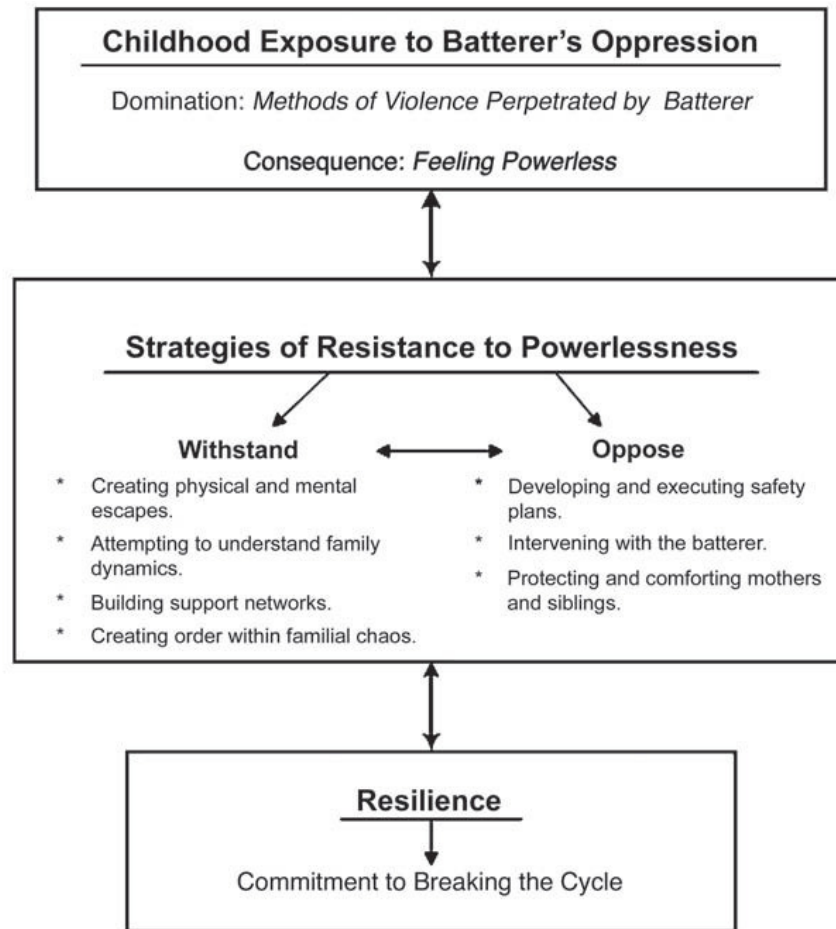
Data Analysis

The qualitative data analysis, conducted using the constant comparative method (Denzin & Lincoln, 1998; Glaser, 2001), was based on the transcripts of the semistructured, in-depth interviews. Coding allowed the data (the transcripts) to be broken down, conceptualized, and reconstructed in new ways. The process involved searching for meaningful units of data (e.g., risk and protective factors) that could stand on their own and were associated with the overall purpose of the study. Through coding, the data were grouped into final categories that represented key psychosocial issues and patterns (resistance to oppression) that were analyzed by comparing them with one another, so relevant themes (e.g., withstanding and opposing a sense of powerlessness) that addressed the research questions could emerge. Finally, a theory of resilience was generated around the core category that described the central phenomenon related to the participants' experiences. As relationships and themes emerged, they were coded and organized using the qualitative data analysis program ATLAS/ti (Drisko, 2004).

Methodological Rigor

Ensuring methodological rigor (the trustworthiness of the data) (Oktay, 2004; Strauss & Corbin, 1998) involved member checking to establish that the reconstructions were credible and that the findings were faithful to the participants' experiences. The participants were given written and oral summaries of their responses and opportunities (through follow-up letters, telephone calls, and interviews) to correct, verify, and clarify their responses. In addition, through ongoing consultations between us and colleagues who were external to the context of the study, peer debriefing was used to process the researchers' impressions of the interviews and to help maintain objectivity.

Figure 1
Conceptual Model of Children’s Resistance to Batterers’ Oppression



Findings

The findings provide a set of conceptually meaningful categories for the development of a theory of the resilience of adult daughters of battered women, as presented in Figure 1. The core category, “children’s exposure to the batterers’ oppression,” was the central phenomenon that emerged from the data and provided a context for the adversity (abuse and violence) that the participants had experienced.

A theory of resilience was generated around this core category to describe and explain the nature and workings of the dominant psychosocial processes within the conceptual model. Specifically, resilience emanated from the participants’ acts of resistance that began as spontaneous reactions to their childhood adversity and its consequences and evolved into strategies that the participants used throughout their lives. The conceptual model highlights the interplay between risk (powerlessness) and protective (withstanding and opposing) factors that developed in response to such adversity. For this population, then, resilience

involved a process that was promoted by strategies of resistance that the participants drew on throughout their lives and contributed to their commitment to break the cycle of violence.

The participants used a variety of protective strategies to *withstand* and *oppose* their sense of powerlessness that was due to the batterers' oppression of their mothers and of them. They used strategies of *withstanding* the violent environment in relationship to protect themselves and endure the abuse. They used strategies of *opposing* the abuse to actively prevent or stop the violence. All the participants used a combination of *withstanding* and *opposing* strategies that varied, depending on the circumstances of their childhood adversity. Although these acts of resistance began as spontaneous reactions to their mothers' and, consequently, their own subjugation, they were reshaped into adaptive strategies that the participants used throughout their lives. Examples drawn from the transcripts are presented to describe and explain the theoretical constructs, to highlight the participants' resourcefulness, and to give the participants another forum in which to be heard. All the names associated with the comments are pseudonyms.

Exposure to the Batterers' Oppression

All 12 participants had been exposed to the batterers' violence toward their mothers, creating a childhood of fear and terror. In addition, 7 participants discussed how they and/or their siblings were also abused by the batterers. The following comments highlight the batterers' persistence and determination in pursuing opportunities to assault their intimate partners, whose efforts to protect themselves and their children were often subverted, perpetuating a feeling of captivity for the children:

Dad used his size, his voice, and his strength to hurt her over and over and over again. I first remember seeing it and knowing that he was hurting her when I was 4 years old. . . . The abuse toward Mom continued every moment that he was in the house with us until he was no longer in the home. It didn't stop, and he was abusive not only to her, but to all of us as well. . . . I never felt, well, quite frankly, I didn't think anybody could help us. I really thought that we were all going to die and that there was nothing that we could do about it. I really thought we were totally trapped. (Donna, aged 45)

The most vivid memory that I have [was] when my father decided that he was going to kill us. He took his truck and drove it to the top of our driveway, which was a quarter mile along, and he raced it down the driveway and hit the house. He smashed into the house and backed up, and he smashed into the house again. (Moberly, aged 32)

The experience of these two participants provides a context for their exposure to oppression created by the batterers' frequent abuse and violence. The participants discussed how their physical and mental health was negatively affected by the stress during childhood. These effects included feeling lonely, suicidal, confused, and helpless. In adulthood, the aftereffects continued to linger in problems with intimacy, mistrust of others, depression, anxiety, guilt, and symptoms of posttraumatic stress.

Withstanding a Sense of Powerlessness

The participants were determined and creative in their efforts to *withstand* their sense of powerlessness, despite their exposure to extreme forms of domestic violence. They

developed strategies of resistance as a means of protecting themselves from being overwhelmed (feeling powerless) by the batterers' violence and its consequences. The strategies of resistance that helped them to survive and withstand the violence that was perpetrated on their mothers included (1) creating physical and mental escapes, (2) attempting to understand (make sense of) what was going on in their families, (3) building support networks, and (4) trying to create order within familial chaos.

Creating physical and mental escapes. The participants identified safe places in their childhood homes (such as in closets; under blankets; and in bathrooms, particularly shower stalls) where they could leave behind what was happening to them. Cognitive strategies to distance themselves from the violence included reading books, watching television, creating fantasy families, and dissociating. The following comment demonstrates a participant's creativity in trying to escape her unsafe environment:

I can remember one time he beat my mom very badly, and she was drunk and asleep, and I was so afraid that he would come back, and I don't know why I thought that this would work, but I was in the living room, and there was a *Gidget* movie on TV and I wanted to watch that movie. So I had a blanket over me and the television, with no lights on in the house because I was just sure that if he thought we were asleep, he wouldn't come back. Now that's just totally ludicrous. He didn't care if you were asleep or awake. (Maggie, aged 45)

Attempting to understand what was going on in the family. The participants revealed that they had difficulty making sense of what was happening to their mothers. Yet, as is shown in the following comment, even at a young age, some (seven) participants realized that the battering of their mothers was not normal:

The physical abuse would happen right in front of my eyes; the verbal abuse would happen right in front of me. There was no more hiding it. But I couldn't accept it. It didn't feel like a normal part of life; [rather, it felt] like I was living in hell. (Suria, aged 35)

In addition, three participants said that they did not know that something was wrong with their families until they compared themselves to their high school peers. Finally, two noted that throughout their childhoods, they thought all families were like theirs.

Building support networks. The participants worked at developing support systems within and outside their families. They discussed having positive relationships with their siblings and with extended family members, as one participant noted:

I kind of just latched on to other family members. I have an aunt and an uncle who have a daughter [who is] 2 years younger than I am. That's their second daughter, but she and I are very close. We're like sisters, and I spent a lot of time at their house when I was growing up, as much as I possibly could. . . . And I know full well that part of me turning out OK is because of them. (Trish, aged 37)

Connections with grandparents, cousins, aunts, and uncles provided a sense of belonging and a basis for receiving unconditional love, even though no family members offered intervention regarding the batterers' violence. External connections included teachers, coaches, peers, books, television or fantasy families, and God or another higher power.

Attempting to create order within chaotic familial situations. During childhood, a means of self-comfort for the participants included recognizing that they had personal power. The following comment underscores the belief that one's efforts could affect one's circumstances—a belief that not only brought solace, but led the participant to live her life in an orderly way:

I would literally go around trying to straighten things up in the house as a kid—straighten the chair, straighten this. I wanted my life straightened out, and so I did it on material things, tangible things, because the intangible, I could not do anything about. Until today I'm like that;. . . it's something I picked up as a kid. My life is orderly; it's not in chaos. I had to do these kinds of things to make me feel better. (Suria, aged 35)

The participants' strategies of *withstanding* a sense of powerlessness were adaptive, given their abusive and violent family environments, and evolved into being applicable and adaptive in nonabusive environments as well. As adults, their desire to isolate themselves and to channel their energy into physical and creative activities continued to be important in their lives. Looking back, the participants viewed the battering of their mothers as something that they were exposed to, but thought that it was not the only dimension to their lives. They were also more able to understand the strategies of protection and resistance that their mothers used at the time of the violence and thus felt less anger toward them.

In their adult years, the participants worked on and struggled with managing relationships within their families of origin. They cared about their family members, but tried to distance themselves from absorbing or reflecting their families' problems. Taking control of their lives in adulthood involved exercising their self-determination by moving away from their families, going to college, starting a career, starting a family, and setting personal boundaries with others.

Opposing a Sense of Powerlessness

The second pathway toward resisting a sense of powerlessness was to *oppose* the batterers' oppression, which paved the way for them to confront oppressive dynamics throughout their lives. The reasons for their opposition were to prevent, stop, or defy the batterers. The participants reshaped their strategies of resistance into gaining power not only for themselves, but for others. Strategies of resistance that promoted opposing the batterers and the violence that was perpetrated on their mothers included (1) developing and implementing safety plans, (2) intervening with the batterers, and (3) protecting and comforting their mothers and siblings.

The first strategy—developing and implementing safety plans, often at a young age—is evidenced in the following comment by a participant: “At 4 years old, I was plotting an escape, trying to get out, trying to save and rescue my siblings.” Safety planning also involved summoning help from relatives; neighbors; and, in some cases, the police or 911:

Like my dad would pull the phone out of the wall, so I couldn't call 911. So I would have to figure out a way to get some place to call, and I'd go to the neighbors. Or when we lived on this little farm, we were kind of far from neighbors. I rode motorcycles when I was kid, so I'd get on my motorcycle and go to the neighbors to call 911 and then go back. (Diane, aged 27)

The second strategy—intervening with the batterers—included trying to stop the batterers, mediating between the batterers and their mothers, or running interference so the

batterers could not get to their mothers or access weapons. The following comment highlights the determination of a participant (during adolescence), who intervened with her father in the hope of preventing further violence toward her mother:

When I got older, I discovered that he wouldn't beat her if I was arguing with him, so I would argue with him, and he wouldn't lay a hand on me because mom swore she would kill him if he ever did anything to us. (Moberly, aged 32)

The third strategy—protecting and comforting their mothers and siblings—often involved trying to help their mothers leave their abusive intimate partners. It may have involved talking to them about the necessity of leaving or helping them actually to escape the situation. The following comments emphasize the courageous efforts of two participants who tried to protect their mothers from the batterers' violence:

When I was 3, I told my mom that she should leave my dad. . . . I just remember really wanting to get my mom out of that. . . . I thought he was going to kill her. And I was just really scared. (Melissa, aged 27)

And that's how I learned how to drive because I would pick up my mom and stuff her in the car and throw it into go. . . . I would pick her up, and if he was going to shoot her, I would just grab her and go and try to get her away from [him]. (Maggie, aged 45)

The participants' caretaking roles also included protective actions that were directed toward their siblings. Caretaking responsibilities included comforting their siblings, explaining to them what was going on in the family, and protecting them from the violence and its consequences, as this comment indicates:

I remember when my parents would fight, I would go and crawl into my brother's bed and sleep with him. I was very protective of my brother. He's only a year and half younger than me, but we're very close, and I was always very protective of him in many different ways. . . . So I would just try to get him out of the situation as much as possible. . . . I would try to get him away from it somehow. (Mary, aged 47)

The participants opposed the batterers' violence and oppression and sought to stop the abuse by directly challenging their fathers or by summoning help. Somehow, these girls instinctively knew that the beatings that were aimed at their mothers were wrong and were not supposed to happen. They felt a personal responsibility to keep their mothers and siblings safe.

Breaking the Cycle of Violence

As a result of their experiences in resisting oppression, these adult daughters expressed their commitment to break the cycle of family dysfunction and violence that they had experienced as children. They were determined not to repeat the abuse in their own lives or to pass it on to their children. All the participants were determined to be different from their mothers' batterers and, in some cases, their mothers. Their resolve to "do no harm" began in childhood as they gained insights into how they were not like their mothers' batterers and, consequently, became committed to living a life without hatred or malice. Although seven participants revealed that they had experienced violence within their intimate adult relationships, they were quick to point out that they ended these relationships when they realized

that by having their own children exposed to domestic violence, they were extending the abuse into the next generation. The following comment highlights how this was particularly true of a woman who had sons:

He [the intimate partner] ruptured my eardrum and gave me a concussion and swung Jonathan [her son] over to the couch. I said, "That's it. I'm not going to the doctor anymore because of something he did. I'm not going to let my son see this and think that's the way you treat women." That's what horrified me the most. I did not want him to grow up thinking this is normal because I knew it wasn't, and I couldn't bear the thought of damaging him. It's not enough just to feed and clothe and bathe kids. You've got to educate them and prepare them to meet the world, and I don't mean just by books. That was not the way he needed to be prepared to meet the world. (Donna, aged 45)

All the participants did not give up trying to better their lives and wanting to make a difference for themselves and others. They engaged in volunteer work, advocated for others, entered helping professions, and encouraged their children to do the same. Many saw their participation in this research as a way to help others. The following comment highlights that exposure to domestic violence is not the centerpiece of the participant's identity, enabling her to break the cycle of family dysfunction and give back to others as well:

I'm not on welfare. I'm not a drunk. I'm not dead. I'm not in a mental hospital. My mom and my dad are a part of who I am, and while growing up was an absolute horror and a nightmare, it's just part of who I am. It's not the whole me. . . . I would like sometime to help other people who've been through seeing violence with their parents. (Maggie, aged 45)

Discussion and Implications

In this study, the participants' strategies of resistance promoted their development of resilience, which began as spontaneous reactions to their childhood adversity and its consequences and evolved into strategies that the participants used throughout their lives. Therefore, resistance to the batterers' oppression can be a catalyst for strategies of survival and perseverance and serve as a foundation for resilience among children who have been exposed to domestic violence. "Persons continue to resist, prudently, creatively, and with astonishing determination, even in the face of the most extreme forms of violence" (Wade, 1997, p. 31). Viewing survival strategies as resistance to oppression is consistent with both the feminist empowerment and the strengths perspectives in social work practice because both emphasize individuals' strengths and resources (Busch & Valentine, 2000; Saleebey, 2005). Thus, definitions of resilience should be broadened to include the concept of resistance.

The strategies that were adopted by the adult daughters in this study are similar to coping methods reported by children who have been exposed to domestic violence. Ways of coping include trying to make sense of the violence, creating a psychological or physical safe space, keeping siblings safe, and attempting to intervene and summon help (Mullender et al., 2002). This study's findings are also consistent with Humphreys's (2001) study of adult daughters in which the women described themselves as resilient and reported using adaptive strategies, such as finding activities outside the house, fighting back, and seeking out caring adults. Similarly, as these children matured into adulthood, they continued to look for ways to make sense of their experience and heal from their adverse childhoods (Humphreys, 2001). Although the findings of Mullender et al. and Humphreys describe

coping and adaptive styles, there is no delineation of the impact of oppression on the participants' lives that this study addressed.

Although the continued study of the negative consequences of exposure to abuse is important, by focusing on the negative consequences, we may miss a more complete picture of the impact of exposure on children—their ability to cope with and resist abusive environments. Social workers, children's advocates in domestic violence programs, and others who work with children who have been exposed to batterers' oppression may assist individuals and groups of children by helping them name their experiences of violence, its effects, and their resistance to it. Helping children see their active resistance is important because they may blame themselves for the violence and often feel a sense of powerlessness. This conceptual framework may also help abused mothers understand their children's responses to violence. Conjoint therapy for children and their mothers has been recommended to reduce the symptoms of trauma in children (Sullivan, Egan, & Gooch, 2004).

For helping professionals who work with the adult daughters of battered women, it is also important to help women recognize how their strategies of resistance led to their resilience. By recognizing the oppressive environment that was created by the batterers' abuse and the various ways in which they personally challenged that oppression, women may be able to transcend interpersonal notions of violence and develop a more comprehensive understanding within a feminist framework (Dietz, 2000).

Limitations of the Study

The purposive sample for this pilot study came from within and around a small midwestern city. It is possible that the experiences of urban adult children may be shaped differently by the inherent differences between rural and urban settings. This exploratory study was based on a small sample with limited ethnic and racial diversity and included the possibility of selection bias with regard to the decision to participate in the study. The participants were also well educated, and there may be different pathways to resilience, depending on the level of education. Finally, data that were collected through in-depth interviews rely on the self-reported memories of persons who have experienced trauma. It is not uncommon for persons who have experienced trauma to minimize their experiences as a way of coping (Enosh & Buchbinder, 2005).

Implications for Research

This exploratory study identified a number of research questions on the basis of its findings. They include the following: What accounts for the differential responses to exposure to batterers' abuse? What combinations of *withstanding* and *opposing* strategies promote different pathways to adaptation for adult women? Why do some children view violence as a normal family occurrence and other children see violence as abnormal? Since some children who intervene have been tragically harmed and killed, how can service providers help enhance the safety of children who are living with abusers? Whereas this pilot study focused on adult daughters, another line of inquiry is the experience of adult sons. Not all boys who grow up exposed to intimate partner abuse become batterers. What are the pathways for boys who do not become abusive partners as men? How are resilience capabilities different or similar for adult sons? Research on this question may serve to guide prevention programs in the future.

Conclusion

Research that seeks to understand women's survival experiences in their own words gives voice to women's observations about how traumatic events have shaped their lives and how their own unique resilient capacities are related to these events. The stories of these 12 adult daughters demonstrated the depth of pain they experienced and their resistance to abusive and oppressive family environments. Resistance for these participants involved both *withstanding* and *opposing* abusive behaviors and the domination exerted by their mothers' batterers. The participants were determined and creative in their efforts to resist, despite their exposure to extreme forms of domestic violence. The interaction between these strategies demonstrated the resourcefulness of these women as they negotiated the challenges of their childhood adversity.

References

- Ai, A. L., & Park, C. L. (1995). Possibilities of the positive following violence and trauma: Informing the coming decade of research. *Journal of Interpersonal Violence, 20*, 242-250.
- Anderson, K. (2001). Recovery: Resistance and resilience in female incest survivors. (Doctoral dissertation, University of Kansas). *Dissertation Abstracts, 62* (09), 3185A.
- Bancroft, L., & Silverman, J. G. (2002). *The batterer as parent: Addressing the impact of domestic violence on family dynamics*. Thousand Oaks, CA: Sage.
- Busch, N. B., & Valentine, D. (2000). Empowerment practice: A focus on battered women. *Affilia, 15*, 82-95.
- Campbell, J., Rose, L., Kub, J., & Nedd, D. (1998). Voices of strength and resistance: A contextual and longitudinal analysis of women's responses to battering. *Journal of Interpersonal Violence, 13*, 743-762.
- Cavanagh, K. (2003). Understanding women's responses to domestic violence. *Qualitative Social Work, 2*, 229-249.
- Cowger, C., Anderson, K., & Snively, C. (2005). Assessing strengths: The political context of individual, family, and community empowerment. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (pp. 93-113). Boston: Allyn & Bacon.
- Cummings, J., Peplar, D., & Moore, T. (1999). Behavior problems in children exposed to wife abuse: Gender differences. *Journal of Family Violence, 14*, 133-156.
- Denzin, N. K., & Lincoln, Y. S. (1998). *The landscape of qualitative research*. Thousand Oaks, CA: Sage.
- Dietz, C. (2000). Responding to oppression and abuse: A feminist challenge to clinical social work. *Affilia, 15*, 369-389.
- Drisko, J. W. (2004). Qualitative data analysis software: A user's appraisal. In D. Padgett (Ed.), *The qualitative research experience* (pp. 189-209). Belmont, CA: Wadsworth/Thomson Learning.
- Enosh, G., & Buchbinder, E. (2005). The interactive construction of narrative styles in sensitive interviews: The case of domestic violence research. *Qualitative Inquiry, 11*, 588-617.
- Fantuzzo, J., Boruch, R., Berlama, A., Atkins, M., & Marcus, S. (1997). Domestic violence and children: Prevalence and risk in five major U.S. cities. *Journal of the American Academy of Child & Adolescent Psychiatry, 36*, 116-122.
- Fraser, M. (1997). *Risk and resilience in childhood: An ecological perspective*. Washington, DC: NASW Press.
- Garnezy, N. (1987). Stress, competence, and development: Continuities in the study of schizophrenic adults, children vulnerable to psychopathology, and the search for stress resistant children. *American Journal of Orthopsychiatry, 57*, 159-173.
- Geiger, B. (2002). From deviance to creation: Women's answer to subjugation. *Humanity and Society, 26*, 214-227.
- Glaser, B. G. (2001). *The grounded theory perspective: Conceptualization contrasted with description*. Mill Valley, CA: Sociology Press.
- Graham-Bermann, S. (1998). The impact of woman abuse on children's social development: Research and theoretical perspectives. In G. Holden, R. Geffner, & E. Jouriles (Eds.), *Children exposed to marital violence: Theory, research, and applied issues* (pp. 21-54). Washington, DC: American Psychological Association.
- Graham-Bermann, S., & Edleson, J. (2001). *Domestic violence in the lives of children: The future of research, intervention, and social policy*. Washington, DC: American Psychological Association.
- 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*, 35-51.

- Hollander, J. (2002). Resisting vulnerability: The social reconstruction of gender in interaction. *Social Problems, 49*, 474-496.
- Hudson, W. W. (1997). *The WALMYR Assessment Scales scoring manual*. Tallahassee, FL: WALMYR.
- Humphreys, J. C. (2001). Turnings and adaptations in resilient daughters of battered women. *Journal of Nursing Scholarship, 33*, 245-251.
- Hughes, H. M. (1988). Psychological and behavioral correlates of family violence in child witnesses and victims. *American Journal of Orthopsychiatry, 58*, 77-90.
- Jaffè, P. G., Wolfe, D. A., & Wilson, S. K. (1990). *Children of battered women*. Newbury Park, CA: Sage.
- Kilpatrick, K., Litt, M., & Williams, L. (1997). Post-traumatic stress disorder in child witnesses to domestic violence. *American Journal of Orthopsychiatry, 67*, 639-644.
- Kolbo, J. R., Blakely, E. H., & Engelman, D. (1996). Children who witness domestic violence: A review of empirical literature. *Journal of Interpersonal Violence, 11*, 281-293.
- Lazarus, R., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.
- Maker, A. H., Kemmelmeier, M., & Peterson, P. (1998). Long-term psychological consequences in women of witnessing parental physical conflict and experiencing abuse in childhood. *Journal of Interpersonal Violence, 13*, 574-589.
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*, 227-38.
- McGee, C. (1997). Children's experiences of domestic violence. *Child and Family Social Work, 2*, 13-23.
- Mitchell, K. J., & Finkelhor, D. (2001). Risk of crime victimization among youth exposed to domestic violence. *Journal of Interpersonal violence, 16*, 944-964.
- Moon, M. (2000). Retrospective reports of interparental abuse by adult children from intact families. *Journal of Interpersonal Violence, 15*, 1323-1331.
- Mullender, A., Hague, G., Imam, U., Kelly, L., Malos, E., & Regan, L. (2002). *Children's perspectives on domestic violence*. Newbury Park, CA: Sage.
- Oktay, J. S. (2004). Grounded theory. In D. Padgett (Ed.), *The qualitative research experience* (pp. 23-46). Belmont, CA: Wadsworth/Thomson Learning.
- Peled, E., & Edleson, J. L. (1999). Barriers to children's domestic violence counseling: A qualitative study. *Families in Society, 80*, 578-586.
- Saleebey, D. (2005). *The strengths perspective in social work practice*. Boston: Allyn & Bacon.
- Straus, M. A. (1992). Children as witnesses to marital violence: A risk factor for lifelong problems among a nationally representative sample of American men and women. In D. F. Schwarz (Ed.), *Children and violence: Report on the 23rd Ross Roundtable on Critical Approaches to Common Pediatric Problems* (pp. 98-104). Columbus, OH: Ross Laboratories.
- Strauss, A., & Corbin, J. (1998). Grounded theory methodology: An overview. In N. Denzin & Y. Lincoln (Eds.), *Strategies of qualitative inquiry* (pp. 158-183). Thousand Oaks, CA: Sage.
- Sullivan, M., Egan, M., & Gooch, M. (2004). Conjoint interventions for adult victims and children of domestic violence: A program evaluation. *Research on Social Work Practice, 14*, 163-170.
- Tolman, R., & Bennett, L. (1990). A review of quantitative research on men who batter. *Journal of Interpersonal Violence, 5*, 87-118.
- Wade, A. (1997). Small acts of living: Everyday resistance to violence and other forms of oppression. *Contemporary Family Therapy, 19*, 23-39.
- Werner, E., & Smith, R. (1992). *Overcoming the odds: High-risk children from birth to adulthood*. Ithaca, NY: Cornell University Press.
- Williams, O. J., Boggess, J. L., & Carter, J. (2001). Fatherhood and domestic violence: Exploring the role of men who batter in the lives of their children. 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. 157-187). Washington, DC: American Psychological Association.
- Wolin, S. J., & Wolin, S. (1993). *The resilient self*. New York: Villard Books.
- Wood, G. G., & Roche, S. E. (2001). Representing selves, reconstructing lives: Feminist group work with women survivors of male violence. *Social Work with Groups, 23*(4), 5-23.
- Yllo, K. A. (1993). Through a feminist lens: Gender, power, and violence. In R. J. Gelles & D. R. Loseke (Eds.), *Current controversies on family violence* (pp. 31-46). Newbury Park, CA: Sage.

Kim M. Anderson, PhD, is an assistant professor in the School of Social Work, University of Missouri–Columbia, 707 Clark Hall, Columbia, MO 65211-4470; e-mail: andersonki@missouri.edu.

Fran S. Danis, PhD, is an associate professor in the School of Social Work, University of Missouri–Columbia, 707 Clark Hall, Columbia, MO 65211-4470; e-mail: danisf@missouri.edu.