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Article abstract

Objectives: Childhood experiences of intimate partner violence (CEIPV) remain a significant public health issue affecting millions of young people (YP) globally. Although CEIPV has been researched for decades, YP's voices are often left unheard, their stories relegated to mere research data. Their CEIPV are usually told through adult proxy accounts rather than by YP themselves. Additionally, research shows that YP have limited opportunities to influence domestic violence policies and practices. This theoretical paper proposes a new YP engagement model for CEIPV research and practice.

Methods: The model is based on a review of relevant literature, including lessons from the women's shelter movement, child rights, narrative practice, trauma and violence-informed approaches, and selected case studies.

Results: The Narrative Shelter Model integrates storytelling and storylistening to create a safe space for YP with CEIPV to exercise their voice and choice, and share their stories in a non-retraumatizing way. Moreover, the model invites the storylistener(s) to connect with YP's stories to influence decision-making.

Conclusion: The Narrative Shelter Model elicits a path towards creating safe and inclusive spaces for YP with CEIPV to share their stories and be heard as agents of social change. It aims not only to promote their voices but also to empower them to become young advocates and peer supporters in responding to IPV, thereby strengthening their resilience and recovery. The use of this model within domestic violence agencies can continue to position YP as experts in their own lives and pivotal agents in shaping knowledge and effective interventions.

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Narrative Shelter for Young People with Childhood Experiences of Intimate Partner Violence: A Concept for Creating Opportunities for Storytelling, Storylistening, and Resilience

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Abstract

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Keywords: Intimate partner violence, resilience, trauma- and violence-informed care, child rights, young people, narrative approaches.

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Introduction

Intimate partner violence (IPV) remains a serious global public health concern with profound immediate and long-term adverse mental and physical outcomes on victims and survivors, including children and young people (YP) (Cotter, 2021; Savage, 2021). Every year, around one in four children in high-income countries and almost one-third of children in low-income and lower-middle-income countries experience IPV between their parents or caregivers (Kieselbach et al., 2022). These experiences named childhood experiences of intimate partner violence (CEIPV) include seeing or hearing violent episodes or their consequences, such as injuries and property damage; being directly involved in trying to intervene or stop the violence; or leaving their homes and communities in order to achieve safety (Carlson et al., 2019; Gonzalez et al., 2014). Traditionally, CEIPV has referred to childhood or children's 'exposure' to IPV and has focused on children directly witnessing abusive behaviours, being aware of the occurrence and impact of abuse from hearing others describe it or witnessing its effects (e.g., blood, injuries, broken furniture; Gregory et al., 2020), and also included children "being used as a tool of the perpetrator" (Olofsson et al., 2011, p. 89). However, understanding CEIPV as exposure may implicitly assume that children are passive witnesses or collateral victims of IPV. With the influence of recent developments in childhood studies that consider YP as agentic (Åkerlund & Gottzén, 2016), it is now recognized that YP are not passive recipients or silent victims of IPV but respond with their agency (Carlson et al., 2019; Hines, 2015; Noble-Carr et al., 2020; Ravi & Casolaro, 2018). "This understanding is reflected in changing the language about CEIPV with greater use of the word "experiences" of IPV rather than "exposure" to IPV (Överlien & Hydén, 2009, p. 480). The term YP in this paper refers to children and youth up to 25 years of age. This consideration draws from the work of Carlson et al. (2019) and Arai et al. (2021), who described the reality of CEIPV from infancy up to 25 years of age.

CEIPV studies, which include YP, often portray them as being defined by harmful experiences lived in childhood and damaged witnesses to violence (Adhia et al., 2019; Whatley, 2019), failing to explore the meanings of or responses to such experiences. As a result, these gaps in the literature prevent a complete understanding of the nuances and complexities of CEIPV (Miranda et al., 2023). Furthermore, a recent meta-synthesis which looked at the nature and extent of qualitative research conducted in the last two decades with children about their CEIPV confirmed that they did not have adequate opportunities to talk, be listened to, and taken seriously (Noble-Carr et al., 2020, 2021). This research finding emphasizes the need for children and YP to have a forum to tell their stories and for researchers, practitioners, and agencies to listen, receive their messages, and use their perspectives in interventions with and for their families (Noble-Carr et al., 2021). Several recent qualitative studies have focused on highlighting YP's stories and experiences from their own perspective (e.g., Dumont & Lessard, 2020; Pernebo & Almqvist, 2017; Swanston et al., 2014). These studies suggest that it is vital to ensure YP's sense of safety as they share CEIPV stories, prevent retraumatization, support them in regulating their participation, create opportunities to share experiences of IPV with peers, and encourage adults to listen and take action. However, these studies do not provide detailed guidance and actionable advice on how to achieve these recommendations. Additionally, it is worth noting the sociopolitical and geographical limits of these studies; they are mostly conducted in high-income countries such as Australia, Canada, Scandinavia, and the United Kingdom, and rarely in the countries of the global south.

Historically, YP have been regarded as collateral witnesses to interparental violence, with their lived experiences being told and retold through adult proxies and not directly from YP themselves (Artz et al., 2014; Bourassa et al., 2017; Georgsson et al., 2011; Gregory et al., 2020; Izaguirre & Calvete, 2015; Kaye, 2018). The omission of young voices presents the risk of underestimating or inaccurately describing YP's needs, views, and how they experience parental IPV (Noble-Carr et al., 2020; Øverlien & Holt, 2019). Therefore, research and practice in this field should involve them directly rather than researching them as objects and speaking on their behalf.

From a child rights perspective, children and YP should be given space and a voice to express their views and tell their stories. Moreover, these stories need to be heard by an audience in a way that allows them to have an impact (Lundy, 2007). Such practices reside in the concepts of storytelling and storylistening. Specifically, storytelling is a methodology that uses narration to give meaning and sense to reality (Fuccio et al., 2016), while storylistening is the practice of gathering narrative evidence to inform decision-making, especially concerning public reasoning (Dillon & Craig, 2021). Nevertheless, more is needed in the context of YP with CEIPV.

Following this introductory overview, this paper proceeds to define IPV and CEIPV. It then discusses coping, resilience, and protective factors, including storytelling and storylistening for YP with CEIPV. It explores relevant interdisciplinary theoretical and empirical supports, as well as selected promising practices in the study of CEIPV to back up the arguments discussed. The paper then moves on to examine young voices and resilience in CEIPV, followed by

highlighting insights from the women's shelter movement and the barriers to promoting storytelling about CEIPV. Finally, it proposes the Narrative Shelter Model for engaging YP with CEIPV and concludes with a discussion of limitations and implications for future research.

Childhood Experiences of Intimate Partner Violence (CEIPV)

IPV is defined as a form of gender-based violence which encompasses a broad range of abusive behaviours: emotional, psychological, financial, physical, and sexual abuse committed by a current or former legally married spouse, common-law partner, or dating partner (Savage, 2021). In many literature sources, IPV is often used interchangeably with spousal violence (Conroy, 2021), interparental violence (Graham-Bermann, 2003; Levine, 1975; Overbeek et al., 2017), domestic violence (DV), domestic violence and abuse (DVA; Arai et al., 2021; Gregory et al., 2020; Hines, 2015), marital conflict (Cummings & Davies, 2010), domestic abuse (DA; Kaye, 2018), partner abuse (PA), or domestic and family violence (DFV; Noble-Carr et al., 2020). In this paper, the term IPV is preferred since it locates the origin of the abuse within the confines of personal relationships of the adults responsible for childcare. When children experience this abuse between parents or caregivers, it has been termed CEIPV. In this case, CEIPV puts children in a complex situation, often resulting in traumatic experiences that have long-lasting consequences on their lives and developmental trajectories (Kaye, 2018).

Earlier IPV studies focused on women and their safety, and later on, connections between women's safety and children's well-being have been made, emphasizing their complex interactions (Mullender et al., 2003; Stanley & Humphreys, 2015). From this perspective, epidemiological studies started looking at the risks and impacts on children exposed to IPV. However, they appeared to be dominated by a medical-pathological discourse that portrayed children experiencing IPV as silent witnesses, passive victims, or recipients of potentially traumatic experiences (Arai et al., 2021; Mullender et al., 2003; Överlien, 2017). It was not until the mid-1990s that academic, policy, and professional debates began to integrate the idea that children who live with parental IPV have coping strategies and perspectives on what happens to them during these experiences (Edleson, 1999; Ericksen et al., 1992; McGee, 1997; Mullender et al., 2003).

Nevertheless, researchers who began to be interested in CEIPV did not initially involve children directly. They would interview non-abusive parents or other adults in contact with the children, such as family members, caregivers, teachers, and healthcare professionals, to speak on behalf of the children (Gregory et al., 2020; Noble-Carr et al., 2021; Whatley, 2019). As Mullender and colleagues (2003) noted, there were inherent risks to having adults making assumptions about children's needs rather than basing policy and practice on evidence from child-centred research. What soon followed was also a change in terminology. In qualitative research, children's presentation of themselves as agentic did not fit with the passive child's image, positioned as a "bystander" to IPV. It was recognized that children and YP are not passive witnesses or silent victims of IPV; instead, they respond in their own ways and develop different skills, coping, and resilience strategies (Carlson et al., 2019; Hines, 2015; Noble-Carr et al., 2020; Ravi & Casolaro, 2018). This understanding is reflected in the introduction of response-based practices in IPV work (Wade, 1997).

Coping, Resilience, and Protective Factors in the Context of CEIPV

Research has confirmed that CEIPV increases the risk of developing emotional, behavioural, cognitive, health and mental health problems. Such harmful repercussions are likely to span a child's lifetime, impacting various behaviours and outcomes that have considerable costs on individuals, families, and the larger community (Carlson et al., 2019; Ravi & Casolaro, 2018). However, not all exposed children and YP display such problems. Research has shown that some children continue to thrive and develop resilience despite or even as a result of their CEIPV (Alaggia & Donohue, 2018; Carlson et al., 2019; Hines, 2015; Howell, 2011; Hughes et al., 2001; Jenney et al., 2016). Resilience can be understood as an ecologically dynamic process of surviving, thriving, hoping, and coping, an outcome of experiences and identity stories rather than an inner quality (Ungar & Liebenberg 2005). Simply put, resilience only exists when one or one's family and community has beaten the odds, survived, and thrived after exposure to adversity that threatened healthy outcomes. Without exposure to significant amounts of risk, there is no resilience (Unger, 2005). Recent studies which examined children's resilience following exposure to IPV have confirmed critical protective factors such as: access to supportive relationships; opportunities to experience a powerful self-definition; experiences of efficacy; experiences of social justice; access to material resources and basic needs; a sense of cohesion and belonging within one's family, community or school; cultural and spiritual adherence; and safety and support, including peer support (Alaggia & Donohue, 2018; Carlson et al., 2019; Fogarty et al., 2019; Jenney et al., 2016; Yule et al., 2019). Recently, resilience theory has expanded the social-ecological model (individual, family, and community levels) to consider two additional dimensions: time and space (Shevell & Denov, 2021). The notions of temporality (intergenerational resilience)

and geographical boundaries (national and global resilience) help to account for broader systemic factors at the macro-level that allow for resilience to be shared or transmitted across generations, nations, and even globally (Shevell & Denov, 2021). Although not yet applied to the study of resilience in CEIPV, these added dimensions are critical in exploring how legacies of resilience among YP with CEIPV may be fostered across time and space in our increasingly interconnected world in which stories can be easily rescued and shared.

Storytelling and Storylistening in Fostering Resilience for CEIPV

Storytelling can be understood as the performative act of narrating experiences to convey meaning (Archibald, 2008; Christensen et al., 2018; Fuccio et al., 2016), while storylistening is the act of actively and emphatically engaging with a story being told with readiness to be taken somewhere unexpected and commitment to mutual learning (Archibald, 2008; Christensen et al., 2018; Dillon & Craig, 2021; McCann, 2019; Sen, 2023).

In her meta-synthesis that looked at children's coping with family violence, Hines (2015) reports:

> Children exposed to family violence were able to develop resilience in the face of adversity because they could have supportive interactions with adults, believe they were special and important, be listened to and taken seriously, and be respected. They are allowed to give their views, and their opinions are seen as credible (p. 115).

Therefore, sharing their stories, being heard, and being taken seriously have emerged as contributing factors to fostering resilience in children and YP exposed to domestic and family violence (Callaghan et al., 2019; Fellin et al., 2019; Grover, 2005; Hines, 2015). However, no specific model has been developed to promote storytelling for YP with CEIPV as it exists for adult IPV survivors (Crann & Barata, 2021; Delker et al., 2020; Dichter et al., 2022; Wilson & Goodman, 2021; Wood, 2017). Focusing on this young age group has multiple implications for preventing and addressing potential cumulative victimization and enhancing cumulative resilience for the next generation of adults committed to preventing IPV. Developing a model that outlines what to think about, in order to amplify young voices rigorously and effectively, is crucial. This model will serve as a guide for researchers and practitioners to ensure that YP's stories are listened to and given the weight they deserve, particularly in contexts where their voices may not be sufficiently heard.

Young Voices and Resilience in CEIPV: Promising Practices Identified

Reviewing the literature in this area, the authors identified three promising practices in promoting CEIPV storytelling for change in policy and practice. These practices are presented as case studies to illustrate a range of approaches to working with CEIPV. These practice examples illustrate that YP can speak out, share their stories, and advocate for themselves with agency and acts of citizenship (Estellés et al., 2022; Grover, 2005; Larkins, 2014).

Case Study #1: Engaging YP in Service Design and Delivery Approaches

In a project called 'Putting YP's Lived Experience of Family Violence at the Heart of Service Design and Delivery in Canberra, Australia' (Fenn & Payne, 2021), the Children and YP Commissioner and the Family Safety Hub collaborated to listen to YP's experiences of DV. The study spanned over six months and involved 70 participants aged between 13 and 24. The study's primary objective was to develop service responses centred around the needs of these young victims. Decision-makers were committed to listening and learning from the voices of YP. The research methodology involved a range of methods, including in-depth interviews, focus groups, case study prompts, and multisensory activities. The environment was carefully organized to provide a safe and respectful space where YP could share their stories without fear of judgment. The process was very engaging for YP, and each young person used the space as desired. Across all sessions, everyone had complete respect for one another's sharing and what each person had gone through. As any participant spoke about their CEIPV, the audience listened respectfully and expressed acknowledgement in words of resonance and validation. Some YP said: *"We need a voice. I feel like a lot of us kids feel like we don't have a voice. We go to someone; we do talk to them, and they're not going to listen. It's going to be like nothing".* Other YP commended the opportunity to be given the space to talk and be heard: *"I guess the main thing is that people need to listen a lot more to children and to the actual children that are experiencing stuff".* This approach is consistent with the principles of narrative-informed approaches to storytelling, which emphasize enabling people to tell their stories in ways that make them and others stronger (Allen, 2012; Wingard, 2001).

Case Study #2: Engaging YP in Ethical Participatory Research Design

Young Survivors of Domestic Abuse Co-Develop Participatory Ethics in Scotland (Houghton, 2015) was a participatory action research (PAR) project exploring young domestic abuse survivors' perspectives on participatory ethical principles. It involved sustained dialogue between a young expert group (aged 15-19) and politicians, following young participants' critique of tokenistic participation. The PAR approach positioned YP as experts and equals in developing ethical standards that promote the inclusion and empowerment of young survivors in research and policy. The process included individual interviews and reflections, focus groups and group activities, meetings with politicians and policymakers, filmmaking and media agreements, final review and group production of standards, all decided on with young participants. One youth observed: "*It's important adults don't lead but empower us".* Another young person stated: *"What we do is turn our past into experience, and I now see it [domestic abuse] in a different way".* This practice revealed that YP have a distinct voice in matters of concern when discussing CEIPV. Access to power, equal voice, and impact on children's lives were motivations for participation for young survivors, factors that outweighed the inherent risk of speaking up (Houghton, 2015).

Case Study #3: Engaging Youth as Collaborative Researchers

Integrating Youth Voices in Clinical Training Approaches for CEIPV in Canada (FRAYME, 2022; Cullen et al., 2023) was a research project aimed at engaging youth with lived experience to provide insights into counselling approaches about CEIPV for service providers. The project, coordinated by three adult researchers, used youth participatory action research methods with 12 Canadian youth aged 18-26 who had CEIPV. Consultations were held online and used different youth-friendly platforms for group communication. Key activities included rapport building and group safety, goal setting, group presentations and discussions, and multisensory digital storytelling. The latter put together youth voices in a collaborative but youth-led process. The driving commitments in this work have been the collaborative nature of the work, ethics of equality, and recognition that YP with lived experience are experts and equal in the project, even if they have minimal or no prior formalized research experience. While adult researchers initially assumed that discussing CEIPV may be triggering in a group setting and had set trauma and violence-informed precautions for this possibility, young survivors instead highlighted the healing nature of being part of a group of peers with similar experiences and validating their own experiences. Members recognized that having fun while doing research, especially when the research topic is sensitive, and spending time laughing together can make all the difference in building safety and community. Young researchers with lived experiences identified using their voices as a critical component of the process. One youth researcher said: *"My intention […] was to […] use my lived experience voice to make an impact in the way people think about CEIPV. I want people to hear directly from the youth's perspective and not make assumptions about what we think. Involve us so we can co-create ideas that will work in practice".* Others reported that they became more social or worked on growing social skills through participating. YP also described increased feelings of self-worth and pride. This research practice is a typical example of how youth-friendly spaces are essential for YP to share their lived experiences and be heard and validated. Adult researchers' trauma and violence-informed precautions enabled safety and a strength-based collaboration (Wathen & Varcoe, 2019).

These three promising practices provide insights into centring the voices of YP with CEIPV and a framework to do that. They also reveal that YP are competent and have a crucial potential to inform research, policy, and practice. Elevating the voice of YP with CEIPV can also be healing and resilience-building. Elements such as enjoyment, empowerment, choices, collaboration, and respect for YP's agency are central to the process (Feely et al., 2021). Although all these practice examples share common features, each took a particular tone in ensuring that YP's voices were heard in a safe and empowering way. These distinctive features include a narrative stance, a child rights perspective and trauma and violence-informed precautions.

Barriers to promoting storytelling about CEIPV

Although IPV is now considerably more present in public discussions, it is still a phenomenon surrounded by secrecy and stigma for those with lived experiences, where disclosure continues to be difficult due to concerns surrounding shame, fear, and a lack of safety (Kaye, 2018). IPV is inherently traumatizing, disempowering, silencing, and isolating (Wood, 2017). Although many YP manage these experiences, coping with the persistent pain related to their CEIPV can drain the young person's energy, leaving little for telling the story (Delker et al., 2020). In addition, the shame, suffering, and negative sense of self resulting from years of CEIPV may inhibit the young voice (Dichter et al., 2022). Many YP find it difficult to disclose their CEIPV because they are skeptical that anyone can do anything to help (Howell et al., 2015). Again, keeping family secrets is considered a value in many societies and stories of familial violence and

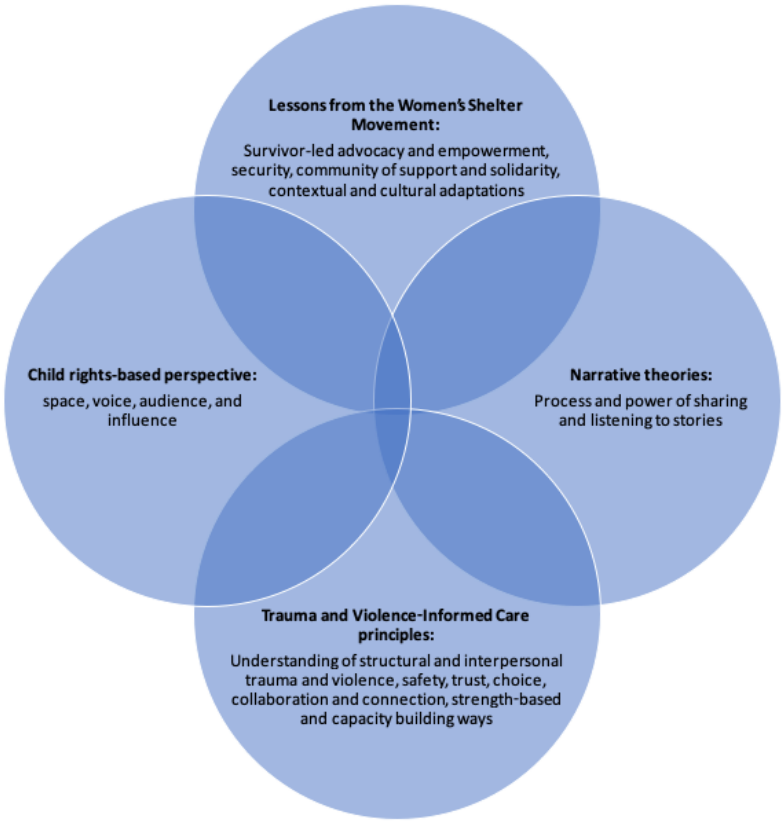
trauma, in many ways, are the hardest to tell, hear, and believe (Delker et al., 2020; Fenn & Payne, 2021). In many cultures, speaking out about IPV is considered as washing dirty linen in public or betraying the family and, hence, is a taboo subject (Amoakohene, 2004). In addition, CEIPV seems absent or not sufficiently supported in the legislative framework. Many countries have no clear national legislation and policy provisions regarding CEIPV (Ravi & Casolaro, 2018).

Through trauma-victimization and adult-centric child protection lenses, YP with CEIPV are often regarded as problematic, damaged, deficient, and needing treatment and safeguarding from further harm and trauma (Houghton, 2015). While these are intended to be helpful considerations, they can obscure YP's agency and responses. Last but not least, through an intersectionality lens, it is recognized that CEIPV may co-occur with other oppressive factors such as poverty, marginalization, discrimination, cultural violence, other types of violence, and human rights violations, complicating an already complex realm (Chadambuka & Warria, 2022). These multifaceted factors can affect how YP perceive and articulate their experiences, impacting their narratives and responses. An intersectional approach to understanding CEIPV emphasizes the need for a model that guides the response to the unique challenges faced by marginalized groups, ensuring that all YP, especially those at the crossroads of multiple forms of oppression, are effectively represented and addressed in research and practice (Miranda et al., 2021; Warria, 2019).

Proposing the Narrative Shelter Model for Engaging YP with CEIPV

To respond to these barriers and following previous theoretical and empirical inputs on resilience in CEIPV and the practice examples provided, the authors propose a model metaphorically named Narrative Shelter to conceptualize safe spaces for storytelling and storylistening for YP with CEIPV. Drawing from lessons from the women's shelter movement, this model adopts a rights-based perspective and incorporates trauma and violence-informed practices and narrative theories (see Figure 1).

Figure 1. Elements of the Narrative Shelter Model



Learning from Generational Voices: Insights from the Women's Shelter Movement

A storytelling model in the context of survivor-led advocacy has been recently studied in adult IPV survivors whose origin can be traced back to the women's shelter movement (Wood, 2017). A close look at these historical roots may generate significant lessons that could be extended to developing a storytelling model for YP with CEIPV.

In the shelter movement's early days, IPV survivors played a crucial role in shaping and providing services and interventions for other survivors (Delker et al., 2020; Wilson & Goodman, 2021; Wood, 2017). Many shelters prioritized employing survivors for developing and providing services, with half of all shelters employing battered women or having survivors on the boards of the shelter organizations (Wood, 2017). This peer support approach viewed survivorship as a form of credibility for a social justice perspective that sought to transform or dismantle oppressive social structures that contribute to perpetuating IPV and other forms of violence (Wilson & Goodman, 2021). In tracing the roots of survivors serving as advocates in IPV agencies, Wood (2017) describes how the survivor-to-survivor model carried out the intention for women with a lived experience of IPV to stand in solidarity, protect, and advocate for each other. Hence, first organizers considered themselves advocates instead of social service workers or case managers. The survivor-led advocacy model involves a specific form of storytelling, sharing personal stories to make a difference for others by spurring action (Capecci & Cage, 2019). Until the latter half of the 20th century, IPV was considered a private matter and remained a silent threat in societies for centuries. By giving voice to silence, IPV survivors' storytelling was an effort to consciousness-raising, and countered the narrative that blamed women for violence that was occurring.

Initially a Western idea, the abused women's shelter movement spread internationally. The shelter concept was adopted and adapted to fit within different family structures and cultural ways of life in 'Majority World' economies or countries of the 'Global South' (Hague, 2021). Contextual and culturally specific adaptations have, for example, expanded from providing IPV survivors with a simple physical shelter to more comprehensive routes of empowering women. Hague (2021) remarks:

> More widely, for some activist responses, the 'space' provided so that women experiencing DV can work out their options may not even be physical space. Thus, complex routes to empowerment, possibly with a collective element but still under the 'shelter' rubric, have been developed rather than necessarily establishing private physical spaces (p. 192).

Hence, the concept of sheltering has evolved over time and across cultures to mean both physical spaces, such as safe homes or transition houses to more holistic and culturally resonant ways of empowering survivors of IPV. This broader notion of 'sheltering' is understood and extended in this paper when referring to storytelling opportunities and spaces provided to YP with CEIPV.

A Child Rights-Based Lens

Children and YP with CEIPV have consistently claimed their rights to have their voices and opinions heard and considered. Research has demonstrated that they are not passive victims, but resourceful agents in surviving domestic violence and abuse, protecting their families, opposing the violence, recovering from abuse, and committing to breaking the cycle of violence (Hines, 2015; Houghton, 2015). Recognized as citizens in the same token as adults, they are capable of acts of citizenship, participation, and self-advocacy (Estellés et al., 2022; Grover, 2005; Jans, 2004; Larkins, 2014; Liebel, 2020; Murray, 2019). The lack of opportunities to talk, be listened to, and be taken seriously denies YP with CEIPV the right to contribute to preserving their human dignity, their welfare and other people's welfare through their own storytelling and self-advocacy (Grover, 2005). Article 12 of the United Nations Convention on the Rights of the Child (UNCRC) recognizes the child as a full human being with integrity, personality, and the ability to have a voice and participate freely in society (Lundy, 2007, p. 927). However, this article's provision has sometimes been controversial, misunderstood, and misinterpreted. Lundy (2007) has come up with a model which provides a new way of conceptualizing the right to participation, outlining four crucial elements: (1) Space: Children must be given the opportunity to express a view; (2) Voice: Children must be facilitated to express their views; (3) Audience: The view must be listened to; 4) Influence: The view must be acted upon, as appropriate. Lundy's model further indicates that these elements are interconnected in chronological order. There is a significant linkage between: (a) space and voice; and (b) audience and influence. The first stage is to ensure the child's right to express a view, and the following step is the the child's right to have his or her view given due weight or duly considered.

As Lundy's (2007) model has been conceptualized in the education field, an enrichment with narrative theories in the context of health, well-being, and family narratives would extend the model to be more suitable to the context of YP with CEIPV.

Narrative Theories

Harms and Connolly (2019) define narrative theories as a group of theoretical approaches that explore narratives of strengths and resilience in ways that can influence how we think, feel, and act. These theories are critically interested in how stories can be re-authored to enable more positive and rewarding life outcomes with a strength and narrative-based consideration. They draw mainly from narrative practice approaches from Michael White and David Epston (Harms & Connolly, 2019; Payne, 2014). Narrative practice is a non-pathologizing practice that situates experiences of hardship in their historical and social contexts. Narrative practices arose to counter discourses that marginalize and stigmatize people (White & Epston, 1990). Thus, they are particularly suited to assisting YP with CEIPV as their suffering is subject to marginalization. Two well-known assumptions in narrative practice are that "the person is not the problem; the problem is the problem, and the solution is not only personal" (Denborough, 2008, p. 192), and that people are not passive recipients of trauma (and violence), but they also always respond (White, 2004).

However, histories of trauma are forgotten, and when they are remembered, often, it is only the story of trauma or injustice that is retold. The responses, bravery, acts of care for others, strengths, and defiance of those brutalized remain silent (Denborough, 2008). White (2004) highlights the significance for individuals to develop 'full memories' of trauma, which include the individual's responses to a traumatic experience, rather than 'half memories' of trauma, which only story the traumatic events and their effects. Even when such narratives do not fully explain all phenomena, they work against fragmentation. Fragmentation, in the context of trauma, refers to the disintegration or compartmentalization of an individual's experiences, emotions, and memories as a result of severe or prolonged traumatic events (Donà, 2019). CEIPV is one such event that can lead to fragmentation. When YP with CEIPV are not supported to process their experiences and make sense of them, fragmentation can manifest as a dissociation from their own narratives and emotions. This can lead to a distorted sense of self and a disrupted understanding of their own lived realities (Artz et al., 2014).

Another narrative theory to consider is the communicated narrative sense-making (CNSM) theory, which is interested in the link between storytelling and health (individual mental health and physical health, relational health, family functioning, coping/coping efficacy and resilience; Kellas et al., 2020; Kellas, 2017; Kellas & Horstman, 2015). CNSM is based on the assumption that storytelling serves several vital functions, including creating individual and collective identity, socializing people to important meanings, values, beliefs and relationships, and coping with difficulty. Three heuristics guide the theory: (1) retrospective storytelling (content and lasting impact of storytelling); (2) interactional storytelling (the verbal and nonverbal processes of how we tell stories); (3) translation storytelling, which builds on the other two heuristics, in order to take narrative theories, methods, and empirical results to create interventions to improve people's health and well-being. These CNSM elements, grounded in well-established narrative theories: narrative medicine, narrative theory of identity, and narrative therapy, particularly in its definitional ceremony practice (Kellas et al., 2020; Strauven, 2021a; White, 2004), inform the proposition of the narrative shelter model.

The Practice of Definitional Ceremony

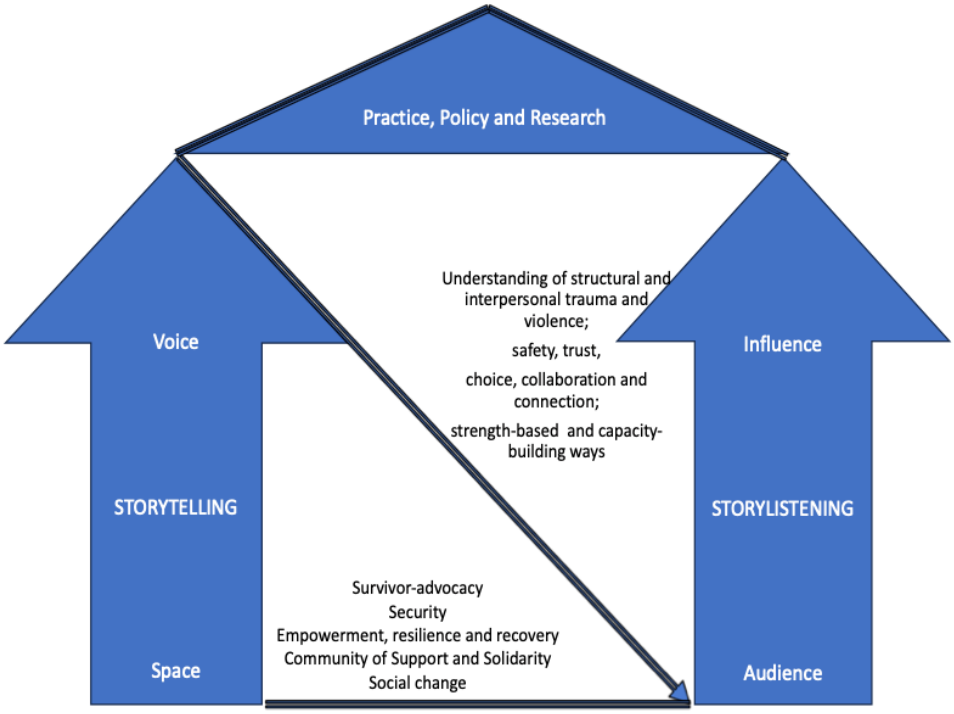
The narrative practice of definitional ceremony was adapted by White (2004) from anthropologist Barbara Myerhoff's work on ritual, narrative storytelling, and growing older (Strauven, 2021b). Myeroff explained that the seniors created rituals and stories to make meaning of their lived experience, assert their voices and visibility, and define their identities, hence the naming of the definitional ceremony (Strauven, 2021b). Narrative therapy definitional ceremonies include inviting people with lived experiences to attend a session of a peer with similar experiences and act as outsider witnesses to their story. It is structured in three stages: (1) The telling of a significant part of their life story by the person the definitional ceremony is for; (2) The retelling of the story by the people invited to be outsider witnesses; and (3) The retelling of the outsider witnesses' retelling, which is done by the person the definitional ceremony is for (White, 2007). Using the definitional ceremony process with YP with CEIPV to engage in practices of storytelling and storylistening may be a narrative justice response to reclaim their lives from the effects of trauma and violence. Such a narrative justice framework would grant YP their rights to determine how their lives are spoken about and the right to experience how what they have learned through hardship can contribute to others in similar situations (Denborough, 2015).

A Trauma and Violence-Informed Care Approach

Given the nature and traumatic repercussions of CEIPV and the likelihood to span a child's lifetime (Carlson et al., 2019), a meaningful response should be informed by trauma and violence care approaches (Wathen & Varcoe, 2019). Trauma and violence-informed care (TVIC) is an approach to policies and practices that expands from the trauma-informed care concept to recognize the connections between violence, trauma, adverse health outcomes, and behaviours. TVIC approaches seek to increase safety, control, and resilience, for people seeking services for, or who have a history of, experiencing violence (Ponic et al., 2016). This shift in language uncovers acts of violence and their traumatic impact on victims. It also distinguishes violence from other sources of trauma, such as natural disasters. TVIC understanding helps to emphasize a person's diverse experiences of past and present violence as the cause of the trauma. It avoids locating the problem as internal to an individual's psychological state (Wathen & Varcoe, 2019). TVIC approaches account for the intersecting impacts of systemic and interpersonal violence and structural inequities on a person's life (Wathen & Varcoe, 2019, 2021).

TVIC approaches work around four essential principles, which state that practitioners and organizations should: understand trauma and violence and their impacts on people's lives and behaviours; create emotionally and physically safe environments; foster opportunities for choice, collaboration, and connection; and provide a strengths-based and capacity-building approach to support (Nonomura et al., 2020; Ponic et al., 2016; Wathen & Varcoe, 2019, 2021). TVIC principles provide practitioners, policymakers, and researchers with an ethical framework needed to be narratively literate to listen to CEIPV stories and give them due weight.

Figure 2. Summary of the Narrative Shelter Model



A large and interdisciplinary amount of literature has documented the importance of sharing one's story of wounds, illness, adversity, trauma, and violence for the storytellers themselves and the audience or the storylisteners (East et al., 2010). In his book, *The Wounded Storyteller*, Frank (2013) sees the storytelling function in the context of illness narratives as sense-making of suffering, ending silences, speaking truths, creating communities, and healing self and others. For Charon (2006), the author of *Narrative Medicine*, the telling of pain and suffering, and being heard and validated, enables people to give voice and frame to their experiences of illness, in order to escape its dominion over their lives. Research in trauma and violence has confirmed that these theoretical tenets can be applied outside of illness contexts and showed that supportive factors that contributed to a positive storytelling experience included the

presence of a sympathetic, non-judgemental listener, and a supportive social environment (Dichter et al., 2022; Infusino, 2014; Mannell et al., 2018).

Figure 2 visually summarises the Narrative Shelter Model. The model adopts a ground-up approach, represented by a house metaphor. It is built on the foundation of insights from the women's shelter movement and has pillars that include YP's rights to participation and narrative ideas. These are connected by the principles of TVIC to cement the structure which rises towards the ultimate to improve practice, policy, and research in CEIPV increasingly informed by YP, particularly in places and contexts where young voices are insufficiently heard.

Discussion

Examining the foundations of YP's contributions to advance practice, policy, and research in the field of CEIPV requires challenging existing misconceptions about YP as dependent, immature, and deficient (Callaghan et al., 2019; Estellés et al., 2022; Larkins, 2014), to consider their agency, acts of citizenship, and self-advocacy capabilities (Estellés et al., 2022; Grover, 2005; Jans, 2004; Larkins, 2014; Liebel, 2020; Murray, 2019). Drawing from the women's shelter movement insights, these foundations should center and amplify YP's lived experiences, put their safety first, give room for peer-to-peer support, build a community of support and solidarity, promote recovery and resilience, be context and culturally adapted and aim at consciousness-raising, challenging dominant discourses about CEIPV.

A child rights lens helps to explore YP's stories in a way that articulates voice, space, audience, and influence (Lundy, 2007). The four elements in Lundy's model are translated into two building pillars of the narrative shelter proposal: storytelling rights (space and voice), and storylistening rights (audience and influence). From the YP's perspective, these can be understood as rights to be fulfilled, but for duty bearers, these become responsibilities to fulfill. Storytelling rights can be understood as creating opportunities and assuring spaces in which YP are encouraged to tell their stories. This standpoint is a positive obligation for duty bearers to take proactive steps to and encourage children to speak out without fear of judgment or retaliation (Lundy, 2007). Hence, the space offered to YP must be safe, particularly in contexts where they may face the consequences of having told their stories. Providing a safe and stable environment for YP with CEIPV to participate involves ensuring physical and emotional safety by implementing measures such as confidentiality, providing secure, comfortable spaces and multisensory resources for sharing stories, and making immediate and ongoing support services available. Within a safe space, YP can exercise their voice and choice to share what and how they want, and with whom.

Trust is another pivotal element in the relationship between YP themselves and with the professionals, organizations, and support systems that assist them. Building trust requires establishing transparent and honest communication, negotiating ground rules, demonstrating empathy and respect for the experiences and perspectives of the YP, and providing consistent support over time. Professionals and organizations can promote trust by respecting confidentiality and providing comprehensive information about available resources and services. Building trust also involves acknowledging and validating the experiences and emotions of YP, taking their views seriously, creating an empowering atmosphere that encourages them to share their stories, and actively involving YP in decision-making processes regarding their well-being (Cullen et al., 2023).

The space must also be inclusive to permit a diverse range of YP's stories, not just the articulate and literate. Particular emphasis must be put on assuring the inclusion of disadvantaged and marginalized YP (Lundy, 2007). A key point in Lundy's (2007) model, central to the 'narrative shelter' proposed concept, is that voice or story is not enough if it is not listened to and given due weight. Therefore, storylistening rights are implicit in the responsibilities of duty bearers to facilitate access to and prepare an audience for stories in a way that the stories told can create an impact.

Narrative theories add storytelling and storylistening aspects that consider YP as agentic experts in their own lives as opposed to being passive recipients of trauma and violence. They also emphasize the importance of honouring YP's lived experiences and actively engaging with their stories to move from apathy towards action (Capecci & Cage, 2019). Archibald (2008) outlines seven storytelling and storylistening principles, which are "respect, reverence, responsibility, reciprocity, holism, interrelatedness, and synergy" (p. 2). These principles help to establish a healthy and respectful relationship between the storyteller and the listener. It is crucial to develop such skills and ethics of hearing complex stories, which many do not want to hear, and being moved into a dynamic relational space that shapes storylistening, allowing both to be transported and transformed by the experience (Frank, 2009). Stories need an audience (Sen, 2023). The make-up of the audience is a critical component of the transformation be it the youth storytelling circles to enable mutual contributions, or engaging the wider audience of adults involved in support

systems and decision-making platforms (Dillon & Craig, 2021), in order to develop youth informed IPV policies and interventions.

TVIC approaches enhance and cement such possibilities. Listening to hardship stories can induce vicarious trauma or compassion fatigue. However, TVIC approaches offer a safe space for listening in a way that instead develops critical consciousness, feeling joined and not being alone in the world, vicarious resilience, or compassion satisfaction for the listener, and limits secondary traumatization (Callaghan et al., 2019; Fellin et al., 2019; Swadhin & Coletu, 2019). These concepts are often used to describe growth and the helper's transformation as a result of the exposure to client's stories of adversity and resilience (Frey et al., 2017). In addition, TVIC principles provide service providers, policymakers, and researchers with an ethical and strength-based framework needed to be narratively literate and competent to listen actively to avoid CEIPV stories that are told-but-unheard (Frenette, 2023).

Limitations and Implications for Future Research

This conceptual paper is limited by the currently available theoretical and empirical understandings, qualitative research, and practice examples of work with YP with CEIPV. The claims and assumptions presented herein draw from valid and reliable evidence from fields other than CEIPV (Dichter et al., 2022; Kellas et al., 2020; Karibwende et al., 2022a, 2022b; Lundy & McEvoy, 2011; Lundy et al., 2012; Wathen et al., 2023). Therefore, further research involving YP with lived experience is needed to test the model. Nevertheless, we hope that the concepts developed spur some significant reflections on engaging with CEIPV stories from YP. We also hope they contribute to ongoing explorations on youth participation and survivor-advocacy, in order to better understand the specific benefits for YP, how to best address potential harms, and what skills adults need when listening to stories of YP with CEIPV to inform policy and practice (Cullen et al., 2023).

Future research may look at the experiences and perspectives of YP with CEIPV who are advocates and the organizational support they need. It may also be interesting to explore how YP's storytelling enhances recovery, resilience, and coping with developmental transitions. On the other hand, given the need for children's voices to be heard and taken seriously, it may be opportune to explore methods of elevating youth voices in this work.

Conclusion

YP with CEIPV need opportunities to share their stories, be listened to, and be taken seriously. However, sharing and listening to CEIPV stories to foster resilience and social change can be a challenging process. Each of the separate approaches drawn from the literature tackles a specific aspect of this process, such as participation, TVIC, the power of storytelling and survivor-advocacy. However, none of these approaches alone can address all of the necessary aspects holistically. Therefore, a comprehensive outlook is needed, which is the aim of the Narrative Shelter Model that integrates the relevant aspects to offer unique possibilities to enhance resilience, personal agency, peer support, and positive change for YP.

By facilitating storytelling circles that promote mutual contributions, YP can share lived experiences as experts in their own lives and produce knowledge that can contribute to social change and advance the field. There is evidence of the connection between survivor advocacy, storytelling, and resilience. Recognizing YP's agency in response to IPV and giving them opportunities to share their stories as activists or peer support workers are ways to extend this work in the field of CEIPV. The use of narrative practices incorporating a child rights lens with TVIC approaches can promote storylistening, which benefits both the storyteller and the audience. Organizations such as IPV agencies, youth-led organizations, higher learning institutions, and community mental health settings which provide services to IPV survivors are places where such opportunities can be amplified and beneficial.

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