

“I try to think about something else”:
Children’s understanding of their situation
and well-being when having experienced
intimate partner violence

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Abstract

The aim of the research for this thesis was to explore how children describe their situation after experiencing violence against their mother. Witnessing intimate partner violence (IPV) is a frightening experience that affects children's development and well-being. Despite an increased interest in how IPV affects children, only a limited number of studies are based on children's reports. How people remember and integrate stressful life events have implications on their physical and emotional well-being. It is thus important to find out how children exposed to IPV understand and handle their experiences.

The research was based on data gathered from a group of children whose mothers signed up for a group activity for abused women and their children. *Study I* examined the experiences of IPV from the perspective of children. Most children confirmed that their mother had been the victim of abuse but had difficulties describing these experiences. Narrations were often incoherent and difficult to fully understand. In contrast, most of the children seemed to find it easier to describe their own actions during violence and conflicts. *Study II* examined children's own reports of symptoms. Children with experiences of IPV reported more symptoms overall than non-exposed children. The relationship to the abuser and children's symptoms was different for boys and for girls. This meant that girls who had continued contact with the abusive father reported a higher rate of mental health problems. Among children with experiences of custody disputes or other judicial processes, age rather than gender was connected to differences in self-reported symptoms. Younger children with experiences of judicial processes reported more mental health problems than did those with no experience. The aim of *Study III* was to describe how children understand and relate to their father. The children's understanding was built on different versions of the father and his actions: those experienced by the child and those recounted to them. Children conveyed a sense of being trapped or entangled in a conflict and they seemed to deem it was unsafe to

express their own needs and desires. The aim of *Study IV* was to learn more about how children exposed to IPV understand their own anger and conflicts with peers. The results show that children with experiences of IPV consider anger and conflicts to be complicated. Children's understanding of protesting as being meaningless or their anger as uncontrollable could make withdrawal or aggression perceived necessary.

The complexity behind children's thoughts about and reactions to IPV was clear in all four studies. Fear of not being believed has been described as preventing children from disclosure. For children participating in the presented studies though, the violence was already acknowledged; still they had obvious difficulties in revealing experiences of violence. Although parents were separated and the violence assumed to have ceased, the consequences of IPV still affected the children's lives.

Sammanfattning (Summary in Swedish)

Att bevittna partnervåld är en skrämmande upplevelse som påverkar barns utveckling och välbefinnande. Forskningen om barns utveckling har allt tydligare kunnat visa hur viktigt det nära samspelet mellan barnet och dess primära omsorgspersoner är. Om samspelet mellan barnet och de primära omsorgspersonerna störs påverkas barnets utveckling negativt. Våld i familjen innebär ökad risk för utveckling av ångest, nedstämdhet och utagerande beteende. Det finns dessutom ett tydligt samband mellan att en förälder utsätts för våld och att barnen utvecklar symtom på posttraumatisk stress. Trots kunskap om hur våldet påverkar barns utveckling och psykiska mående är det endast ett begränsat antal studier som utgår från barns egna uppgifter. Hur barn minns och integrerar stressande livshändelser har betydelse för deras fysiska och emotionella välbefinnande och det är därför viktigt att ta reda på hur barn som upplevt våld mot mamma själva förstår och hanterar sin tillvaro och sina upplevelser.

Denna avhandling bygger på data som samlats in från en grupp barn och ungdomar vars mödrar anmält sig till Bojen, ett stödprogram som vänder sig till barn vars mammor utsatts för våld av sin partner. Syftet var att undersöka hur barnen själva beskriver sin situation och sina erfarenheter av våld mot mamma, och att försöka förstå vad dessa erfarenheter betyder för barnet utifrån ett psykologiskt perspektiv. *Studie I* undersökte barnens erfarenheter av partnervåld. Barn bekräftade att deras mor hade varit utsatt för våld men hade svårt att beskriva dessa erfarenheter. Deras beskrivningar av våldssituationer och konflikter var ofta osammanhängande eller kortfattade. Barnen verkade dock ha lättare att beskriva sina upplevelser när utgångspunkten var deras egna handlingar i konfliktsituationer. De explorativa analyserna i *Studie II* baserades på barnens självskattning av sina symtom. Barn med upplevelser av partnervåld beskrev fler symtom jämfört med en grupp icke exponerade barn. Relationen till förövaren tycktes dock påverka pojkar och flickor olika. Detta innebar bland annat att flickor som hade fortsatt kontakt med en pappa som utövat våld rapporterade

mer psykiska problem än pojkar med fortsatt kontakt. För barn som upplevt vårdnadstvister eller andra rättsliga processer var det ålder snarare än kön som kunde kopplas till skillnader i självrapporterade symtom. Yngre barn, men inte äldre, med upplevelser av rättsliga processer rapporterade mer psykiska problem än de som saknade dessa erfarenheter. Syftet med *Studie III* var att beskriva hur barn som upplevt våld förstod och relaterade till den våldsutövande pappan. Barnens förståelse baserades på olika versioner av fadern och hans handlingar, både barnets egna erfarenheter och sådant som återberättats för dem. Barnen förmedlade också en upplevelse av att vara insnärjd i en konflikt där deras egna behov och önskemål inte kunde uttryckas utan risk. Syftet med *Studie IV* var att ta reda på mer om hur barn utsatta för partnervåld förstår sin ilska och konflikter i relation till kamrater. Analysen visade att barn upplevde ilska och konflikter som besvärliga och svårhanterliga. Den egna ilska beskrevs ofta som okontrollerbar och deras försöka att säga ifrån som verkningslösa.

Ett tema som löpte genom samtliga studier var hur komplicerat det var för barnen att förhålla sig till erfarenheterna av våld mot mamman. Rädsla för att inte bli trodd har i tidigare studier beskrivits som en anledning till att barn inte berättar om det våld de upplevt. För barnen som deltog i föreliggande projekt hade förekomsten av våld erkänts och bekräftats av vuxna i barnets närhet. Ändå hade barnen uppenbara svårigheter att själva förmedla sina erfarenheter.

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Definitions

Violence: Acts inflicting harm. It is an act directed against a person that hurts, scares, or offends and is used to force this person to do something against their will. In addition to physical violence, violence in partner relationships often includes emotional, sexual, and economical violence (Isdal, 2002).

Intimate partner violence (IPV): In research, IPV is an established term, used, for example, by the World Health Organization (WHO, 2013). It does not, however, say anything about who the perpetrator is. The violence can be directed both ways or towards one of the partners. Most often, research is built on samples where mother is the abused. In the current studies, all children have experienced IPV against their mother.

Experiences of or exposed to IPV: Both terms are used to describe IPV in light of the children living with the abused and abusive parent. Exposure, it has been argued, implies a more passive role while experience emphasizes the child's subject position (Överlien, 2012). In this thesis, both terms have been used.

List of Papers

This thesis is based on four empirical papers, which will be referred to in the text by their roman numerals.

- I. Georgsson, A., Almqvist, K., & Broberg, A. G. (2011). Naming the unmentionable: How children exposed to intimate partner violence articulate their experiences. *Journal of Family Violence*, 26(2), 117–129.
- II. Georgsson, A., Almqvist, K., & Broberg, A. G. (2011). Dissimilarity in vulnerability: Self-reported symptoms among children with experiences of Intimate Partner Violence. *Child Psychiatry and Human Development*, 42(5), 539–556.
- III. Staf, A. G., & Almqvist, K. (2013). How children with experiences of intimate partner violence towards the mother understand and relate to their father. *Clinical Child Psychology and Psychiatry* (published online)
<http://ccp.sagepub.com/content/early/2013/09/26/1359104513503352>
- IV. Staf, A. G., & Almqvist, K. (2013). I do not like to do so but I have to: Understanding of anger and peer conflicts among children exposed to intimate partner violence (submitted manuscript)

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Introduction

Children live in the present, yet, are constantly evolving. They become more self-reliant and more capable in their problem solving and ability to interact and cooperate. School-aged children, with their capacity for perspective taking and problem solving, have gone beyond the infant's extreme dependency of ambient care. Human beings have a keen sense to adapt to their environment; the optimal developmental process requires support and encouragement. Children living in harsh environments have fewer optimal developmental opportunities and a heightened risk of having a negative development with a higher occurrence of challenges, such as psychiatric problems. This has been shown in Swedish (Lundberg, 2005) and international research (Cicchetti, 2004; Hager & Runtz, 2012). And despite various initiatives for child protection, children's vulnerability continues to be a problem (Gilbert et al., 2012). The concept "children suffering harm" covers different forms of neglect, maltreatment, and abuse. Abuse can be physical, sexual, and psychological and directed towards the child or to someone important to the child (Lundberg, 2005). Different forms of maltreatment tend to overlap and maltreated children tend to be exposed to ill-treatment in several ways (Kracke & Hahn, 2009).

Exposure to interpersonal trauma has more psychosocial consequences than exposure to non-interpersonal traumas, especially if the perpetrator is a familiar person. Interpersonal trauma is a psychological and relational event, leading to loss of trust and a sense of betrayal (Levendosky, Huth-Bocks, Semel, & Shapiro, 2002; Terr, 1991). If the frightening experience concerns parents whom the child is dependent on, parental ability to comfort a fearful child might be compromised. Parental IPV therefore has a special impact on a child's well-being and carries an increased risk of mental illness, as will be discussed. According to prevalence studies of IPV, approximately 10% of participating Swedish children report exposure to IPV (Annerbäck, Wingren, Svedin, & Gustafsson, 2010; Gilbert et al., 2009) and these children

risk not receiving the emotional support necessary to facilitate optimal development. Children depend on their parents' care and when the available adults fail to protect, nurture, and care for them, children are likely to have few resources for claiming their rights. When parents fail, other adults surrounding the child need to step in and help create a more secure situation for the child. To do this properly, knowledge about consequences of maltreatment, possible interventions, and, last but not least, knowledge about how children understand and convey information about their situation need to be considered. Therefore, the overall objective of this thesis is to explore how children experience the consequences of IPV.

This thesis is based on data gathered from a group of children whose mothers signed up for a group activity for abused women and their children. The first part, "Child Development in a Context," describes children's life and development in general. Thereafter, the consequences of IPV for child development and mental health are presented under the heading "Growing Up in the Shadow of IPV." The next part "Research with Children" describes considerations relevant when doing research with children and specific aspects, methodological and ethical, to be considered. Furthermore, it contains a description of the research context surrounding the studies presented in this thesis. After that follows a "Summary of the Empirical Studies" on which this thesis is based. Finally, the thesis is completed with a "General Discussion" concerning the studies and their findings.

Child Development in a Context

Part of being a child means being in transition; as the child evolves and changes so do the ambient expectations. Although the individual child's development is unique, there are common functions and tasks to be mastered. Developmental psychology describes these functions from different perspectives: biological, cognitive, emotional, and relational. However, to understand development one needs to see children and their families in a context. One theory of development that seeks to embrace this is the ecological perspective, with its

focus on the impact that social environments have on child development (Bronfenbrenner, 1979). Although family is the principal context in which human development occurs, child development is affected by the other environments in which children spend their time. Their development is affected indirectly by settings, workplaces, and other social and cultural settings in which their parents spend their time. Organizations and activities in and outside the family affect development in various ways; for example, access to, work, day care, and health care make an impact on family life and child development. Consequently, to fully understand development, we need to consider how this process is influenced by different levels of the environment. In the ecological model, microsystems are the immediate, everyday environments in which children lead their daily life (Bronfenbrenner & Morris, 1998). The various microsystems are connected through the mesosystem, and like links in a chain these systems influence each other. The exosystem, which is represented by different institutions in the community, indirectly influences development of and affects how the micro- and mesosystems operates. Finally, the macrosystem represent the general society in which a child lives. This includes the broader culture as well as the government and any regulations and policies that may affect family life and child development. Later, the ecological model was developed further to include biological resources, and the bio-ecological theory recognizes that biological resources are important to understanding human development (Bronfenbrenner, 2005). The transactional model extends this thought, seeing biological and environmental factors as constantly being changed by their interactions. The transactional model looks at development as a result of a complex interplay between the child and his or her natural personality and traits as well as family experiences and economic, social, and community resources (Sameroff, 2009). The child's genes and biology do not exist in a vacuum, and the environment exerts its effects in processes that occur between the child and

its environment. This means that the effects of adverse experiences like IPV depend on both the timing and the severity of the experiences.

Secure and loving caregivers, stimulation and encouragement from the environment is essential for creating an optimal situation for development (Cummings, Davies, & Campbell, 2000). Early childhood is marked by significant development in self-regulatory skills that support school readiness and socio-emotional competence (Blair & Razza, 2007). The school-age child has the capacity to follow rules and to cooperate with others; skills that are essential if the child is to be able to perform in school and develop good self-esteem. During the teenage years, an integrated and cohesive self helps the child handle life more independently. To facilitate development, interaction is essential with not only primary caregivers but also with adults in school and society. The growing child needs a safe and supportive environment that encourages independence and the ability to cooperate with others (Cummings et al., 2000).

Parents' role in children's life

During infancy and toddlerhood, forming an attachment bond with the caregiver and exploring the world are the child's main tasks. The child's mentalizing abilities and cooperative skills grow in close interaction with important others. Attachment theory derives from the psychoanalytic tradition and focus on the biological and relational aspects that determine the relationship between caregiver and child (Bowlby, 1973). Children's survival, and later on their sense of security, has always been dependent on proximity to a protective adult. Bowlby concluded that a behavioral system had to exist with the main function of promoting closeness to the primary caretaker to ensure parental protection. An infant has no choice but to attach to the caregiver, regardless of the caregiver's appropriateness (Ainsworth, Blehar, Waters, & Wall, 1978). During the second year of life the ability to create conceptions

of oneself and relationships to others evolves. Internal working models (IWMs) enable the child to understand the present and to elaborate what might happen in the future, based on earlier experiences. The most important IWMs are connected to relationships and help the child predict the outcome of different behavior. To be effective, however, a working model needs to be a “good match” with reality. If positive experiences dominate, children are capable to tolerate and include negative experiences in their IWMs (Solomon & George, 2008). Around the age of three or four, the relationship between parent and child usually changes and due to the child’s cognitive development the child starts to appreciate that the parent have own wishes and interests. When the child begins to see the caregiver as an independent person a more complex and goal-corrected partnership is formed (Prior & Glaser, 2006). Negotiation becomes an important part of the parent-child relationship and ensures that both parties can have their needs met without compromising the important objective of ensuring the child’s protection when in danger. Feeling loved makes it easier for a child to handle the inevitable conflicts that arises within all relationships, not least between child and parent.

“A secure base” describes the two most fundamental aspects of parental care skill; this is the ability to function as a base for the child’s explorations and as a haven of safety to which the child can return when in danger or feeling threatened (Ainsworth et al, 1978). The attachment system functions as a thermostat. When the child feels secure, the attachment system is turned off enabling the child to explore the world. A firm belief that it is possible to return to the haven of safety when in danger enables the child to curiously observe and explore the surroundings. Based on intense observations of interactions between parent and child, it has been shown that the parent-child relationship can be described in a limited numbers of behavioral patterns. Some children display secure attachment, as described above; others display insecure attachment (avoidant or ambivalent). Avoidant attachment is signified

by deactivation of attachment signals and the child's failure to use the parent as a secure base. Children with experiences of parents disliking clingy behavior learn to avoid expressing needs of comfort to ensure optimal closeness to their parent. Ambivalent attachment evolves in relationships where the parents' behavior is unpredictable, from the child's point of view. Children with ambivalent attachment hyperactivate their attachment behavior to ensure the closeness needed or they become extremely passive. Finally, some children display extreme difficulties in organizing their attachment behavior. When the relationship with the parent is based on fear, the child uses protective mechanism (such as defensive exclusion) to turn off the attachment system (Main & Hesse, 1990). Disorganized attachment has been linked to a heightened risk of psychological problems (Moss, Cyr, & Dubois-Comtois, 2004). Organized attachment patterns, whether secure or insecure, are perceived as variations of normal development. In the absence of other risk factors, there is no clear evidence that insecure attachment heightens the likelihood of developing mental illness. Securely attached children, however, tend to develop more social competence and better capacity for emotional regulation (Thompson & Meyer, 2007). It is within the relationship with caregivers that the child learns to regulate emotions. During affective communications, the caregiver appraises non-verbal expressions of the infant's arousal, and then regulates these affective states (Schore & Schore, 2008). In this way, the attachment figure help the child learn to understand and eventually regulate emotions when not in close contact with the figure. During encounters in which the attachment system is activated, the growing child turns to the attachment figure and eventually also to inner representations of the attachment figure. Presumably, age and development leads to an increased ability to gain comfort from symbolic representations (Mikulincer, Shaver, & Pereg, 2003). Although, we always need others to rely on, the capacity to regulate affect and use symbolic representations help us manage life outside the primary family — in school and with friends.

Another important aspect of development is the development of the self. Stern (2000) has described how the infants' emergent self evolves in interaction with the caregiver. He theorized that from birth the child has the innate ability to create a sense of self in company with its caregivers. The core self, which evolves during the infant's first six months, is connected with the experiences of oneself as an independent creature, with control over own activity. Infants use their sensory abilities to explore and understand the surrounding world, and their experiences are related to mobilization, activity, and emotions. In interaction with others, the experience of the subjective self gradually evolves. Finally, the child starts to elaborate the world using symbols and spoken language. This makes mutual understanding possible, but also creates a division between the verbal self and earlier perceptions of the self. The verbal or symbolic self provides the child with the ability deemed necessary for self-reflection, and through the mastering of a language, the narrative self can evolve. The narrative self, which emerges at four years of age onward, includes the ability to create a narrative about one's own experiences. These narrative stories are supposed to shape the fundamental understanding of one's self and to make it possible for children to organize their experiences. During childhood, these narratives are constructed in close interaction with others, preferably parents and other family members.

Life outside the family

The ability to accurately perceive and respond to one's own and others' emotions is recognized as crucial to the development of healthy interpersonal relationships (Deuskar & Bostan, 2008). Social cognitive theory (Bandura, 1986) is a learning theory about how people learn by watching what others do. Observational learning depends on properties both within the observer and the model, on feelings evoked by the model as well as the observer's ability to process information. The same stimuli might lead to different responses because

expectations, beliefs, self-perceptions, and intentions influence behavior. What children think, believe, and feel affects how they behave. A social model can be a parent, friend, or teacher. In childhood particularly, a model is someone of authority or higher status. When children grow older, others outside the family become increasingly influential.

To have the ability to manage the requirements of the school setting, such as being able to learn and participate in groups, is essential for positive developmental processes (Brooks, 2006). As they grow, children can handle increasing demands, depending on personal traits, earlier experiences, and current support. From preschool years on, peers are increasingly important and individual differences in capacity to regulate emotions have an impact on the ability to socially handle peer interactions. Socially competent responses promote better peer relationship (Fabes et al., 1999). Children's ability to manage conflicts is linked to the age and maturity of the child, and among toddlers and preschool children object disputes with physical aggression are common (Laursen & Hartup, 1989). By later childhood and adolescence though, object disputes are seldom the source of conflict. Because of their greater capability of perspective taking and improved skills in managing conflicts, children more frequently use negotiation instead of coercion and/or physical aggression (Bagwell & Schmidt, 2011; Cote, Vaillancourt, LeBlanc, Nagin, & Tremblay, 2006).

Children and their rights

Children and their families live in an environment and setting that has a direct as well as an indirect impact on their life and development and so attitudes towards gender equality, perceptions of the needs of children, and the division between society and family responsibilities makes an impact on children. For instance, in Sweden the right to parental leave with financial support and shared custody has enabled parents of both sexes to be active

in their child's upbringing and life. If parents separate, the child is entitled to continued contact with and care from both parents (Föräldrabalken1949:381).

Society's ideas about children's welfare has grown out of adults' perceptions of children and youth (Näsman, 1995) and different categories of adults (e.g., parents, professionals) have diverse perspectives and varying degrees of influence on children's welfare. The United Nations Conventions on the Rights of the Child (CRC) was an important milestone for society in the efforts to take the rights of children into account. The CRC emphasizes children's right to provision, protection, and participation (CRC, 2009). In Sweden, parents' legal responsibilities are defined in the Parental Code (Föräldrabalken1949:381). While the CRC is not law in Sweden, several adjustments in legislation and regulations, including the Parental Code, have been made in line with it. The term "child's best interests" is often linked to the CRC but has been used by and influenced social work since the early 20th century. Children's rights as an independent field of law arose in the late 20th century (Schiratzki, 2010), resulting in the child's interest being given greater significance. The attitude could be described as need-oriented and the starting point was that the child's physical and psychological needs should be cared for in the best way. A need-oriented approach means children are seen as individuals with their own needs; at the same time, those needs are defined from an adult perspective, in other words, a protective perspective in which the adults define what is in the best interest of the child. More recently, regulations that emphasize the importance of taking the child's views into account have been introduced in the Parental Code. Emphasis on the child's wishes can be seen as a manifestation of a more skills-oriented approach to children (Singer, 2000). Sociology researchers have described the two different notions of children as expression of a "caring discourse" and a "participatory discourse." Within the caring discourse, adults prevail, but in the participatory discourse, with a more skills-oriented perspective, the child becomes a

subject with the right to participate (Eriksson, Källström Cater, Dahlkild-Öman, & Näsman, 2008).

In Sweden, the research interest in child health issues has moved towards an increasing interest in children's mental health (Zetterqvist Nelson, 2012), and the need to involve children in research processes concerning their mental health has been highlighted (Liegghio, Nelson, & Evans, 2010). Developmental psychology's emphasis on children might give the impression of the field being representative of a child perspective. However, there is a difference in doing research on rather than with children. The mere focus on children does not constitute a child perspective. A psychological child perspective, it has been argued, means considering the child's (as a subject) world of experience (Pramling Samuelsson, Sommer, & Hundeide, 2011). Inviting children to take part as informants of their own experiences also constitutes an important aspect in line with the CRC's statement of children's right to participate in issues of importance to them. According to Swedish legislation, the child's best interest should lead in all decisions concerning children (Lag 2006:458). Several researchers have pointed out that the use of laws and legislation, which are convenient when applied in a "normal" situation, cannot always be easily applied in families where IPV is prevalent (Eriksson, 2003; Röbbäck, 2012). Children's rights, such as having continued contact with both parents after a separation, might then be experienced as a requirement. If a child is exposed to IPV the need to protecting the child and the child's rights increases. However, to properly protect children and their rights, it is essential to have knowledge of the consequences of IPV for children.

Growing Up in the Shadow of IPV

Growing up with IPV affects children in several ways. There is a connection between experiences of IPV and the presence of both externalizing and internalizing problems (Chan & Yeung, 2009). Increased incidents of social, emotional, behavioral problems, and trauma symptoms have been identified (Evans, Davies, & DiLillo, 2008). Higher levels of health-care visits because of asthma, allergies, and other health related issues have also been described (Olofsson, Linqvist, Gådin, Bråbeck, & Danielsson, 2011; Schluter & Paterson, 2009). It is, however, important to remember that some children seem to handle these adverse experiences without displaying emotional or behavioral disorders. Approximately 60% of the exposed children display psychiatric symptoms, ranging from mild to severe, while the remaining 40% seem to function well. Severity of violence sometimes (Grych, Jouriles, Swank, McDonald, & Norwood, 2000), but not always, explains the amount of reported difficulties (Lang & Stover, 2008). There is no absolute connection between adverse or frightening experiences a child might have had in the family and later development of psychological disorders, but the risk of jeopardizing the child's mental health and development increases with the severity and comprehensiveness of the abuse (Kitzmann, Gaylord, Holt, & Kenny, 2003; Pynoos, Steinberg, & Wraith, 1995).

Age and gender do not seem to affect the degree of problems experienced by children exposed to IPV (Bayarri, Ezpeleta, & Granero, 2011). Results from meta-studies showed no effect for gender on internalizing or externalizing behavior between boys and girls (Chan & Yeung, 2009; Kitzmann et al., 2003). Some studies, however, claim girls may be more affected by witnessing abuse than boys are (e.g. Sternberg, Lamb, Guterman, & Abbott, 2006). This research was based upon two-parent families where the father was still present. Some studies also describe differences in means of expressions, with girls displaying more internalizing and boys more externalizing problems, if exposed to IPV (Evans et al., 2008).

Age, on the other hand, appears to make an impact on the extent to which children are exposed to IPV. Younger children are more exposed to IPV than older children (Clements, Oxtoby, & Ogle, 2008), probably because they tend to keep closer to their parents.

Although the negative connection between IPV and child well-being has been established, questions about whether it is actually the abuse towards mother that affects children negatively has been raised. Several studies, however, confirm a heightened risk for negative development and an increased risk for psychological disorders in a family where violence occurs; this is also the case when controlling for other factors such as addiction and psychiatric symptoms in parents. (Jaffee, Moffitt, Caspi, Taylor, & Arseneault, 2002). The way in which the violence experienced makes an impact on children may be understood and explained from different perspectives.

Difficulties in managing relations and anger

Children have been shown to acquire aggressive behaviors through observational learning (Bandura, 1986), meaning that if a parent uses violence as means to control others, children learn to use the same strategies. Therefore, children exposed to IPV are more likely to engage in bullying (Baldry, 2003). Research also shows the existence of more submissive behavior among children exposed to IPV. Because children tend to use either passive or aggressive strategies (Jaffee, Wolfe, & Wilson, 1990), they have an increased risk of being bullied as well as of being a bully (Bauer et al., 2006). Even if what we observe and what we do is related, the relationship between the two is not straightforward because previous experiences and how we interpret a situation also have an impact (Dodge & Crick, 1990). Children actively try to understand the causes and consequences of the experienced violence and so their perceptions and interpretations are considered important for understanding the development of beliefs regarding the use of violence in relationships. Interviews with children to assess their thoughts

and feelings about IPV show that most children's understanding of why parental violence occur focuses on the perpetrator's lack of control or his personal characteristics. Some children, though, mediate a view of the victim as provoking aggression (DeBoard-Lucas & Grych, 2011). How children understand the IPV is believed to have implications not only for their immediate response but also for their long-term functioning in terms of behavior and emotional well-being (Kletter, Weems, & Carrion, 2009). Aggressive behavior is a risk factor in itself. However, being aggressive and rejected by peers is even more alarming, and aggressive children who are also rejected by peers tend to exhibit increasingly severe externalizing problems (Hubbard, 2001). The demonstrated deficiency among many children with experiences of IPV in problem solving and conflict resolution (Holt, Buckley, & Whelan, 2008) leads to concerns about their potential to benefit from peer relationships.

Abnormal parenting and disorganized attachment

One way of understanding behavioral and emotional problems among children exposed to IPV relates to the lack of security in relation to parents. A parent's ability to be a secure base is affected not only if the parent is frightening, but also if the parent is perceived as being frightened. Disorganized attachment is overrepresented among children living in families where abuse and neglect occurs (Carlson, Cicchetti, Barnett, & Braunwald, 1989; Cyr, Euser, Bakermans-Kranenburg, & Van Ijzendoorn, 2010). A parent's role as a "safe haven" is a fundamental part of the assumptions connected with secure attachment, and parents who are frightening or frightened may not have the capacity to function as a safe haven (Hesse & Main, 2006; Howe, Brandon, Hinings, & Schofield, 1999). Disorganized attachment is assumed to be connected to the later development of controlling ways of relating to the parent, such as controlling-caregiving, controlling-punitive (Howe et al., 1999), or compulsive compliance (Crittenden, 1995). When parents' behaviors are unpredictable, the child tries to

create predictability by reversing roles and achieving self-gained control. Perceptions of danger elicit mental and organizational strategies aimed at detecting, preventing, and responding to these threatening circumstances. To prevent aggression from abusive caregivers, the child tries to discern what the parent wants or is likely to do (Crittenden, 1999). Controlling-caregiving behavior is a way for the child to make the parent's behavior predictable and have his/her need for proximity met, despite the parent's lack of ability to provide it to the child.

Children classified as disorganized in their attachment show narrative difficulties that reflect their insecurity. When asked to enact endings of attachment-related stories, the children with disorganized attachment tell two distinct types of stories, either depicting chaotic and frightening events or characterized by a startling absence and marked inhibition of play (George & Solomon, 1996; Solomon, George, & De Jong, 1995). Children whose stories are classified as chaotic seem unable to control their narratives. The inhibited type of story, on the other hand, seems to reflect a massive constriction of thought. Many children show a mixture of chaotic and inhibited ways of processing, which is assumed to reflect the segregated systems typical in disorganized attachment. The difficulties of creating a story has led to concern because the development of a cohesive self has been connected to the development of a narrative self (Stern, 2000). The narrative self is crucial in helping children to understand themselves and their experiences and makes it possible for them to organize experiences that otherwise might appear chaotic and incoherent. For children with disorganized attachment and experiences of IPV, this means their ability to understand themselves and their experiences of IPV might be seriously jeopardized.

IPV as a traumatic experience

Witnessing abuse is a potentially traumatizing experience; a trauma can be defined as an incident or a situation that a person can neither escape nor cope by using available resources (van der Kolk, McFarlane, van der Hart, & Rice-Smith, 1999). Traumatic experiences connected to interpersonal events differ from other traumatic experience, such as natural disasters. Children subjected to interpersonal traumas are at greater risk of suffering post-traumatic stress syndrome (PTSD) compared to those subjected to other forms of traumas (Luthra et al., 2009; Terr, 1991). Furthermore, if the perpetrator and victim are attachment figures, the psychological and psychosocial consequences are likely to be even more extensive (Carpenter & Stacks, 2009).

PTSD is an anxiety disorder that appears following a life-threatening event (American Psychiatric Association, 1994). Having PTSD symptoms means the individual cannot cognitively process the frightening experience, which leads to consequences like flashbacks, nightmares, and hyper vigilance (Brewin & Holmes, 2003). A summary of the symptoms connected to PTSD is presented in Figure 1. However, when the threat continues to be present, the reactions might be more complicated to interpret. Ongoing trauma reactions occur when threat is continually present. Reactions normally deemed pathological might, in these cases, be understood in a different light, an occurrence that has been discussed in relation to repeated terrorist attacks (Hoffman, Diamond, & Lipsitz, 2011). Traumatic events may become commonplace and no longer thought of as extreme and avoidance become an adaptive evasion for practical reasons.

Figure 1: Summary of the symptoms of PTSD (DSM-IV)

Post-traumatic Stress Disorder (PTSD)

The person has been exposed to a traumatic event in which:

- The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
- The person's response involved intense fear, helplessness, or horror. In children, this may be expressed instead by disorganized or agitated behavior.

PTSD symptoms can be grouped into three categories:

The traumatic event is persistently re-experienced: Intrusive distressing recollections of the event, feeling as if the traumatic event were recurring

Persistent avoidance : Avoidance of stimuli associated with the trauma and numbing of general responsiveness

Persistent symptoms of increased arousal: Difficulty falling or staying asleep, irritability, difficulty concentrating, hypervigilance

Since living with IPV is likely to mean being exposed to ongoing frightening experiences and since not even termination of the adult relationship means the violence ends (Ekbrand, 2006; Shepard, 1992), possible symptoms of traumatization may be difficult to identify and interpret. To experience a single trauma is also considered quite different from repeated exposure to an extreme course of events, and IPV usually means exposure to recurring violent incidents (Rossman, Bingham, & Emde, 1997). Single traumas include detailed memories of the incident, which are experienced as flashbacks and misperceptions. Repeated traumas have been characterized by denial and numbing, self-hypnosis, and dissociation and rage. Characteristics of both types of childhood traumas can exist side by side (Terr, 1991). The specific and multifaceted consequences for children exposed to maltreatment have also been discussed in relation to diagnostic issues (Cook et al., 2005). The PTSD diagnosis, it has been argued, does not capture the developmental effects of complex

trauma exposure. The consequences of complex trauma include impairments in several domains (attachment, biology, affect regulation, dissociation, behavioral regulation, cognition, and self-concept). Difficulties in detecting trauma symptoms in preschool children have also led to modification of the criteria for “PTSD for children 6 years and younger” in the recently issued DSM-5 (American Psychiatric Association, 2013). The customized version of PTSD for children has more focus on observable symptoms like social withdrawal and other behaviorally anchored criteria (Scheeringa, 2008), with reference to children’s emerging abstract cognitive and verbal capacities. The criterion stating extreme distress as a reaction at the time of the event has also been removed for both children and adults because the predictive value has been considered too low (Scheeringa, Myers, Putnam, & Zeanah, 2012).

Still, experiencing traumatic events does not necessarily lead to psychopathology (Bonanno, 2004). Secure attachment, social support, good peer relationships, cognitive ability, and capacity to emotional self-regulation have been shown to protect against trauma symptoms in children (Masten, 2007). However, if important adaptive systems do not function, traumatic experiences are likely to result in negative consequences (Masten, 2001). An abused mother’s ability to function as a good parent is likely to be negatively affected by IPV. This may be due to both the situation at home (i.e., giving comfort to the child might provoke more violence) and because prevalence of mental illness is high among women exposed to IPV (Jones, Hughes, & Unterstaller, 2001). This means the mother’s ability to be physically and psychologically available may be limited, especially for a child who has experienced a frightening event (Almqvist & Broberg, 2004). Whether the IPV is experienced as life threatening for the child, it is still a stressful affliction and living under prolonged stress has been shown to have a negative impact on cognitive functions, something that has also been demonstrated among children exposed to IPV (Koenen, Moffitt, Caspi, Taylor, & Purcell, 2003).

Dissociation as a defensive response

One way to handle fearful experiences is through dissociation, which protects the individual against the conscious experience of overwhelming stress. Dissociation has been described as a defensive response during child abuse, a response that might remain after the abuse as a dissociative psychopathology (Somer, 2011). Dissociation in childhood may also be a more normative response to disruption and stress (Aydin, Altindag, & Ozkan, 2009). The plasticity of the child's understanding of reality is normally considered in a positive way and can be expressed through daydreaming, talking to imaginary friends, and so on. Children (and adults) can distract themselves to block out unpleasant thoughts and feelings without harming their overall functioning. For some children, however, childhood trauma might lead to the use of these normal abilities as a way of coping; dissociation evolves into a disorder when it becomes automated and develops into the main defense against all stressors (Somer, 2011).

Symptoms of dissociation have been connected to both PTSD and disorganized attachment. Disorganized attachment is predictive of dissociation and dissociation is indicative of psychopathology in adolescence and young adults (Ogawa, Sroufe, Weinfield, Carlson, & Egeland, 1997). Disorganized attachment has in itself been described as a dissociative process that predisposes pathological dissociation when the individual is exposed to life stress and traumatic events later on (Liotti, 2006). The essential feature of dissociative disorders is a disruption of the usually integrated functions of consciousness, memory, identity, and perception of the environment, which make integration of various experiences difficult (American Psychiatric Association, 1994). A coherent and well-organized self depends on the integration of experiences; consequently, dissociation is a threat to the optimal development of the self (Ogawa et al., 1997). A recognition of dissociation as a defense against overwhelming stress has also led to the addition of a dissociative subtype of PTSD to the DSM-5. Individuals with the dissociative subtype of PTSD are likely to have experienced

early adverse experiences and repeated traumatization. (Steuwe, Lanius, & Frewen, 2012). Due to the inescapability of the situation and the internal distress and arousal, consciousness is altered, allowing the person to continue functioning under harsh condition.

Children's experiences of IPV

Although most research on IPV and its consequences for children are based on adult reports, efforts to convey experiences of IPV that are based on or include children's information have been made (e.g. Ericksen & Henderson, 1998; McGee, 2000; Mullender et al., 2003; Peled, 1998). In-depth interviews with children exposed to IPV show that that they are aware of the violence and have negative feelings, like powerlessness, shame, and alienation (Mullender et al., 2003; Weinehall, 1997). Even very young children are aware of assaults against their mother but full understanding of the experience is considered difficult. Although they are aware of something, children find it difficult to understand if they have not seen an explicit violent situation with obvious external injuries (Mullender et al., 2003). Children sometimes reported having no memories of the abuse they allegedly had witnessed but instead described "fights" between the parents as a routine experience (Peled, 1998). They also described trying to cope with the IPV in different ways; some try to forget or blank it out, others express their emotions to siblings and friends or turn to pets and toys for comfort (McGee, 2000). Children also differ in their ways of managing their memories of violence (Almqvist & Broberg, 2004). Some children remember and think a lot about the abuse; they feel afraid and try to avoid violence in films and play. Other children describe not thinking about the earlier violence; they feel less fear but seem instead more prone to take an interest in violent games and films. Children with experiences of violence towards mother also find living with the seemingly contradictory sides of their father difficult and have been described as seeing the father as *either bad or good*, thus trying to reframe the father's abusive behavior (Peled, 1998). Most

children seem to acknowledge their father's violent actions as unjustifiable and unacceptable, although their description of the father might include positive as well as negative feelings (Källström Cater, 2007; Mullender et al., 2003; Peled, 1998). Being exposed to IPV seems to preclude children from perceiving their fathers as responsible for their well-being. Fathers are not described as responsible care-providers; instead the mother is described as the provider of things the child might need. In contrast, "good-enough" fathering appears to be defined by the children as the mere absence of violence (Cater & Forssell, 2012).

Children are not merely passive spectators of the violence at home, and their own narrations show that they respond to and try to handle their situation in several ways. They describe intervening by trying to get between parents, screaming, or calling for help. At other times, they try to hide or distract themselves to escape the threatening situation (Överlien & Hydén, 2009). Although the experiences of violence mediated by children are consistent in several ways, differences are also revealed, and some children describe more pervasive and extreme fear. Experiences of a high degree of coercive control, more incidences of bizarre acts, and more severe violence were combined with a higher degree of perceived helplessness (Øverlien, 2013).

Protective factors for exposed children

Adverse childhood experiences do not automatically mean that the child will exhibit symptoms or difficulties during childhood or later in adult life. Some children are able to manage well in adult life although they have been exposed to hazardous environments while growing up (Werner & Smith, 2003). Although being exposed to IPV increases the risk that children develop psychological symptoms (Evans et al., 2008), a group of children seem able to handle their experiences without displaying emotional or behavioral difficulties (Lang & Stover, 2008). How children perceive and make sense of violence in intimate relationships has

been linked to their emotional and behavioral responses to conflict as well as their adjustment more broadly and provides an explanation that might help us understand the diverse outcomes in children who witness violence in the home (Fosco, DeBoard, & Grych, 2007; Grych et al., 2000). Not feeling guilt or responsibility for the occurrence of violence have, for instance, been associated with lower incidence of trauma symptoms among children (Kletter et al., 2009).

The concept of coping refers to cognitive and behavioral efforts used by the individual to handle or overcome overwhelming internal and/or external demands (Folkman & Lazarus, 1988). Coping strategies can be divided in problem-focused (changing the situation and solving the problem) or emotion-focused (learning to handle the emotions connected to the situation). Whether problem-focused or emotion-focused coping is superior in producing positive adaptive outcomes depends on the situation because coping thoughts and acts cannot be fully understood without reference to personal meaning, for example, goals, beliefs and situational intention (Lazarus, 2006). Another concept used when trying to understand how people can overcome adversity is resilience, which includes, in addition to the management of stress, other conditions that facilitate handling difficulties (Masten, 2007). Circumstances assumed to strengthen resilience are individual traits (self-esteem and positive emotion), properties of the immediate environment (good relationships within the family), and properties in the wider world (access to community programs and support from friends). When parents cannot meet the needs of the child, which is likely in conjunction with IPV, being seen by some other affirming adult has been identified as a protective factor (Cicchetti & Toth, 1997). Among children from violent homes, resilience has been related to the experiences of good relationships in and outside the family; having good quality peer relations has been identified as an important factor. Research indicates that severely abused children who describe having good friends have even a better chance of a future life without

psychiatric problems than less severely abused children with peer problems (Collishaw et al., 2007). In an interview study with young adults who had experienced IPV as children, the participants described that apart from internal factors, such as having an internal locus of control and ability to adequately control their angry feelings, they perceived relationship quality inside and outside the family as important for promoting resilience (Suzuki, Geffner, & Bucky, 2009). The finding considered most significant was the importance of social support, in other words, feeling secure with friends and being able to maintain stable friendships.

A conclusion emerging from studies of exposed children is the ordinariness of resilience. If important adaptive systems are not compromised, severe adversity need not have major or lasting effects (Masten, 2001). However, since the relationship between child and parent is likely to be jeopardized in the context of IPV, the need for support from outside the family might be more pronounced (Holt et al., 2008). Social support has also, as exemplified, been identified as a protective factor with respect to the maladaptive effects of IPV on children (Muller, Goebel-Fabbri, Diamond, & Dinklage, 2000).

Need of support and treatment

Research on trauma symptoms and resilience point in the same direction — ending the violence ought to be the main effort if to help exposed children (Sternberg, Lamb, et al., 2006), because reduction of stressors is of vital importance in reducing symptoms (Lupien, McEwen, Gunnar, & Heim, 2009; Middlebrooks & Audage, 2008). However, many children need further support. One important aim of treatment for children who have witnessed IPV is to enable them to express emotions about their experiences. Giving children an opportunity to talk about their experiences has been shown to reduce and even prevent symptoms (Graham-Bermann & Hughes, 2003; Jouriles et al., 2001). Children express a need to discuss the

violence to understand their emotions and experiences (McGee, 2000). The abuse is, however, seldom articulated in the family, and children are often left alone to deal with the issue, with few possibilities to understand and process it (Peled, 1998). When perpetrators do talk about the violence, they generally deny or diminish it (Hydén & McCarthy, 1994) and mothers tend to avoid discussing incidents of IPV in an effort either to protect their children or because they really do not know what to say (Mullender et al., 2003). All this leaves children without appropriate words to confirm their experiences. Even young children can reflect about and appreciate psychotherapy, and their attitudes to treatment makes an impact on its effectiveness (Carlberg, Thorén, Billström, & Odhammar, 2009). Although children declare that they want to talk about the violence, fear of escalating the situation and of not being believed often prevents them from telling others about the situation at home (McGee, 2000).

In addition to ensuring protection for children and giving them an opportunity to express their thoughts and feelings, support and treatment needs to include parenting support for mothers in the aftermath of IPV. Strengthening parental ability and helping children identify and regulate emotions has been shown to have positive effect on child adjustment (Stover, Meadows, & Kaufman, 2009). However, since not all children display symptoms, some might not need or receive psychotherapeutic or psychiatric treatment. If children's symptoms can be understood as normal reactions to abnormal circumstances their stress symptoms might decline when the exposure to IPV ends. Several services in Sweden offer group support activities based on the "Children Are People Too" (CAP) program, an educational model with sessions around structured different themes. The program was originally developed in the U.S. to prevent alcohol abuse among young people with addictive parents (Hawthorn, 1990). Educational groups for exposed children, like CAP, are not aimed at treating symptoms but rather at promoting resilience and enabling children to have their voices heard and to express themselves with others sharing the same experiences. However,

for those with continuing problems, treatments aimed at treating trauma, reducing behavioral problems or improving attachment relationships may be indicated (Stover et al., 2009).

Research with Children

IPV research based on child reports confirms the presence of more psychological symptoms among exposed children than among non-exposed children (Muller et al., 2000; Sternberg, Baradaran, Abbott, Lamb, & Guterman, 2006); however, it has also revealed differences that need attention. Although, parents and other adults generally seem quite aware of children's externalizing problems, they are limited in their ability to identify children's internalizing symptoms (Kamphaus, DiStefano, & Lease, 2003). This tendency has also been observed in studies focusing on how IPV and other forms of family violence affect children (Sternberg et al., 1993; Sternberg et al., 1994). Children are more likely than adults to report variances in symptoms connected to whether exposure to violence is concurrent or recent (Sternberg, Lamb, et al., 2006). Parents and children also differ in perceptions of what actually happened and the consequences. Research on children exposed to IPV shows, for instance, that mothers tend to underestimate children's awareness of the violence (Ericksen & Henderson, 1998; McGee, 2000).

When children are invited to participate in psychological research, including in IPV research, letting them answer self-assessment questionnaires seems common. Although children exposed to IPV have also been given the opportunity to describe their experiences and thoughts through interviews, this happens less frequently (Ericksen & Henderson, 1998; McGee, 2000; Mullender et al., 2003; Peled, 1998). The reasons for not using children as informants concerning IPV might be connected with concerns about their wish or ability to convey their experiences. The imbalance of power inherent in interactions between adults and children also needs to be considered. Children are also less experienced with the rules of communication, and might misinterpret the meaning behind the question (Clarke, Lawford,

Sheppard, & Eiser, 2005). The fact that children's answers tend to be adjusted by leading questions indicates the importance of posing open questions to elicit reliable responses (Jones & Pipe, 2002). It has been suggested that one cannot assume that children below 8 years of age are able to respond to items presented within self-report measures or have the skills necessary to communicate feelings and thoughts (Clarke et al., 2005). However, research shows that from 3 years of age children can remember and give accurate and detailed accounts of their past experiences, although they still need to rely on adult support to provide much of the coherence (Fivush, 1998; Fivush, Haden, & Adam, 1995). When children are around 7 to 8 years of age they can independently describe past experiences in a relatively coherent and reflective way (Fivush & Schwarzmueller, 1998). However, children exposed to severe stress might not have children's usual ability to recall and describe past experience (Fivush, 1998; Fivush et al., 1995). Stress has been shown to interfere with the ability or willingness to retrieve information for recall. Highly stressed children seem to initially avoid processing the event and tend to give shorter narratives with less information in comparison to children who are less stressed (Sales, Fivush, Parker, & Bahrack, 2005)

Arguments for asking children themselves about their psychological well-being and thoughts about their situation are obvious. Still, doing research with vulnerable children requires special attention regarding ethical as well as methodological issues. Researchers face a variety of methodological problems in getting close to children's psychological understanding of their world, particularly in the understanding of young children living under adverse conditions. Furthermore, interviews and observations are always subject to an interpretive adult perspective, despite good intentions about maintaining the authenticity of the data (Kvale, 1997). This dissertation is mainly based on child data and seeks to explore how children experience their situation. However, when trying to understand the children and their situation, the analytic work included a psychological perspective. Thus, it represents a

child perspective that involves children's perspective on their own life combined with an adult perspective (Halldén, 2003).

Methodological considerations

A number of issues need to be considered before choosing an analytic tool such as what do we want to know and what kind of data collection is thus required. Self-report questionnaires enable comparison between groups because all participants answer the same questions. If to explore perceived differences connected to concomitant factors, a quantitative approach is appropriate. As noted, children are able to accurately report well-being through self-report questionnaires (Riley, 2004), although their answers tend to be more situational, making estimations of symptoms fluctuate. A child has unique awareness of his or her experiences, whereas parents or teachers observe the child only in certain settings. Measures of parent-child agreement for PTSD and stress symptoms show that children were more likely to meet the criteria based on their own reporting than on their parent's reporting (Meiser-Stedman, Smith, Glucksman, Yule, & Dalgleish, 2007). The reliability of child reports based on questionnaires developed for children is also considered quite good, especially for school-age children (Riley, 2004) and provide useful tools when monitoring internal experiences of health and distress. Several self-report questionnaires are useful if one wants to capture and describe children's mental health. When choosing a self-report questionnaire for children several aspects beside the psychometric properties, such as how time consuming it is for the child to fill in the form, cultural appropriateness and the availability of indigenous norms. The Strength and Difficulties Questionnaire (SDQ-C) is used to assess mental health (Goodman, 1997). There is a Swedish translation of SDQ available on internet and the instrument is widely used in clinical practice. The SDQ questionnaire gives a broad description of a child's well-being; however, it does not cover trauma symptoms. So to screen for possible trauma

symptoms it is necessary to supplement the SDQ with other questionnaires. The Children's Revised Impact of Events Scale (CRIES-13), a self-report questionnaire that measures symptoms of post-traumatic stress, has been recommended for use in identifying probable PTSD cases (Perrin, Meiser-Stedman, & Smith, 2005). The questionnaires have the advantage of being short and easy to administer, which is particularly suitable when doing research with younger children.

The use of self-report questionnaires restricts the informant to limited response options while interviews enhance the possibility of finding new information. To achieve the purpose of giving children's own experiences a larger scope, a qualitative approach is suitable. Qualitative research includes different theoretical and methodological approaches. Phenomenology, for example, is concerned with exploring the life world of the participant or understanding how participants make sense of a particular experience, while methods such as conversational and discourse analysis are concerned with describing linguistic resources used in conversation and the patterns these conversations take (Smith, 2003).

Thematic analysis does not automatically imply any specific theoretical standpoint (Braun & Clarke, 2006), thus enables the researcher to use a more or less inductive perspective and to apply theoretical assumptions relevant for the analysis. If the aim is to describe patterns or themes in the transcribed interviews, thematic analysis is considered useful. The theoretical standpoint, however, should be described and if the aim is to report experiences of participants, an essential and contextual approach is considered appropriate (Braun & Clarke, 2006). Interpretative phenomenological analysis (IPA) has an explicit theoretical foundation based on phenomenological thoughts and hermeneutical ideas (e.g. Heidegger, 1962; Husserl, 1977; Schleiermacher, 1998). Phenomenological philosophy provides us with ideas about how to "examine and comprehend lived experiences" (Smith, Flowers, & Larkin, 2009). Interpretation, perhaps the most basic act of human thinking,

shapes our seeing and thoughts of ourselves as well as of the world. In IPA, the idea of the hermeneutic circle and the concept of it operating on different levels is also fundamental (Smith et al., 2009). Going from the part (the single word) to the whole (the sentence), from the part to a different level, (the single extract) and then to the whole (the complete text) and so forth – explains how the part is understood in light of the whole, in several dimensions. The purpose is not to produce an objective account, but rather to capture the personal perceptions of a situation or event. Although the aim is to understand the world from the perspective of the informant, this understanding is formed in dialogue with the understanding of the researcher who uses his or her psychological knowledge and experiences to interpret how the informant experiences his or her situation. An important theoretical underpinning of IPA is its commitment to the particular, which is essential both in its focus on details and perspective on a particular person, in a particular context. To enable depth in analysis, IPA research often uses small samples. The focus is on grasping the meaning of something for a given person. The analytic procedures behind IPA enables movement from single cases to more general statements, but still allows particular claims to be received for any of the individuals in a study (Smith et al., 2009). The analytic process behind IPA has been considered useful when analyzing the experiences of IPV victims (e.g. Reynolds & Shepherd, 2011). Although, primarily used with adult informants, IPA has also been used with children when trying to describe their experiences in vulnerable situations (e.g. Back, Gustafsson, Larsson, & Berterö, 2011).

Assessing the quality of results from qualitative is a topic of ongoing discussion for researchers. Four broad principles have been presented for assessing the validity and quality in qualitative research (Yardley, 2000), including IPA (Smith et al., 2009): sensitivity to context, commitment and rigor, transparency and coherence, and impact and importance.

Ethical considerations

Whether to engage exposed children in research is an ongoing discussion because of the risk of retaliation and increased vulnerability. Risk of re-traumatization might also be an argument for excluding children from the research process. However, we know that parents and children think and feel differently about IPV (Holden, 2003; Morrel, Dubowitz, Kerr, & Black, 2003) and that research with children as participants is vital to fully understand how IPV affects children. Because research with children is a sensitive undertaking, the research aims must be subordinated to the child's needs for care and protection. The researcher must consider the children's willingness and capacity to talk about and relive their experiences. Children's positive experiences of being interviewed about IPV have been noted (Mullender et al., 2003), and the embedding of this research program in a supportive treatment setting meant the participating children could be offered continued support after data collection was completed.

Presentation of the research project

A study concerning the situation for women and children living in Swedish women's shelters (Almqvist & Broberg, 2004) concluded that more support and help for children with experiences of IPV was needed, also outside psychiatric services, whose possibilities to offer treatment are connected to the severity of the symptoms. *Bojen* (life buoy) was started in 2004 to offer a support to mothers exposed to IPV and their children. *Bojen* started as a project financed by the city of Gothenburg and the County Administrative Board of Västra Götaland.

The support group program at *Bojen* builds on the CAP, a program from Minnesota, U.S., for children of parents with alcohol and drug addiction (Hawthorn, 1990). The program has been adapted to suit children exposed to IPV. The children's support program consists of 15 weekly 90-minute sessions in which six to eight children in the same age range meet with two group leaders (social workers). Mothers meet in parallel group sessions and follow in

general the same themes as their children (feelings, defenses, violence, risks and choices, the family, and the own person). In the middle and at the end, there is a family gathering where the mothers and children meet together.

From the outset, Bojen collaborated with the Universities of Gothenburg and Karlstad on a research project, which is the source of the empirical studies presented in this thesis. The aim of the research project that started 2005 was to increase knowledge about children and mothers life situation and needs, and to evaluate the support program. The research project was funded by Children's Welfare Foundation and The Crime Victim Fund in Sweden. During the research, three rounds of assessment and interviews took place to evaluate the group support program and the situation for mothers and children. Self-report questionnaires measuring psychological well-being and trauma symptoms and so on were used prior to, after and one year after participation in the support program. Mothers were given self-report questionnaires as well as questionnaires about their child's functioning. Children from 7 years of age were also invited to participate in the research project and the interviews with the children and mothers were performed in connection with completion of the questionnaires. The interviews, which were conducted before and one year after participation, were semi-structured and audiotaped and transcribed. A more structured interview was carried out after the completion of the group program, with 32 of the children and their mothers. This interview contained questions about how they felt about group participation and how it had affected the child. Generally the children and mothers were positive about the participation (Georgsson, Almqvist, & Broberg, 2007). The support programs' effectiveness for mothers' and children's psychological health was evaluated (Grip, Almqvist, & Broberg, 2011, 2012). The children's psychological problems (based on maternal reports) had decreased between pre-assessment and the post assessment; however, in the one-year follow-up the improvements were not shown to persist. The studies included in this thesis were based on

children's self-reported symptoms and descriptions of their experiences. Children's self-assessment prior to group participation was used as data in *Study II*. The interviews conducted prior to treatment were used in *Study I* and *Study IV*, while a sample of interviews performed before and one year after participation were used in *Study III*.

Summary of the Empirical Studies

General aim

The aim of this thesis was to explore how children describe their experiences of IPV and perceive their situation when they have experienced violence against their mother. The goal was to find out what these experiences meant to the child, and how their understanding might be interpreted from a psychological perspective. The four studies covered different aspects deemed relevant to the understanding of how IPV influences children's life and what IPV means to them.

Participants, general description

The participating children had entered a group support program for children whose mothers had been abused by a partner. The children's admission to the program meant that the earlier occurrence of IPV had been revealed and was no longer a family secret. To be accepted into the support program, the IPV against the mother was to have stopped. If other problems (such as alcohol abuse) were considered more significant, mothers and children were referred to other authorities or treatments. The child's experience of IPV, and not the presence of symptoms, was considered. Participation in the program was voluntary and free of charge for community residents. A total of 159 children (ages 4–19) were considered for treatment during the research period, and 112 children (70%) were accepted for treatment. Of the children who were accepted, 78 also agreed to participate in the research project. Among

these, 48 were 7 years of age or older, and they were invited to provide their own reports. Forty-one children participated in the data collection performed prior to participation in the program, and 22 of them were interviewed and recorded at the time.

Procedure, general description

The mothers were informed about this research when they volunteered for the support program. If they agreed to participate in the study, consent was also obtained from the child. Children whose mothers agreed to participate were informed about the research, in written and oral form, and asked if they would like to take part in an investigation seeking to find out what problems children with experiences of IPV might experience and what they thought about their participation in Bojen's activities. Children were told that if they agreed to participate, they would be asked questions about what they had experienced and about what it's like for them at home, in school and with friends. The children were informed that they did not have to participate, and if they did not they could still take part in the group activities. Furthermore, if they agreed to participate they could end their participation at any time without having to explain why. The study was approved by the Ethics Committee of the University of Gothenburg (Dnr 292-05).

Self-report questionnaires and semi-structured interviews were used to explore the situation and well-being of the child participants. The interviews covered different topics concerning experiences of IPV, as well as the child's present situation at home, with friends, and in school. Data collection took place at the Bojen's premises, except for the one-year follow-up, which took place in the informant's home. Face-to-face interviews were conducted by psychologists and/or treatment personnel prior to or when the group started and a year after the end of group participation. Data from the children fulfilling the specific inclusion criteria were then used. Information gathered through self-report questionnaires was collected in

connection with the first interview. Background information about the child was obtained through interviews with mothers.

Study I

Aim

The aim of *Study I* was to gain more knowledge about how children talk about and relate to their experiences of IPV.

Method

The analysis builds on interviews with 14 children (8 boys and 6 girls) between the ages of 8 and 12, with an average age of 10. The perpetrators of violence were the biological fathers for all the children but one. All the children were living with their mothers, and 7 of them had regular contact with the father/abuser. Thematic analysis was used to identify, analyze, and report patterns related to the children's experiences of IPV observed in the data set. An essential and contextual approach was chosen, which is considered appropriate when the aim is to report the experiences of participants.

Results

The analysis of how children exposed to IPV talk about violence and aggression led to the identification of three main themes. The first theme concerns *how the children were able to talk about the abuse of their mothers*. The second theme describes *how they talked about their own actions*. The third theme describes *how the children related to or handled their experiences of violence and conflict*.

How children were able to talk about the abuse of their mother. Most of the children did (at least initially) talk about the IPV in a vague and indirect way. Based on the way that the children were able to articulate their experiences of IPV, three sub-themes were identified: *claiming no memories, using paraphrases, or giving a description*. Descriptions of the abuse

were classified as incoherent, coherent but meager, or coherent and elaborated. The initial claim of no memories did not exclude confirmation or description of memories of violence later in the interview. Initially, however, most children used paraphrases when asked about what had happened at home. Less than half of the participating children were able to create a narrative describing a specific violent situation. The descriptions of IPV given by the children were often fragmented and sometimes hard to understand. Creating a narrative that was both coherent and elaborated seemed difficult. Only one of the children described the violence against her mother in context, with details and in a logical sequence.

How children described their own actions/situation when violence occurred. The children described how they tried to retreat from, interfere with, or silently observe the IPV. The absence of explicit descriptions of violent situations did not exclude the possibility of confirming that violent situation had been experienced when children described their own actions during IPV incidents. Talking about their own situations and actions seemed easier for and descriptions were more comprehensible, children described how they tried to avoid parental conflict situations by fleeing their home, hiding in their rooms, and using different activities to avoid hearing the incident. Several children also described trying to stop or disrupt the IPV, both verbally and physically, and when they did. In some cases, the abusive parent directed his violence against the child. Children who were prevented from participating because the father had looked them in their room were still very aware of the violence.

How children related to or handled experiences of conflict and violence. In the interviews, the children demonstrated different ways of relating to experiences of violence. Talking about their memories of violence was, as described, quite difficult. The children described the memories of violence as something you do not talk about; they contemplated the father's behavior, reflected upon their (own) alternative actions, and expressed a concern about their mother's vulnerability. Although many children described trying to forget memories of the

IPV, a majority of them told the interviewer that they were still having such memories. The children provided examples of situations and circumstances that were likely to make them relive the IPV incident(s). Being still or inactive, for example when going to bed, as well as feeling rejected or observing other conflicts could make the memories return. Not thinking about the past was a way to control intrusive memories.

Conclusions

The analysis showed that although the children confirmed that their mother had been the victim of abuse they had difficulties describing these experiences. The children's narrations concerning abuse against mother were often incoherent and difficult to fully understand. Furthermore, not thinking about IPV was described as a strategy aimed at reducing unwanted memories, a strategy that also might obstruct creation of a narrative. These results are in accordance with the results from earlier research about how highly stressed children seem to avoid processing and retrieving information for recall (Sales et al., 2005). Not being able to or wanting to describe violence did not, however, preclude them from having the ability to describe strategies they used when handling the situation. Most of the children seemed to find it easier to talk about their own actions during violence and conflicts. When children described actions aimed at stopping the violence, they sometimes indirectly conveyed experiences of violence against their mother. The different abilities in retrieving or conveying memories of IPV depending on focus that the children demonstrated might be understood as a consequence of the difficulties in integrating experiences of the parent as threatening or threatened, as described in attachment research (Main & Hesse, 1990).

Study II

Aims

The first aim of Study *II* was to describe perceived prevalence of psychological symptoms among children with experiences of IPV. The second aim was to investigate whether self-reported symptoms were connected to the child's current life situation (e.g., relationship to the abuser and conflicts between parents). The approach was explorative, aiming to create a meaningful hypothesis about relevant topics for future research.

Method

The 41 children (23 girls and 18 boys) who participated in the study were from 7 to 19 years of age. The children's mean age was 11 years. Approximately half of the participating children had mothers who originated in Sweden; the remaining children had mothers who were born in other countries in or outside Europe. The abusive partner was the biological father for 76% of the children (n=31).

Two different self-report questionnaires for children were used to measure mental health and post-traumatic symptoms. The Strength and Difficulties Questionnaire (SDQ-C) is divided into five subscales, four problem scales (hyperactivity, emotional symptoms, conduct problems, peer problems) that when added together generate a total difficulties score, and one positive (pro-social) scale screening on empathy and pro-social behavior (Goodman, 1997). To create a reference group for the children in this study, results from another Swedish study (Broberg, Gustafsson, Robertsson, Arnrup, & Berggren, 2005) that included 243 non-clinical children (aged 8–19) was used. Children's Revised Impact of Events Scale (CRIES-13) is a self-report questionnaire that measures symptoms of post-traumatic stress. It consists of three different scales: intrusion, avoidance, and arousal. The sum scores of the scales intrusion and avoidance (IES-8), using a cut-off of 17 or more, has been recommended for discriminating probable PTSD cases (Perrin et al., 2005).

Information about the mother's psychological health and functioning were obtained through the self-report questionnaires: Brief Symptom Inventory (Fridell, Cesarec, Johansson, & Malling Thorsen, 2002); Impact of Event Scale (Horowitz, Wilner, & Alvarez, 1979); and Sense of Coherence (Antonovsky, 1993; Konarski, 1992). Background information about the degree of exposure to violence as well as information about the child's current situation (if they had contact with the father/abuser, mother's civil status, and so forth), was obtained through interviews with the mothers. The severity of IPV was measured on a scale representing different forms of abuse against mother (e.g., threats, pushing, punching, and sexual abuse). Violence from the abusive parent directed against the child was also measured on a scale with each number represented different forms of violence (e.g., offending remarks, physical restraint, and kicks). A total number of abusive behaviors directed towards the child and the mother by the perpetrator was calculated.

Parametric statistical analyses were used to investigate correlations between children's self-reported symptoms and various concomitant factors. T-tests were used for between group analyses. Mann-Whitney U tests were also performed to control results. To investigate relationships between measures, Pearson correlations were used. To avoid extreme cases distorting data, the Spearman's rho with correlations calculated on ranked data was also used to control results.

Results

Children's self-reported symptoms and degree of exposure. The children in this study reported more general mental health problems than the reference group. When compared to the reference group, children with experiences of IPV had rates about twice as high on the scales measuring emotion symptoms and peer problems. On the positive scale, measuring empathy and pro-social behavior, the results were equivalent between exposed children and

the comparison group. The exposed children also reported experiencing frequent trauma symptoms. Of the children, 67% (N=26) had scores at or above 17, indicating probable PTSD.

There were no significant differences connected to age or gender in experience of severity of the abuse directed against mother or degree of exposure to direct abuse. There was, however, a strong positive correlation between the severity of IPV performed against mother and the child's own direct exposure to abuse.

Self-reported symptoms connected to various concomitant factors. The analysis for the group as a whole did not reveal significant differences in self-reported symptoms connected to the background factors included in this study. Further analysis, however, showed that there were differences in symptoms when analyses were performed separately on girls and boys and by age groups (7–11 versus 12–19 years).

Girls reported more general problems when the perpetrator was the biological father and not a new partner. Younger children who experienced IPV through the biological father reported more trauma symptoms than did older children, with large effect size. However, this difference in symptoms between older and younger children was not identified if the perpetrator was not the biological father. Girls who had regular contact with the father reported significantly more mental health problems and more trauma symptoms when compared with girls who did not have regular contact with the abuser.

There were no significant relationships between the mother's reported psychological health and functioning and the children's self-reported symptoms. However, younger children with mothers involved in judicial disputes or processes reported more general problems than did younger children whose mothers were not involved in judicial disputes. Younger children with parents involved in care dispute reported more trauma symptoms than did older children with parents involved in care dispute.

Conclusions

Although the relationship between mother and perpetrator had been terminated, children still reported elevated levels of emotional and behavioral symptoms. The associations between IPV and social problems, externalizing and internalizing symptoms including post-traumatic stress symptoms found in this study are in accordance with results in previous research (Evans et al., 2008; Kracke & Hahn, 2009). The various concomitant factors included in the study did not initially seem to have any profound impact on the children; but when the analyses were conducted separately with regard to gender and age, different reaction patterns surfaced. The relationship to the abuser and children's symptoms related differently for boys and for girls. Girls, generally, seemed more negatively affected when the abuser was the biological father and those girls who had continued contact with the abusive father described more mental health problems than did other girls and more than did boys with continued contact. Although the general knowledge, based on earlier research (Chan & Yeung, 2009), does not indicate gender differences, there are also studies that actually report differences. Research that claims girls may be more affected by witnessing abuse than are boys has, however, been based upon studies of two-parent families where the father was still present (Sternberg, Lamb, et al., 2006). Our data suggests that contact with the abuser and relationship to the abuser needs to be accounted for to better understand the different reactions (or lack of difference) in girls and in boys. The incidence of judicial disputes or processes also seemed to have an impact, but was connected to children's age rather than gender. Perhaps younger children, closer to or more dependent upon the parent, are more at the mercy of conflicts between adults and therefore react more negatively to these conflicts in comparison with older children. Child contact arrangements can also undermine attempts to create safety for women and children (Eriksson & Hester, 2001), and the abusive parent might use visitation as a way to continue abuse against mother (Shepard, 1992).

Study III

Aim

The aim of *Study III* was to describe how, in the aftermath of IPV against mother, children understand and relate to their father.

Method

The analysis builds on interviews with 8 children (4 boys and 4 girls). To make the informant group more uniform, the inclusion criteria included experiences of violence against mother, had an age limit (8–12), and all children had to have experienced violence performed by their biological father against their mother. Four of the children had regular contact with their father (e.g., seeing him on weekends or living with him part of the time). Six of the children had, according to the mother, been abused by the father. Transcripts were analyzed for recurrent themes using IPA.

Results

Two main themes were identified in the analysis of interviews with the children. The first theme, *the disjunctive image of the father*, alludes to the children's understanding of father. The second theme was *being entangled in a conflict* and captured how children related to and behaved in relation to the father in light of their understanding of him and of their own situation.

The disjunctive image of the father. Children's mediated images of the father were more or less disjunctive and different versions of understanding could be either simultaneously emergent or shift during the interview. Based on how the children formed their understanding of their father, two sub-themes were identified: *relating to different versions* and *living with shifting feelings*. Not being fully able to distinguish the boundaries between one's own memories and what have been recounted by others could diminish the understanding of what

had been experienced. The way in which one particular feeling could prevent other feelings from emerging seemed to have an impact on how children experienced their father. Several children described how fear could prevent them not only from expressing feelings of anger, but also actually feeling angry with the father. Children without direct contact with the father seemed to find it easier to acknowledge and describe feelings of anger towards father and to connect feelings of fear with experiences of the father's violence. Having said this, they could still have incompatible or conflicting feelings.

Being entangled in a conflict. Children also conveyed the sense of being caught in a conflict where their own needs and desires could be deemed as unsafe to express. They described different situations where they perceived that their actions or desires needed to be hidden or modified, thus making their behaviors appear subordinated or compliant. When the child was still having regular contact with the father, not only was getting in touch with and expressing feelings or emotions difficult, so was expressing preferences for living arrangements and contact with him. The children conveyed an uncertainty about what would happen with the views they put forward, and several described how they felt that on previous occasions their views had been ignored or misrepresented. Conflicts or negotiations with the father were frequently described as something children had to handle themselves. Although not wanting to have contact with father, having to argue with him or to convince him to cooperate was sometimes perceived as necessary.

Although several children described feeling supported by others, they still expressed feeling vulnerable in the presence of the father. While the children described being emotionally supported by a school counselor, the mother, friends, or relatives, these adults seemed to lack the power deemed necessary to handle conflicts with the father. At the same time, the judicial and social care systems, while seen as having power, were described as not listening

Conclusions

The two main themes, “the disjunctive image of the father” and “being entangled in a conflict,” together provide a better understanding of how children with experiences of IPV may perceive the violent father and their relationship with him. Holding a disjunctive image of the father, where two or more images may coexist, might be understood as a way of coping for children trying to manage a difficult situation. This way of handling experiences is in accordance with how children with similar experiences have described using repression as a way of coping in difficult situations (McGee, 2000). The differences in the images of the father were connected to focus and emotional state, which is also indicative of the possible existence of conflicting or incompatible models of attachment (Main, 1991). All of the participating children expressed or demonstrated either previous or continued difficulties in detecting and/or expressing emotions. The inability to express or feel anger described by some of the children can be understood as a form of compulsive compliance (Crittenden, 1999). The suppression of feelings might help the children handle potentially frightening situations when in the father’s presence. The other main theme, “being caught in a conflict,” describes how, after the actual separation of the parents, children often continued to live in a situation where they felt compelled to be compliant or to take a more controlling, adult role in conflicts than would be regarded as appropriate. While this might make an acute situation more manageable and less threatening for the child, it may well have negative consequences for the child’s development (Moss et al., 2004).

Study IV

Aim

The purpose of *Study IV* was to describe how children with experience of parental IPV understand their own feelings of anger and how they think about conflicts with peers.

Method

Interviews with 20 children between 7 and 18 of age were analyzed with an interpretative phenomenological approach. For 14 of the children, the perpetrator was their biological father, while 6 children had experienced violence from a stepfather or a new partner of the mother. Of the participating children, 18 had, according to the mother, also been abused (verbally and/or physically) by the perpetrator. The children were interviewed before or at the beginning of group participation.

Results

Four themes concerning children's understanding of their anger and conflicts were identified: *a dismissive attitude towards anger, compelled or enticed to retaliate, anger an uncontrollable force, and anger mixed up with sadness*. Analysis showed the children interviewed deemed anger and conflicts as being complicated. Although a negative attitude to use of violence seems to be widespread, the difficulties in handling anger in a confident and sensible way are obviously likely to create difficulties in peer relationships.

A dismissive attitude towards anger. To express dissatisfaction or anger was often depicted as undesirable, difficult, or risky. Several children avoided feeling anger while other children, although admitting to being angry, described different ways to avoid acting on their anger. Children could diminish or reduce disagreements was by describing them as silly or unnecessary. Several children also mediated an understanding of objecting as futile. To stand up for oneself might even be considered making things worse.

Compelled or enticed to retaliate. Children described feeling compelled to retaliate because of self-respect or because they felt driven by others. Lack of effectiveness when trying to speak up could make the use of verbal and/or physical violence be perceived as necessary. The necessity of fighting back was generally described as something unfortunate; however, fighting back was sometimes conveyed with a more positive attitude.

Anger an uncontrollable force. The children described another attitude towards anger and conflicts that was much less controlled and considered. Anger was understood as a feeling so strong that it was difficult or even impossible to control. When children felt exposed, this could lead to smashing things or screaming at the one they felt was assaulting them. This understanding of anger as difficult or impossible to control was perceived as more or less problematic. The outcome of one's inability to control oneself could, however, lead to consequences perceived as frightening.

Anger mixed up with sadness. Several children described feelings of anger and sadness as being closely related. Thus, sadness could lead both to aggressive behaviors and/or to withdrawal. Angry feelings were described as mixed with or oscillating with sadness. Although fright also was mentioned in relation to anger and conflicts, it was not as prevalent and not described as being close to or mixed with anger in the same way as sadness was.

Conclusions

Children's own understanding of anger and conflict were, for the most part, described as something complicated or troublesome. Their perception of protesting through arguing or speaking up as being futile was connected to previous efforts that had not worked very well. Therefore, they often deemed the use of retaliation and/or withdrawal as necessary. Despite attempts to avoid physical aggression, most of the children's stories showed that it was not always easy to avoid. The solution could be to "turn off" the feeling of anger, but such an approach is difficult to maintain unless the perceived provocation is reduced (or terminated),

which implies that the other must change or the child keep away, physically or emotionally. The experience of anger as being difficult to control and difficult to express also leads to concern. Although most children had good intentions and a desire to manage conflict without violence, this study shows how difficult this could be. Children conveyed doubt that speaking up works and, it seems, lack positive experiences of using arguments. Previous research indicates that children with experiences of IPV tend to use either passive or aggressive strategies in conflicts (Jaffe et al., 1990). How the participating children understand anger and conflicts provides a deeper understanding of why they might choose either passive or aggressive behavior in conflicts with peers.

General Discussion

The results of the studies show that children exposed to IPV had many thoughts about their situation and experiences that they could and wanted to convey. The children were aware of and affected by the IPV and they tried to manage their frightening memories and their situation in several ways. Although parents were separated and the violence assumed to have ceased, the consequences of IPV still affected the children's lives.

Although the children in the research project were participating in an intervention that was not aimed at children with psychiatric problems, *Study II* showed that a large proportion of the children reported having emotional, behavioral, or trauma symptoms at a clinical level. Research also shows that symptoms of traumatic stress can persist over time (Bonanno, 2004; Bonanno & Mancini, 2008), especially if the adaptive systems that protect development are impaired (Masten, 2007). This seems to be the case for many of the children participating in the studies. Insufficient control of risks and stress effects connected to continued contact with an abusive parent and perceived difficulties talking about other problems (i.e., abuse from mother) for fear that the information might be used in the wrong way (*Study III*) can explain why symptoms persist after termination of the abusive relationship. Earlier research has also

shown that children's continued contact with the abusive parent makes closure of the parental relationship difficult to achieve and that the violence (or fear of violence), therefore, may continue (Shepard, 1992). Therefore, it may be relevant to be observant of symptoms indicating an ongoing trauma (Hoffman et al., 2011) when meeting children with experiences of IPV. Most children's difficulties in describing their experiences of IPV as demonstrated in *Study I* and the disjunctive image of father demonstrated in *Study III* could be explained as reactions connected to an ongoing trauma.

The demonstrated difficulties of describing earlier experience of IPV (*Study I*) and the mediated disjunctive image of the father (*Study III*) might also be understood in terms of dissociation. Although the tendency to dissociate is considered to be a normal, childhood ability, in the face of physical and/or emotional traumas it might develop into a defense mechanism (Somer, 2011). Difficulties integrating information, experiences, and feelings into a coherent image may, for some of the children, be an expression of dissociative symptoms. When children have to relate to contradictory information and do not gain enough support from the environment, integration is difficult (van der Hart, Nijenhuis, & Steele, 2006). When IPV occurs, the support that parents provide is likely to be deficient, making integration of frightening experiences difficult. Consequently, the children's ability to create a narrative that might help organize experiences and shape the understanding of their own self (Stern, 2000) might, be negatively impacted.

Children with IPV have many negative experiences connected to conflicts since they have experienced how parental conflicts have escalated into violence. The concept of conflicts as something normal and positive was also absent in the descriptions of how they handled peer conflicts (*Study IV*). Children's described responses to IPV (*Study I*), concerned efforts aimed at stopping the violence or fleeing from the situation. Although these responses were constructive under the circumstances, they might complicate the process of learning how to

handle conflict situations in later life. The fact that peer conflicts, as described in *Study IV*, seem to create similar responses, for example, efforts to stop it (fight back) or avoid it (emotionally or physically), creates concerns. Earlier research shows that children's perception of aggressive interaction might influence their responses to later conflicts and affect their beliefs about close relationships (Grych & Cardoza-Fernandes, 2001; Grych, Wachsmuth-Schlaefel, & Klockow, 2002). Research has also shown that although children think violence is wrong, they might be unaware of alternative means of handling conflicts and expressing anger (Ericksen & Henderson, 1992). Several of the children in *Study IV* described anger as an uncontrollable emotion that took over their behavior. In light of the high prevalence of both emotional and conduct symptoms (*Study II*), it is reasonable to assume that many of the participating children have problems with emotional regulation. Despite that, exposed children reported equivalent levels of pro-social behavior in comparison with a norm group, suggesting an effort to show concern for others. However, the prevalence of peer problems as described in *Study II* and *Study IV* indicates that these efforts might fail when the child is interacting with others. Other studies have confirmed that problems with emotional regulation are common among abused children (Burns, Jackson, & Harding, 2010), including among children exposed to IPV (Harding, Morelen, Thomassin, Bradbury, & Shaffer, 2013).

The lack of elements such as use of discussion and negotiation as means to successfully handle anger and conflicts, which was demonstrated in *Study IV*, might lead to additional interpretations. This is the case because the children with negative experiences of parental conflicts leading to violence might not name resolvable disagreements as conflicts. Previous research has shown that the violence is not adequately named in relation to IPV (Hydén & McCarthy, 1994; Mullender et al., 2003). Neither, the abused, the abuser, nor the exposed child is likely to talk about the violence directly. Rather, as shown in *Study I*, children are more likely to use paraphrases when talking about their experiences. Having a

phraseology regarding constructs such as disagreement, conflict, and violence that differs from others may in itself create problems. Complications connected to imprecise use of language might explain some of the difficulties in describing the handling of conflicts without being verbally or physically abusive, as expressed by children in *Study IV*. Earlier research has indicated that children with experiences of IPV interpret and handle interpersonal conflicts in either submissive or aggressive ways, which creates problems in managing conflicts with peers (McCloskey & Stuewig, 2001).

It is, however, important to remember that the majority of child witnesses does not perpetrate violence on others (Hughes, Graham-Bermann, & Gruber, 2001), and there are children demonstrating what appears to be heightened levels of social awareness (Ballif-Spanvill, Clayton, & Hendrix, 2003). The themes connected to children's perceptions of anger and conflicts in *Study IV* reveal both the children's difficulties when dealing with conflicts and their awareness of and desire to use strategies designed to protect themselves and others from the negative consequences of anger. Different causes of anger and aggression have been described: a perceived threat to self-esteem (Waschull & Kernis, 1996), fear of separation and abandonment (Bowlby, 1973), or anger over failed entitlements (Dill & Anderson, 1995). The close connection between anger and sadness that emerged in *Study IV* can be understood as fear of abandonment, while the experience of being compelled to retaliate may be more connected to protection of self-esteem.

There is an extensive body of research on how IPV affects children, and its consequences in terms of psychopathology and developmental breakdowns. However, the discussions about victims and the necessity of (or logical sense in) understanding their actions as resistance (e.g. Coates & Wade, 2007) have implications when the children's situation is taken into account. What might be interpreted as psychopathology may, in the circumstances, be the most appropriate response available for the child. It is the situation that is pathological,

and children's responses can be seen as the organization of self-protective strategies (Crittenden, 1999). However, behavior assessed as most appropriate in one situation can be problematic in another. Over time, if the strain connected to IPV does not decrease, the risk of a negative development and enduring psychiatric symptoms for the child cannot be underestimated.

Children who are concerned that their parents are not capable of caring for them might assume that they are responsible for dealing with the situation and take on a parenting role. This propensity has been described in families where parents suffer from alcohol and substance abuse or have psychiatric problems (Earley & Cushway, 2002). In *Study III*, the second main theme, *being caught in a conflict*, describes how children, even long after the actual separation of the parents, often continued to feel compelled to be compliant or to take a more controlling, adult role in conflicts than would be regarded as appropriate. While this might make an acute situation more manageable and less threatening for the child, it can lead to negative consequences for the child's development (Moss et al., 2004). Several children described taking a managing role in their relationship with the father. This corresponds well with how children living in a family with IPV describe their actions (Överlien & Hydén, 2009). Nevertheless, taking an active role in parental conflicts does not seem to end when the parents separate. The role of parents as those responsible for maintaining and managing the family system, usually described as a necessary part of family functioning (Epstein, Bishop, Ryan, Miller, & Keitner, 1993), were deficiently reflected in these children's descriptions. Living with IPV means the children are not only being exposed to violence, but also being constrained by or forced to handle situations that children are not normally expected to deal with. The consequences (or perceived consequences) of formulating their own opinions seemed to make an impact on the participating children's abilities to express their thoughts and wishes. Children not only described how they suppressed information about their wishes

concerning living arrangements, but also, how they might feel it necessary to hold back information about their need of support, due to mother's inability and so forth (*Study III*). The difficulties in expressing and conveying wishes and feelings in relation to the parents might also be understood as expressions of controlling behavior or compulsive compliance. Children use the behaviors described in children with disorganized attachment to make parents behavior more predictable (Crittenden, 1995; Howe et al., 1999).

The complexity behind children's thoughts about and reactions to IPV was made clear in all the studies. As in earlier research (Chan & Yeung, 2009), the children in *Study II* reported extensive psychological symptoms. However, the emerging patterns of symptoms are not easily interpreted. Although age and gender did not seem to have any profound impact on degree of symptoms at first, concomitant factors proved to be of different importance for different groups. Girls seemed more affected if the perpetrator was the biological father and if they were having continued contact with him. Previous difficulties in identifying differences connected to age and gender might have occurred because the life circumstances for exposed children differ. In most studies, there is no clear definition of who the perpetrator is and whether the child is still living with the perpetrator (Chan & Yeung, 2009; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). Continued contact with an abusive parent has also been shown to make an impact on children's well-being (Jaffe & Crooks, 2007; Shepard, 1992). How we understand the violence has been described as vital in order to understand the impact of IPV on children; IPV directed against mother is likely to have different consequences connected to gender since the identification with the abuser and the abused is likely to differ between children. The process of identification with a parent is complex (Lamb, 2008). Negative consequences connected to the continued parental conflicts were highlighted in *Study II* and *Study III*. However, judicial conflicts between the parents seemed to have a more negative impact on younger children's health (*Study II*). How the judicial conflicts could be

experienced by children were also described in *Study III*; although some children had been asked by authorities about their situation and wishes, they described feeling that they had not been listened to or taken seriously. As described in the transactional model, it is a complex task to determine the developmental effects of adverse experiences since timing, community resources, and so forth, all determine the consequences (Sameroff, 2009). The effect of prolonged uncertainty concerning living arrangements might also be considered if we are to understand the effects of IPV for children. If children exposed to IPV are to benefit from treatment and intervention, we need to distinguish between normal reactions to abnormal circumstances and mental illness, and whether the child's reactions are symptoms of PTSD or consequences of an ongoing trauma (Hoffman et al., 2011).

Clinical implications

Fear of not being believed has been described as preventing children from disclosure. Although the violence was already acknowledged for the children in this study, they still had obvious difficulties in revealing experiences of violence. This indicates how extremely difficult it must be for a child to convey experiences about IPV to someone when the violence is still ongoing, when it is denied in the family, or when asked questions by an unfamiliar grown-up. The ways children in *Study I* related to and conveyed their experiences imply that the complexity connected to revealing IPV experiences need to be considered when helping children to share their experiences. The need to take account of how children understand their father and their relationship with him ought to form a significant element in assessing the consequences for the child of continued contact with a father who has subjected the child's mother to abuse. Although conflicting images held by the child can make such an assessment difficult, *Study II*, and *Study III* might shed more light on how to understand and interpret the individual child's predicament after the termination of the relationship between mother and

perpetrator. Since well-functioning peer relationships have been shown to strengthen resilience in children with adverse experience, the information about children's understanding of anger and conflicts described in *Study IV* can provide helpful insights, including the following:

- Describing one's own actions or behavior in the situation instead of describing what the father did to their mother seems easier for most children, and asking them to do this is also a way to find out more about what they have experienced.
- It is also informative to find out how the child handles the memories of violence. Even if reluctant to describe what they witnessed, children seem to be willing to admit that they have disturbing memories and describe how they try to avoid or handle them.
- Contradictory information given by children about their father is better understood in light of their attempts to handle different versions of father and his behavior mediated by different sources. The circumstances that surround the information must be taken into account. If we can assume there is a fear for safety, the likelihood for children to express their feelings is limited. Compulsive compliance or dissociative mechanisms can mean that the child may fend off memories or feelings as a way of coping with an unsustainable situation.
- Children need to be supported in their efforts to integrate different versions and feelings connected to father and the IPV. However, their ability to think about their experiences and to integrate them is likely to be limited if they perceive themselves to be ensnared in the parental conflict. Whether the child feels entangled in a conflict or at risk of retaliation are, therefore, two factors that need to be assessed if we want to help these children. The situation for children after

- parents have separated is likely to be influenced not only by the experiences of violence but also by a distrust of other adults' authority and ability to protect them.
- Since having good relationships outside the family has been shown to strengthen resilience in children with adverse experiences, efforts aimed at strengthening their relational competence can be helpful. Difficulties conveyed by the children show that they do need support in how to handle conflicts with peers and help to strengthen their emotion regulation skills. Children may also need to learn how to be more assertive in conflicts, and practice the use of negotiation as means of conflict resolution.

Limitations and future research

These studies were based on interviews with children who had been admitted to group treatment, which means the mothers confirmed the violence and the environment endorsed and recognized that children have the right to talk about their experiences. This is not the situation for most children exposed to family violence. The ways the participating children described and related to their experiences might therefore not be consistent with children whose situation has not yet been confirmed. How a child experiences the interview also has an impact on how he or she will talk about and disclose different experiences. Considerations regarding children's vulnerability and respect for their right to describe experiences while feeling safe and understood might also inhibit the interviewer. The interviewer may edit the follow-up questions to protect the child in the interview situation and therefore not address sensitive topics in full. These concerns are necessary to note and problematize, but they are still difficult to completely avoid because talking to children exposed to IPV is sensitive and complicated. A child's willingness to communicate might also be attenuated if previous experiences have led to distrust of adults' ability to protect them (as described in *Study III*).

Thus, some of the participating children are likely to have withheld information they deemed dangerous or unfit to convey.

Since the age span among the participating children was relatively wide, the extent and degree of reflections varied accordingly and were more prominent in older children's narrations. This naturally affected the analytical work, not least in *Study IV*. The aim of IPA is to make sense of the participant's experiences through various levels of interpretation (Smith et al., 2009). Hence, the formulations of themes need to be considered as one of several possible interpretations. Analysis (qualitative and quantitative) always includes path selections and the final choice of focus for each qualitative study emerged during the processing of data. In that sense, the chosen foci were initiated by the participating children. However, the semi-structured interview did not cover all possible topics, and although the approach was inductive the researchers' pre-understanding as child psychotherapists affected not only the analyses, but also the formulation of interview questions.

The sample of the children included in the different analyses were based on considerations of what inclusion criteria ought to be relevant (e.g., age, relationship to the perpetrator) to come to useful conclusions. Among the qualitative studies, *Study IV* had the broadest inclusion criteria. This naturally affected the degree of homogeneity, but was considered justified since the understanding of anger and conflicts were judged relevant to highlight for the entire group, regardless of age and of relationship with the abuser.

Because *Study II* was an exploratory study with a limited number of participants, the results must be interpreted cautiously. It is likely that the differences identified on the basis of background factors may be interconnected and influence each other in various ways. The results so far indicate, in all cases, how necessary it is to consider the child's current life circumstances to better understand the situation for children with experiences of IPV. The small samples used in the qualitative studies also made directly comparing boys' and girls'

experiences difficult. In *Study III*, concerning children's understanding of the relationship with father, this question is particularly relevant. Since most IPV is directed against the mother, the question of gender and identification with the abusive parent is likely to be relevant. Analyzing boys and girls understandings separately and adding complementary follow-up questions in the interviews to address the gender of abuser and abused could have added valuable insights. When considering the results in *Study IV*, it is also important to remember that the understanding of anger and conflicts as being quite troublesome might have been reinforced by the participating children having been referred to the support program. Although symptoms or behavioral problems were not necessary for participation, it is likely the mother had some concerns for the child's well-being. The problematic picture of conflicts conveyed might therefore not be representative for all exposed children. Still, earlier research shows that it is a complicated area for many of the children who have been exposed to IPV (Holt et al., 2008).

There is also reason to further reflect on how consistent the participants' experiences are with the experiences of other children exposed to IPV. We know that for children with experiences of IPV, this is rarely their only problem; many have been forced to move from a familiar environment and have experienced economic hardship and so on. Furthermore, some participating children had mothers who originated from other countries, but analysis of how this might make an impact children's situation and experience was not completed. Because the mothers originated from diverse cultures, Nordic, European and non-European, dividing children in to ethnic groups were not considered purposive. However, since all participating children lived for all or the greater part of their lives in Sweden, this was deemed acceptable to set aside.

One might also consider how the children's willingness to describe their experiences might have been affected by data being gathered in a treatment setting by trained social

workers or psychologists. The problematic aspects might have been more illuminated because of this context. At the same time, previous negative experiences of telling adults about their situations (as described in *Study I* and *Study III*) might have had the opposite effect, thus preventing the children from further disclosure. In the present studies, however, the results indicated children's willingness to describe and discuss sensitive issues. The embedding of the current research project in a supportive treatment setting appears to have made both the interviewers and children feel safe enough to address sensitive issues.

Although the difficulties and symptoms described by the children in this study confirm results from earlier research in that exposed children display difficulties in several areas, the results also illustrates how important it is to consider individual situations to fully understand how IPV affects children. Several areas of future research have been implicated. Different ways of describing IPV experiences were identified, and it would be meaningful to find out more about how different circumstances influence children's ability and willingness to talk about IPV. Further, the combination of symptoms in several areas and a concurrent tendency to report adequate pro-social behavior need further investigation. Reporting high degrees of pro-social behavior may not be consistently positive among children with experiences of IPV. More research also needs to be conducted on the effects of continued contact with the abuser, with a focus on gender differences, to better understand how continued contact or alternating residence affects children who have experiences of IPV. The effects of continued conflict between parents acted out in the judicial system also need further investigation, especially the effects on younger children. We also know that many children with experiences of IPV are not identified. Therefore, paying attention to vulnerable children's need for support in their interaction with peers can be helpful, even for those children who have not yet had their situation recognized.

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Appendices

- I. Georgsson, A., Almqvist, K., & Broberg, A. G. (2011). Naming the unmentionable: How children exposed to intimate partner violence articulate their experiences. *Journal of Family Violence*, 26(2), 117–129.
- II. Georgsson, A., Almqvist, K., & Broberg, A. G. (2011). Dissimilarity in vulnerability: Self-reported symptoms among children with experiences of Intimate Partner Violence. *Child Psychiatry and Human Development*, 42(5), 539–556.
- III. Staf, A. G., & Almqvist, K. (2013). How children with experiences of intimate partner violence towards the mother understand and relate to their father. *Clinical Child Psychology and Psychiatry* (published online)
- IV. Staf, A. G., & Almqvist, K. (2013). I do not like to do so but I have to: Understanding of anger and peer conflicts among children exposed to intimate partner violence (submitted manuscript)



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