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A Qualitative Account of Children's Perspectives and Responses to Intimate Partner Violence in Chile

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Abstract

The literature has shown that including children's perspectives in intimate partner violence (IPV) field research will improve our understanding of this violence and its impact on the well-being of victims. Furthermore, the literature suggests that children are not passive witnesses. Rather, they use a variety of strategies to cope with IPV. The aim of this research is to understand the experiences and coping strategies of children who have lived through IPV between their parents/caregivers. The participants of this study were nine children between the ages of 8 and 12 years (five girls and four boys). These participants were recruited from a specialized program in Chile focused on the maltreatment of children. Semi-structured interviews were conducted, and a thematic narrative analysis was used to identify recurring themes from the interviews. The results showed that children used a variety of coping strategies when an episode of violence was occurring. The aim of these coping strategies included the following: (a) emotional and behavioral self-regulation, (b) seeking social support, (c) avoiding emotional reactions related to IPV episodes, (d) escaping violent episodes, and (e) intervening to stop the IPV and protect their mothers. Along with these coping mechanisms,

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the results reveal that children often not only have to confront IPV when it is present in their families but are also potentially subjected to other types of victimization. The findings of this study highlight that children are active subjects with agency in response to episodes of IPV and respond through a range of actions and coping mechanisms. The researchers emphasize the relevance of integrating and validating the voices of children in research, given that children are direct victims of IPV and a high-risk group for other types of child victimization.

Keywords
intimate partner violence, children's perspectives, coping strategies, child victimization

Introduction

After a decade of investigations, there is a great deal of research indicating that intimate partner violence (IPV) is a risk factor for psychopathological problems in childhood (Holt et al., 2008; Vu et al., 2016). Several authors have proposed that IPV constitutes a form of child abuse (Artz et al., 2014; Gilbert et al., 2009). The literature also shows that IPV is associated with other forms of child maltreatment, including physical and sexual abuse (Holden, 2003). However, research has also demonstrated that IPV survivors often try to shield their children from IPV in line with their understanding of what it means to be a good mother and to protect their children from harm (Bentley, 2017; Levendosky et al., 2000). In this attempt to protect children from harm, it has been found that IPV survivors may try to compensate for the episodes of violence with warm and nurturing parenting (Bentley, 2017; Levendosky et al., 2000).

The impacts on children relating to IPV span from emotional and behavioral problems (Evans et al., 2008; Holt et al., 2008; Vu et al., 2016; Wolfe et al., 2003), to alterations in the development of brain architecture, organic systems, and regulatory functions (Shonkoff et al., 2012). The international literature has predominantly addressed the consequences and psychopathological problems suffered by children and adolescents who have experienced IPV, generating evidence of these children as being irremediably damaged due to their experience with IPV (Callaghan et al., 2015a). However, some findings suggest that not all children are affected in the same way (Graham-Bermann et al., 2009; Kitzmann et al., 2003; Vu et al., 2016). A recent review of the literature outlined some protective factors relating to the child (e.g., coping skills, self-esteem, and temperament), their peers (e.g., supportive peer relationships), and their

family (e.g., positive and supportive parenting practices) that promote resilience and better outcomes for children that have experienced IPV at home (Carlson et al., 2019). As Graham-Bermann et al. (2009) pointed out, the combination of a variety of protective and risk factors creates diverse profiles of adjustment among children who have been affected by IPV. In their study, resilient children were characterized as having less violence exposure, less fear and worries, and mothers with better mental health and parenting skills, in comparison with children that showed adjustment problems.

Over the last two decades, a growing number of researchers have emphasized the usefulness of qualitative research methodologies in directly exploring the perspectives of children and adolescents with respect to their experiences of IPV, considering them as competent social agents and informants of their own experiences (Buckley et al., 2007; Callaghan et al., 2015a; DeBoard-Lucas & Grych, 2011). Such research reflects an evolution in how IPV is understood, particularly in how the position of children and adolescents is recognized and made visible in the context of IPV (Øverlien, 2010). Consequently, the terminology associated with IPV has evolved in the last decade. Researchers from qualitative studies have put forward the term "experiences" (Øverlien, 2010, p. 82) or "children and adolescents who experience violence" (Callaghan et al., 2015a, p. 2), to emphasize the position of children as individuals experiencing violence in their homes "with all their senses" as opposed to their being referred to as passive witnesses to IPV (Øverlien & Hydén, 2009, p. 480). This qualitative research seeks to include children as part of the problem, rethinking the adult-centric vision that has characterized the traditional studies on childhood (Vergara et al., 2015), considering children and adolescents as agents of their own subjectivity, promoting their participation, and validating the diverse forms through which they communicate their experiences (Miranda et al., 2017).

Until two decades ago, their strengths, resilience, and coping strategies had rarely been analyzed (Goldblatt, 2003; McGee, 1997; Øverlien & Hydén, 2009). Some authors have proposed that to understand and resolve such traumatic events, children actively give meaning to the violence, ask questions, and seek information and solutions (Goldblatt, 2003). Recent meta-synthesis from qualitative studies of children's experiences of IPV showed that children perceived IPV as a complex, isolating, and chronic experience, that made them feel fear, worry, powerlessness, and sadness (Noble-Carr et al., 2019). Furthermore, these experiences often made children experiencing IPV feel like they are living a childhood that is not normal (Arai et al., 2019).

Children and adolescents who experience IPV use different coping strategies to respond to such episodes of violence (Buckley et al., 2007; Ravi & Casolaro, 2018). This is important because the responses of children and

adolescents to stressful situations are an indication of their adjustment to such violence, given that coping strategies can serve as either protective or risk factors of their mental health (Kerig, 2003). In this sense, coping can be understood as a set of cognitive, emotional, and behavioral strategies that a person uses in response to a stressful event. Central to coping is the evaluation that an individual makes as to the demands of the environment, and the resources that he or she has at their disposal to confront such a situation (Folkman et al., 1986). Many factors will affect the response and coping strategy the child or adolescent employs in any given situation of IPV, including their age, gender, number of siblings, level of education, and the socioeconomic status of the family (Ahmad et al., 2017). Their capacity to respond is also affected by their particular context, which determines the presence and nature of stressors, influencing to some extent the child's repertoire of coping responses and also influencing the coping strategy that will be used in a given situation (Tolan & Grant, 2009).

Internationally, few qualitative studies have explored the coping strategies from the perspectives of the children experiencing IPV. The researchers of the present study only identified five investigations that focused exclusively on children's reports of coping strategies. These studies report that children face IPV in different ways, including by intervening directly (DeBoard-Lucas & Grych, 2011; Ericksen & Henderson, 1992; Georgsson et al., 2011); withdrawing from the place where IPV occurs (DeBoard-Lucas & Grych, 2011; Ericksen & Henderson, 1992; Georgsson et al., 2011); seeking outside help such as calling a neighbor, a relative, or the police (DeBoard-Lucas & Grych, 2011; Ericksen & Henderson, 1992; Nair et al., 2001); looking for ways to protect the mother, siblings, and themselves (Callaghan et al., 2015b; Nair et al., 2001); seeking support and/or company from relatives, friends, or close family (DeBoard-Lucas & Grych, 2011); physically distancing themselves from violence and engaging in another activity, such as reading, watching television, or sleeping (DeBoard-Lucas & Grych, 2011; Ericksen & Henderson, 1992; Georgsson et al., 2011); or staying in the room without intervening (Georgsson et al., 2011). Ravi and Casolaro (2018) proposed that the coping strategies of children and adolescents could be conceptualized as ranging along a spectrum, from a healthy integration of the experience of IPV, to an unhealthy response which involved distancing themselves from it. These authors agreed that more research is needed to understand more about how children experience and cope with IPV.

The Present Study

Although research related to this topic has allowed progress in this field, there is still a shortage of qualitative studies that explore coping strategies

from the perspective of the children. Furthermore, no such studies yet exist in Chile, despite the high prevalence of IPV exposure reported by children and adolescents in national surveys, which range from 12.8% (Ministerio del Interior y Seguridad Pública, 2017) to 29.8% (Ministerio del Interior y Seguridad Pública, 2013). Considering this gap in the available literature, the aim of this study is to understand the experiences and coping strategies of children who have lived through IPV between their parents/caregivers.

Method

The project U-Inicia 19/16 "Intimate Partner Violence and Mental Health Problems of Children and Adolescents" is a pioneer research project in Chile, funded by the Vice Rectory of Research and Development of the University of Chile, which aims to comprehensively integrate the perspectives of children and adolescents on IPV. As no other study of these characteristics has been conducted in our country, this article presents the preliminary results from this research project, focusing exclusively on the experiences and responses of the younger participants.

Participants

The present study included nine children (five girls and four boys) between the ages of 8 and 12 years old. All participants were admitted to specialized programs for children and adolescents who have been victims of child abuse in Chile. These programs included psychosocial and therapeutic interventions for child victims. The description of each participant's characteristics and IPV exposure is shown in Table 1. All participants in the present study shared that the aggressor of the IPV was their biological father and the IPV experienced by the mother was chronic.

Following the international ethical recommendations to investigate IPV with children (Eriksson & Näsman, 2012; Morris et al., 2012), the inclusion criteria were the following: (a) lived experiences of IPV (psychological, physical, and/or sexual) during the last year, (b) children with a court referral certificate stipulating "Witness of Domestic Violence" or have a documented history of living with IPV according to the program that he or she is assisting, (c) aged between 8 and 12 years old, (d) currently living with their mothers and have lived with her for at least 6 months during the previous year, and (e) undergoing diagnostic assessment in the program, to safeguard that children are not consulted more than once about their IPV experiences, in addition to being able to contribute to their treatment. Based on the literature on child and adolescent populations that have been through IPV (Morris et al., 2012), three criteria were formulated to identify and exclude high-risk cases to

Table 1. Participants' Characteristics and Type of IPV Exposure.

Case[a]	Age	Gender	Type of Exposure[b]	Other Victimizations[c]	Mothers' Age[c]	Type of IPV[c]
Sara	10	Female	Exposed prenatally, intervenes, eyewitness, experiences the aftermath	Violence between other family members, psychological and physical abuse	42	Psychological, physical, and sexual
Diana	9	Female	Exposed prenatally, eyewitness, experiences the aftermath	Violence between other family members, psychological and physical abuse, peer violence	38	Psychological and physical
Luis	9	Male	Exposed prenatally, eyewitness, observes the initial effects, experiences the aftermath	Psychological and physical abuse, peer violence	38	Psychological, physical, and sexual
Ana	11	Female	Eyewitness, observes the initial effects, experiences the aftermath	Psychological and physical abuse, peer violence	42	Psychological and physical
Lucas	8	Male	Exposed prenatally, eyewitness, observes the initial effects, experiences the aftermath	Sexual abuse, psychological and physical abuse, peer violence	31	Psychological, physical, and sexual
Pablo	12	Male	Exposed prenatally, eyewitness, observes the initial effects, experiences the aftermath, intervenes, victimized	Sexual abuse, psychological and physical abuse, peer violence	30	Psychological and physical
Raúl	10	Male	Exposed prenatally, eyewitness, observes the initial effects, experiences the aftermath	Psychological and physical abuse, peer violence	30	Psychological and physical
Lucía	11	Female	Exposed prenatally, eyewitness, experiences the aftermath	Psychological abuse	37	Psychological, physical, and sexual
Sol	11	Female	Exposed prenatally, eyewitness, observes the initial effects, experiences the aftermath	Psychological and physical abuse, peer violence	36	Psychological and physical

Note. IPV = intimate partner violence.
[a]The names of the participants were changed to maintain anonymity. [b]Classification based on the taxonomy proposed by Holden (2003). [c]Information extracted from the mothers' interview.

protect the integral welfare of the participants: (a) children and mothers with a protected name and/or address, (b) cases with a court order indicating that children are currently living in a situation assessed as high risk, and (c) children who do not live with their mother.

Production Techniques and Data Collection

Semi-structured interviews were conducted using the interview developed by Callaghan et al. (2015a), which was adapted by the research team following the guidelines of the International Testing Commission (Muñiz et al., 2013). The interview topics included the following: children's experiences of IPV, the emotional impact related to this type of violence, and the coping strategies utilized. Some examples of the interview questions used are as follows:

> This project is about children growing up with domestic violence—with lots of fighting and maybe hitting in their home. Do you think of yourself as growing up in that kind of situation? What is that like for you? When there are bad times at home, when people are fighting or getting angry with each other, what is that like for you? How do you cope with those kinds of situations? Is there anything you do that makes you feel better, when bad things are happening at home? What do you do/say? How does it help?

Procedure

The research project was approved by the Ethics Committee of the Faculty of Social Sciences of University of Chile. Professionals of the program referred the cases that fulfilled the inclusion criteria to the research team through a Case Selection File. The team members contacted each participant's mother by telephone, and provided information about the project, asking about the willingness of both the mother and their children in participating in the research. If both the mother and the child agreed to participate, the research team requested the written consent of the mother and then the written assent of the child. Then, the professionals of the program proceeded to interview the children and to administer two instruments to assess mental health problems which were not used in this study. Within the framework of the research project, the mothers were given a semi-structured interview for victims of IPV (the data obtained from which can be found in Table 1) as well as two instruments to assess their own mental health and that of their children, the results of which were not used in the present study.

Data Analysis

Thematic narrative analysis was used with the semi-structured interviews, to achieve a deep interpretation of the participants' responses and to better understand the ways in which people give meaning of their experiences (Riessman, 2008). The interviews were audio recorded, transcribed, and

analyzed by three research team members using the ATLAS.ti software (Version 7.5.4). Text extracts from the transcripts of interviews that were used to support the findings alongside interpretations given were then presented in the results. The analysis was performed by three members of the research team. First, each member of the research team conducted an intra-case analysis, in which each interview was coded separately. Then, the codes of each interview were compared, disagreements discussed, and re-codification completed as necessary. Second, an inter-case analysis was carried out, which consisted of an integrated analysis of all interviews. In this process, themes and subthemes were organized by the same three members of the research team separately, and then discussed by all members of the research team. Thus, the three researchers of this study performed the coding and analysis separately, and then they were compared, contrasted, and discussed the results, strengthening rigor and quality in the process through the triangulation of the data (Martínez-Salgado, 2012). Records were kept of the analysis made by each investigator in case it was necessary to re-evaluate the analytical process (Korstjens & Moser, 2018). This procedure was used in the intra-case and the inter-case analysis, as well as to discuss the organization of the themes and subthemes. Data were systematically checked, and the fit of data and the conceptual work of analysis and interpretation were monitored throughout the process (Morse et al., 2002). Subsequently, the results were discussed with all members of the research team, each of whom specializes in the study of child clinical psychology and child victimization, consensus was continually sought, providing greater conceptual rigor (Riessman, 2008). Following Mayan's (2009) approach, we considered the saturation criterion the point at which the findings showed something novel about the phenomenon in study, specifically with respect to children's responses to IPV.

Ethical Considerations

Due to the ethical complexity involved in working with children who have experienced IPV, measures were taken to safeguard their rights. Following the recommendations indicated in the specialized literature (Eriksson & Näsman, 2012; Morris et al., 2012), several steps were taken to protect children involved in the study. First, before starting the interview, the research team carried out a risk assessment utilizing the background data of the children that professionals had provided according to the exclusion criteria, to ensure that children who were considered to be in a high-risk situation did not participate in the study (Morris et al., 2012). Thus, children were only interviewed if professionals working with them assessed that it was safe for them to participate. Second, the interviews were conducted by child psychologists,

who were therapists from a program specialized in child abuse. Third, the therapists were trained prior to the interview in how to conduct said interview according to a protocol of assessment that had been designed by research team. This protocol contained guidelines to respond timely to any adverse emotional reaction from the children, to protect their well-being. In case of any adverse emotional reaction, counseling was also made available for every participant. This counseling did not have economic costs for the participants and was to be provided by the specialized maltreatment programs. It should be noted that in this study no adverse emotional reactions were presented by the participating children.

Results

The children's narratives were organized into categories and subcategories by themes. The first theme addresses the experiences of IPV that participants refer to, which includes the recognition of the IPV, the child's evaluation of this experience, and the child's relationship with their parental figures. The second theme explores children's coping responses to IPV in their homes, and five subthemes are proposed to organize the information: (a) emotional and behavioral self-regulation, (b) seeking social support, (c) avoiding emotional reactions related to IPV episodes, (d) escaping from violent episodes, and (e) intervening to stop the IPV and defending/protecting the mother. Finally, as an emerging theme, other forms of victimization experienced by the participants were included as a topic. Verbatim quotes from the participants were included in all categories and subcategories.

Experiences of IPV

Recognition of IPV. The ability of the children to describe their experiences of IPV was varied. With the exception of one participant, all the participants confirmed the occurrence of IPV toward their mothers. Some could describe their experiences, while others avoided describing the violence through the use of different types of narrative techniques in the interviews. The narratives were expressed in the form of stories with a lot of details, silences, attention to elements outside the interview, abrupt answers, and short and tense responses to questions from interviewers. An account from Luis reads as follows:

> When the fight between my mom and my dad began, my dad broke the two doors of my house . . . and my mom called the police and the firefighters, well with firefighters I mean builders and well the fireman began to fix the doors and the police began to ask my mom things . . . and that's what the police do. (9 years old)

Evaluation of the IPV experience. All the children who recognized the IPV toward their mothers expressed that it was a bad experience, referring to a series of negative feelings associated with it. The children mentioned that it was a difficult situation, producing sadness, worry, anger, and hatred, stating that, in accordance with their age, it is not a situation that should occur. For example, Ana reported,

> For me it was very hard, since I was tiny, I had to see how my parents fought when they got angry. When I saw my dad hit my mom and leave her eye and arms bruised. It left me in a bad shape when I was little. I became more distant to my dad, for that reason, that he had hit my mom. (11 years old)

Relationship with parental figures. There is a polarization in the children's representations of their parental figures and their relationship with them. With respect to the maternal figure, most of the participants described their relationship as "good," "loving," "cheerful," "nice," "strong," and "quiet." In addition, they expressed having a close and reciprocal relationship, with their mother being the most important source of support. Some children referred to their maternal figure by describing the activities that they tended to do with them, recounting specific activities such as playing or doing crafts. Others focused on their mother's role as a worker or her ability to cook . Another reflection children made about their maternal figures was that their mother is the one who educates them and who is responsible for setting rules.

> [In response to the question about how is your mom] She is like her sister and mom and her mom, they are generous, she is generous, very loving, they treat us well and when we misbehave there, sometimes, they challenge us [. . .] Uhhh, not in other words, not in a strong tone [. . .] She is more relaxed, she has me, she is very fond of us [. . .] she treats us with affection [. . .] She says that we are always going to be first and she respects us, she respects us and we respect her. (Sara, 10 years old)

Regarding the father figure, there is a strong tendency among the participants to describe their father in negative terms, with a predominance of complex imagery associated with violence. The prevailing image that emerges is that of a father who, in the children's terms, is "authoritarian," "aggressive," "angry," "emotionally distant," and "liar."

> [Referring to his father] he is like his parents, he always says bad words when he asks you something, like for example, if he wants to go to the fair and we say no, he forces us and punishes us horribly [. . .] and he forces us to do everything he wants. (Sara, 10 years old)

Some described their parents through more or less disconnected imagery based on changing and sometimes incongruous versions and feelings.

> My dad . . . is very annoying a lot of the time . . . angry . . . he is hot-headed, but when he has none of those days of anger, he is very nice . . . in several ways [. . .] he helps me in the tasks, he does not yell at me and speaks to me, he does not treat me badly, but most of the time it is very intense, he yells a lot and he gets very angry with me and he scolds me a lot. (Ana, 11 years old)

Coping Skills

Five subthemes emerged in relation to the coping skills that children used when faced with IPV in their homes: (a) emotional and behavioral self-regulation, (b) seeking social support, (c) avoiding emotional reactions related to IPV episodes, (d) escaping from violent episodes, and (e) intervening to stop the IPV and to protect their mother.

Emotional and behavioral self-regulation. Children reported that in the face of IPV situations, they made efforts to regulate their own feelings, due to the anguish and fear that arose as a result of the IPV. Children sought to control their emotional and/or behavioral states through alternative actions, for example, using drawing and engaging other activities. Particularly related to this subtopic, it was found that most of the participants reported using this type of coping skills before the episodes of IPV and described that, to calm down, they ate candies, they tried to sleep, and they painted. On the contrary, one of the participants indicated that she often cried because of her situation:

> [When asked if there is something that makes her feel better when bad things happen in the home] . . . Sleeping [. . .] calms me down. (Diana, 9 years old)

In this regard, some children could recognize that their attempts to calm down failed to fulfill this function. For example, Sara explained that she tries to eat candies, because, according to her, sugar was a substance that enabled her to relax in a variety of stressful situations. However, because of the intensity of her feelings, she was not able to regulate her emotions. Through her own evaluation, she has failed in her attempt at self-regulation, because, according to her, she was unable to meet her goal of calming herself and relaxing:

> When he arrived [Reference to father], he took out a book and slammed it shut, and I began to cry and cry, and you know, like candy, it makes you happy, it calms you down, I ate one, and it didn't work, I mean, I had the candy all the time so the pain would go away, so the sugar would calm me and no, I did not get better. (Sara, 10 years old)

Seeking social support. Social support was an important aspect for children in the face of IPV experiences. Through their narratives, children expressed having sought the help and/or support of different people they trust, such as family members, peers, and/or professionals. This help was sought either during or after the IPV incidents. The majority of participants responded to the question: "Is there someone you can talk to about the things that happen or have happened in your house?" that they can talk to their mother about these experiences. Raúl points out,

> [Regarding of the IPV] I start crying [do you cry alone, or do you share it with someone?] With my mom [. . .] she fusses over me and asks me what happened. (10 years old)

In addition, some of the interviewees indicated that they saw therapy as a form of support and help for them and their mothers. One of the participants indicated that, as a result of the psychological mistreatment of which they were victims by their father's family (father, grandfather, and grandmother), a way for them to change was through psychological help, perceiving the therapy as a learning space and allowing change. Sara reports,

> [When asked if you think someone could do something so that they—their paternal family—would change] Hmm, yes, that they go to therapy [. . .] Therapy helps them [. . .] with psychologists, where they learn to be kind and to be people, to be a normal person, normal people. (10 years old)

Raúl indicated that when the incidents of IPV happened, a way to face them was to look for the help of a trusted adult, someone who gives him the security and protection to tell him what happened and that could intervene in the situation.

> I call my grandmother [. . .] she lives below me [. . .] What she says is "Stop! Look at what you are doing to the kids!" [referring to father and mother during IPV episode]. (Raúl, 10 years old)

Avoiding emotional reactions related to IPV episodes. This subtheme is related to the coping skills used by children to avoid and actively ignore the situation of IPV, seeking to block sounds and distract themselves, due to the fear, anguish, discomfort, and anxiety they experienced. Some strategies used included trying to shut out the sounds of the incidents through talking with a stuffed animal or pillow, watching television, listening to music, or trying to concentrate on another idea. Such strategies can be understood as emotionally oriented actions that aimed to block out, and minimize exposure to the IPV.

> Erm when things happen in the house of my dad or my mom, I start listening to music, my favorite group is BTS because a lot of the time their lyrics are very inspiring for me, very beautiful and I focus on listening music instead of the fighting or other things that are happening in the house. (Ana, 11 years old)

Escaping from violent episodes. This subtopic includes the concrete actions taken by children to escape the situation of IPV. The strategy most commonly used by participants was to abandon the situation where the violence was occurring. Some strategies used included going to a safe space inside or outside the house when violent episodes occurred. Others described how they hid in their rooms, or that they left the home to go to see someone nearby or perform a recreational or sports activity. For example, one of the participants commented,

> I go out on the street [. . .] I play soccer, I play basketball. (Raúl, 10 years old)

As previously mentioned, most of the interviewees pointed out that IPV was an experience that caused them anguish, anxiety, and fear, with some participants reporting that they feared for their safety, due to the danger they perceived. Luis recognizes that when he perceived such a threat to his safety, he sought shelter and often decided to hide, noting that the strategy he used most was to seek safety in his room:

> What I do . . . well when my mom gets hit, when my mom calls the police, err, the only thing I say there is like "oh I'm going to hide! Oh, oh I better go up!" Because if not, bad things are going to happen and I do not want that to happen, so I'm going "up." (9 years old)

Intervening to stop the IPV and protect the mother. In addition to worrying about their own protection and safety, children feared for the welfare of their mothers. This subtheme is related to coping skills as with the protection of the mother and is characterized by actions that aim to intervene, stop, or prevent the mother from being a victim of episodes of IPV. The participants refer to a range of actions and plans they have thought out to protect their mother, according to their personal circumstances. Such a scope in their capacity to assess the applicability of a plan depending on the situation points to their recognizing the establishment of a dynamic of violence in the family relationship. Some children indicated that intervention plans depended on factors such as the magnitude of the IPV. Another factor in the intervention plan they chose to deploy depended on how they perceived their own role in the family. One of the interviewees said that he intervened verbally and physically to stop the attacks and to defend the mother, assuming a protective role, because he was the eldest son:

> Mmm, one time I almost hit my dad, where he was arguing with my mom [. . .] I pushed him against the wall [. . .] And then stopped [. . .] it is because I'm the oldest, so I defended my mom. (Pablo, 12 years old)

However, the participant's perception of their role in preventing IPV in the family was not always determined by age. In Sara's account of the strategies she employed to protect her mother, she described how despite being the youngest of three siblings, she was often directly involved to prevent her father's aggressions. She states that her involvement was because she was aware of the threat of danger and harm that the IPV caused the mother:

> When he was going to leave me [referring to father], he shouts me, and I always put myself behind my mother [. . .] like that [. . .] because I did not want to be outside because he was shouting her [. . .] [And why did you put yourself behind your mom?] To protect her. (Sara, 10 years old)

For Luis, helping his mother served to temporarily alleviate some of his own feelings of distress and despair. He describes how, when faced with the IPV, seeing his mother was well helped to combat the negative emotions generated by the IPV. In his account, his mother's well-being was central:

> Well, nothing makes me feel better when it happens, when something bad happens . . . the only thing that makes me feel better is when I help my mother and I see that she's okay, that's the only thing that makes me feel better. (Luis, 9 years old)

Luis also commented that he recognizes his inability to control this type of external events and that he has a limited number of strategies available to him to face them, as the IPV exceeds his capabilities and resources, leading to feelings of helplessness and impotence in these situations: "Ayyy! I'm just a child, there's hardly anything I can change." However, he pointed out that he carries out assessments of the episodes of IPV as they occur and asserts that according to his own assessments of the risk of harm to his mother involved in each episode, he dials the emergency number on the telephone in preparation for the need to use it in an abusive episode. In this way, he is also asserting some control of his environment.

> I say in my head . . . if something is really full on for me, I do not get involved or, well, if it is really bad, I get involved too, because maybe, for example, I don't know, if my mom is fighting with my dad, just in case I take the phone and put in the emergency number . . . if anything happens, 133 . . . that's what I do. (Luis, 9 years old)

Other Forms of Victimization

Although this topic was not the objective of this study, it was considered an important emergent theme to be highlighted. We believe it is relevant to mention that in the descriptions that children made about their experiences of IPV, it was difficult to distinguish if they referred to this specific type of violence or to another type of violence of which they were victims. The narratives of participants reveal that there were multiple types of violence in the children's daily lives. These experiences are associated with a climate of generalized violence in their homes, which occur in a wide range of family relationships and which do not only involve the parental figures.

Some of the participants reported on the violence operating among relatives, which included disputes between the parental figures and extended family (grandparents or uncles) as well as violence among members of their extended families.

> [Referring to her grandparents] That my grandpa doesn't need to be so jealous, because one time my grandmother was on her cell phone she opened Facebook and had a request, then my grandfather went and almost hit her because someone sent it to her, because she had a group of women there [. . .] Then he almost hit her. (Diana, 9 years old)

Some of the children described other forms of direct abuse they suffered in addition to IPV, such as psychological and/or physical abuse toward them or their brothers and sisters. For example, Sara said she and her brothers experienced psychological and physical abuse by the father, after the separation of the parents, referring to violent dynamics, authoritarianism, and hostility exerted by him. Sara's narratives included situations of insults and shouts, as well as attacks and other aggressions in the sphere of corporality:

> He punished us by making us face the wall [referring to the father] [. . .] he hurt us [. . .] when we had pimples, he began to pop them with cologne, and we didn't want to [. . .] And we were forced to everything he wants. (10 years old)

Luis, for his part, stated that he suffered physical abuse from his father, showing ambivalence in this situation, as, although he recognized the negative aspect of this experience, he justified and minimized this in his narrative:

> [Responding to the question as to what things are bad for you] That my dad hit me [how is that for you?]. Sometimes good sometimes bad, sometimes good because we were boxing, and he did not hit me, like "AH," but he hit me more like "ah" [. . .] It was more . . . loving and also the best thing is that I wore boxing gloves . . . and that's where I learned to defend, to defend myself. (9 years old)

Sara also referred to violent dynamics imposed by paternal grandparents, pointing out episodes of psychological violence by them:

> They [referring to grandparents] left me locked in the room, at the beach they left me in the darkest and most closed room [. . .] all day. (10 years old)

These situations of violence were associated with several reactions and emotions in children, indicating in their narratives a range of emotional responses, which reflects the complexity of their feelings as to their experiences of victimization. The descriptions included depressive emotions including that of hopelessness, fear, helplessness, and anger, among others. An example of this is Luis, who faced the physical abuse of the father. He said,

> I felt sad and angry, scared . . . nervous and ashamed . . . and also surprised. (Luis, 9 years old)

It is important to mention that the interviews of all the mothers refer to this aspect as something they perceived to be significant in the development of the child given that their children were not only victims of the IPV but also victims of other forms of victimization, such as family violence (different from IPV), violence by peers, psychological and/or physical abuse, and one reported case of sexual abuse toward a child by a kindergarten teacher.

Discussion

According to our literature review, this investigation is the first study in Chile and Latin America that incorporates the perspectives of children who have lived in IPV contexts and their responses to this form of violence. From an in-depth and comprehensive analysis of children's narratives, the following three main issues emerged: (a) experiences of IPV, (b) coping skills, and (c) other forms of victimization. This study illustrates a broad range of narratives in which children attempt to understand what was happening in their homes and articulate their thoughts about their experiences of violent situations in the family context.

Experiences of IPV

The children in the current study have a wide range of perspectives with respect to the IPV they have experienced at home. However, some children have difficulties in constructing narratives about these violent experiences. This raises the question as to the complexity and challenge of articulating

stories about growing up in an IPV context. We agree with Callaghan et al. (2016) that pain can sometimes be difficult to express and verbally share but may help to minimize these adverse experiences. In our study, some of the participants explicitly and directly acknowledged that IPV was not something that children should go through. Furthermore, all the children in this study recognized the harmful burden of this type of violence. The findings of our study provide support to the proposal of other researchers who have found that such violence can lead to extensive damage throughout life (Callaghan et al., 2016; Øverlien & Hydén, 2009), to consider children as direct victims of IPV, because they always experience the violence in some way. However, just as importantly, our findings support the results of studies of older children aged 11 to 19 (Åkerlund & Sandberg, 2017), that children are not simply victims but subjects who actively seek out solutions for the well-being of themselves and others. In line with Åkerlund and Sandberg's (2017) investigation, our study supports the efforts of previous researchers to champion the perspectives of children, particularly by raising awareness in the professional, academic, and political spheres. It is important to continue making advances in this field of research, as well as in investigations that seek to assess interventions, through building spaces to receive and understand the perspectives of children on the IPV (Eriksson & Näsman, 2012).

Coping Skills

The findings of this study coincide with that of previous research that suggests that children respond in different ways to IPV (Øverlien & Hydén, 2009). In all of the children's narratives in the present study, participants showed initiative and creativity in addressing their violent situations and anticipating the risks to protect themselves, their mother, and siblings. Our findings suggest that children used five different strategies to face the IPV: (a) emotional and behavioral self-regulation, (b) seeking social support, (c) avoiding emotional reactions related to IPV episodes, (d) escaping from violent episodes, and (e) intervening to stop the IPV and defending/protecting the mother.

In accordance with the international literature (DeBoard-Lucas & Grych, 2011; Ericksen & Henderson, 1992; Georgsson et al., 2011), our findings indicate that children who have lived through IPV episodes at home seek emotional and/or behavioral self-regulation through alternative and creative ways, such as drawing or listening to music. In addition, some children reported having required support from close relatives or friends when episodes of violence occur or following their occurrence, as has been identified in previous studies (DeBoard-Lucas & Grych, 2011; Nair et al., 2001). These

actions were aimed at reducing the child's levels of stress and anxiety, or to intervene in the situation of violence indirectly through a third person who fulfilled a support function.

With respect to the subtheme of escaping and avoidance, our findings are consistent with what was found by Pelled (1998) and Georgsson et al. (2011), who found children often trying to escape conflict, through establishing a physical distance or through finding distractions when faced with abusive episodes. According to Ornduff and Monahan (1999), the decision to use these types of strategies as opposed to strategies involving direct intervention may depend in part on a child's evaluation of their parents' behavior. Viewing a parent as a dangerous individual over which they have no control could encourage the child to look for a way to seek shelter and distance from the violent parent instead of using direct or confrontational strategies in response.

In the current study, children also described various actions intended to defend or protect the mother from IPV, which provides some evidence that confirms the proposal of McGee (1997). McGee found that when their mother's health and safety is threatened, one of the strategies used by children against IPV is to intervene physically between parents, as a way of protecting their mother. This is consistent with Pelled's (1998) and Georgsson et al.'s (2011) findings that indicate that children often express concern for the vulnerability of their mothers, and express a desire to protect them and to show their support. Furthermore, the finding that many children believe that they can stop the threat of violence if they intervene in the situation also supports that of previous research (DeBoard-Lucas & Grych, 2011). It is noteworthy that, contrary to the findings of investigations that reported some children respond to IPV by staying in the room and observing the IPV in silence or without intervening (DeBoard-Lucas & Grych, 2011; Georgsson et al., 2011), in our study, all participants reported responding in some way when faced with IPV. Øverlien and Hydén (2009) argue that all children who experience IPV oppose and confront the violence in some way, given that their response to the violence never includes accepting violence or considering it normal. This is likely in part influenced by the cultural and social milieu in which they are living.

Historically, the literature has proposed classifications of the different coping strategies. These classifications include problem-centered and emotion-centered; active versus passive; and strategies of primary versus secondary control (Folkman et al., 1986). The first group of coping strategies (problem-centered, active, and primary control) is characterized by efforts to change the situation by acting on the source of stress, whereas the second group of coping strategies (emotion-centered, passive, and secondary control) refers to efforts to reduce emotional distress, and escape or avoid the

source of stress. In the literature on coping strategies, the use of the first group of coping strategies is associated with indicators of better mental health (Rafnsson et al., 2006). However, we agree with Øverlien and Hydén (2009) on the complexity of evaluating coping strategies in this way and advocate that coping strategies be evaluated based on their effectiveness in addressing IPV faced by a particular child, in a particular context. The findings of the present study suggest that children select a particular strategy from among a range of possible strategies when confronted with an episode of IPV, taking into account their available resources, the risk of harm involved for themselves and others in employing each strategy, and a number of factors relating to the context in which they are living. Strategies were often assessed by the children as inappropriate or dangerous depending on the situation. For instance, the use of an active coping strategy, such as intervening between parents, can put at risk the physical integrity of the child. In our study, most of the participants reported the choice of a strategy focused on emotion. This indicates that children assessed the IPV episodes they describe as situations that put their own safety at risk, as well as being an experience that generates suffering and fear. As such, alternative strategies that aimed to minimize the risk of their being hurt and reduce their negative emotional state were often employed. From the accounts of children interviewed in this investigation, it is clear that in their assessments of the risk involved in episodes of IPV, children often conclude that utilizing coping strategies focused on the problem, such as intervening directly in the situation of IPV, places them at greater risk of harm, even potentially placing their lives at risk. As such, it would be dangerous and irresponsible to value strategies focused on the physical intervention above those of emotion focused coping strategies for children confronting IPV in the home.

Given the risks involved in children confronting and responding to IPV, this investigation highlights the importance of qualitative research on IPV in which children are positioned as informants and where their experiences can serve as a starting point for the analysis of appropriate interventions. As asserted by Øverlien and Hydén (2009), only by listening to the children themselves can we better understand their lives amid violence. In seeing children as agents, it is also important to have an integrative view of the child as part of a specific context and a relational framework.

Other Forms of Victimization

An emergent theme, which appeared frequently in the narrative of the participants, reveals that children not only face IPV but also experience other types of victimization, such as psychological, physical, and sexual abuse, and that

this violence occurs inside and outside of the family, such as violence between relatives (not IPV) and violence by peers. These violent experiences may have a profound impact on the expected development of the children, because they expressed several negative emotions associated with their victimizations, such as fear, anxiety, terror, confusion, and hopelessness. From the developmental psychopathology perspective, Cicchetti and Toth (2005) assert that development failures, such as experiencing episodes of violence and abuse in childhood, increase the vulnerability of the child and the likelihood of their being diagnosed with a psychopathology. Moreover, there is a large body of research supporting the cumulative risk factor hypothesis: The more risk factors that are present (i.e., child maltreatment, inter-parental violence, and family disruption), the worse the mental health outcomes are for the child (Appleyard et al., 2005; Miranda et al., 2011). Given such research, our findings highlight the need to expand our current understanding about how growing up in IPV contexts and the concurrence of other childhood victimizations might lead to either short- or long-term maladaptive or adaptive adjustments to these experiences.

In relation to the recognition of the adjustment children make when confronted with IPV, the findings of our study also provide some evidence that points toward the capacity of agency and the persistent efforts of children to respond to violence. Following Øverlien and Hydén (2009), it is important to recognize that living through this type of experience does not doom children to a life full of difficulties. Along these lines, Grych et al. (2015) recommend moving toward a more comprehensive understanding of how people who have lived through violent events overcome the effects of having done so and go on to live productive and successful lives. These authors point out that as the number or strength of protective factors available increases, people tend to exhibit healthier functioning. This is particularly relevant given that in this study, most of the participants identify their mothers as their main support figure and, according to the literature, most of the protective factors available to children are external resources, such as their caregivers (Grych et al., 2015). As such, therapeutic work that aims to bolster and strengthen the mother–child relationship is essential. Mothers should be supported by professionals for both overcoming their own history of violence and raising a nurturing home where they and their children can live free of violence.

Implications for Research and Practice

The findings of this study have several implications for practice, both in research and intervention. First, this study constitutes a novel contribution because it is the first study on IPV in Chile that incorporates the perspectives

of children. Our investigation serves to add to the scarce international literature on how children respond to this form of violence, contributing to our broader understanding of the phenomenon. At the methodological level, this study endorses the active participation of children in the construction of new knowledge, safeguarding their right to protection and support. Given the narratives of courage and creativity elicited through such an approach, we suggest that therapeutic work that positions the child as informant and agent in response to IPV could be beneficial for this population. Thus, the findings of this study can be useful for professionals working with children and families who have experienced IPV. It is important that professionals consider the needs of children and families, and that children are positioned as actors who are socially competent, where their right to participate and be heard is respected. In this position, we are supported by the work of Callaghan et al. (2017) who proposed the need to recognize, understand, and respect the strategies that children have used to manage their emotions in difficult situations. These authors emphasized the importance of developing an approach that considers and promotes the different relational/emotional competences and resources used by children to face adversity, instead of establishing a single universal and correct way of handling emotions. This approach requires helping children make connections between their emotional experiences and their relational context as well as validating their skills and productions.

Our investigation also indicates that it is necessary to recognize that children often suffer from a variety of experiences of victimization in different areas of their lives, so it is essential that assessment and therapeutic interventions be designed in a way that not only distinguishes the particularities of the IPV but also considers the variety of victimizations that children could have experienced in different contexts and in different moments of their lives. Although, in general, there is a fairly large body of research on polyvictimization and adverse childhood events (Finkelhor et al., 2007; Pereda et al., 2014), more qualitative research that includes children's perspectives is needed. Such research in the IPV field would allow for a better understanding of the interconnections between this form of violence and other childhood victimizations. In this way, more research is needed to develop a more comprehensive knowledge on the situations faced by children who experience IPV and that may also experience multiple other forms of violence, as is the case of the children of this study. Finally, for the best interests of the children to be recognized, it is crucial that public policies be reviewed and modified, with a focus on children as direct victims of IPV, and increased protection and promotion of their well-being as such. It is essential that those working in the public sphere, in office and in the administration of state powers, along with other stakeholders, strengthen their awareness and their capacity for the prevention of and assistance in actions

against violence inflicted on children and adolescents growing in an IPV context. We agree with the argument developed by Callaghan et al. (2015a) and support the assertion that the justice system should incorporate the conceptualization of children as victims of IPV who require intervention orders and protection rather than viewing them as merely passive witnesses to it. In addition, we emphasize the importance of creating spaces for the participation of the child and youth population in addressing issues related to IPV, where their capacity of agency in the construction of meaning on their experiences of IPV is recognized. In this way, this study is in line with a cultural appreciation of children as subjects in possession of their thoughts and actions and with the right to have their voices heard (Lee, 2005). Furthermore, our findings highlight the relevance of considering the diversity of violence experienced by children growing up in situations of IPV, according their age, as well as their social contexts. Consequently, the present research incorporates diversity as a core value embodying inclusiveness and respect for children's perspectives, and attempts to make visible their complex subjectivities, to include the experiences of children into a broader understanding of the human experiences and responses to IPV.

Limitations of the Study and Future Lines of Research

Although our study provides insights about children's perspectives on IPV and highlights the different ways in which they face violence at home, there are limitations that should be recognized. To begin with, the small number of participants is acknowledged. This small number of participants means that generalizability and representativity of our findings are limited. Nevertheless, the aim of this study is not the generalization of the data but rather to approach the children's perspectives on IPV through the in-depth and comprehensive analyses. Therefore, the results should be interpreted as preliminary findings in a study that is exploratory in nature. Future research with a larger number of participants would allow comparisons between children, for example, considering gender, biographical and contextual differences (i.e., history of child and mother victimization; relationship with father/aggressor), and so on. Second, although a significant finding was the frequent report of other victimizations that children have suffered, this study did not include a specific instrument to explore these experiences. Future research could incorporate data collection techniques that examine different types of child victimization and potential associated factors. Finally, maintaining consistency throughout such investigations with respect to the quality of the interviews, given the variation in the children's capacity to describe their experiences of violence, serves as a warning as to the complexity of studying this sensitive issue. In

expanding the investigations in this field certain aspects stand out as particularly challenging. Challenges include developing innovative research designs that integrate different methodologies (i.e., mixed design), recognizing the rights of children to participate in such studies, and ensuring that all participants are protected from re-traumatization in the interviewing process.

Author's Note

Marcelo A. Crockett is also affiliated with Millennium Nucleus to Improve the Mental Health of Adolescents and Youths (Imhay), Santiago, Chile.

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