



Children's Exposure to Intimate Partner Violence: A Qualitative Interpretive Meta-synthesis

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Abstract

The negative consequences of children's exposure to parental intimate partner violence (IPV) are well documented in the literature; however, few studies examine the experience from the child's perspective. This qualitative interpretive meta-synthesis (QIMS) explores the lived experience of children's exposure to parental IPV. We conducted a QIMS of nine studies from the United States and Europe. The QIMS method was developed specifically for social work and involves synthesizing the results of multiple qualitative studies on a specific topic into a new synergetic understanding. We identified four themes: context of the abuse, immediate reactions to the abuse, sequelae reactions, and coping. Further reduction indicated that coping with exposure to parental intimate partner violence exists on a spectrum ranging from integration to distancing. Social workers are critical in helping children learn strategies for managing their emotions. The results of this study inform social workers about the context and purposes of the behaviors that children exposed to parental intimate partner violence may display.

Keywords Qualitative interpretive meta synthesis (QIMS) · Children · Adolescents · Exposure to intimate partner violence · Domestic violence

Introduction

The Centers for Disease Control (CDC) identifies exposure to intimate partner violence (IPV) during childhood as an adverse childhood experience, which may impact future violence, victimization, perpetration, and may produce adverse outcomes related to health and opportunity (CDC, 2016a). The second National Survey of Children's Exposure to Violence in 2011 concluded one in six children witnessed a parental assault in their lifetime (Finkelhor, Turner, Shattuck, Hamby, & Kracke, 2015). Annually, an estimated 15.5 million children witness IPV in their households, although this estimation may be under-represented because of underreporting (McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006). The purpose of this qualitative interpretive meta-synthesis is to explore the experiences of children's exposure to parental IPV from the child's perspective.

Literature Review

The CDC (2016b) defines IPV as "physical violence, sexual violence, stalking, and psychological aggression (including coercive acts) by a current or former intimate partner." Several studies (Edleson, Mbilinyi, Beeman, & Hagemester, 2003; Holt, Buckley, & Whelan, 2008; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003) identified that exposure to IPV constitutes a continuum. Exposure to IPV ranges from witnessing a violent act firsthand and intervening to observing the after-effects of IPV such as broken furniture, physical marks, or hearing about the incident (Holt et al., 2008).

Effects of IPV on Children

Children exposed to IPV often experience negative consequences affecting their behavior, emotions, and cognition. The exposure to IPV may also increase the child's acceptance of violence (Edleston, 1999). IPV is often associated with significant disruptions in a child's psychosocial functioning and with increased internalizing and externalizing behaviors (Kitzmann, Gaylord, Holt, & Kenny, 2003). In a recent systematic review, Kimball (2016) found that children exposed to IPV are more susceptible to internal

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behaviors, including depression, anxiety, attachment disorders, PTSD, and dissociation. Moreover, there is some evidence that exposure to IPV may hinder the development of children's emotional regulation systems thus affecting their overall ability to manage their emotions (Rigterink, Katz, & Hessler, 2010). Less is known about the effects of IPV exposure on academic outcomes and cognition. Findings indicate that exposure to IPV may be associated with lower academic achievement and more speech and language impairments as compared to non-exposed peers (Artz et al., 2014). Furthermore, Kiesel, Piescher, and Edleson (2016) found that children exposed to IPV have higher levels of absenteeism which may also be impacted by other coexisting factors.

Comorbidity

IPV is often associated with other types of family violence, with substance abuse, and with financial stressors. Researchers have found that child maltreatment and IPV frequently occur within the same family (Litrownik, Newton, Mitchell, & Richardson, 2003; Renner, 2011; Renner & Slack, 2006; Sullivan, 2009). Additionally, the relationship between substance abuse and IPV is well documented in the literature (Kraanen, Vedel, Scholing, & Emmelkamp, 2014; Smith, Homish, Leonard, & Cornelius, 2012). Afifi, Henriksen, Asmundson, and Sareen (2012) found that using substances increased the likelihood of IPV perpetration. Likewise, IPV disproportionately occurs in families that are financially disadvantaged or are faced with unemployment (Buzawa & Buzawa, 2013).

Exposure to IPV as Child Maltreatment

There is considerable debate about including exposure to IPV as child maltreatment in the U. S. One faction argues that children should be removed from the home for their protection, while another asserts removal may be traumatizing for children and can result in negative long-term effects (Nixon, Tutty, Weaver-Dunlop, & Walsh, 2007). Presently, there is no national legislation regarding children's exposure to parental IPV as abuse; however, California, Illinois, Nebraska, and New York incorporate exposure into the existing definition of child abuse and neglect (Lawson, 2014; Nixon et al., 2007). However, Alaska statutes identify a "child in need of aid" when they are repeatedly exposed to another family member's behavior and consider the exposure a crime (Children in Need of Aid, 2016). Montana considers "acts of violence against another person residing in the child's home" as psychological abuse or neglect (Child Welfare Services, 2015).

Existing Qualitative Literature

Prior to conducting this QIMS, we reviewed existing qualitative literature that did not fit the criteria for our study. Presently, scant qualitative studies are available about children's experiences of exposure to intimate partner violence. Only a few qualitative studies described eye witness experiences from children about their exposure to IPV. DeBoard-Lucas and Grych (2011) conducted a qualitative study of children's perspectives on causes, consequences, and coping with exposure. Additionally, one article reported a phenomenological study of children's coping response to exposure to IPV (Joseph, Govender, & Bhagwanjee, 2006). Existing qualitative studies often provide insights into the effects of an IPV intervention for children's symptoms related to exposure (Horn, Hunter, & Graham-Bermann, 2013; Howarth et al., 2015). Furthermore, van Rooji, van der Schuur, Steketee, Mak, and Pels (2015) analyzed narrative similarities and differences of children and mothers describing children's exposure to IPV and the impact on both parent and child. The findings indicated discrepancies between the narratives of the mothers and children regarding the nature of the children's exposure and the impact on children's functioning (van Rooji et al., 2015). Others provided knowledge about the child's relationship or description of the parent involved in the abuse (Cater & Forssell, 2014; Pernebo & Almqvist, 2017) or describe children's experiences from the mother's perspective (Izaguirre & Calvete, 2015). Alternatively, available qualitative articles provide insight into the children's life in a shelter for women and children exposed to IPV (Bowyer, Swanston, & Vetere, 2015). Hines (2015) conducted a qualitative meta-synthesis about children's coping strategies resulting from exposure to IPV and found that children who utilize informational or emotional support, problem solving, distancing from the conflict, cognitive redefinition, and emotional self-regulation strategies show better adjustment resilience. To date, the literature lacks a systematic review of qualitative literature about children's perspectives of their experiences and exposure to IPV. Conducting a meta-synthesis provides a cohesive body of existing knowledge on the topic and analyzes the data in a novel way. The topic of children exposed to parental IPV is vital because of the adverse outcomes on children's mental and physical health, learning, and relationships that can result from exposure that can sustain through adulthood (Futures Without Violence, 2017). The aim of this study is to capture the voices and lived experiences of children from various countries in Europe and different regions of the United States who have been exposed to parental IPV to inform social workers about the impacts and how to potentially support affected this vulnerable population.

Method

This study sought to synthesize the extant literature related to children's experiences of exposure to parental IPV utilizing qualitative interpretive meta-synthesis (QIMS). We selected the QIMS methodology over conducting a qualitative study of our own because QIMS increases the sample size exponentially by including several existing qualitative studies from numerous countries. Moreover, QIMS is a method designed specifically to embody social work values and goals to enhance understanding of a topic in a manner that contributes to a "web of knowledge" (Aguirre & Bolton, 2014, p. 283). QIMS is "interpretive" because it deliberately avoids aggregating the data in a quantitative manner; "meta" refers to changing the way a phenomenon is conceptualized; and "synthesis" means uniting the parts into a cohesive whole (Aguirre & Bolton, 2014, 2013). The QIMS process follows a set pattern: developing a research question, formatting a systematic sampling procedure, analyzing information (theme extraction, theme synthesis, and triangulation) and establishing credibility (Aguirre & Bolton, 2014). For more detailed information about methodology see Aguirre and Bolton (2014).

Despite its strengths, there are two potential limitations to the QIMS methodology. One potential criticism of the QIMS methodology is the possibility of partiality if studies from only one discipline are included. Aguirre and Bolton (2014) recommended including a variety of traditions to highlight different aspects of the phenomenon. Similarly, a common concern with qualitative research is the subjectivity of the data analysis and researcher bias; however, the four levels of triangulation aid in minimizing this potential bias (Aguirre & Bolton, 2014).

Due to the relatively recent development of QIMS, comparatively few studies have been published utilizing the method to synthesize the existing literature (e.g. Aguirre & Bolton, 2013; Barnett & Praetorius, 2015; Nordberg, Crawford, Praetorius, & Hatcher, 2016; Ruiz & Praetorius, 2016; Sliva, 2015). Researchers utilized QIMS methods to explore a range of topics among such diverse populations and subjects as veterans' use of complementary and alternative medicine (Schuman, 2016), minority youth's police encounters (Nordberg et al., 2016), resilience factors in older adults (Bolton, Praetorius, & Smith-Osborne, 2016), and culturally competent health care from an immigrant lens (Maleku & Aguirre, 2014). To date, a QIMS has not been conducted with children exposed to IPV.

Instrumentation

In qualitative research, the authors usually serve as the primary instruments of the study. Therefore, it is imperative that the authors disclose information that could influence the findings of the study by creating potential biases (Patton, 2002). In this study, the first author was the primary instrument, analyzing the data from the selected articles. The second author served as her co-analyst, verifying her interpretations of the data, and fielding her questions. A brief description of the authors' qualifications to conduct this study and details about any personal experience with IPV is warranted to reveal any possible bias.

First Author

I am a licensed masters level social worker and have worked with female survivors of IPV. Also, I have experience working with children and adolescents of various racial backgrounds in mental health and school settings in different urban and rural areas of the United States. In addition to practice experience, I have conducted quantitative and qualitative research. My primary research interest is the effects of violence on children's wellbeing and educational outcomes. As a white female who has not experienced family violence, I provide an etic perspective.

Second Author

I am a licensed independent clinical social worker. I have worked with children and adolescents and their families from various racial, ethnic, socio-economic, and educational backgrounds in IPV centers and schools in a variety of urban to rural communities of the United States. In addition to practice experience, I have conducted program evaluation and quantitative and qualitative research. My research areas are related to child/adolescent maltreatment and eliminating access barriers to quality mental health services among marginalized populations. As a white male who has not personally experienced intimate partner violence, but who has worked with vulnerable students and adults in a multitude of settings, I provide an etic perspective for this QIMS.

Sampling

To maintain fidelity to the QIMS sampling process, we implemented the stages outlined by Aguirre and Bolton (2014) beginning with a purposive and exhaustive review of the existing qualitative studies including gray literature such as dissertations (Aguirre & Bolton, 2014). In our review of existing qualitative literature above, we included only studies that did meet our selection criteria for the present study. For this study, we searched Academic Search Complete,

PsychARTICLES, PsychINFO, Social Work Abstract, ERIC, Family Studies Abstracts, Criminal Justice Abstracts, Anthropology Plus, and Psychology and Behavior Sciences Collection. Likewise, we conducted a search using ProQuest Social Sciences Premium Collection, and ProQuest Dissertations and Theses Global databases. Key search terms included “expos* to domestic violence or intimate partner violence or spousal abuse AND children or adolescents or youth or child or teenager AND qualitative or phenomenology or ethnography or grounded theory.”

We included studies if they met the following criteria: (1) published in peer-reviewed scholarly journals, theses, or dissertations, (2) published in English, (3) sampled children under 18 exposed to parental intimate partner violence in the United States or Europe, (4) dated after the mid-1980s, and (5) collected using qualitative or mixed method designs. If the article included individuals both over and under the age of 18, we included quotes only from those youth under the age of 18. We excluded studies if they were retrospective (adults reflecting on childhood experiences), described teen dating violence experiences, described the child’s relationship with mothers or fathers involved in IPV, or the purpose of the study was to examine discrepancies between mothers’ and children’s experiences of IPV.

The initial search yielded 2461 studies. We eliminated 2421 during the title review phase and narrowed the sample to 24 after an abstract review. The most common reasons for exclusion at this level were that the studies were not qualitative, were focused on child maltreatment rather than IPV, were conducted in countries outside of the United States or Europe, or they emphasized experiences living in a shelter or completing an IPV-related intervention. Of the remaining 24 studies, we eliminated 13 because they did not meet the inclusion criteria. We examined these 11 studies for “fatal flaws” defined by Aguirre and Bolton (2014). We excluded another two studies because they did not contain quotes which is essential to conducting a QIMS study. The nine studies met the inclusion criteria that described the experiences of children (ages 8–17) exposed to parental IPV in two locations in the United States (New York and Texas) and four locations in Europe (England, United Kingdom, Sweden, and Norway). A quorum chart (Fig. 1) details the sampling process. Table 1 provides a brief summary of relevant information from each study.

Theme Extraction

After completing our sampling process, the first step of data analysis in a QIMS is to report the original themes in the nine articles. The original themes were extracted intact from each of the included articles to ensure the integrity of the authors’ interpretation. This process involved reporting the themes from each study using the author’s words verbatim.

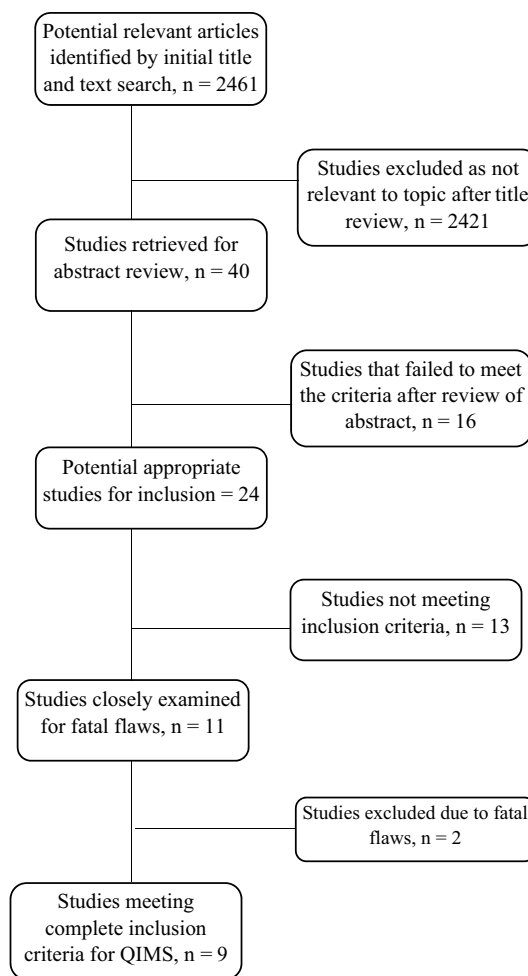


Fig. 1 Quorum chart

Synthesis of Themes

The next step in the analysis was translation, in which we identified overarching themes across studies. The first author adopted Creswell’s (2007) three-stage strategy for analyzing qualitative data. The three strategies include (1) preparing and organizing the data, (2) reducing the data into themes through coding and condensing the codes, and (3) representing the data through figures, tables, or discussion. We utilized Atlas.ti (v.8.0.35) to store and manage the data. Through coding and code condensing, we reduced the data into preliminary themes.

Triangulation

Triangulation is an important aspect of QIMS because it aids in achieving trustworthiness. Patton (1999) described four different types of triangulation: methods, sources, theoretical perspectives, and analysts. We utilized triangulation of sources, methods, and analysts. Our data

Table 1 Demographics of studies included in qualitative interpretive meta synthesis

Author and publication Year	Title	Qualitative data collection method	(N)	Age, ethnicity, gender	Recruitment City, State, Year
Aymer (2008)	Adolescent males' coping responses to domestic violence: A qualitative study	Qualitative study with in-depth interviews	10	Adolescent males; ages 14–17; self-identified: Puerto Rican/Dominican (n = 2), African American (n = 1), Hispanic (n = 1), Puerto Rican/Hispanic (n = 1), Black/Hispanic (n = 1), 2 = no self-id (n = 2) 1 family from Puerto Rico, 1 family from Dominican Republic	New York City, NY, year not specified
Katz (2016)	Beyond the Physical Incident Model: How Children Living with Domestic Violence are Harmed By and Resist Regimes of Coercive Control	Semi-structured interviews	15	Age 10–14, males (n = 6) females (n = 9) White British (n = 10), Black British (n = 2), British Asian (n = 3)	Midlands region of England, United Kingdom, 2011 and 2012
Cater, Sjögren, Örebro universitet, and Institutionen för juridik, psykologi och socialt arbete (2016)	Children Exposed to Intimate Partner Violence Describe Their Experiences: A Typology-Based Qualitative Analysis	Qualitative semi-structured interviews	10	8–12 years old girls (n = 3) boy (n = 7); Swedish	Four women's shelters in Sweden, year unknown
Georgsson, Almqvist, and Broberg (2011)	Naming the Unmentionable: How Children Exposed to Intimate Partner Violence Articulate Their Experiences	Interviews	14	8 and 12 years; all children spoke Swedish	Unknown
Øverlien (2013)	The children of patriarchal terrorism	Exploratory qualitative interview study	10	8–20 years old; Norwegian (n = 5), other than Norwegian (n = 5)	Norway; year and specific location is unknown
Swanston, Bowyer, and Vetere (2014)	Towards a richer understanding of school-age children's experiences of domestic violence: The voices of children and their mothers	Interviews	5	Ages 8–13 years	United Kingdom; specific year unknown
Chanmugam (2015)	Young adolescents' situational coping during adult intimate partner violence	Interviews and observational field notes	14	14 adolescents representing an ethnically diverse sample; ages 12–14 years old boys (n = 6), girls (n = 8); African American (n = 5), White (n = 4), Latina (n = 2), multiracial (n = 3)	4 Texas areas; two in different large cities and two in rural areas
Buckley, Holt, and Whelan (2007)	Listen to me! Children's experiences of domestic violence	Focus groups	22	Irish children between 8 and 11 (n = 7); ages 12–14 (n = 7); 15–17 (n = 3)	Republic of Ireland
Peled (1998)	The experience of living with violence for preadolescent children of battered women	In-depth interviews	14	Male (n = 7) female (n = 7) preadolescent children ages 10–13	Minneapolis and St. Paul, Minnesota

collected from 114 children living in five countries met the criteria for triangulation of sources. We achieved triangulation of methods by including original studies that conducted semi-structured interviews and focus groups and which collected observational field notes. Triangulation of analysts was reached by the multiple theme review meetings between the first and second author. Patton (1999) recommended implementing analyst triangulation by using multiple analysts to review the findings to increase trustworthiness in qualitative research.

Methodological Reduction

We met six times for approximately 12 total hours to discuss and debate themes until consensus was reached. After these meetings, we recognized a deeper phenomenon related to coping that was not initially apparent. As a result, we engaged in peer debriefing with an esteemed qualitative researcher who provided guidance through a process of methodological reduction, a recognized approach to a phenomenological inquiry (Van Manen, 2011). Methodological reduction allows for the reconceptualization of an idea or concept that increases the understanding of the phenomena and provides an avenue for further abstraction. Van Manen (2011) argues to engage in methodological reduction, one must “bracket all established investigative methods or techniques and seek or invent an approach that seems to fit most appropriately the phenomenological topic under study” (para. 1).

Through the process of methodological reductions, we observed that coping appeared to exist on spectrum ranging from the integration of the violence to distancing themselves from it. The collaborative examination of the data revealed that children exposed to IPV cope with their experiences on a spectrum ranging from integration to distancing from the abuse. Integration of the abuse may be cognitive and the child may normalize or minimizing the abuse as a result. However, integration may also manifest behaviorally, depending on the individual child, which could result in a scope of prosocial or antisocial behaviors. For instance, the child may engage in aggressive behaviors towards siblings and peers, or they may channel the feelings towards the abuse into a socially acceptable activity such as sports. On the opposite end of the spectrum, children may cope with exposure of parental IPV by either physically or emotionally distancing themselves from the abuse, which may occur consciously or unconsciously. This conclusion extends our knowledge of such children and their coping abilities (Table 2).

Results

Four themes emerged from the analysis and highlight the experience of children exposed to parental intimate partner violence. The themes included are (1) context of the abuse, (2) immediate reactions to the abuse, (3) sequelae reactions, and (4) coping. These themes are described below with examples of the children’s narratives.

Context of the Abuse

In all nine articles, the youth described the perpetrator of the violence as their father, stepfather, or mother’s boyfriend. Many participants in each of the nine articles reported witnessing the violence firsthand. Youth provided information about the context in which the abuse occurred. More specifically, substance abuse, child maltreatment, and economic stressors coexisted in the home environment along with IPV.

Several youths quoted in the articles emphasized the relationship between substance abuse and physical violence. Juan, a 17-year-old male, described his father’s drug abuse and violence against his mother:

He was high most of the time [and] he was scary to look at. He would pick a fight with my mother and sometimes the family. If he did not get his way, he would hit my mother and argue with us ... He was crazy sometimes. I did not like that. (Aymer, 2008, p. 659)

Sami, age 16, an Iranian living in Europe, discussed an incident when his father was drunk and made lethal threats towards him and his mother.

Yes, if he says he will do it, he will. When we were in Iran, and he had the gun it was just before he was about to pull the trigger, he was drunk, right, what he says he also does, he told my mom ‘I will kill your sons, all your sons and then you.’ (Øverlien, 2013, p. 281)

Three female youths reported co-occurring child abuse from their fathers or stepfathers during an incident of intimate partner violence. Jenny, age 9, reported her father directed his abuse toward her when she attempted to intervene during a violent incident toward her mother: “I remember one time when he was going to when he hit me anyway. It was that [sic] I tried to stop him when he hit mum but, no, then he hit me instead” (Georgsson et al., 2011, p. 122). Jill, age 11, recounted her father hitting her when he was unable to attack her mother: “And then, he got angry with mum, and mum locked herself in the room,

Table 2 Theme extracted from original studies

Author and year	Extracted themes (subthemes)
Aymer (2008)	Seeking social support from family and/or professionals (i.e., grandparents, uncles, teachers, counselors) Acting-out behaviors Playing sports Engaging in aggressive behaviors, such as fights and arguments Seeing specific forms of violence perpetrated by their fathers were all analyzed
Katz (2016)	Type of Abuse Harmful Impacts of Living with Coercive Control (Control of time, movement and activities within the home) (Narrowed space for action) (Isolation from sources of support) Resisting coercive control (Resisting control and financial abuse) (Resisting control of time, movement and activities within the home) (Resisting negative emotional impacts)
Cater, Sjögren, Örebro universitet, and Institutionen för juridik, psykologi och socialt arbete (2016)	“The function and consequences of the violence” “The father’s characteristics” “The father’s role in the family” (“Obedience-Demanding Violence”) (“Chronic and Mean Violence”) (“Parenthood-Embedded Violence”)
Georgsson et al. (2011)	How children talked about abuse of their mother: (Claiming no memories); (Using paraphrases); (Confirming violence); (Incoherent description); (Coherent but meager description); (Coherent and elaborated description) Described their own actions: (Shying away); (Interrupting); (Watching); (Obstructed from participating) Related to or handled memories of violence: (Something you don’t talk about); (Contemplating father’s behavior); (Reflecting upon alternative actions); (Concerns about mother’s vulnerability); (Avoiding disturbing memories); (Occupied with other conflicts)
Øverlien (2013)	High degree of coercive control and exposure to ‘bizarre acts’ Severe and repeated violence Perceived impossibility of physical interventions during the violent acts Violence permeating everyday life Strong feelings of fear and a constant state of readiness Descriptions of life starting after the abusers leave the family
Swanston et al. (2014)	Domestic violence through the eyes of children Learning from children’s experiences
Chanmugam (2015)	How youth coped during instances of IPV, related to competing demands
Buckley et al. (2007)	Anxiety, fear, dread Loss of confidence and self-esteem, stigma and secrecy Relationships with parents and peers Educational experiences What children and young people want from services

Table 2 (continued)

Author and year	Extracted themes (subthemes)
Peled (1998)	<p>Living with ordinary fights (Living in secret and with ambiguity; normalizing abuse)</p> <p>Witnessing violent events (The first violent event witnessed; taking a variety of roles in abusive incidents; responding by distancing and interference)</p> <p>Challenged by mother's public confrontation of the violence (Changing awareness of the abuse; moving and shelter experience; changing relationships with parents)</p> <p>Adjusting to new realities in the long-term aftermath of violence (Breaking the secret of violence in a group counseling program; stress and support in relationship with mother; ambivalence and dilemmas regarding father's history of violence)</p> <p>When violence is a history (Violence is a painful memory; preoccupation with other family and personal problems)</p>

and then he came to me instead and hit me" (Georgsson et al., 2011, p. 123). Nina, age 10, articulated the fear she felt when she saw her sister and brother abused by her father:

[I saw] my sister getting spanked. And [my brother] getting like spanked. That's the most he got of it. And my sister and [and my oldest sister] getting hit on the face and stuff...And my mom just watched him do that. And it, but I don't, I don't think she wanted to watch him do that. (Peled, 1998, p. 421)

Economic stress seemed to exacerbate tensions at home. Often the abuse started with a disagreement about money. Several male youths in one of the articles shared about the economic stress their families experienced. For example, Hector, a 17-year-old male, stated, "They just argue and yell, "cause my father would not pay the phone bill and the light bill" (Aymer, 2008, p. 659). Winston reported lacking necessities: "Sometimes there was not enough money to buy food, so we was hungry sometimes" (Aymer, 2008, p. 659).

Immediate Reactions to Exposure to the Abuse

In eight of the nine articles, youth reported both emotional and behavioral reactions to experiencing parental IPV. Emotional reactions included fearfulness, confusion, and helplessness. Both male and female youth described feeling frightful during the abuse. Nina shared that she could not sleep because of fear: "Unsafe, scared all the time. I didn't sleep. I used to sleep at school" (Swanston et al., 2014, p. 189). Angela, age 10, recounted that she would watch the abuse without moving and then would cry herself to sleep. "I used to be scared. I used to uh, go, uh, used to look at mum. Uh, then after I used to sleep. I cried (stutters a lot). But I used to cry in bed ... I was scared" (Georgsson et al., 2011, p. 123).

Males who reported feeling scared specified their fear stemmed from becoming a target of father's or stepfather's violence. Santana, a 17-year-old male who self-identifies as

Hispanic, recalled, "I was afraid, cause he was a big guy, and sometimes I think he would be on me or something" (Aymer, 2008, p. 699). Similarly, Armando, whose parents live in the Dominican Republic, reported his father's aggression when he was intoxicated: "He was so mean to us when he drank. I was scared he would hurt me" (Aymer, 2008, p. 699).

Two youth recalled feelings of confusion during the abuse. Desiree, age 14, conveyed the confusion she felt when she left home with her mom:

First, my dad didn't want either one of us to leave. Then it seemed like [he] could care less if my mom left, but he wanted to keep me. So he was running after us, and my mom got in the car. My dad was telling me not to get in the car and my mom was telling me to get in the car. And I'm standing next to the car...My mom thought I was in the car and she started to back up and actually ran over my foot...I started screaming...There was no damage...I finally got in the car, and he jumped on top of the car, and she drove off. (Chanmugam, 2015, p. 109)

In one article, Michael, age 12, incoherently attempted to explain the confusion he felt during a violent incident: "Then they just sleep, sleep. I had blood here, so what's this, it's blood, it's blood! Or what's that smell? It smells like oranges. He said sleep now, sleep now ... I didn't know what was going on" (Georgsson et al., 2011, p. 122).

Two male youths recalled the helplessness they felt during the physical abuse of their mother. Christian, age 16, shared a particularly violent episode where his stepfather kicked his mother in the forehead so hard that her body flew from "one wall to the other." He remembered, "I started to cry, there wasn't much I could have said, I didn't dare to. I was scared; you just get so very scared. I thought that perhaps I could try to help, but it's not easy, he is huge, 6'5, I think" (Øverlien, 2013, p. 282).

Other youth quoted in the articles, both male and female, attempted to intervene physically or verbally to help their mothers. Lydia, 11 years old, explained when

her father hit her mother she would try physically intervening: "What I used to do? I used to stop them. I pushed dad away and that ... He got mad at me too and told me to shut up" (Georgsson et al., 2011, p. 123). Trey, age 14, reportedly intervened by calling the police because he knew that the act of calling itself would end the violence: "I already know. Just call the police. He'll run off eventually" (Chanmugam, 2015, p. 111). Bob, aged 12 would attempt to comfort his mother. He shared, "If I saw Mum upset, I would give her a cuddle or something like that to try and make her feel happy" (Katz, 2016, p. 55).

Sequelae Reactions

In addition to youth's immediate reactions during the violence, youth in the studies reported emotional impacts of the exposure that sustained well beyond the exposure to parental IPV. Quotes from male and female youth indicated they felt anger towards the abuser. Three male youths fantasized about seeking revenge to harm their father or stepfather. Mike, age 10, recalled feeling both scared and angry: "Yes, yes, I was so scared. And I would so much like to tell [him]. I would like to hit him the same way he hit mum, but I was so young I didn't dare to" (Georgsson et al., 2011, p. 125). One 12-year-old male, Alex, regretted not shooting his father. Alex shared: "Yes, just because now, [I'm] good at shoota' [shooting] and I feel so sorry [that I didn't], if I only could have bought a [inaudible] [I] would have shoota' at him" (Georgsson et al., 2011, p. 125). John reported that when he was 14, he and his brother attempted to kill their stepfather: "Me and my brother beat the shit out of him and we had a gun and we was gonna blow his fucking brains [out]" (Aymer, 2008, p. 661).

Aymer (2008) quotes eight male participants as feeling depressed due to the violence between their parents. Two youths reported suicidal ideation or gestures. For example, Angel stated, "I wanted to kill myself because of shit between my mother and father" (p. 661).

Three youths quoted in the articles disclosed their feelings of anxiety. The anxiety manifested differently for each person. Jada, age 9, shared her experience of rumination and an inability to escape the memories of the violence: "(speaks very quietly) I try to think about something else but I can't" (Georgsson et al., 2011, p. 126). Another youth discussed his anxiety related to anticipating the next violent incident. He described his arrival home from school as "walking into a nuclear war" (Buckley et al., 2007, p. 301). Nina worried about her mother's safety. She stated, "I was always worried about my mum. I thought she was going to get hurt" (Swanston et al., 2014, p. 189).

Coping

Five of the nine articles discussed coping strategies utilized by the youth. The youth's coping strategies ranged from integrating the violence into their attitudes and actions to distancing themselves from the violence either physically or mentally. Youth who integrated the violence did so in two ways: (1) normalizing or minimizing the violence and (2) incorporating violence into their activities either in healthy or unhealthy ways. For example, Rachel, age 12, appears to be minimizing the parent IPV when she described parental conflicts as routine fights that occurred. She did not consider them to be abuse. Rachel recalled, "It was sort of nice. They fought just a little every night, but it usually all ended up good, no one hitting or anything. But mom tells me that he was still hitting her. But I don't know" (Peled, 1998, p. 405). Two male youth in one study reported how they incorporate violence into their lives. Andrew, age 10, shared how he managed conflicts: "If someone hits me really hard, I might get really upset and then I use much more force than I would otherwise" (Georgsson et al., 2011). Twelve-year-old Martin connected that exposure to parental IPV at home is associated with his interest in violent activities. Georgsson et al. (2011) questioned Martin concerning his perspective and if he would be different if he had not been exposed to IPV. Martin responded, "I wouldn't have like, eight types of weapons under my bed" (p. 126). Three other male youths reported using sports to cope with violence at home. Santana shared, "I was good at [basketball]. I would make sure that nobody would beat me" (Aymer, 2008, p. 661).

Some youth coped by distancing themselves from the experience either mentally or physically. Younger youth reported physically hiding during the abuse. Katie, age 6, shared about her hiding place: "I used to hide under my bed all week. I used to make a little place out of it with all my teddies. He ... always used to buy teddies for us ... I used to store them under my bed and anytime I felt sad or when they were screaming and roaring down in the kitchen ..." (Buckley et al., 2007, p. 300). Older youth were more likely to leave home during the violent episodes. Serena, age 13, explained "I just started walking down the road ... It's kind of far, but it leads to the highway ... I just walked down the side of the highway ... to Walmart and I stayed at Walmart" (Chanmugam, 2015, p. 109). Sarah, also 13, reported removing herself and her sister from home during the IPV incidents. She stated, "I get my sister away from it...take her outside to go play at the park or something, just get her away from it...whenever they fought we would call my aunt and she would come pick us up and just take us" (Chanmugam, 2015, p. 109).

Older male youth reported using substances to escape their experiences with exposure to the IPV. John, a 17-year-old who identified his race as "human", stated that he

used substances at a young age to avoid thinking about the violence at home (Aymer, 2008, p. 658). He disclosed, “I smoked weed and drank alcohol when I was like maybe 12 or 13 ... I never [saw] this as bad; it stopped me from thinking about my parents’ fights” (Aymer, 2008).

Other youth emotionally distanced themselves from the abuse either consciously or unconsciously. Three youth described trying to avoid thinking about abuse by “pretending nothing happened” or “trying to forget it” (Peled, 1998, p. 409). Stephen described how he distanced himself emotionally by experiencing the fighting “like...listening to a TV show...like watching a tapestry” (Peled, 1998, p. 409). When asked why he and his mother were in the treatment program, Charlie, age 9, reported that he could not remember what happened. He stated, “Because we’re supposed to get over what happened ... I can’t remember (inaudible). I can’t remember ... I have thought about something, but I forgot what” (Georgsson et al., 2011, p. 121).

Discussion

The purpose of this QIMS was to synthesize the experiences of children and youth of various ages, backgrounds, and localities exposed to IPV. In the existing literature, few studies focused on firsthand accounts of children’s and teens’ experiences related to parental IPV. Results of this QIMS highlight the context in which childhood exposure to parental IPV occurs, the immediate reactions to the abuse, sequelae reactions, and coping mechanisms applied. This QIMS extends the existing knowledge base by synthesizing experiences of exposure to parental IPV among children of various ages, backgrounds, and localities to derive the essence of the experience.

The context in which parental IPV exists shows that IPV does not occur independently. The young people from the articles included in this QIMS identified child maltreatment, substance abuse, and economic stressors as factors that co-exist with parental IPV in their families. The comorbidity between IPV and child abuse is well known (Litrownik et al., 2003; Renner, 2011; Renner & Slack, 2006; Sullivan, 2009). The children’s and youth’s reports of child abuse co-occurring with IPV in this QIMS is consistent with the findings in Hines (2015) who argues that youth exposed to parental IPV frequently adopt two roles as protectors of parents and sibling as well as the role of victim. Youth were who were not physically abused by the abuser may be considered maltreated based on their exposure to IPV depending on the state in while they live based on the child welfare policies discussed in Nixon et al.’s (2007) policy analysis.

Several youths within the QIMS articles reported the perpetrator of IPV used substances, especially alcohol, at the time of the abuse. The relationship between IPV and

substance abuse, especially alcohol and cannabis, is consistent with the literature which asserts that substance use increased the likelihood of IPV perpetration (Afifi et al., 2012; Kraanen et al., 2014; Smith et al., 2012). The children and youth in the articles identified economic stress as a factor related to the abuse, which aligns with the Buzawa and Buzawa’s (2013) findings.

The immediate emotional reactions frequently reported by children exposed to parental IPV included fearfulness, confusion, and helplessness. Experiencing fear understandably has been found to be one of the most common emotional reactions to parental IPV (DeBoard-Lucas & Grych, 2011). Confusion about which side to take and helplessness during a violent incident have also been documented in Joseph et al.’s (2006) qualitative study.

Some youth in the articles reported attempting to intervene during the IPV episode. This is congruent with the existing literature (DeBoard-Lucas & Grych, 2011; Hines, 2015) in which almost one-third of children stated they intervened. Some intervened directly (e.g. trying to distract or physically separate them); others, indirectly (e.g. calling 911).

In addition to immediate reactions, children and youth in the articles reported sequelae reactions such as anger, depression, and anxiety. Existing literature is replete with information on these reactions and frequently refer to them as emotional and behavior outcomes resulting from exposure to IPV (e.g. DeBoard-Lucas & Grych, 2011; Kimball, 2016; Sullivan, 2009). Findings from the current study indicated youth most frequently experienced anger toward the abuser. Youth fantasized about or attempted to harm the abuser out of retaliation. This is consistent with what Joseph et al. (2006) found in their qualitative study of children and youth exposed to IPV.

The most significant finding of this QIMS is a different way of conceptualizing coping, which resulted from methodological reduction. As described above, results from this QIMS revealed that coping exists on a spectrum ranging from integration to distancing. Youth may integrate the exposure to parental IPV in healthy or unhealthy ways which is consistent with Bandura’s (1977) social learning theory. On the contrary, children and youth may attempt to distance themselves through distraction, emotional or physical distancing, or substance abuse to escape from the violence in the moment or from the memories or intrusive thoughts. This finding is similar to Hines’ (2015) finding youth may use fantasy or detachment as coping strategies. Distancing, in this case, is similar to Freud’s defense mechanisms. The findings of this QIMS build on Hines’ (2015) work by analyzing the purpose behind the coping strategies.

The idea of a coping spectrum is not a new concept. Lazarus and Folkman (1984) theorized that individuals engage in a range of coping mechanisms from

emotion-focused to problem-focused strategies. Similarly, Roth and Cohen (1986) suggested individuals address stressful stimuli by approaching (e.g. seeking information) or avoiding them (e.g. ignoring thoughts about the stressor). Several coping measures have been created for children using the approach/avoidance continuum, such as the coping response inventory-youth form and the self-report Coping Scale (Causey & Dubow, 1992). Although the spectrum of coping is not novel, the findings of this QIMS suggest that alternative constructs may exist.

Implications for Social Work

Based on the findings of this QIMS, social worker practitioners who work with children and youth exposed to IPV should be aware the context in which the exposure occurs. Youth who are exposed to parental IPV may also victims of child abuse. Care should be taken to assess the potential of child abuse or neglect. In some states, social workers may be required to report exposure to parental IPV as child abuse or neglect based on the state's statutes or interpretation of the definitions of child abuse and neglect. Since financial stress and substance abuse are frequently present in families that have parental IPV, social workers should assess for financial needs and connect families to appropriate resources. It may be helpful to meet with the non-abusive parent to discuss resources. Immediate reactions to the abuse for the youth in this QIMS included concerns for their safety and the safety of their mothers. Social workers should create a safety plan with children and youth prior to potentially violent situations. Children and youth might benefit from including the non-offending parent in the safety planning process. The youth in this QIMS reported sequelae reactions to exposure to parental IPV which included anger, depression, and anxiety. Children who experience these emotional difficulties may need assistance from social workers to address their feelings. Finally, social workers should be aware that rather than evaluating children's coping as positive or negative, they should consider the purpose, context, and value behind the behavior when designing interventions.

Limitations and Future Research

Several limitations should be noted, namely that qualitative data is never generalizable and this sample consisted of samples of samples. Since we analyzed the quotes from existing studies, we were limited to quotes that were included in the original studies and therefore our study may not be inclusive of all 114 children. The inclusion of few studies from the United States may limit the applicability of the findings to children in the U.S. The findings may not apply to children outside of the United States and Europe. More qualitative research should be conducted to examine more children's

experiences of IPV exposure and coping within the United States. Future research should include a review of the existing literature to determine how existing coping constructs fit within the integration-distancing model of coping. There is a credibility limitation though we met together to discuss the themes. We did not code the data and extract the themes independently. Subsequent studies should consider having both researchers code the data independently. Additionally, future research should include a larger study examining children's coping within the integration-distancing model.

Conclusion

Little research qualitative research has been conducted about children's exposure to IPV in the United States and Europe. QIMS provides a helpful way to synthesize the available studies so that the youth's accounts are connected and build a cohesive understanding of their experiences. Youth exposure to IPV often co-occurs with other obstacles within the family unit. Youth may react to these exposure to IPV by integrating it into their conception of relationships and appropriate behavior or they may distance themselves from it. More research is needed to learn more about youth's experience with parental IPV as well as more about how they cope with it. Social workers and other professionals are integral in the process of supporting youth who have difficulty managing their behavior and emotions as a result.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

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