



How the Current Management of Intimate Partner Violence Can Endanger Victimized Mothers and Their Children

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Abstract

Purpose Children's exposure to intimate partner violence (IPV) is a form of child abuse and can have serious detrimental consequences on their health and well-being. Research has shown that a strong relationship with a caring adult, often the mother, is a protective factor against those consequences. For this reason, this study attempts to understand the overall experiences of victimized mothers with perpetrators, professionals, and institutions in the years following IPV disclosure.

Methods We conducted 20 semi-structured individual interviews in Switzerland in 2020 with former patients who had been provided with a clinical forensic consultation between 2011 and 2014. The participants had reported IPV between 2011 and 2014 and had at least one minor child at the time.

Results Victimized mothers continued to experience harmful behaviors from perpetrators/fathers after IPV disclosure. They reported feeling in danger and that the perpetrators/fathers benefited from a certain level of impunity. In parallel, the mothers were held accountable for the safety and well-being of their children in this context. These overall and multi-year experiences had short-term and long-term negative impacts on the mothers' and children's health, financial and administrative situation, relationship, and on school life. In this sample, the years following IPV disclosure were characterized by an enduring sense of ordeal.

Conclusions The professional and institutional handling of IPV situations, in relation to both victims and perpetrators, can endanger victimized mothers and their children and put them at risk of adverse consequences after IPV disclosure. Avenues for change to better protect mother and child and to provide relief to the mothers as an important protective factor for their children are discussed.

Keywords Children · Victimized Mothers Lived Experiences · Intimate Partner Violence · Domestic Violence · Child Welfare · Professionals · Perpetrators · Fathers

Introduction

The mother is often the only resource cited by children who live in a context of intimate partner violence (IPV) (McGee, 2000; Mullender et al., 2002). Thus, the health and well-being of these children are very much connected to that of their mother. Having a sound understanding of the overall

experiences of victimized mothers after IPV disclosure is an important first step if we want to better comprehend those of their children, and to better address the children's needs and support an essential protective factor in their lives. This is the aim of the present study.

Children experiencing IPV is a recognized form of child abuse (Council of Europe, 2011; Marshall et al., 2019; United Nations, 1989). It has been shown that it can have detrimental consequences on children's health and well-being, and increase the risk of other forms of abuse. However, not all individuals who have experienced IPV in childhood will suffer negative consequences, or not to the same degree. In more recent years, research has therefore focused on identifying factors that protect against adverse consequences for children. Their mothers have been identified as one of the most important ones.

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The following analysis stems from a larger project on children's experience of IPV in Switzerland, and more particularly from one phase of the project the aim of which was to capture IPV victimized mothers' perceptions of the adequacy of professional and institutional responses to their needs as mothers following IPV disclosure. Services for IPV victims are numerous in Switzerland. Besides the usual protection services such as the police, shelters for women, and child protection services as per the Victim Support Act, victims can also benefit from support service centers where they can obtain legal advice and help, an introduction to psychological services, as well as a level of financial assistance (Assemblée fédérale de la Confédération suisse, 2007). Additionally, in the region where the study took place, adult victims of interpersonal violence can benefit from clinical forensic consultations to obtain a medico-legal report documenting the assault, related injuries, previous violence, and consequences for the victims. Lawyers, general practice physicians, pediatricians, emergency departments and psychologists complete the assistance network's services.

Literature

Beyond putting children at risk of immediate physical harm during an assault (De Puy et al., 2019), children's experience of IPV can have detrimental consequences on their health, development and well-being (Carlson et al., 2019; Gardner et al., 2019; Vu et al., 2016; Wolfe et al., 2003). In addition, these children are at greater risk of experiencing neglect, physical or sexual abuse (Hamby et al., 2010; Holt et al., 2008). Exposure to IPV as a child and other forms of abuse are adverse childhood events (ACEs). ACEs in general have a negative impact on health and well-being into adulthood and research has shown that risks of detrimental consequences are higher when individuals accumulate ACEs (Bellis et al., 2015; D'Inverno et al., 2019; Felitti et al., 1998). Moreover, there is a small but significant relationship between IPV exposure in childhood and IPV perpetration and victimization in adulthood (Smith-Marek et al., 2015).

More recently, research has identified various protective factors for children living in a context of domestic violence. Social support, spirituality, and emotional intelligence have been linked to higher resilience during emerging adulthood (Howell & Miller-Graff, 2014). In their meta-analysis, Yule et al. have shown that self-regulation skills in particular are linked to adaptive functioning in these children (Yule et al., 2019). At the relational level, the first protective factor to consider is stopping the violence (Jaffe et al., 2012), as the degree of IPV exposure increases the impact of IPV on child adjustment (Graham-Bermann & Perkins, 2010). But a strong relationship and a secure attachment to a non-violent caring adult, often the mother, is another important and widely documented protective factor that mitigates trauma

and stress following IPV exposure, as reported in Holt et al.'s literature review (Holt et al., 2008). The role of mothers in their children's adjustment in this context has been highlighted by research (Mullender et al., 2002; Radford & Hester, 2006). The protective function of relationship quality, as measured by the level of closeness, understanding, trust, shared decision-making, caring and getting along, on teenagers' internalizing and externalizing behaviors has been demonstrated in dyads of mothers with victimization history and their teenage children (Claridge et al., 2014). Evidence has been found that the mother-child relationship, as measured by the mothers' assessment of 10 items, both mediates and moderates the effect of children's experience of IPV on internalizing, externalizing, and prosocial behaviors, in a nationally representative Scottish prospective longitudinal study of children aged 6–13 (Skafida & Devaney, 2023). Another survey showed that parental warmth during childhood was associated with better outcomes regarding symptoms of psychopathology and life satisfaction in adults who had been exposed to IPV (Miller-Graff et al., 2016). Carlson et al.'s literature review found that children exposed to IPV presented fewer behavioral and mental health problems when their mother was less depressed or used skills such as nurturance or consistency (Carlson et al., 2019). In that review, executive functioning in children was also linked to mothers' higher levels of expressed sensitivity and positive regard toward their children. Moreover, there is evidence that mothers and children support each other in the aftermath of abuse through reassurance, confidence building, and reconstruction (Katz, 2015). It has also been shown that even where parenting capacities suffer from IPV victimization, they can recover in its absence (Stanley, 2011). Thus, protecting these mothers from further harm, from further difficult experiences and from depression seems crucial to protecting their capacity to provide warmth, reassurance and overall adequate parenting to their children in this context.

Research has shown that IPV often does not stop with separation, that the post-separation period is a time of particularly high risk, and that parent-child visits offer an opportunity for violent events to occur (Mullender et al., 2002; Romito, 2011; Stanley, 2011). The quality of interactions with professionals and appropriate service provision are therefore all the more critical during this time. But studies have found several problems in IPV interventions, such as the difficulties IPV victims may encounter in getting recognized as such (Gillis et al., 2006; Meyer, 2016) or the gendered discourses that tend to blame IPV victimized mothers for not ensuring the safety and well-being of their children, rather than holding perpetrators/fathers accountable for their children's experience (Humphreys & Absler, 2011; Olszowy et al., 2020; Strega et al., 2008). Understanding the overall experience of IPV-victimized mothers therefore seems essential to understanding the context of their children's experience.

Theoretical Framework and Justification

Our study draws from Heise's revised Conceptual Framework for Partner Violence (Heise, 2011). This ecological model of intimate partner violence lays out the factors shown by research to be related to IPV. It is a probabilistic model that examines the interplay of factors situated at the various levels of the social ecology, thus breaking away from deterministic models. These levels are the individual characteristics (e.g. childhood traumas, experiencing parental IPV, employment), the relationship (e.g. non-egalitarian decision-making, poor communication), the community (e.g. norms, neighborhood characteristics; lack of moral or legal sanction of violence), and the macrosocial level that includes economic factors, cultural factors, and gender order (e.g. characteristics of family law; ease of divorce). Our study focuses on the community and societal levels which are less often studied than the individual and relational levels. In particular, studies that take into account the overall experiences of IPV victimized mothers, with the multitude of professionals and institutions involved, rather than focused on one type of professional or one type of institution, and from their own viewpoint, are scarce and, to the authors' knowledge, non-existent in the Swiss context. Additionally, our study design should support a more global understanding of the problem as our sampling draws from a pool of former patients from clinical forensic consultations and thus is not limited to a narrow subset of victims (e.g., in shelters for women), and therefore reflects varying degrees of IPV. Moreover, rather than being limited to one point in time, this study encompasses years of experience following IPV disclosure.

Methods

Selection of Participants

Participants were selected from the 363 mothers of minor children who were beneficiaries of consultations at the Lausanne University Hospital's Violence Medical Unit (VMU) between 2011 and 2014 following IPV. Purposive sampling was used to reflect diversity at the time of the consultation, in term of nationality (Swiss, EU/EFTA, other), professional status (in paid work versus not in paid work), educational status (compulsory school, apprenticeship, high school, or higher education), and number and age of children. The contact information for patients who had agreed to be recontacted was listed in an Excel sheet, and the sheet was resorted using a randomized method and organized by nationality group. The researcher in charge of recruitment telephoned the patients, alternating among the three groups and taking into account the other characteristics as well to ensure a

diversity of profiles. The search for new participants was stopped once a satisfactory level of socioeconomic diversity and thematic data saturation had been achieved. The first telephone contacts with eligible former patients were initiated in May 2020. A maximum of nine contact attempts were made before considering former patients unreachable. The first call aimed to introduce the study and the researcher, invite participation, inform potential participants of the voluntary participation basis, the respect for confidentiality and the interview modalities, and to set an appointment for the interview. Informed consent was obtained via telephone.

Description of Participants

The majority of the 20 participants reported previous episodes of physical violence by the IPV perpetrators. The first episodes often took place years before the consultation and in several cases started around the birth of the first child. At the time of their consultation at the VMU, half of the participants were married to the perpetrators/fathers, two were living with them but not married, and eight were separated from them. Most of their minor children were aged 0–12 at the time. The perpetrators were the fathers of the children in 19 cases, and in one case the perpetrator was the step-father. However, for ease of reading, we will refer to all of them hereafter as "perpetrators/fathers." More than half of the pairs of victimized mothers—perpetrators/fathers were in an asymmetrical work situation, where one of them was employed and the other was not (more often the victimized mothers). Most participants had completed compulsory or high school and four had obtained higher education degrees. They were about equally distributed in terms of nationality groups (Swiss, EU/EFTA, Other) and about half formed a homogeneous pair and half a heterogeneous pair with the perpetrators/fathers, in terms of nationality.

Interviews

Twenty individual semi-structured interviews were conducted between May and August 2020, by telephone due to Covid-19 restrictions, except for one interview which was conducted face-to-face in a city park at the participant's request. They lasted an average of 57 min (min. 27; max. 111), were audio recorded, and later transcribed and coded to ensure confidentiality. The questions posed to the participants covered the following themes: the evolution of their situation since the consultation, contacts with professionals and institutions and their adequacy to their needs; contacts with professionals and institutions and their adequacy to their children's needs; and non-professional resources available to them and their children (this last theme was not exploited for the purpose of the present analysis).

Analysis

A thematic analysis was carried out on the interview transcripts (Ritchie et al., 2014). First, three researchers – two sociologists and one clinical forensic physician – did a parallel reading of the first 10 interviews and put their notes together to identify themes. An initial coding grid emerged from these discussions which was later tested by two of the researchers on three interviews to adapt the grid and ensure intercoder reliability. All interviews were then coded with the grid using MaxQDA 2018 (Verbi Software 2017). The grid was revised as necessary as coding progressed. Descriptive results were based on a matrix of syntheses by theme and participant. The main themes relevant to the topic of this paper included behavior of perpetrators/fathers; positive/negative experiences of victimized mothers/children with professionals and institutions; consequences for victimized mothers/children; victimized mother–child relationship; and perpetrator/father-child relationship. Then thematic contents were analyzed in an attempt to identify links among them or logics common to several discourses.

The reader will note that most of the results presented in this paper pertain to the description of the moments participants felt that the responses provided to them by professionals and institutions were inadequate. Indeed, testimonies of the support received account for a rather small portion of the Results section. This is due to multiple factors. First, this study is not an evaluation of services, professionals, or institutions, nor a quantitative study, both of which would have required a different approach in terms of methodology and the presentation of results. Second, this imbalance between the presentation of more positive and more negative experiences mirrors the imbalance in the victimized mothers' discourses. Third, the positive elements in the testimonies reflect what the normal course of service delivery to victims of IPV should be and therefore, in the authors' view, do not need as much detailed analysis as problematic experiences which need to be more thoroughly described and deeply understood so as not to be repeated in the future. Finally, the consequences of negative experiences speak in favor of paying more attention to them.

Results

Support Received During Contacts with Multiple Services

Most victimized mothers had been in contact with several services within the IPV victim assistance network and testimonies of the support they received were collected. Several participants felt they were listened to and taken seriously by the various types of professionals involved. A feeling of protection and support with professionals was sometimes reported, such

as with the police or when child protection services (CPS) staff or pediatricians testified in their favor to the justice system. Several victimized mothers told of lawyers strongly engaged in their defense. Financial and psychological help were mentioned a few times. Finally, only a few of them told their general practitioner about the situation, but when they did, they benefited from a referral to psychological support and/or to the VMU. Various types of support were therefore experienced by participants from various types of professionals following IPV disclosure. However, all but one victimized mother recounted moments when they felt the responses they received from professionals and institutions were inadequate in relation to their needs. This happened at different moments of their journey and often at multiple occasions. The following results are summarized in Fig. 1.

Continued Harmful Behaviors of Perpetrators/Fathers

A feeling of fear prevailed for most of the victimized mothers following IPV disclosure due to the perpetrators'/fathers' continued harmful behaviors post-separation.

Violence and Threats

Concerns about their own safety or that of their children during the years that followed IPV disclosure were very present in the victimized mothers' discourses. This was the case regardless of whether the victimized mothers were separated from or still living with the perpetrator/father, and even when a restraining order was in place. Indeed, most participants experienced further physically violent events and/or verbal psychological violence such as being insulted, threatened with separation from their children, harassed over the phone, or sent death threats. Some of the perpetrators/fathers also returned home unsolicited and/or destroyed objects.

I thank God that I'm still alive, because (...) when we were separated (...), he said he was going to buy a Kalashnikov. (P13)

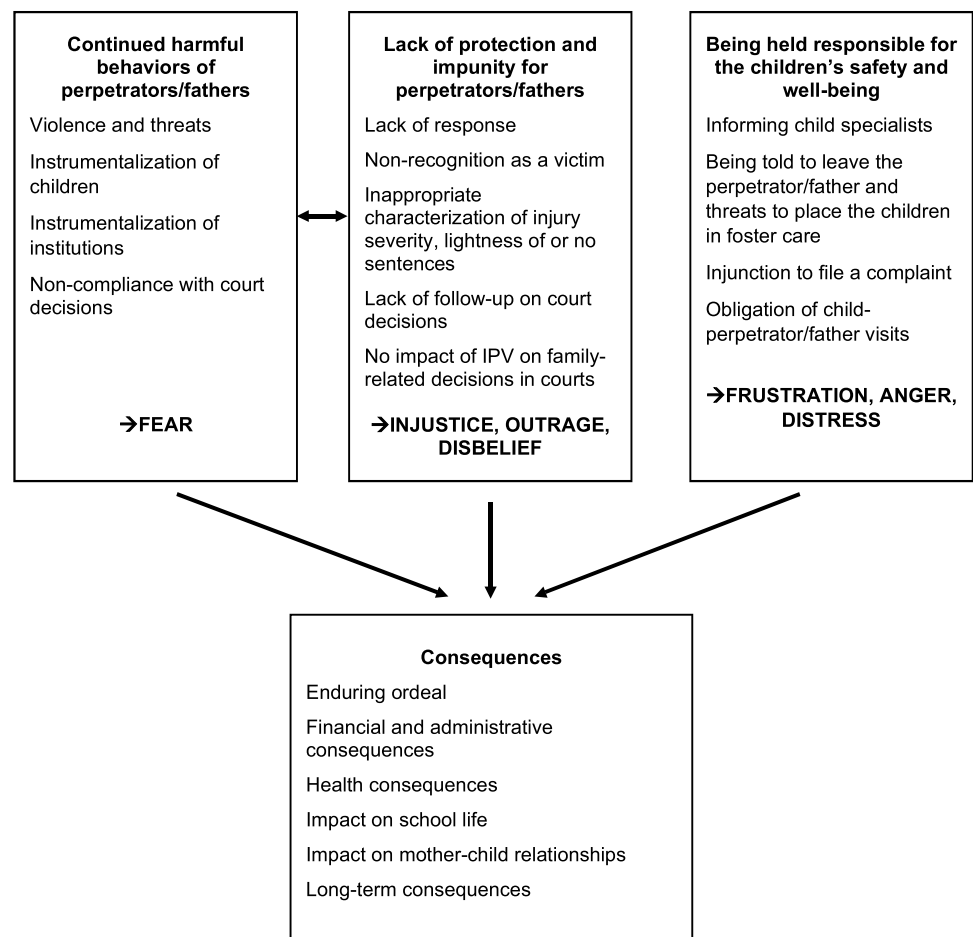
When couples were separated, violence often occurred during the handover of children from one parent to the other.

Once he pushed me here, he had come to drop off the child and I was injured, there was blood. (P4)

This victimized mother told of a physically violent episode that took place in front of the daycare center where she just had picked up her son and where the perpetrator/father came to meet her:

He started to be aggressive, because I didn't want to follow him. (...) I held on to the bench, because he grabbed

Fig. 1 Negative experiences of victimized mothers and their children after IPV disclosure



me by the legs and (...) he didn't want to leave me alone and then at one point, he took me by the neck. (P20)

Violence against children was also reported by about half of the mothers before and/or after the separation. It took the form of physical, psychological, or verbal violence, death threats and there was one suspicion of sexual abuse. Neglect by perpetrators/fathers was also mentioned.

He continued to abuse me psychologically, and he also abused his children, his own children. (...) But I didn't know that his father also beat him [her son] when I wasn't around. (P12)

Instrumentalization of Children

Several mothers reported that perpetrators/fathers, sometimes with the help of family members, continued to harm them through their children. This instrumentalization took the form of constantly denigrating them to their children and pressuring children to leave them.

My husband always tells my son that if he talks, he will never get anything, because I am poor and with him he will get everything (...) Once he said that I was going to work to give [money] to my family, but not even for him, because I didn't love him. My son said to me "is it true that you don't love me mom?" (P11).

There were also threats to separate them from their children.

"You're not in your country, you're a foreigner, you don't even have the same rights as me, you're going to lose custody of the child." He played on that a lot, and out of fear of losing custody of the child I was forced to stay with him. (P13)

One perpetrator/father used the children to lure their mother to his house.

Their dad abducted the kids from school. (...) I had just been beaten up very badly a week before, and my ex-husband did everything he could to entice me to come to his house or to meet up with him again, that's why he took the children. (P14)

Instrumentalization of Institutions

Diverse behaviors were reported that show an instrumentalization of institutions by perpetrators/fathers. This mainly took the form of lies to professionals or manipulations. Victimized mothers explained that the aim of those lies was to undermine their credibility as victims, to reverse the roles of perpetrator and victim, to criticize their parenting skills, or to cause harm with regard to their residence permit. In some situations, perpetrators/fathers also presented a false image of their own parenting skills or financial capacities, so as to obtain visitation or custody rights and not to have to pay alimonies.

Then he asked for shared custody to stop paying child support. Because he was still obliged to pay child support, even though we weren't married. (...) So at a certain point, obviously he said that he wanted his son half the time and obviously I, knowing the person, knew that it was to stop paying me money. (P8)

These lies were told during police interventions, in court and/or in front of CPS staff. Taken to the extreme, this situation can turn a person from a victim into a perpetrator in the eyes of the law, as explained by a victimized mother:

I was hoping (...) the justice system would (...) say "Sir, go get treatment, you are a danger to your family". But it was completely reversed. He became a completely normal, respectable person, and I was the sick one, the one to be excluded from the family, from the home, from everything, to be punished. I was the one to be punished. (P5).

Non-Compliance with Court Decisions

Several victimized mothers reported that the years following IPV disclosure were also marked by a lack of compliance of perpetrators/fathers with court decisions. Some told of breached restraining orders or home expulsions.

For a year, we still lived in our house, but my ex-husband wasn't allowed to come anymore, but he would come anyway, hum, in fact it was also his workplace, it was a farm. So, I still lived on the farm, he lived with his mistress, and then he would come home, I mean our home as if it was still his home. And he came over to sleep at times, that's when I called the police during the night because we had weapons and we were really afraid. (P6)

Non-respect of visitation times and non-payments of alimonies were also reported. Half of the victimized mothers reported the latter even though the interviewers did not ask this question directly.

A Lack of Protection and Impunity for Perpetrators/Fathers

Victimized mothers expressed feelings of injustice, outrage and disbelief because they considered that they had not been protected and that perpetrators/fathers benefited from a certain level of impunity. Those emotions were present at various moments of their journey.

A Lack of Response from Professionals and Institutions

The feeling of fear resulting from the perpetrators'/fathers' aggressive behaviors was reinforced by a lack of protection perceived by victimized mothers at various moments. Some explained that the police did not come or came hours after their call for help.

Then you tell him [the perpetrator/father] "I don't want you to come home anymore" and then he [the perpetrator/father] hits, he hits the window (...) and then you have a police force that doesn't intervene, so you're in a situation of... you're being hunted down like a rabbit whose throat is going to be slit. (P10)

This mother explained that the police had previously told her that they could not always intervene and that she had to file a complaint. Another participant reported that the police stopped coming after two interventions and that her husband was well-known and well-protected in their small town, so much so that there was no follow-up to her visit to the police station and her request for a restraining order. Two mothers received only a phone call from the police. For one, it was to check on her after being alerted by daycare staff that she was being attacked by the perpetrator/father. The other had asked the police to intervene after the perpetrator/father took the children home even though he did not have the right to do so. Instead, a police officer called the perpetrator/father and called her back to inform her that her children were fine with their father and that he would bring them back to school the next day.

Other mothers reported that they could not get a place in a shelter or that they, and not the perpetrators/fathers, had to leave the home.

I think it sucks, frankly. Because it's the husband who messes up but it's the wife who has to leave the house because of course he didn't want to leave. (...). They should rather protect the woman in this case rather than tell her to leave the house (...) my husband is two meters tall, (...) for them it was easier (laughs). (P16)

The lack of protection and fear could also be felt within the institutions, due to the presence of the perpetrator/father. In the following excerpt, the victim came to the emergency department with a facial bone fractured by her husband.

[At the Emergency Department] I explained that I got kicked. [she was asked:] "Was it an accident, was it voluntary?" I said it was voluntary and my husband was there. He was sitting next to me, and they asked me if I knew the name, and I started to feel pain and I raised my voice a little bit, I said "Listen, I want to be taken care of now!" (P1)

The thought of being in the same room as the perpetrator/father prevented a victimized mother from going to court following the complaint she filed. Another mother felt that she and her son were not safe in a shelter.

I was scared in [name of shelter] because [there were] a lot of women, but women who were maybe more abused than I was. Women who have already lost their mind, and children who have been abused. My son was never abused. (...) I was afraid (...) because a child (...) wanted to strangle my son. (P11)

Non-Recognition as a Victim

While some victimized mothers felt recognized as a victim, others, about two-thirds of the participants, reported not being taken seriously or believed by professionals, at some point or another along their journey, which added to their feeling of insecurity. Various factors emerged as possible explanations. First, and as described above, about half of the victimized mothers reported that they were faced with perpetrators/fathers presenting to professionals an opposite version of their account, lying about facts, or being manipulative.

Second, several victimized mothers who were of foreign origin experienced racial and/or sexist prejudice from some professionals.

They [police officers during an intervention] just said: "You, the girls from [a European region], you're always looking for trouble!" (P13)

Others reported that their partner or ex-partner had not experienced any difficulties after the mothers filed a complaint. One explained that she was not taken seriously because she had difficulty expressing herself in French (the local language).

Third, some victimized mothers felt that they were not heard because they did not fit the expected image of a victim of IPV.

I think that the problem with all these authorities is that if you're well, well you're no longer a victim. That's how I felt. (...) You really have to be at the bottom of the barrel, or in therapy, you have to be completely broken down for them to consider you a victim.

If you have decided to get up and continue, you are not a victim, you are a case. (...) When you are not a victim, you are the other. (P1)

Fourth, the minimization by professionals of the violence experienced was another way of not being heard.

I changed lawyers twice because they said, "ah but it's nothing," they were minimizing what my husband did to me. (P6)

Finally, apparent blind faith in protective measures had led one judge not to take the victim's account of an assault by the perpetrator/father seriously.

Although I had evidence that I had been assaulted, (...) the judge (...) said "I don't see how he could do that (...) since it was forbidden to come closer than a certain distance." (P5)

Inadequate Characterization of Injury Severity, Lightness of or no Sentences

Some victimized mothers found that the severity of the injuries they had suffered as a consequence of IPV was not appropriately characterized in court or that they could not get the perpetrator/father to be convicted. Several women whose partner had been convicted felt that the pronounced sentences were too light.

I had 800 francs of medical expenses (...). My son, he saw me for a month with a blackeye! How do you pay for that? (...) He [the perpetrator/father] only had to pay 450 francs. (...) I found it unfair because I was already physically hit, psychologically I was hurt a lot, my son also had psychological problems afterwards (...) He got off very lightly. He had two years of probation, thirty days of fines or whatever, and that's it. He was supposed to (...) give me the money for the medical expenses, he never did (...). There's no one behind, saying: "Did it get done?" That's the biggest problem. (P17)

Lack of Follow-up on Court Decisions

The quote from P17 above illustrates another point as well, which is the outrage some felt when they realized that there was no follow-up to make sure court decisions were respected, in particular regarding payments, but also relative to the presence of perpetrators/fathers such as in the following example, where children were placed in foster care.

The goal would be that the children come back to my place, but [with me] alone. (...) Today, he [the perpetrator/father] has his apartment, but he is also at my

place. And I don't know, I'd like to be able to say to him, "Look, first of all, for the children to be able to come back home, you'd have to stay at your home", but that's why I looked into it with the CPS' social worker, with the [family therapy center] too, because I said I need support, I can't say that to him all alone like that. (P20)

No Impact of IPV on Family-Related Decisions in Courts

Finally, the fact that violence was not taken into account in divorce proceedings and custody rights left some participants in a state of disbelief.

He may have been violent, but that didn't really count, it was almost put aside because there is the legal law and the law I don't know what, in short, we don't mix everything up. (...) I had to wait two years before being able to say now it is the divorce. (...) In spite of what he had made me live through, in spite of what he did, it didn't make any difference. (...) We should have the right to divorce even if the other person doesn't agree for reasons that seem really obvious to me. (P19)

In addition, in several situations, victimized mothers had to battle to prevent custody rights from being granted to perpetrators/fathers. In the following example, the judge first awarded custody to the perpetrator/father, despite a home eviction decision due to a risk of committing further violence.

The first time around, I lost custody of my daughter. (...), because he said that I am a foreigner, that I have no ties in Switzerland, he played a lot on that too, that I don't have any friends, that there is nothing to keep me here in Switzerland. So the judge decided to give custody to the man. (P13)

This mother finally obtained custody after two years of legal proceedings.

Being Held Responsible for the Children's Safety and Well-Being

Several victimized mothers told of frustration, anger and/or distress when confronted with blame, injunctions, or decisions from professionals aimed at the well-being of their children but with which they did not agree.

Informing Child Specialists

If IPV victims live with children, VMU professionals inform them that they will have to notify the hospital's pediatric team, the Child Abuse and Neglect team (CAN Team), who

will then assess the situation. That obligation to contact pediatric professionals was not received well, at least at first, by some victimized mothers.

She told me that (...) she was going to put a note in my children's file, intended for the pediatrician, so that there would still be a follow-up, to see if the children were still doing well. (...) It bothered me a little because I came for myself (...) as if I had not protected them well, as if I was going to be watched... I also thought of CPS (...) and I said to myself "but what did I get myself into?", I wanted to ask for help for myself and then here we are triggering things with the pediatrician and I didn't ask for that at all and my children are fine. This is something that scared me a lot, yes. (...) I thought that I could do something for myself without it involving the rest of my life as a mother (P15).

As in the example above, some mothers were scared of losing their children when they learned that CPS knew about the situation.

Being Told to Leave the Perpetrator/Father and Threats That the Children Would be Placed in Foster Care

Two mothers recounted their distress when faced by an injunction to leave their husband to protect their children. They were told that if they did not do so, it would show that they were not good mothers, and/or that their children would have to go to foster care. One explained that this was very difficult because her son loved his father a lot. The fact that CPS had blamed her for explaining to her son why they had to go, and that doing so "damaged" the father's image, made the situation even more difficult. The other mother, still living with the perpetrator/father at the time of the interview, did not understand how she could be told that she was thinking more about her husband than about her son while all her decisions were made with the interest of her son in mind. This misunderstanding and the threat of being separated from her son made her consider not reporting any further problems to CPS. Thus, she found herself fearing being separated from her son as both a consequence of leaving the perpetrator/father (his threat) and of staying with him (CPS's threat).

In fact, several mothers were told that their children would be placed in foster care if they did not leave the perpetrators/fathers. The children of two victimized mothers were even placed in foster care because the perpetrators/fathers were coming back home unsolicited by the mothers, and in one case, despite a restraining order. In one instance, the placement was decided because a mother's teenage son had been violent towards her. One of them found that decision hard to accept, but also thought it was necessary. In

contrast, the other mother thought that an alternative could have been found:

"It's either you (...) separate from the father, and in that case you can stay with the children at home, or if you stay with him, the children are placed in foster care. "At that time, it was too difficult, well, I had just given birth, the little one was not even a month old, she was maybe three weeks old (...) I would have liked them to find another solution, not so radical. (...) To take away my daughter when I had just given birth, I find that, it was a little inhuman. (...) I fell apart. I broke down in tears and I didn't want to talk anymore. (P20)

Another victimized mother who was notified of a decision to place their children, which was cancelled in-extremis following a change of CPS officer, said that it was the "greatest violence" she had ever experienced.

Injunctions to File a Complaint

Victimized mothers were often advised to file a complaint against the perpetrators/fathers. Sometimes this advice took the form of an injunction, especially when the police had to intervene more than once. However, some explained that it was not so easy to press charges against the father of their children.

I was under the influence of this man who said things like "anyway I know you're going to press charges." And he knew that by saying this kind of things, I was going to counter by saying "no, I'm not going to press charges against my son's father." (P8).

Several victimized mothers did file a complaint against the father of their children. But some then refused to have him sent to prison. They explained that they did not want to harm their children in this way.

I felt very sorry for my children, that their daddy was in prison and all that, ... I said no. (P9)

Obligation of Child-Perpetrator/Father Visits

Another point of disagreement between victimized mothers and professionals about what was best for their children were the perpetrator's/father's visitation and custody rights. The mothers felt distressed when faced with the obligation to let the child visit the perpetrator/father when they thought that those visits were not beneficial to their children or that the perpetrator's/father's living conditions were not suitable for a child. For example, an 8-year-old boy who had witnessed physical violence and death threats

from his father against his mother was obligated to visit him regularly:

He was only going [to his father's home] because of the court (...) so that his mother wouldn't have any problems (...) The man [the perpetrator/father], he was never at home. (...) He was not a man who was attached to his son, who loved him, no! (P4)

Another mother, whose toddler had never lived with his father, had to insist that CPS check his father's apartment and living conditions before granting him any visitation rights, since only her home had been checked by CPS.

She [CPS officer] came to our house, to look at my house. So I suggested to this lady that she go and check the house where this man [the perpetrator/father] was going to take the child. Because he had an apartment (...) he sublet the apartment and there were many stories with this apartment. (...) they even threw his things outside. (...) they even took his partner (...) to jail (...) I wanted to protect my child. You can't take my child to a place like that, but she doesn't see things that way, she says that "when it's the home, it's the home, he can take the child." (P18)

This verification later took place and showed that the conditions were not appropriate for a child and, as a consequence, the rights were not granted. Another mother was worried that the father would take the child to his home country. The solution proposed by the police was that she would alert the police if the father brought the son back to her late at the end of the weekend so that they could close the border. The mother found that solution "inappropriate" since in two days he would have time to travel many kilometers. Thus, the simple idea of their child being left alone with the perpetrator/father had been a source of anxiety for some mothers.

Multiple and Long-Term Consequences

The combination of these experiences led to heavy consequences for victimized mothers and their children as illustrated in Fig. 1.

Enduring Ordeal

Almost all the testimonies collected have one element in common, which is the ordeal of the steps and procedures in their journey following IPV disclosure. This enduring ordeal resulted from IPV but also from the lack of protection that some experienced, the impunity of the perpetrators/fathers that enabled the violence to continue, and from being held responsible for the safety and well-being of their children as described above. These elements added fear and more

appointments to the many already necessary in such a situation. Thus, in addition to the medico-legal consultation, these victimized mothers had to have their wounds treated; file a complaint; attend appointments with their lawyer and court hearings; follow up with a social worker because of their financial situation; have CPS workers in their homes; submit themselves and their children to psychological assessments; attend family therapy appointments; go to school to discuss their children's problems; take them to therapy appointments; and attend such appointments themselves. Having to keep appointments that they sometimes considered unnecessary or even detrimental in their situation, such as family therapy, not only added to their daily routine but also added and prolonged contact with the perpetrator/father. In parallel, they had to find housing, continue working, seek employment or training, and provide emotional support for their children.

You see, all this was not easy, going to court, going to see the lawyers, going to the experts, I had to take the child to school and the child had to see the psychologists. Yes, it was not easy. We had a very difficult time. (P4)

Moreover, this multiplicity of appointments and sometimes change of staff required them to tell their story over and over again, which was very difficult for some mothers and their children.

How do you get over it if you're always being asked about things that have happened? (...) because we would never forget things, if you always say how it's going, your feelings, etc. It's also tiring, it's unpleasant. (P7)

Returning to a sense of normalcy took a long time; six or seven years of procedures were mentioned, and even more. Sometimes, therefore, an entire childhood can be spent in a climate of violence and/or fear. A participant who consulted the UMV in 2011, i.e., almost ten years before the interview, despite declaring that she had been supported by the entire professional network, summarized this enduring ordeal as follows:

Because I lived through four very complicated years [before the separation] and even more so the last ten years with my ex-husband, even more complicated. (P14)

Financial and Administrative Consequences

Most participants reported having had financial difficulties following the separation with their partners. The reasons evoked were the non-payment of alimonies by the perpetrator/father, their precarious professional situation, legal fees and debts accrued by the perpetrators/fathers. Some mothers gave up their share of material goods or pension arrears in order to be able to divorce and no longer have to deal with the perpetrators/fathers.

He was in arrears with his pension payments (...) I gave up the arrears which exceeded 50,000 francs, I gave up everything, everything financially to obtain the divorce. So I ended up getting this divorce to free myself from this harassment. (P5)

In these conditions, mothers mentioned that, beyond the difficulty of providing a roof for their children and catering to their basic needs, it also was hard or impossible to finance leisure activities for their children and one of the mothers did not know how to continue paying for the therapies her daughter needed.

Sometimes I stopped the psychologist [consultations] for her [daughter], because it's expensive! Sometimes, the bills make my head spin... a lot of worries. (...) she needs that psychologist. And things are too expensive, I don't know what to do! (...) The insurance helps us until now, because my daughter is still in school. When it [school] ends (...) I don't know what to do. (P2)

In addition, victimized mothers told of administrative consequences such as a difficulty finding a new home while in a precarious situation or temporarily losing residency rights.

Health Consequences

Beyond the physical injuries due to IPV, the vast majority of victimized mothers reported deep negative psychological consequences, mostly in terms of self-esteem and trauma. The long-lasting state of fear (of assault but also of losing their children) they experienced and the financial and administrative hardship resulting from IPV and its treatment had led to physical and psychological exhaustion. Several of them declared having suffered from depression and one mentioned having suicidal thoughts in the past. Some victimized mothers also reported having had sleep problems, weight loss, as well as memory problems and migraines which they thought were consequences of that experience.

I lost my job, because I was, I had a depression and I could not work well, that's it, then I received my letter of leave from work and that's it, I remained without work, without anything at all (...) Then I registered for unemployment. (P9)

Mothers reported that their children's mental health also suffered from that experience. Anxiety, notably concerns for their mother's safety or their own, was cited most.

If your child is attached of you, all that you suffer he is also going to suffer. (P4)

Phobia, stress, restlessness, sadness, depression with or without suicidal thoughts were also reported.

He used to tell me: "Mommy, if you die, I die as well, if you die, I commit suicide." (P17)

Impact on School Life

Several victimized mothers found that what their children had experienced had an impact on their school life. Drops in grades, absenteeism, and restless or violent behaviors, as well as signs of sadness while at school, were reported.

Impact on Mother–Child Relationships

Some mother–child relationships were negatively impacted by this experience. According to victimized mothers, a degradation in their relationship with their child resulted from perpetrators'/fathers' manipulations; from the reproduction of violence of one son towards his mother; and from a decision to put the children in foster care.

I don't want to involve my daughter in our stories, nothing at all, as he does and it's a pity for the child, because then he will destroy the child, I don't want that. (...) Yes, she blames me: "Daddy is right, you're just an idiot", and then I don't say anything at all because it's not her fault, it's the fault of the bigger person [the perpetrator/father], because she's not going to say these things if there's no one behind it. (P13)

Consequences Can Be Long-Term

At the time of the interview, that is between six and ten years after their VMU consultation, some victimized mothers reported that they were doing better and had "*healed from the past.*" Some had a more mitigated discourse and others explained that they were still, to that day, traumatized, that they still had great financial difficulties, were separated from their children, or that they had not yet found the way to extricate themselves from an IPV situation.

Because I had burnout, I didn't work, I'm on living wage. (P5)

According to their mothers, some children were faring well at the time of the interviews and others had improved in terms of school grades or anxiety problems. Several others were still traumatized and showed a high level of anxiety and concern for their mother's safety and their own or displayed restless behaviors in school. IPV perpetrator and victim role reproduction was also reported in the children of two families.

He doesn't feel comfortable if I'm not well, or if... He cares about my safety. And I say, "but stop, I'm fine now, everybody's fine, everything's fine, mommy's fine". It still has to get into his head. (P17)

Discussion

This paper captures and provides an understanding of IPV victimized mothers' overall experiences following IPV disclosure. It sheds light on the multiple and concomitant hurdles and difficulties faced by victimized mothers, who, research has shown, play a key role in their children's lives following IPV exposure. Our study benefited from direct accounts covering several years of experience of victimized mothers with professionals and institutions, but also with perpetrators/fathers and with their children, thus producing a large and unfragmented picture. The results show that victimized mothers and their children continued to experience harmful behaviors from the perpetrators/fathers after IPV was disclosed, that they sometimes felt unprotected, and that the perpetrators/fathers benefited from a certain degree of impunity. In parallel, mothers had to face injunctions in relation to their children's safety and well-being even though they were not the perpetrators. Finally, results show how these experiences led to deleterious consequences for both mothers and children.

In line with previous research findings (Harrison, 2008; Romito, 2011; Stanley, 2011), the majority of the participants in our study testified to continued harmful behaviors on the part of the perpetrators/fathers after the separation, such as threats, physical and/or psychological violence, lies, failure to observe visiting hours, perimeter bans, or alimony payments. The perpetrators'/fathers' violence was also directed at children which echoes other study findings that 40 to 60% of perpetrators/fathers are also violent towards their children (Eriksson & Hester, 2001; Romito, 2011). In addition, perpetrators managed to use their status as fathers to harm the mothers by instrumentalizing both the children (Katz, 2019; Mullender et al., 2002; Romito, 2011; Stanley, 2011) and the institutions (Gutowski & Goodman, 2019). All of these behaviors created a feeling of insecurity and fear for mothers and children.

In parallel, victimized mothers reported that the perpetrators/fathers benefited from a certain level of impunity, which allowed those harmful behaviors to continue. This impunity took diverse forms, notably for the victims, a lack of protection and/or a lack of recognition as victims, such as found in other studies (Gillis et al., 2006; Meyer, 2016). A lack of convictions, sentences that were deemed too light, as well as a lack of follow-up on legal decisions (Gillis et al., 2006) were also reported by participants. In addition, and as found in other contexts, courts seemed to ignore IPV when dealing with divorce or custody proceedings (Gutowski & Goodman, 2019). All of this gave rise to feelings of injustice, outrage, and disbelief among victimized mothers.

Finally, as reported elsewhere (Holt, 2016; Lapierre, 2008; Wild, 2022), another element that weighed heavily on the shoulders of some victimized mothers was that they were held responsible by institutions and professionals for the safety and well-being of their children, even though they were not the perpetrators of violence. Some social biases were probably at work here such as in Kelton et al.'s study (Kelton et al., 2020) where non-assaulting mothers were judged more harshly than non-assaulting fathers in assessing failure to protect children in relationships with IPV. These authors found that victim-blaming attitudes fueled by the *Just world* belief that somehow people are responsible for what happens to themselves (Lerner, 1980) and gender bias in parenting expectations explained those differences.

Analyses showed that the consequences of IPV on victims commonly found in the literature can at least be aggravated if not caused by professional and institutional responses to IPV. In parallel and as a result, the same could be said of the consequences experienced by their children. The consequences were of a different nature, touching on mothers' and children's mental and physical health, their feeling of insecurity, housing, work, school, and financial hardship (Campbell, 2002; D'Inverno et al., 2019; Douieb & Coutanceau, 2016; Ehrensaft et al., 2003; Gardner et al., 2019; Holt et al., 2008; Sadlier, 2020; Stanley, 2011; WHO, 2002). The impartial attitude on the part of the justice system or youth protection services towards the perpetrators/fathers and the victimized mothers with regard to their parental rights prolonged the situation of danger by maintaining interactions with the perpetrators/fathers. Furthermore, and in contrast, the unequal view of the duties of victimized mothers and perpetrators/fathers with regard to the safety and well-being of children created an imbalance in which the mothers became, whatever the danger they were confronted with, the respondents of the institutions in charge of protecting the children. If they failed, they could be separated from their children. In addition to putting the mothers and their children in physical and psychological danger, this duality between equal rights and unequal parental duties also made their lives more difficult by delaying a return to a normalized situation and by multiplying the number of appointments they had to keep. This situation, as well as the danger and burden it entailed, resulted in long-term states of fear, stress, and fatigue for mothers and their children. Thus, in this context, the role of mothers as a protective factor for their children is not being supported or is even impeded. Furthermore, we also found, as described in the literature, that IPV and professional responses to IPV damaged some mother-child relationships, especially as a result of perpetrators'/fathers' manipulation post-separation (Katz, 2019; Radford & Hester, 2006; Thiara & Humphreys, 2017), and some led to traumatic placement decisions (Wild, 2022).

There are important implications for practice. The fact that decisions concerning children, such as visitation rights, custody arrangements, or the attribution of parental authority, did not seem to be affected by the knowledge of violence in the parental couple raises the question of whether a father who has perpetrated violence against the mother of his children can nonetheless be considered to have good parenting skills. It seems hazardous to separate the roles of IPV perpetrator and father as if we were dealing with two different people (Eriksson & Hester, 2001; Holt, 2015; Romito, 2011). Moreover, there seems to be an absence of concern about what children, whose parents are divorced or separated, will experience in the perpetrators'/fathers' new homes, whether there are new partners or not. It is as if concerns for the future overrode events from the past (Harrison, 2008; Hester, 2011) and/or as if maintaining contact with the perpetrators/fathers was more important than the experience of mistreatment (Holt, 2016). Holt analyzes that the institutional desire to preserve post-separation father-child contact is based on three main beliefs that are now invalidated by research: that such contact is almost always in the child's best interests; that the history of violence ends with separation; and that children's participation in decision-making processes would be harmful to them (Holt, 2020). Article 31 of the Council of Europe Convention on preventing and combating violence against women and domestic violence, also known as the Istanbul Convention and ratified by Switzerland in 2018, stipulates that "*in the determination of custody and visitation rights of children, incidents of violence (...) are taken into account*" and that "*Parties shall take the necessary legislative or other measures to ensure that the exercise of any visitation or custody rights does not jeopardize the rights and safety of the victim or children*" (Council of Europe, 2011). The Convention also specifies that one of the measures in relation to perpetrators can be the withdrawal of their parental rights "*if the best interests of the child, which may include the safety of the victim, cannot be guaranteed in any other way*" (Art 45). This echoes Stanley's research review which shows that an effective way to protect children is to protect their mothers (Stanley, 2011). Also, it is always useful to remember that Article 12 of the Convention on the Rights of the Child, ratified by Switzerland in 1997, stipulates that "*States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight (...), the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body (...)*" (United Nations, 1989). In addition, the accounts of the participants in our study

illustrate the "three planets" model (Hester, 2011). Indeed, the victimized mothers had to interact with professionals and institutions from separate "planets": the domestic violence planet focused on victims and perpetrators; the child protection planet focused on the child, and the child contact planet, focused on the parents and their contact with their child. Each is based on its own history, culture, and sets of laws, thus making an effective response to IPV quite challenging without a concerted approach. Lessard et al. also showed that despite a common concern for ensuring the safety of victims, professionals from different sectors have different points of view on the importance of preserving the father-child relationship in the case of co-occurrence of IPV and child maltreatment (Lessard et al., 2010). Those differences are explained by the missions particular to each organization, by their different access to family members, by diverging views concerning the dynamics of violence and a concern for a risk of maternal parental alienation (Harrison, 2008; Lessard et al., 2010). Thus, self-examination by institutions of the basis of their practices, in light of scientific knowledge, would be beneficial to the treatment of family matters in the presence of IPV. Further, it is urgent that measures be taken to align with Article 7 of the Istanbul Convention and the need for "*coordinated policies encompassing all relevant measures to prevent and combat all forms of violence (...) and offer a holistic response to violence against women*" (Council of Europe, 2011). Following in the footsteps of the authors from the two aforementioned studies and others (Harrison, 2008; Holt, 2020; Radford & Hester, 2006), we plead for a specific and integrated approach to child custody issues in the presence of IPV and for a practice based on more research in this area. There is also a dire need for follow-up to ensure that court decisions are enforced and that IPV does not continue post separation. It is necessary to check that children are not subjected to violence either directly or, in the case of a blended household, are not experiencing violence by the perpetrators/fathers against their new partners, in other words, that perpetrators'/fathers' behaviors no longer be invisible in this process (Heise, 2011; Strega et al., 2008). Rather than basing professional actions and decision on an idealization of the child-father relationship and focusing on the mothers' adequacy in a context of IPV, a most logical approach would be to scrutinize perpetrators'/fathers' behaviors and hold them accountable for the security and well-being of their children. This in itself would protect and support victimized mother-child relationships as has been recommended in the past (Holt, 2016; Lapierre, 2008; Skafida & Devaney, 2023; Strega et al., 2008; Thiara & Humphreys, 2017). Finally, the consequences are often long-term, which means that

support for mother and children must extend beyond the crisis period (Thiara & Humphreys, 2017).

This study has a few limitations. First, the victimized mothers who participated in the study were selected from a database of clinical forensic consultations. This means de facto that they received a referral to the victim support network before and during their consultation. Therefore, this study does not account for the experience of victimized mothers who would have turned to professionals but would not have been referred to the support network. Second, the children's experiences were captured through their mothers' perception, rather than by speaking to them directly. The next step in our project is to examine the views of children who have been exposed to IPV in order to understand that experience from their own perspective.

In conclusion, by capturing victimized mothers' overall and multi-year experiences after IPV disclosure, this study shows how institutions, situated at the social level of the Conceptual Framework for Partner Violence, can participate in the continuum of violence against victimized mothers. By providing perpetrators/fathers with a certain level of impunity and, in parallel, holding the victimized mothers accountable for the security and well-being of their children they contribute to the prolongation, or even aggravation, of the situation of endangerment in which the victimized mothers and, inextricably, their children find themselves. This handling of IPV situations by professionals may result in short and long-term negative consequences of various kinds for victimized mothers. These consequences are also experienced by their children directly, and also indirectly, by impeding victimized mothers' well-being and therefore diminishing and/or delaying their capacity to serve as a protective factor regarding the impact of IPV on their children. Change is urgently needed for the sake of mothers who are victims of IPV and for the sake of their children as it is now recognized that not only do they directly suffer from IPV exposure but also that the relationship with their mother can be powerful in protecting them from detrimental and sometimes long-lasting consequences of IPV exposure. More research with children and young people who have been exposed to IPV should be carried out to complete those findings by understanding their overall experience, from their own viewpoint, and, more specifically, how their relationship with their mother is affected by IPV and by institutional and professional responses to IPV.

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Data Availability The article presents extracts from original contributions. Further inquiries can be directed to the corresponding author.

Declarations

Ethical Approval This is an observational study. Swiss Ethics (State of Vaud) has confirmed that no ethical approval was required per a telephone conversation on February 20th, 2020.

Competing Interests The authors have no known conflicts of interest to disclose.

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