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The impact of intimate partner violence on children from their point of view: A swiss study

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ABSTRACT

Background: Living with intimate partner violence (IPV) puts children at risk of negative short- and long-term outcomes. Studies on this topic are mainly quantitative and often focused on psychological and behavioral outcomes.
Objective: This qualitative study examines, more broadly and from their own perspective, impacts on the health and well-being of children.
Participants and setting: In 2022, we interviewed 20 adolescents and young adults who had experienced parental IPV when they were minors and whose parent attended a Swiss clinical forensic consultation for IPV between 2011 and 2018.
Methods: Semi-structured individual interviews were carried out, covering the main areas of the participants' life since birth. A thematic analysis was conducted on the interview transcripts.
Findings: Short- and long-term impacts were reported. Impacts on mental health included fear, worry, and anxiety; trauma; feelings of sadness and abandonment; negative self-image and anger. Impacts on behaviors were sleep problems; social isolation and difficulties; fleeing from home; self-harm; and aggression and violence. Injuries and other physical impacts were mentioned, such as pain, fatigue, and weight problems. Financial and social impacts, impacts on school, and damage to relationships, especially with the victimized parent, were also reported. Interactions between impacts and cascading effects were often noted.
Conclusions: Impacts occur at different levels of the social ecology and stem not only from the experience of acute IPV events, but more broadly from the daily experience of IPV, where coercive control and other victimizations are often the norm. Recommendations for practice are provided.

1. Introduction

In Switzerland, as in most countries, parental intimate partner violence (IPV) is not specifically cited in the law as a form of child maltreatment. However, experts and professionals worldwide have long recognized that parental IPV is also a form of violence against children, as stated in the Convention on the rights of the child (United Nations, 1989) or later, in the Convention on preventing and combating violence against women and domestic violence (Council of Europe, 2011), treaties which were both ratified by Switzerland. According to the international classification of violence against children, "*Exposure of a child to domestic violence* is a form of *psychological violence against a child*" (United Nations Children's Fund, 2023). Living with IPV places children at particular risk for a wide range of adverse health and well-being outcomes in the short and long terms. This study is based on an analysis of qualitative interviews with youth who lived with parental IPV while minors. Its aim is to gain knowledge about children's experience of living with IPV to help provide institutions, professionals, and particularly health professionals, with a better understanding of how living with IPV can impact the health and several aspects of the well-being of children. This work is part of a larger study on the experiences of children living with IPV, their unmet needs in this context, and the resources they could rely on. While this article focuses on the impact of this experience, another paper describes the experience of these young people (Manuscript under review), and a third one, their unmet needs and resources (Semlali et al., 2025).

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Living with IPV is considered an adverse childhood experience (ACE) (CDC, 2019). ACEs are potentially traumatic events that occur during childhood (Yoon et al., 2023), for example, being abused or neglected, or growing up with a family member with an addiction or mental health problems. They can have multiple consequences for children, affecting their development as well as their health and well-being (Carlson et al., 2019; Gardner et al., 2019; Stanley, 2011; Wolfe et al., 2003; Yoon et al., 2023). Experiencing one or more ACEs is associated with unhealthy behaviors in adulthood (e.g., smoking, drug use, alcoholism) and physical and mental health problems (e.g., obesity, diabetes, cancer, heart disease, depression, suicide attempts) (CDC, 2019; Chang et al., 2019; Felitti et al., 1998; Gardner et al., 2019). This association is particularly strong when multiple ACEs have occurred.

A meta-analysis showed that living with IPV is associated with emotional and behavioral issues in children (Vu et al., 2016). In addition, these children have higher risks of experiencing other forms of abuse (Hamby et al., 2010; Holt et al., 2008). IPV also has numerous effects on the mental and physical health of the victimized parents, often mothers, which in turn can affect their children (Cattagni Kleiner & Romain-Glassey, 2023; D'Inverno, Smith, Zhang, & Chen, 2019. For example, the increased risk of behavioral and mental health problems faced by children and adolescents living with IPV (Douieb & Coutanceau, 2016; Gardner et al., 2019; Gartland et al., 2021) is mitigated when their victimized mother displays lower levels of depression (Carlson et al., 2019). While there is evidence of a higher risk of use of violence in the home among teenagers having lived with IPV (Meyer et al., 2024), the association between experiencing IPV in childhood and perpetrating or being a victim of IPV in adulthood is significant, but of a small magnitude (Smith-Marek et al., 2015). It may be rather the high number of ACEs suffered in childhood that is a strong predictor of interpersonal violence perpetration (Hughes et al., 2017).

Multiple victimizations are the norm rather than the exception for children living with IPV. Direct violence against children by the IPV perpetrator is quite common, as is school bullying (Hamby et al., 2010; McGee, 2000; McTavish et al., 2016; Mullender et al., 2002; Romito, 2011). Other ACEs, such as parental mental health problems or substance abuse, are often present when there is violence in the home (Holt et al., 2008). Multiple types of victimizations and other ACEs were found in this sample as well (Manuscript under review). Isolating the effects of IPV is described as difficult using quantitative methods (Bair-Merritt et al., 2015; Bender et al., 2022; Vu et al., 2016): it is particularly hard to achieve in a qualitative study. Moreover, multiple victimization is a greater predictor of negative consequences than single victimization (Finkelhor et al., 2007; Gardner et al., 2019).

While living with IPV is associated with negative outcomes, it is also worth underlying that children's trajectories are not uniform, and not all children will experience negative outcomes or long-term consequences or at least not to the same degree (Humphreys & Mullender, 2002; Kitzmann et al., 2003). Despite adversity, children can achieve healthy functioning through factors that protect against the adverse outcomes of IPV (Alvarez-Lizotte et al., 2020; Carlson et al., 2019), which are found at various levels of the social ecology (individual, relational, and community levels) (Semlali et al., 2025). These resources include personal strengths, such as having a sense of purpose (Banyard et al., 2017; Hamby et al., 2021). Supportive relationships take an active role in children's resilience by protecting, listening and caring (Semlali et al., 2025). Support from the victimized parent has been shown to mitigate the negative effects of adversity, such as internalizing and externalizing symptoms (Claridge et al., 2014; Hamby et al., 2020) and to improve children's prosocial skills (Skafida & Devaney, 2023). Community resources include participating in extracurricular activities (Gardner et al., 2012) and receiving support from professionals (Stanley et al., 2012).

Studies aimed at identifying the effects of IPV and other forms of maltreatment on children are mostly quantitative in nature and often focus on psychological and behavioral outcomes. Qualitative studies are less numerous but complement these efforts and inform the quantitative ones by gathering rich data on more holistic experiences directly from those who have lived with parental IPV (Lapierre et al., 2016; Noble--Carr et al., 2019). This approach enhances understanding of how impact is created and can inform intervention strategies. Given that the sample for this study was recruited through clinical forensic consultations of the participants' parents, it is likely that the results will cover a wider range of situations than qualitative studies that recruit from service recipients such as individuals staying in emergency shelters. Indeed, consultations are independent from filing a complaint. Therefore, not all families in our sample had contact with the police or had received professional help. This suggests that their views on their experiences are unlikely to be influenced by professional perspectives. Another added value of this study is that it benefits from the participants' retrospective insights on their experiences since it was conducted years after IPV was disclosed. It also covers all major areas of the participants' lives from birth. Thus, a further anticipated asset of this study is the capacity to identify other types of impact that could be further explored on a larger scale. Finally, it can help to understand the links between these different impacts. Heise's (2011) ecological model, adapted from Bronfenbrenner's (1994), serves as a theoretical framework, in which individual, relational, community, and societal levels must be considered to understand IPV. This theory informed the design of the interview guide by taking into account key areas of children's lives across their whole childhood rather than focusing on direct experience of physical IPV. It also guided the analysis in making sure that impacts of parental IPV were identified at different levels of the social ecology. The study also builds on the field of childhood studies (James & James, 2012; Leonard, 2015), which views children as agents and experts in their own lives. It is the first of its kind in Switzerland.

2. Method

2.1. Design

We conducted 20 semi-structured qualitative individual interviews with adolescents and young adults who had lived with IPV while they were minors and who were at least 14 years old at the time of the interview, in summer of 2022. Their mothers or fathers were among the Lausanne University Hospital's Violence Medical Unit patients who consulted for IPV between 2011 and 2018 and were parents of minor children. This study was approved by Swiss Ethics (State of Vaud) on March 24, 2022 (ref.: 2022-00296).

2.2. Participant recruitment

To reach our population of interest, we first had to contact their parents to ask for permission to contact their children. Exclusions for parents were: not having agreed at consultation time to be contacted again or that their data be used for research and/or not having provided a phone number at which they could be reached safely. Another exclusion criteria was the indication in their file that they were not living with their minor children (e.g. children living abroad) at the time of the original consultation. After checking for this information, 422 patients who were parents of 606 minor children at the time of the original consultation and whose children were at least 14 years-old at the time of the current study were eligible for contact. It was decided not to interview youth under 14 years as doing so would have necessitated a separate study design and supplementary resources.

We then computed a file of those 606 children to whom we assigned a random identifier while still making sure that siblings were grouped together. This file also contained their parents' information. Going down the list, first in numerical order and then trying to target specific groups (men, third party country nationals, unemployed, and those whose children were toddlers at consultation time), we made attempts to contact 319 former patients (Fig. 1). Of these, 113 were reached following one to five attempts and the study was described using a

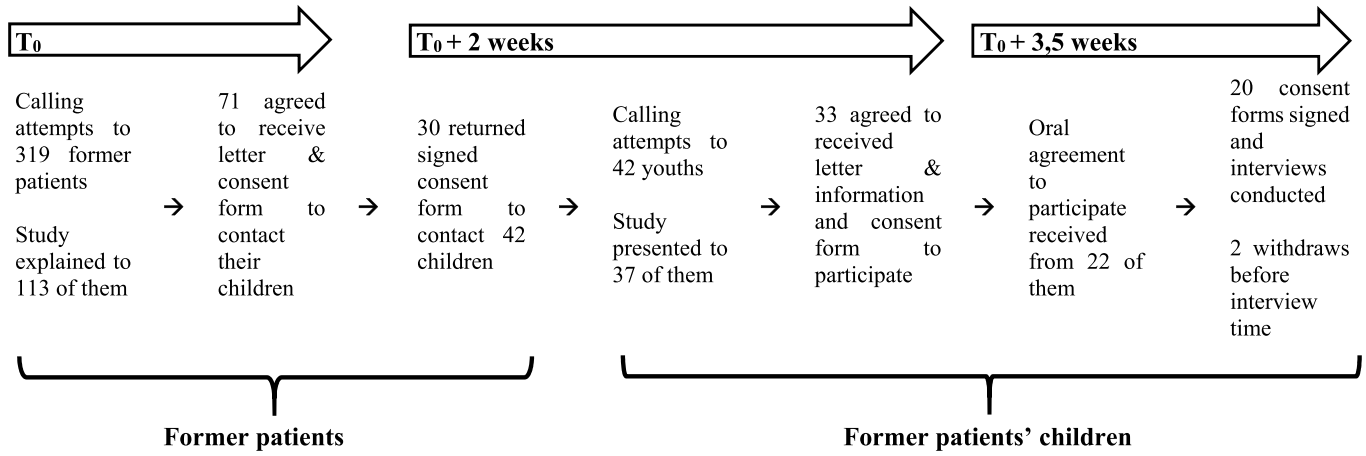

Fig. 1. Participant recruitment stages.

telephone script. Further exclusions occurred during contact, when parents indicated that their children were unaware of IPV and/or that they did not want them to know that they had come for a consultation following IPV. Seventy-one former patients agreed that we could send them a contact form and 30 sent it back with the necessary information to contact their 42 children. By signing this form it was also stipulated that they agreed for their minor children to take part in the study if so was their wish. Attempts were made to contact all of their 42 children. We were able to outline the study to 37 of these adolescents and young adults using a telephone script, and 33 agreed to receive the information and consent form. In the end, 22 agreed to participate, but two withdrew before the interview. No concerns about participants' capacity to provide informed consent arose. We allowed time for reflection at every stage of the recruitment process (Fig. 1). Both parents and their children were told that no information collected from the former during the consultation and from the latter during the interview would be disclosed to either of them. Recruitment was stopped when the data seemed to be at saturation point, even though the situations under discussion were diverse. Participants' travel expenses were reimbursed and a CHF40 gift card was given to compensate for their time.

2.3. Participants

Participants were 14 females and six males, including two pairs of siblings (Table 1). All but one had siblings. They were three to 17 years old at the time of their parents' consultations and 14–28 years old at the time of the interview, with the period in between ranging from four to 11 years. Eighteen were recruited via their victimized mother, and two through their victimized father. IPV perpetrators were the fathers (13 cases); stepfathers or mother's partners (5 cases), mother (1 case), and the father's partner (1 case). All IPV situations concerned heterosexual relationships. Most of the participants' victimized parents were Swiss, and a quarter were EU/EFTA nationals, most had at least one part-time job at the time, and were fairly evenly distributed in terms of educational level (compulsory to higher education).

Table 1
Participants by sex and age group.

Age group	Females	Males
At consultation time		
3-6 years-old	0	2
9-12 years-old	8	2
13-17 years-old	6	2
At interview time		
14-17 years-old	4	2
18-20 years-old	5	2
22-28 years-old	5	2

2.4. Interviews

Face to face individual interviews were conducted in Summer 2022 in the interviewing researcher's office at the hospital. They lasted an average of 2 h and 20 min and were audiorecorded. Before the interview began, the researcher went over the points that were included in the information and consent form that they had previously received: the study's aims, the confidentiality, the possibility of withdrawing at any time, and the fact that if any information was shared that could indicate that a minor was in danger, the situation would be discussed with them and with the hospital's child abuse and neglect team. This, however, did not happen. Participants were then asked to sign the information and consent form. At the end of the interview, the researcher told participants that if they felt the need to speak to a professional, now or in the future, they could contact her to discuss a referral to the appropriate services. However, no participants made further contact with us. Snacks, drinks and breaks were provided throughout the interview.

The interviews covered all major areas of the participants' lives (home and neighborhood, family history and relationships, friendships, school, hobbies, romantic life, contact with professionals) as well as their personality, resources, needs and any advice they may have had. IPV was asked about directly only if not brought up by the participants. Only one direct question was asked about impacts (*"Do you think this violence has had impacts on you or your relationships? Which ones?"*) but impacts were mentioned throughout the interviews. In addition to the interview guide, life history calendars (LHC) were used to support the interview process, by easing participants' recall, helping build rapport between participant and interviewer, and empowering participants (Nelson, 2019; Yoshihama et al., 2002). The researcher built the LHC as the interview progressed. It was composed of rows representing areas of life and columns representing age and sometimes one or two significant events in the participants' lives to help place events in time. The researcher and/or participant annotated the LHC as themes were addressed. The LHCs allowed the researcher to follow participants through different areas of their lives in any order while ensuring that all were covered by the interview. It also helped identify and ask questions about timing and changes.

2.5. Analyses

A thematic analysis was conducted on the transcripts of the interviews (Ritchie et al., 2013). An initial analysis grid made of themes and sub-themes was created based on a common reading of the transcripts by three researchers. MAXQDA 2020 pro (VERBI software) was used to code the first 15 transcripts by the three researchers to ensure coding validity. Codes were compared and discussed among the three

researchers who jointly decided on the final coding together and adjusted the coding grid as necessary. The remaining transcripts were coded separately with group discussion as needed. Thematic syntheses for each interview were entered into a participant-by-theme matrix. The themes used for the present analysis were physical impacts; psychological impacts; impacts on behaviors; school life; financial and social situation; relationships.

IPV in a parental relationship other than the one around which the interview was initially set was mentioned in four interviews, and these situations were included in our analyses.

As this study aims to give a voice to youth who have lived with IPV, it is important to note that only the impacts participants clearly linked to their experience of violence and abuse are reported below. Because multiple types of victimizations are the reality for many children living with IPV, isolating the effects of IPV from those of other co-occurring types of victimization, in addition to being unfeasible, is probably not desirable. In this study, the co-occurring impacts of IPV and those of other types of victimizations, mainly direct violence from the perpetrator (15 out of 20 participants) and bullying (12 participants) make it difficult to untangle whether impacts arose from one type of victimization, or from a combination of different types. For this reason, mentions of impact that appear to be closely related to peer victimization are retained and presented as such in the manuscript.

3. Findings

Verbatim quotations inserted in the Findings section are followed by the participants' number, their sex (F = female; M = male), and age at interview/age at parent's consultation.

3.1. Impacts on mental health

3.1.1. Fear, worries, and anxiety

Fear was present in virtually all interviews. Participants reported being afraid for the safety of their victimized parent, siblings, or themselves during acute IPV events and/or during violence directed against them or their siblings.

> *My fear was (…) that it [her father's shouting] could suddenly get out of hand and that there might be something too much, (…) I was afraid that suddenly something would go wrong and that something would happen to my mother. (P14-M23/15)*

Being unable to see what was happening during an event could also increase anxiety.

> *My sister and I went outside, well I was scared because I didn't know what could happen, I imagined the worst, I even imagined maybe (…) suddenly she'd take a knife or … like that. (P11-F17/14)*

This is additional evidence that children do not need to see the violence to be affected by it (Edleson, 1999; Överlien & Hydén, 2009). In McGee's (2000) qualitative research, some children even reported that hearing violence was worse than actually seeing it happening, because their own feelings of powerlessness were amplified.

Fear and worry more broadly colored their daily lives, even when away from home, such as during school hours. Between physically violent events, participants feared triggering anger or violence by making too much noise or not behaving well. The perpetrator's unpredictability kept them in a constant state of alert.

> *In fact, we were under constant pressure, that's what I remember. Uh … constant pressure not to … step out of line. (P16-M20/10)*

This constant state of alert probably accounts for some of the higher risk for hyper-arousal that has been found in children living with IPV (Levendosky et al., 2013).

Even if the perpetrator was not physically violent towards the children, this did not prevent them fearing him, even after he left, because of threats, sightings of him, or fear of crossing paths.

> *As soon as I see the car he's driving, for example, not anymore, not much. But I used to have panic attacks because I was afraid of him. I'm … I'm still scared of seeing him in the street or something. (P05-F16/12)*

Concerns for the IPV perpetrator's safety were also mentioned, when receiving farewell messages and not knowing whether they were a cause for concern or solely intended to attract attention.

Fear of reprisals, of causing more trouble for the victimized parent or the family, and of negative consequences for the perpetrator, were often reasons for not talking about IPV or any direct violence suffered. Anxiety could also be experienced in relation to professionals' actual or possible involvement, such as not wanting to confide to a psychologist for fear of a breach of confidentiality or worrying about being taken into the care system.

> *And then the CPS, for example, when they came, well, they scared us, even though they were supposed to help us. (…) They weren't people who came to tell us: "It's going to be all right." We felt like (…) in the detective series, there's the officer with the witnesses or the people he thinks are guilty in front of them and then he questions them. I really felt like that. That they were going to take us away and put us in a home or something. (P06-F22/13)*

Finally, living with IPV led some to worry about experiencing IPV in their future intimate relationships.

> *Well yes, I'm afraid that, (…), love is blind (…) because my mother is very intelligent and even she didn't manage to … she took … her whole life for … (…) well, she managed to get rid of him if I can put it like that, because she ended up in the hospital, and I don't really want to … to cross that line, to tell myself that … "you have to end up in the hospital to end a relationship." (P19-17/9)*

3.1.2. Trauma

"Being traumatized," "marked," or "shocked" were terms most often used to describe the impact of the physical violence towards the victimized parent or themselves.

> *The thing that traumatized me too was the glass because it was left with blood, because she tore her lip. (…) That's what traumatized me, especially the glass of blood, because I'd never seen blood, people banging each other and there's blood like that, I've never seen it, and afterwards I was shocked, and afterwards I stayed shocked. (P01-F20/11)*

Hearing victimized mothers being denigrated left its mark as well, as did finding out about sexual assaults.

> *Um, I have to say that since my mother told me that [that her father regularly rapes her mother], um, every time I heard them having sex, it was horrible! Even today (…) sometimes I hear them, and I wonder about … consent. (P09-F20/11)*

But participants also reported having been traumatized by the very noisy sexual activity between a father and his new partner, or a father's extramarital affair. In fact, diverse other aspects of their experience were shocking to them, such as being kicked out of the house, learning that the father was using drugs, or realizing that none of the hospital staff knew the real reason for a mother's injuries. In addition, trauma could be inferred from repeated nightmares, partial gaps or, conversely, the high level of detail, in the memories of acute violent events shared during the interviews.

> *I started having nightmares (…) where my mother … someone was killing her, but I never saw the face or (…) my father came to beat her up again and that's it. It really was nightmares like that. (P19- F17/9)*

This participant was two and a half years-old at the time:

I had a Spiderman or SpongeBob T-shirt … - yeah, I don't remember what it was called (…) I still have a photo, it was green - (…) he [his father] locked the three of us [him and his siblings] in the bathroom (…) my mother, she wanted to put her fingers in the door, you see. And after that, the argument went on a bit. And … like well, he … he … he crushed her fingers again, when she tried to open the door. (P20-M14/3)

Some participants reported continuing to be fearful of conflicts.

I hate it when people shout. (…) It just terrifies me. (P09- F20/11)

3.1.3. Feelings of sadness and abandonment

Sadness, which could last for months or years, was mostly attributed to violence in or outside the home (e.g., IPV and/or bullying), and concerned the participants' own experiences and/or those of their victimized parents or siblings. In the quote below, the participant felt very sad when she realized that her younger sister had seen and heard their father using extreme physical violence against her.

I cried, cried when she [her younger sister] told me that, (…) in fact, she was in the bedroom, but at her young age, now I don't know how old she was … In fact she was looking through the keyhole and she could hear my screams, she could hear my father screaming, she could hear the blows. (P03-F22/14)

These feelings could appear long after the experience of IPV ended.

When you're a child, you're a bit … in the world of Care Bears, you don't really see things. But when you start to realize, that's when the weight of the past starts to fall on you. It comes back on you and then it hurts a bit. Then you have to be strong to get back up because sometimes it hurts. (P01-F20/11)

The sudden disappearance of the perpetrator that lasted for years was initially hard for this participant:

Well, at first, I was sad because I was with him all the time and then suddenly, I didn't see him anymore, that's it! But then I got used to it. (P13- F15/9)

A change in the perpetrator's attitude, from being affectionate to being distant, or having to give up on the idea of having a loving relationship with the perpetrator, led to feelings of sadness and abandonment.

Someone who's supposed to love you all his life, well, he doesn't, he doesn't show it (…) That's the hardest part, (…) well, it's not the person that's missing, it's the relationship I could perhaps have created with … with him. And to say to myself that, well yeah, he'll never change. (P19-F17/9)

This quote seems to suggest that it may not be individual who is missed, but rather the loving relationship that would be expected of a caregiver. Testifying against one's own father in court, although deemed right and necessary was also a difficult experience for some. Feelings of abandonment were sometimes due to a lack of consideration of the children's needs by both caregivers.

A lack of action by professionals or other adults, or professionals endangering the participant by breaching the confidentiality of disclosure to the violent parent, also caused such feelings.

When I knew that the police were there (…) I was happy because I told myself (…) "phew (…) they are other adults, who are in important positions, maybe things will change." And in fact, not at all. (…) The more they came, the more … well, in fact, we felt alone. (…) and (…) I've always said to myself, "but why hasn't my aunt ever done anything?" (P17-F22/14)

Finally, some participants mentioned periods in their lives when they felt *"depressed"* to the point of having suicidal thoughts.

I didn't want to exist anymore because it was all the time. All the time, all the time. I mean, every time there was violence on his part, physical or even moral. (P04-M17/12)

These findings illustrate how coping with this type of victimization and the often associated direct abuse, i.e., victimization by caregivers, can be particularly difficult because it erodes those potential sources of support, such as supportive relationships and a strong self-esteem, that can protect children victimized outside the family (Grych et al., 2015; Mullender et al., 2002; Skafida & Devaney, 2023).

3.1.4. Feelings contributing to a negative self-image

Feelings contributing to a negative self-image, such as powerlessness, guilt, shame, and low self-esteem, were expressed in the interviews and directly related to the violence experienced. Participants reported having felt powerless when there was nothing they could do to stop acute IPV events. Others felt that they could not go against their mothers' wish to remain in the relationship.

I didn't want my mother to be in pain, I didn't want her to be with him. But then I couldn't really say anything because if she wanted to be with him, she was with him. I couldn't do anything. Uhm I couldn't call the police because I didn't want to hurt my mother. (P05-F16/12)

Guilty feelings are associated with a higher risk of behavioral problems in children exposed to IPV (Fong et al., 2019). Here such feelings often stemmed from the perception that something they said or did, triggered acute IPV events, or that they did not protect their victimized mother or siblings, even when they were very young.

Since then, well, I've felt guilty because I've thought, "What the hell should I have done?" Well, I agree, I was two and a half, but … (P20-M14/3)

For this participant, reporting the violent parent after years of direct abuse was followed by a long-lasting sense of guilt:

I said to myself, my God, but what must he think of me? I have the impression of having betrayed him, of … yeah, and above all of having gone to the police to file a complaint against one's own dad, which, well, it's horrible. And uh … I felt very very very very very very very bad. (P03-F22/14)

Feeling ashamed about living in a conflictual and violent home or about being bullied at school, was cited as a reason for not talking about or seeking help for these experiences. Being threatened by a violent parent in front of friends or friends seeing a participant's mother drunk also caused shame. Finally, being constantly vilified by a violent parent, and/or having been bullied, resulted in low self-esteem.

My father is a very manipulative person. And very … it's a strong word, but a bit of a narcissistic pervert. And as a result, well, you're put down all the time. It's unbearable (…) I was put down all the time. I was a bit overweight, so that didn't help (…) I mean, your father telling you every day that you're fat. (…) I don't know about that. (P08-F18/12)

These findings echo those of McGee's (2000) which point out that living with IPV make children feel ashamed, powerless and stigmatized with consequent effects on their self-esteem and identity.

3.1.5. Anger

Some participants expressed current or past anger, sometimes hatred, towards violent caregivers, violent siblings or towards victimized parents who did not protect them either from experiencing IPV or from direct violence, or towards a parent because of an extra-marital affair.

I cut ties with my father because I had so much rage that, if I saw him, I risked doing something stupid. (P07-M26/17)

One participant also recounted her frustration with a psychologist who she felt was more invested in finding excuses for her father's

partner's violent behavior than in helping her.

3.2. Behavioral impacts

3.2.1. Sleep issues

One participant explained that anxiety caused by the violence at home led to panic attacks at night. Being regularly awakened by acute IPV events or anticipating their onset also impacted on sleep.

> *It happened at night. And in fact, every night, he would tell me a story so that I would fall asleep. He actually hit my mother at night. Like, that would wake me up. (…) I think it was several times. (P13-F15/9)*

> *There were times during the week when I'd have trouble falling asleep and then I'd think I heard them downstairs talking or arguing, and in fact I'd go downstairs and then there'd be no noise (laughs), so I'd imagine what might be going on so much that I'd start [to hear] to imagine their voices, yeah. (P14-M23/15)*

3.2.2. Social isolation and difficulties

Self-isolation from family and friends could be understood as a shield from violence, or alternatively and usually later, as a negative consequence because it cut participants off from potential sources of support.

> *Sociable I was until I was … around 11–12. After that, no more. [Interviewer: Does that correspond to the period of harassment?] Yeah yeah, totally yes. Then, uh, no. Now I am again. (…) Um, I'd say since I was 20, because I've met some (…) great people, and that's what brought out that side of me, but before that there was a gap. (P06-F22/13)*

A higher consumption of videogames or large amounts of time spent on cell phones was described as a means of escaping reality at home but participants also linked this behavior to feelings of depression.

Trust issues in general, and for some specifically with men, were mentioned as a consequence of IPV and other victimizations, particularly school bullying. Sometimes, they were directly linked to low self-esteem; one participant did not understand how she could be loved by another person when family members, who were supposed to love her, did not. However, for some, not trusting people was conceptualized as protecting them from getting involved in harmful relationships. This echoes findings from Buchanan et al.'s (2025) study on children living with IPV isolation which found that participants concluded, from their learned experience at home, that nobody could be trusted.

3.2.3. Exposure to other dangers by fleeing the home

Escapes from a damaging home atmosphere were mentioned a few times, for example, by spending as much time as possible at a friend's house or when needing quietness to prepare for school exams. This also happened when participants felt directly threatened by a parent, or when they were fed up with punishment and pressure.

> *My room was on the ground floor, so I would leave through the window when she … when things weren't going well because she was looking for me or she was banging on the door, I would lock it. (P18-F28/17)*

Escaping a deleterious environment to find refuge can be understood as a self-protective strategy, such as when they went to their grandparents' home. However, sometimes it involved being in the street in the evenings and, in one instance, all night at a young age. IPV and direct abuse prevented children from enjoying a safe home environment. In addition, one participant explained that avoiding home every night exposed her to older adolescents whose behaviors she now considered risky.

3.2.4. Self-harm

Self-harm was present in the accounts of two female participants in the form of cutting, and for one male participant, in the form of blows to the body and head. This behavior was hidden from everyone for a long time and lasted from two to four years. Participants reported experiencing it as a momentary relief from the violence and pressure at home.

> *I don't know if I had the impression that it [self-harm] was the only thing that would give me relief (…) I had a lot of pressure about school. My father was always … well, grades came first. So it was a real drag. And (…) I had the impression of being oppressed between my two parents, and … well I didn't have to "deal" with my little brother because that wasn't my role, but unconsciously, I took on that role. (P08-F18/12)*

Another participant attempted to take her own life after she reached adulthood but had not yet explored the reasons behind this.

3.2.5. Aggression and violence

Being impulsive and quick to anger was sometimes mentioned when participants described themselves. One reported that she quickly became angry when someone talked too close to her, because it reminded her of her violent stepfather. Another explained that his hatred for his father, which lasted for years, had turned into generalized anger and in considering *"everyone an asshole."*

A few participants reported that they had or still used verbal or physical violence against others or objects. Some linked this to growing up in a violent home.

> *I'm also someone who gets angry very quickly, quite impulsive (…) I've gone to my room, and there I've started to break things like that, or … often my phone. Uh … yeah I've broken a lot of phones by throwing them on the floor … (…) It happened to me … to punch a wall. (…) It can rub off a bit, it's possible, yeah. (P16-M20/10)*

A young male did not attribute violent acts against schoolmates to his father's IPV but rather to his lack of love for him. He also put forward his fear of betrayal and commented that *"fear generally breeds violence."* In our results, most of the aggression and violence that participants described in their own behavior were in relation to people outside the family. However, some reported violence towards themselves by siblings (Manuscript under review). The idea that aggression and violence may have been learnt from their violent fathers' behaviors was also expressed by participants in a recent large Australian survey on youth's use of violence at home (Fitz-Gibbon et al., 2022).

3.3. Physical impacts

Direct physical impacts and injuries occurred during acute IPV events. One participant and her sister got hit while trying to separate their father and his partner and take a younger sibling away from the scene.

> *She was strangling him. At first, I didn't really know what to do, and then I tried to get closer to separate them, but she kicked me in the stomach, and I couldn't breathe, and then my sister, well, my father said to her, "Take [name of a younger sibling]!" (…) My sister took [name of the younger sibling] and she took a blow. (P11-F17/14)*

Direct violence by the IPV perpetrator, also caused pain, bruises and wounds.

> *He [IPV perpetrator] really smashed my face. (P16-M20/10)*

> *My leg, or at least a good part of it, was all purple, and so was the back of my arm, and it was really, really red. (P04-M17/12)*

One explained that the marks on her face and arms alerted her mother to the violence she suffered at the hands of her father, with whom she spent every other weekend and who was very physically violent and extremely neglectful towards her.

In some instances, physical harm also resulted from violence inflicted by other people, such as schoolmates or a boyfriend, and from behaviors that were themselves consequences of violence at home. Cuts, bruises and long-lasting scars marked the bodies of the participants who self-

harmed. Weight loss and/or gain was mentioned several times, either because fleeing home also meant skipping meals, as a result of phobia, or because of under and overeating as an emotional response to IPV.

As soon as she came home, the conflicts started, and as a result I often missed evening meals. And then there was a period when I lost 11 kilos in three weeks around the age of 13. (P12-F18/12)

When I was very sad, I ate a lot (…) it was just that, to console myself, it was just that. And then it was the other way around (…) I can eat a little, then I had a moment when I lost a lot of weight (…) I used to hide everything, I didn't say anything. (…) maybe now that I've hidden so much, it has to come out in some way. (P01-F20/11)

These findings can explain at least in part the associations found between living with IPV and a higher prevalence of obesity and nutritional deficiencies (Holmes et al., 2022; Howell et al., 2016).

Fatigue was mentioned several times and linked to the context of IPV, coercive control, and neglect, by being up at night or going to bed late to accommodate the schedule of the perpetrator. Participants also linked fatigue to caring for younger siblings, or to being sad.

3.4. Financial and social impacts

Because of her father's *"obsession"* with money, one participant, as a child, did not dare ask her parents for a winter coat and, as a teenager, had to hide clothes purchases made with her mother. Two perpetrators were described as big spenders who caused money problems for the family. Many participants talked about their mothers' financial difficulties following the separation and the family having to "start from scratch." Mothers had to find additional jobs, which in turn could affect their family organization and mother-child relationships.

She had three or four jobs, so it was complicated for her and also for us because she spent very little time at home (…) We had to limit ourselves to anything and everything (…) either we didn't have the time or we didn't have the means. (P04-M17/12)

No vacations and restrictions on food consumption were other consequences for some children. Some helped by giving their mothers a part of their apprenticeship or alimony money, and by finding jobs to pay for their own needs.

Most participants moved several times during their childhood, sometimes as a result of IPV and following a separation. Occasionally, the move was sudden and temporary, such as after an acute IPV event when their victimized mothers took the children to live with grandparents or in a shelter before finding a place of their own. Sudden shifts in schools also resulted in anxiety and bullying for some.

3.5. Impacts on school and education

Bullying at school but also not wanting to expose physical signs of abuse, made some children reluctant to attend school.

He [his step-father] gave me two or three blows (…) they were really, really, really, really violent blows, to the point that when I woke up the next day, it was a school day, and I looked, I think, it was in my arm, I was all purple all over …, I tried to talk to my mom to see if I could stay home, because in the middle of summer I'm in a t-shirt … I told my mom directly, "Can't I stay home? Because I don't want to go to class like this." (P04-M17/12)

Grades sometimes dropped and/or levels were repeated because they had difficulty studying at home, motivation or concentration issues, or because of the constant pressure and belittlement from the perpetrator about academic performance, despite being a good student. Fatigue at school, in relation to the violence at home, was another issue.

Impacts on mental health, such as phobia or panic attacks, also prevented some participants from attending school or enrolling in new programs.

I tried to get into art school, but I couldn't, but two years in a row. (…) because of the stress (…). Yeah, an anxiety attack, in other words, I can feel my heart beating a hundred times faster and I feel like crying. And it happened to me and, well, they didn't accept me. (P12-F18/12)

The results show the many ways in which living with IPV and other violence can affect school attendance and performance as is reported in quantitative studies (Cage et al., 2021). Överlien's (2017) study also found that sleep deprivation experienced by children living with violence causes fatigue, which in turn, affects concentration and behavior at school.

However, sometimes, their experiences motivated them to study hard, which gave them a purpose and agency to create a positive future for themselves.

I had (…) learning difficulties. (…) From the age of 16, in fact, the last 3 years of school, there was a total changeover. (…) I saw my studies as a way out. (…) And in fact, it was the driving force behind the rest of my life, clearly. Uh … because today, well, I'm … soon, I'll finish my Bachelor's degree, so I'm happy (laughs). (P17-F22/14)

3.6. Damage to relationships

The many moves or grade repetition following IPV painfully estranged some participants from their friends and/or their half-siblings. Self-isolation inside and outside the home also impacted relationships with friends and siblings. Differences of opinions or feelings about the perpetrator was another reason for strained relationships between the latter. Some participants reported that they did not want to invite friends over because of the atmosphere at home, or described how various impacts of their experience of IPV such as financial difficulties, anxiety or problem trusting others, could in turn isolate them from their peers. Violence experienced at home, either IPV or direct violence towards them or other family members, often changed their relationships and how participants viewed them.

The day (…) he [the step-father] hit my mother, the first time I saw it, I said: "This man, he's dead, it's over, he's no longer the dad I thought he was, it's over! Now the only person I'm going to listen to, I'm going to consider, is my mother, and that's that." (P01-F20/11)

Post-separation, some perpetrators showed little interest in their children. Some youth started to stand up to the perpetrator, put some distance between them or broke ties, thus showing agency in the relationship aimed at protecting their own well-being.

A caring relationship with the victimized parent is known to be a powerful protective factor against negative outcomes for children living with IPV (Skafida & Devaney, 2023; Claridge et al., 2014). Yet, in such a context, this relationship could be the target of the IPV perpetrator through denigrating the mother's parenting, bad morals or for being the "meanie" in their couple.

I think that hearing "Oh yeah, well, your mother's a bad mother, she shouldn't have had children, she doesn't know how to take care of you" (…) it has a bit of an impact on our somewhat idealized vision of the other parent. (…) I think that clearly he [the father] had turned me against my mother (…) he said to me: "But yeah, if we got divorced, it's your mother's fault and all" (…) "she didn't want to take care of you anymore." (P08-F18/12)

They were other pathways from IPV to damaged victimized parent-child relationships such as the victimized mother starting to drink or the children's generalized anger towards everyone. Mothers not standing up to the perpetrators to defend the children, was also reported as a difficult experience.

4. Discussion

This study, the first of its kind in Switzerland, was able to generate rich data by giving a voice to young people who had lived with IPV as children and adolescents. It considered major areas of the participants' lives and benefited from participants' insights over several years into their experiences. Findings provide a broad perspective on the different types of impact that living with IPV, and often other co-existing victimizations, can have on children and adolescents in different spheres of their lives. Mental and physical health, as well as virtually all areas of life and levels of the social ecosystem are affected, through behavioral and material difficulties, together with damaging effects on education and relationships in and outside of the family. The analysis shows how these impacts might accumulate and interact across areas of life, reinforcing each other or creating new ones in a cascading effect, thus constraining potential resources. Furthermore, some results show how professionals can contribute, by their action or inaction, to these negative impacts.

As found in other qualitative studies, fear was central to participants' experiences (Lapierre et al., 2022; Noble-Carr et al., 2019; Överlien & Hydén, 2009). It affected their daily lives, and for some, continued to do so after the perpetrator left the household. This demonstrates the impact that coercive control, at the core of IPV, can have on all members of the family (Katz, 2016).

As noted in the introduction, numerous studies have found associations between experience of IPV and adverse impacts on mental health and behaviors in children and adolescents. Living with IPV can be a sustained experience, often beginning at a very young age, such as in this sample (Dessimoz Kunzle et al., 2022; Graham-Bermann & Perkins, 2010; Manuscript under review), and both early age and a higher level of exposure have been shown to increase the risk for adverse effects on children's adjustment (Graham-Bermann & Perkins, 2010; Stanley, 2011). Symptoms of post-traumatic stress disorder have been found in young children living with IPV (Levendosky et al., 2013), and cognitive functioning may be particularly affected in toddlers (Enlow et al., 2012). Our analysis highlights some consequences less discussed in the literature, such as feelings of abandonment and low self-esteem, and putting oneself in danger while trying to escape a deleterious environment at home.

Children living with IPV are at higher risk for psychological harm if they also experience other victimizations (Camacho et al., 2012; Stanley et al., 2012). Our findings illustrate how IPV and the often associated direct abuse can erode sources of support, such as supportive relationships and a strong self-esteem, that may protect against negative outcomes when facing other types of victimization (Grych et al., 2015; Mullender et al., 2002; Skafida & Devaney, 2023). In common with other studies, perpetrators were typically described as overcontrolling and undermining the mother-child relationship (Katz, 2016; Lapierre et al., 2022; Marshall et al., 2019). This is doubly damaging as it is widely recognized that this relationship is essential for buffering adverse outcomes of IPV in children (Hamby et al., 2020; Skafida & Devaney, 2023). While siblings can be a source of support in the context of IPV (Åkerlund, 2017; Mullender et al., 2002; Semlali et al., 2025), our results show that these relationships may also suffer.

Beyond the bruises and wounds suffered by the participants, more indirect physical effects such as weight loss and gain, and fatigue, were reported. Less research has been conducted on the impact of parental IPV on physical health. However, it is associated with a higher prevalence of obesity; nutritional deficiencies; eating, sleeping, and somatic complaints; and poor lung function (Holmes et al., 2022; Howell et al., 2016). Our findings offer an insight on how this may happen. For example, nutritional deficiencies or eating problems can result from children missing meals in order to avoid the hostilities associated with them. Fatigue can occur because of an acute IPV event but also because children are on high alert waiting for something to happen, or because they care for siblings on a regular basis, or because the perpetrator imposes late evening routines on the whole family. Further, fatigue can in turn reduce school attainment.

However, the findings showed that some of the negative consequences participants reported could also be understood as resources, such as mistrusting potentially harmful relationships (Grych et al., 2015). More broadly, being impacted by the experience of IPV does not mean that agency, resilience and strategies to overcome that experience are non-existent. Elsewhere, we have drawn on Hamby et al.'s (2018) Resilience Portfolio to identify the resources the participants relied on or created to overcome adversity (Semlali et al., 2025). Just as impacts are found at different levels of the social ecology, so are resources which could be found in school, the community, friendships and the family (Semlali et al., 2025).

4.1. Implications for practice

As recommended by WHO, 2013, health care professionals should detect IPV in women and take into account the experience of children in this context. All professionals working with children should be attentive to signs of harm and think of parental IPV as one possible cause alongside other types of maltreatment. Professionals in schools should take notice of changes in behavior or attainment with the same questions in mind. In addition, because of the high association between children's experience of IPV and direct abuse and neglect, but also with bullying and peer victimization, other victimizations should be screened for when one is detected. Assessment of IPV experience cannot be based solely on acute IPV events but must also consider the daily functioning of the family. Assessment tools need to capture the different manifestations of coercive control, other types of victimization, and the impacts of violence in all areas of life to better address the needs of these children. It is also important to consider impacts in the long term, as some may manifest later. Other ACEs should be addressed too, such as addiction or mental health problems of the perpetrator or the victimized parent. Child-centered interventions are needed as they have been found to be valuable in improving children's behavioral and emotional well-being (Romano et al., 2021). These should identify, take into account and aim to reinforce children's individual resources through strength-based approaches, since resources have more impact than risk factors on outcomes (Hamby et al., 2021). This is also advisable for primary prevention efforts (Semlali et al., 2025). Programs sustaining the child-victimized parent relationship are also important for children's recovery (Anderson & van Ee, 2018; Katz, 2015; Noble-Carr et al., 2019). Finally, in terms of prevention and given the difficult financial situation in which mothers and children can find themselves after IPV, promoting women's economic independence would be beneficial.

4.2. Limitations

Recruitment via a clinical forensic consultation means that the study only covers situations in which IPV was eventually disclosed to professionals. Our findings do not include behaviors that participants may not have realized were associated with their experience of violence. Participants talked about impacts at different times in their lives, but they were not all the same age or in the same situations at the time of the interview. This means the analysis cannot address the timing of impacts.

4.3. Conclusion

This study examined the impacts of living with violence from the perspective of young people. Impacts were identified in all aspects of their lives and interacted at different levels of their ecological systems. Negative consequences cannot be attributed solely to acute IPV events, but are more broadly explained by the daily experience of living with IPV, where coercive control is central and other victimizations are common. However, not all children living with IPV are affected in the same way or degree. Quantitative research on impact and on resilience

factors need to be guided by more qualitative studies that use young people's views and experiences to improve prevention and intervention efforts.

CRediT authorship contribution statement

Anne Cattagni: Writing – review & editing, Writing – original draft, Visualization, Validation, Supervision, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Imane Semlali:** Writing – review & editing, Writing – original draft, Validation, Formal analysis, Data curation. **Nicky Stanley:** Writing – review & editing, Methodology. **Nathalie Romain-Glassey:** Writing – review & editing, Supervision, Resources, Project administration, Methodology, Funding acquisition, Formal analysis, Conceptualization.

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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