Repositório ISCTE-IUL

1　　　　　　**Interparental violence: professionals' perspectives in the child protection system**

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3　　　　　　　　　　　　　　　　　**Abstract**

4　　　　　Study purpose: Based on the cognitive-contextual model developed by Grych and

5　Fincham (1990), this study explored the role of the Exposure to Interparental Violence (EIV)

6　on adolescents' coping and functioning from the perspectives of Portuguese professionals in

7　the Child Protection System (CPS). Participants: Nineteen professionals from three Child

8　Protection Agencies participated in this study (100% females). The target subjects of

9　professionals perspectives were adolescents aged between 10 and 16 years old ($M = 13.58$;

10　$SD = 1.98$) who have a CPS record managed by these professionals. Data was collected

11　through a semi-structured interview guide based on the theoretical model and analysed with a

12　thematic analysis strategy. Results: Findings revealed 7 main themes, of which two emerged

13　exclusively from the data (i.e., Risk Factors for interparental conflict, Impact of the conflict

14　in individual and family functioning) and the remaining five were anchored in the cognitive-

15　contextual theoretical framework (i.e., Interparental conflict; Distal and proximal context;

16　Primary and secondary processing; Affect; Coping behaviour and consequences).

17　Conclusions: This research enabled a description of the underlying aspects of the

18　multidimensionality of EIV, and the results will be discussed considering its implications for

19　the evaluation and intervention in this context.

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21　**Keywords:** exposure to interparental violence; cognitive-contextual framework; child

22　protection system; thematic analysis

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26   Domestic family violence (DFV) – i.e., violence that occurs within the family context – may

27   involve different forms, such as intimate partner violence (IPV). IPV refers to any physical,

28   psychological or sexual harm committed by a current or a former partner or spouse

29   (McTavish et al., 2016). Furthermore, IPV could be related with gender-based violence, when

30   it is directed towards an individual based on his/her gender (Collins, 2014). When children

31   and youth are, directly or indirectly, exposed to IPV between their caregivers, we are talking

32   about Exposure to Interparental Violence (EIV) (Holden, 2003; Holt et al., 2008; Izaguirre &

33   Calvete, 2015; Peisch et al., 2016). Focusing on IPV may lead to a less structured prevention

34   of EIV, despite its high social and economic impact (Carlson et al., 2019). Therefore, this

35   study is focused merely on EIV, and not on a broader perspective of family violence (DFV),

36   nor on interpersonal violence within intimate relationships (IPV or GBV). We are looking at

37   the young people's cognitive appraisals about EIV and its impact on their functioning, as

38   perceived by professionals in the Child Protection System (CPS). This study is theoretically

39   guided by the cognitive-contextual perspective (Fosco et al, 2007; Grych & Fincham, 1990)

40   through the lens of CPS professionals, given that they are responsible for a careful evaluation

41   about risk and protective factors and subsequent intervention to protect these children's and

42   adolescents' rights.

43   EIV is described as an emotional maltreatment subtype because it can threaten

44   children's emotional security, which is vital to a healthy development (Davies & Cummings,

45   1994). EIV is also classified as an interpersonal trauma (Dugal et al., 2016), given its

46   multiple effects on the child and family functioning (Armour & Sleath, 2014; Carlson et al.,

47   2019; Harold & Sellers, 2018; Kiesel et al., 2016; McTavish et al., 2016; Sturge-Apple et al.,

48   2012) over time (Vu et al., 2016; Sani & Caprichoso, 2013). This traumatic dimension stems

49   from the child's dependence on the perpetrators of violence as well as from the fact that this

50   violence occurs in a proximal context of development (i.e., family), which should be a secure

51   and protective environment (Dugal et al., 2016; Telman et al., 2015). Despite that, evidence

52   also indicates that there are also child victims who exhibit adaptative or resilient

53   developmental outcomes (Davies et al., 2020; Carlson et al., 2019; Grych et al., 2015; Lee et

54   al., 2015).

55   **Cognitive-contextual theory: the framework for the current study**

56   The cognitive-contextual framework (Fosco et al, 2007; Grych & Fincham, 1990) is

57   one of the main process-oriented conceptual models aimed at understanding the effects of

58   EIV on children (DeBoard-Lucas et al., 2010, 2011; Eldik et al., 2020; Fosco & Feinberg,

59   2015; Grych et al., 2000). Anchored in social-cognitive theories of interparental relations,

60   this framework focuses on describing how children's cognitive appraisals about interparental

61   conflict may contribute to their subsequent adjustment (Fosco & Feinberg, 2015). This

62   emphasis on cognitive dimensions situates children as active agents trying to draw

63   interpersonal meaning from how interparental conflict is managed (Cummings & Davies,

64   2010). Notwithstanding this particular focus, the cognitive-contextual framework also

65   describes other relevant components, including the properties and context of interparental

66   conflict that shape children's cognitive processing of that experience, the corresponding

67   coping behaviour, and the emotions that are triggered by, and that further influence, those

68   cognitive and behavioural processes (Fosco et al., 2007; Grych & Fincham, 1990). As such,

69   exploring these processes from the CPS professionals' perspective is critical, given that, in

70   addition to other aspects, their evaluation and decision-making should also be anchored on

71   the active voice of children together with their contextual variables.

72   Regarding the properties of interparental conflict, the model emphasizes that every

73   interparental relationship has some level of conflict (Lee et al., 2015) that varies in frequency,

74   intensity, content and resolution (Grych & Fincham, 1990). Intense and frequent conflict,

75   which involves physical aggression is associated with higher levels of psychological

76 problems (Eldik et al., 2020; Holt et al., 2008; Peisch, 2016; Soares & Sani, 2015). In

77 addition, conflict whose content is related to the child is more relevant for the child's self

78 (Grych et al., 2000) and poor interparental conflict resolution strategies (e.g., disengaged and

79 hostile interparental conflict; Bonache et al., 2016; Eldik et al., 2020) are associated with

80 greater distress (Davies & Cummings, 1994; Soares & Sani, 2015).

81   Grych and Fincham (1990) highlighted both the distal and proximal contexts that

82 affect the child's information processing. The distal context involves stable and slow

83 changing characteristics, namely, a) children's past experience with the conflict (i.e.,

84 children who are repeatedly exposed to interparental conflict express more negative outcomes

85 at a mental health or behavioural dysregulation level; Coe et al., 2016; Davies et al., 2020;

86 Jouriles & McDonald, 2015; probably due to the cumulative effect of the experience; Telman

87 et al., 2015), b) the emotional climate (e.g., warmth and supportive family environment as a

88 protective factor with particularly relevance in a responsive parental figure; DeBoard-Lucas

89 et al., 2010; Holt et al., 2008; Howell, 2011) c) the child's temperament (e.g., children more

90 reactive to stress might exhibit more sensibility and more intensive affective reactions

91 towards conflict which produces a more intensive behavioural response; Davies et al., 2020;

92 Harold & Sellers, 2018; Sturge-Apple et al., 2012). Although the child's gender (d) also

93 constitutes a characteristic of the distal context, the existing evidence does not provide a

94 conclusive pattern of the differences amid female and male adolescents. However, literature

95 suggests that, while both boys and girls experience identical levels of distress (Harold &

96 Sellers, 2018), they might cope with EIV in distinct ways (Eldik et al., 2020). The proximal

97 context refers to the variables of the immediate context, perceived by the child, and which

98 might influence the cognitive processing of the event – children's mood and expectations

99 regarding the course of conflict. Thus, negative affect towards interparental conflict (felt at

100   the time of conflict or as a result of expectations towards it) might exacerbate children's

101   distress, while positive affect might reduce it (Carlson et al., 2019; Grych & Fincham, 1990).

102   Regarding children's processing of interparental conflict, the child's cognitive

103   appraisal of conflict involves two sequential steps: primary and secondary processing. During

104   primary processing, the child perceives the event and extracts information about its

105   negativity, potential threat (e.g., towards the victim-caregiver; DeBoard-Lucas & Grych,

106   2011) and self-relevance (Grych & Fincham, 1990). Secondary processing, in turn, refers to

107   children's causal attributions (e.g., internal or external locus of control), responsibility (i.e.,

108   attributions related to the responsibility and guilt of the agent (e.g., imputation to the

109   aggressor; DeBoard-Lucas & Grych, 2011) and expectations about the efficacy of their

110   coping response (Grych & Fincham, 1990). Then, these expectations may influence the

111   child's emotional and behavioural response. Threat perception is particular associated with

112   adolescents' self-efficacy, given that high levels of threat perception might undermine their

113   perception of self-efficacy towards coping with interparental conflict (Fosco & Feinberg,

114   2015). On the other hand, higher expectations about the efficacy of the coping response are

115   associated with a greater involvement in interventional coping behaviours, while lower

116   expectations are associated with frustration and less interventive coping behaviours (Grych &

117   Fincham, 1990). Secondary processing both influences and is influenced by children's

118   experienced affect. The emotional responses towards violence are complex and diversified

119   (DeBoard-Lucas & Grych, 2011; Georgsson et al., 2011) - distress and anger are the most

120   frequent (Grych & Fincham, 1990). In face of long-term EIV, sadness might emerge due to

121   the child's resignation (DeBoard-Lucas & Grych, 2011). Finally, this framework posits that

122   EIV triggers both problem-focused (i.e., strategies that aim to alter the stressor – e.g., direct

123   intervention in the conflict) and emotion-focused (i.e., strategies that aim to modulate the

124   emotion without changing the situation – e.g., avoidance) coping in children, through their

125   cognitive appraisals and emotional responses towards that experience (DeBoard-Lucas &

126   Grych, 2011; Soares & Sani, 2015). Both coping strategies aim to reduce the emotional

127   triggering generated by the event (Grych & Fincham, 1990) and therefore may be

128   conceptualized as an attempt to preserve and reassure the child's emotional security (Davies

129   & Cummings, 1994; Eldik, 2020; Tu et al., 2016). Intervention and withdrawal are the

130   primary responses of children to interparental conflict (DeBoard-Lucas & Grych, 2011), but

131   children might adopt more intervening strategies when interparental violence escalates

132   (Grych et al., 2000) and when its content is related to the child (Soares & Sani, 2015). The

133   impact of interparental conflict varies according to the child's age (Holt et al., 2008).

134   Cognitive development implies that, as they get older, children become increasingly able to

135   solve problems and resort to more sophisticated coping strategies, such as cognitive

136   reframing strategies (e.g., focus on the positive aspects of the event or retrospective control)

137   (Grych & Fincham, 1990) and support seeking. Moreover, adolescents might provide

138   emotional or instrumental support to the victim-caregiver (Holt et al., 2008; Tailor et al.,

139   2015), which may also include parentification (Nuttall & Valentino, 2017), or adopt more

140   intervening coping strategies (Goldblatt, 2003; Holt et al., 2008) which might further expose

141   them to conflict (Tu et al., 2016).

142   In the context of child protection services, professionals' appropriate consideration of

143   the child's perspective regarding the impact that EIV has on him/her, as well as their

144   awareness of these child-level processes, are paramount to an adequate evaluation of the

145   child's risk and/or danger situation and to an optimal decision-making process regarding the

146   intervention strategies to be implemented in order to effectively protect the child (Gregory et

147   al., 2020; MacDonald, 2017; Pranzo, 2013). Professionals in the CPS are responsible for

148   making crucial decisions that have a substantial impact on children and their families

149   (Benbenishty et al., 2015). The success of these decisions depends, among other factors, on

150   the ability of professionals working in the CPS to accurately assess the child's situation

151   (Calheiros et al., 2019). Bearing in mind the relevance of how children and adolescents

152   process and cope with their experiences with EIV for their adjustment outcomes (Eldik et al.,

153   2020), understanding professionals' perspectives about these processes is important to derive

154   useful inputs for improving professionals training in adequately considering and

155   incorporating children's views in assessment and decision-making processes in cases with

156   EIV.

Research problems and objectives

158   Despite the relevance of the body of research previously described for understanding

159   the role of interparental violence on children's behaviours, a set of research problems could

160   be identified. First, the overrepresentation of female caregivers as informants (Holt et al.,

161   2008; Izaguirre & Calvete, 2015; Sani & Caprichoso, 2013) is associated with

162   methodological weaknesses, namely, the overvaluation or undervaluation of EIV (Georgsson

163   et al., 2011; Holt et al., 2008; Izaguirre & Calvete, 2015). Furthermore, the perspective of the

164   victim-caregiver is influenced by their own experience, which is also a parallel experience of

165   victimization that might modulate attention, cognitive processing and the subsequent

166   recalling of the events (Grych et al., 2000). In addition, studies that concomitantly resort to

167   other key informants are scarce, particularly informants from extra familiar contexts (e.g.,

168   professionals) (Holden, 2003), with the exception of teachers (mostly in the 80's and 90's)

169   (Grych & Fincham, 1990). Therefore, considering the vital role of professionals in the CPS,

170   particularly on the evaluation and intervention to protect referred children at risk (Holt et al.,

171   2008), research in this field should include them in the foremost agenda. Second, the

172   overrepresentation of samples of victims from shelters (Holt et al., 2008) is an additional

173   research problem given that this is a specific context with greater severity of victimization

174   experiences. Therefore, less restrictive contexts (Holt et al., 2008; Izaguirre & Calvete, 2015)

175 should also be considered in this line of research, namely by including young people at risk

176 and referred to the CPS.

177   In an attempt to address these gaps in the literature, this study aims to: a) understand

178 the role of EIV on the coping behaviours of adolescents with a CPS referral and b) explore

179 the cognitive-contextual processes of EIV from the perspective of the professionals working

180 in the CPS. We will focus on adolescents, as the "target child" for professionals'

181 perspectives, since they are more able to provide meaningful information during the

182 evaluation processes, being more likely to reflect upon the meaning and the explanatory

183 factors for the occurrence of interparental violence, and to understand the negative

184 consequences of theses interactions (Eldik et al., 2020; Holt et al., 2008; Howell, 2011). As

185 such, the current study, developed in the Portuguese CPS context, may significantly

186 contribute to the understanding of EIV processes from the professionals' perspective. Its

187 results may thus inform the international literature in this field, as well as the professionals'

188 practices in national and international CPS.

189   **Method**

190 **Participants**

191   Participants were nineteen professionals (100% females), aged between 25 and 64

192 years old ($M = 44.79$; $SD = 12.06$), who worked in three Child Protection Agencies and

193 whose time in function varied from 6 months to 10 years ($M = 3.29$; $SD = 2.54$). The target

194 subjects were adolescents aged between 10 and 16 years old ($M = 13.58$; $SD = 1.98$), who had

195 a CPS case file managed by these professionals (52.63% male; $N=10$). The CPS case files

196 analysed in this study were open, on average, for 9 months ($M = 9.11$; $SD = 5.36$) and

197 68.42% ($N = 13$) of them were at the intervention stage.

198 **Instruments**

199 *Socio-demographic questionnaire*

200   The socio-demographic questionnaire was used to collect information regarding refers

201   to professionals' characteristics (e.g., age and academic degree), data describing the target

202   adolescents (e.g., age and gender) and information about their Child Protection Case (i.e.,

203   referral motive, follow-up time and intervention).

Semi-structured interview

205   The semi-structured interview script was based on the cognitive-contextual model

206   (Grych & Fincham, 1990) and on this field's literature (e.g., Deboard-Lucas & Grych, 2011).

207   The script consists of three thematic blocks that aim to evaluate the multiple constructs of the

208   cognitive-contextual theory: 1) the multidimensional description of interparental violence

209   (e.g., resolution [i.e., "Typically how do they cease the conflict?"]); 2) its contextual factors,

210   including the distal context (e.g., emotional climate [e.g., "In general how would you

211   describe the environment in this family?") and the proximal context (e.g., expectations of the

212   course of conflict [i.e., "I would like you to think of the episode that you told me about and

213   try to considers the moments before the conflict occurred. In that moment before the conflict

214   what do you think the adolescent thought it would happen?"]); and 3) information about

215   professionals' perceptions regarding the target adolescents' processing of their EIV

216   experiences in the in the cognitive (e.g., attribution of responsibility and guilt [i.e., "Do you

217   think that he/she attributed responsibility of what happened to someone?"]), affective (i.e.,

218   "What do you think he/she felt while they were arguing?") and behavioural [e.g., coping

219   behaviours in the course of conflict [i.e., "What did he/she did while the couple as

220   arguing?"]) domains.

221   The script also included questions that were not theoretical integrated in the cognitive-

222   contextual model, but that aimed to obtain information about the impact of interparental

223   conflict (e.g., Impact of the EIV in the adolescents functioning [e.g., "Do you think that this

224   EIV had an impact on the adolescent?"]) and information about the experience of other forms

225   of maltreatment (e.g., Co-occurrence of other forms of abuse [e.g., "Did it ever happen

226   another situation independently of the conflict between the parents when one of the

227   caregivers might have hurt the adolescent (psychically of psychological"]).

228   **Procedures of data collection**

229   This study is part of a broader research project which uses a mixed methods approach

230   (i.e., qualitative and quantitative) of data collection with multiple informants (i.e., caregivers,

231   adolescents and professionals of the CPS). In this manuscript, merely qualitative data

232   collected from professionals will be described. This project was approved by the Ethics

233   Committee of ISCTE-IUL (Ref. 20/2019). After this approval, formal requests for the data

234   collection in the Child Protection Agencies were made. Child Protection Agencies were

235   selected based on a convenience criterion, and professionals were invited to participate if

236   their cases fulfilled the inclusion criteria.

237   Inclusion criteria were defined as: a) professionals should select one adolescent (10 to

238   19 years old), according to the WHO's definition of adolescence (WHO, 2019) who was

239   referred to the CPS agency due to exposure to interparental violence; b) the evaluation phase

240   should be concluded, with substantiated evidence of interparental violence. If the

241   professionals had more than one case that fulfilled the criteria, they should chose only one to

242   focus on during the interview, to avoid biased information stemming from focusing on

243   different processes. Participants were informed about the research objectives and the inherent

244   ethical and deontological aspects, specifically, the voluntary nature of their participation, the

245   confidentiality and anonymity of the data, and the possibility of withdrawing. Then,

246   participants' consent was requested, including for audio recording the interviews. After

247   obtaining the informed consent, the interview was conducted in the same sequence for all the

248   participants. All interviews were conducted the Child Protection Agencies facilities only with

249   the presence of the researcher and the participant. Duration of these interviews ranged

250   between 27 and 104 minutes. Following the data collection, participants were debriefed about

251   the research.

Procedures of data analysis

253   The interviews were transcribed *verbatim* and analysed with Nvivo12 Software

254   through a thematic analysis strategy, which allowed the identification, analysis and

255   description of patterns of data (Braun & Clarke, 2006). In this study, a deductive-inductive

256   analysis was adopted, that is, the data was analysed according to the cognitive-contextual

257   theory (Grych & Fincham, 1990) but also considering the emergent themes from the data.

258   The analysis was performed according to the steps proposed by Braun and Clarke

259   (2006), thus beginning with the familiarization with the data (1) through the transcription of

260   the verbal information followed by its exploration. At this stage, the objective was to

261   generate initial codes (2) and identify relevant patterns in the data. After the codification of

262   the information excerpts in categories, a search for themes was performed – a wider sphere

263   that allowed the organization of the codes previously identified (i.e., emergent categories

264   from the data and those anchored in the cognitive-contextual framework theoretical ground)

265   (3). At this stage, a thematic map was created, allowing the understanding of the relation

266   between codes and themes. Afterwards, themes were reviewed (4) in order to ascertain if the

267   codifications and their respective information excerpts presented internal coherence and

268   external heterogeneity. At last, the themes and categories in the conceptual map were named

269   and defined (5). The information units that were considered particularly illustrative of the

270   theme were selected. Each unit was labelled with the sociodemographic information that

271   described the target adolescent (gender and age). Description of the results includes the

272   number of participants who reported the sub-theme (N) and the number of units of analysis

273   included in each sub-theme (n). Furthermore, the distribution of themes by young people's

274   gender will be presented, by specifying the gender for which the subtheme was more

275   reported. For parsimony reasons, only the most frequent and salient gender differences will

276   be considered in the discussion section. Trustworthiness was guaranteed by strictly following

277   the procedures defined by Braun and Clarke (2006), by providing meaningful examples of

278   participants' descriptions, and by a systematic discussion of the themes among the

279   researchers (cf. other authors; Ogden & Roy-Stanley, 2020; Tuominen et al., 2020).

280   **Results**

281   Results revealed 7 main themes, of which two emerged exclusively from the data (i.e.,

282   *Risk Factors for the Interparental Conflict, Impact of the Conflict in Individual and family*

283   *Functioning*) and the remaining five are anchored in the cognitive-contextual theoretical

284   framework (i.e., *Interparental Conflict; Distal and Proximal Context; Primary and*

285   *Secondary Processing; Affect; Coping Behaviour and consequences*).

286   **Risk factors for the interparental conflict**

287   This theme refers to factors that might increase the risk of interparental

288   violence, and includes two sub-themes: *Problematic consumption of alcohol* (N=11;

289   N_{female}=6; n=20), and *Socioeconomic problems and family social isolation* (N=11;

290   N_{female}=6; n=19). *Problematic consumption of alcohol* refers to additive behaviours by

291   one of the caregivers which precipitates the emergence of interparental conflict ("And

292   when the man began to not feel good he started to have some consumptions and when

293   that happened he would totally lose control."; P9, F, 15Y). The latter theme -

294   *Socioeconomic problems* a*nd family social isolation* - includes economic struggles or

295   social integration difficulties and/or the restriction of contact of the household with

296   social and community network, including extended family (e.g., "They never allowed

297   this girl to coexist with her aunt. Therefore, the aunt never realized what happened

298   inside the house, because she wasn't with her ever since she was little"; P3, F, 16Y).

299   **Interparental Conflict**

300   The theme Interparental Conflict involved two contents – *Conflict focused on the*

301   *relationships* (N=14; N_{male}=8; n=54) and *Conflict focused on the family management* (N=8;

302   N_{female}=6; n=18). Specifically, *Conflict focused on the relationships* aggregates partners'

303   infidelity and control behaviours (e.g., "Therefore I think that the discussions are all about

304   possession and control."; P14, M, 11Y) and parental behaviours (e.g., "(…) Regarding the

305   children, I can say that any decision that the mother made, the father did not agree with

306   because she thought it was abusive (…). So, they didn't make any joint decisions regarding

307   their children." (P5, M, 15Y). The subtheme *Conflict focused on the family management*

308   refers to financial management and housework aspects (e.g., "They mostly argue about

309   economic issues, money management (…)" (P7, F, 16Y).

310   Furthermore, different patterns of aggressive and coercive behaviour exemplify

311   interparental conflict - *Physical and Psychological Violence* (N = 11; N_{female}=6; n=43),

312   *Psychological Violence* (N=7; N_{male}=4; n=21) and *Psychological and Sexual Violence* (N=2;

313   N_{male}=2; n=7). Most participants described interparental conflict as involving *Psychological*

314   *and Physical Violence*, namely, injury behaviours, threats and aggressive behaviours (e.g.,

315   "Twist her fingers, squeezes her neck (…) And then there are conversations like "I won't

316   leave the house, I'll only leave for the cemetery or for prison". Then he makes death threats

317   to the mother like "you are going to leave this place, but it is to go to the cemetery."; P1, F,

318   11Y). *Psychological Violence* includes injury behaviours and threats to the victim's integrity

319   and/or controlling behaviours ("There are many episodes of verbal violence, many injuries,

320   recordings of conversations, threats, it is more ... it is a case of verbal violence, even."; P12,

321   F, 13Y). As for *Psychological and sexual violence*, it includes not only injury and threats but

322   also forcing unwanted sexual behaviours/sexual coercion (e.g., "The mother told me that

323   when (…) when he is fixed on her, when the target is her, he won't let go. Intimately. It is

324   suffering… even more so."; P13, M, 15Y). Interparental conflict may be *High Frequency*

325 (N=15; N_{female}=8; n=18) when it tends to occur daily or weekly ("The environment

326 was tense because the arguments were daily."; P5, M, 15Y) or *Low/Unknown*

327 *Frequency* (N=4; N_{male}=3; n=6) when it occurs monthly or when the participants

328 cannot specify its frequency ("Maybe it was monthly arguments if so much."; P8, M,

329 10Y).

330   Finally, the cessation of the interparental conflict includes three subthemes -

331 *Resolution based on external intervention* (N=11; N_{female}=7; n=13), *Withdrawal of an*

332 *element* (N=8; N_{female}=4; n=15), *Victim's Resignation* (N=4; N_{male}=3; n=7). The first

333 sub-theme involves the end of the conflict through the intervention of elements

334 external to the couple (i.e., police or children) ("I think they can't stop by themselves.

335 They end up stopping because the children eventually interfere."; P7, F, 16Y).

336 *Withdrawal of an element* refers to conflict that ceases because one element of the

337 couple leaves the physical context where the conflict occurs ("What they say is that

338 there are insults. There are insults and what the father says is that he leaves the house

339 and goes to the cafe"; P7, F, 16Y). Finally, the *Victim's Resignation* sub-theme

340 identifies the conflict that ends due to the resignation and learned despair of the victim

341 ("After so many years of living like this, I think that this woman is not very involved

342 in the provocation when there was an argument. She tried to stop [the argument], to

343 appease, to not provoke."; P14, M, 11Y).

344 **Distal and Proximal Context**

345   This theme accounts for the contextual elements of interparental conflict such

346 as the relatively stable or slowly changing factors that can influence the young

347 person's response to the conflict – Distal Context – and the cognitions and emotions

348 experienced by young people immediately before the processing of the conflict

349 episode – Proximal Context (Grych & Fincham, 1990). Distal factors are reflected in

350 the sub-themes - *Past Experience with Conflict, Quiet Temperament, Anxious/Impulsive*

351 *Temperament, Supportive Family Climate* and *Hostility and Affective Distance* - while

352 proximal factors are expressed in the sub-themes - *Disturbed Affective State, Emotional*

353 *Stability, Expectations of the Conflict's Endurance and Expectations of the Conflict's End.*

354   *Past Experience with Conflict* (N=19; N_{male}=10; n=36) involves the existence of

355 previous contact with EIV before the referral to CPS ("I think he watches this type of

356 arguments and violence ever since he was little."; P6, M, 12Y).Sub-themes related to young

357 people's temperament are: *Quiet Temperament* (N=12; N_{female}=6; n=25), which includes a

358 behavioural tendency/disposition for greater emotional stability ("I think… the feeling I have

359 is that she is a very calm and peaceful young woman, who even takes on a lot of

360 responsibilities and somehow corresponds (…)"(P17, F, 12Y) and *Anxious/Impulsive*

361 *Temperament* (N=7; N_{male}=4; n=15), which involves a pattern of irritable and impulsive

362 behaviour ("For example, the mother told him to bend the clothes that were spread on the

363 floor of the room and he said 'I won't do it, you do it' and the mother insisted and he said

364 'you are a bitch', precisely."; P5, M, 15Y).

365   This theme also includes dimensions related to the climate and family relationships:

366 *Supportive Family Climate* (N=18; N_{female}=9; n=123) and *Hostility and Affective Distance*

367 (N= 16; N_{female}=8; n=61). *Supportive Family Climate* refers to family environments that

368 enhance closeness relationships in one or more family subsystems ("I think the P17 is

369 fascinated by her older sister who is already in her early twenties (...) this sister was able to

370 have a different path in life and is currently at the Military Academy, so she has a very

371 interesting path and I think P17 sees in this sister a figure she admires a lot. Therefore, the

372 relationship is very positive."; P17, F, 12Y). In contrast, *Hostility and affective distance*

373 *family climate* involves environments perceived by professionals as enhancing the conflict in

374 one or more family subsystems and/or the absence of a close relationship (positive or

375 negative) with both caregivers ("She feels out of place, feels bad in the family where

376 she was born." (P3, F, 16Y). The affective state of young people prior to exposure to

377 the conflict involves two dimensions: *Emotional Stability* ($N=4$; $N_{female}=3; n=8$),

378 which refers to a previous experience of positive affection, serenity and stability ("I

379 know that many times what P1 tells is that they are calm at home, quiet playing in the

380 bedroom or playing games or being with their mother or watching television, they are

381 calm"; P1, F, 11Y), and *Disturbed Affective State* ($N=4$; $N_{female}=2; n=5$), characterized

382 by a markedly negative, tense and disturbed affective state ("P18 also lived in this

383 tension of not knowing what would happen every day… What will be the argument

384 about today? Will he argue? Won't he argue? What will he start to imply?"; P18, M,

385 16Y).

386   Adolescents' assessment of the situational clues of the conflict episode, along

387 with their past experience with the conflict (Grych & Fincham, 1990) allows them to

388 develop *Expectations of the Conflict's Endurance* ($N=7$; $N_{female}=5; n=12$), considering

389 that interparental conflict can continue and/or worsen ("I think so. Even from the

390 interview that I made, she says that she already knows by the way the father enters the

391 house and the way he closes the door, she can already tell if he is upset or not and by

392 then she already identifies."; P1, F, 11Y). In contrast, the sub-theme *Expectations of*

393 *the Conflict's End* ($N=4$; $N_{female}=2; n=19$) also emerged ("I think he didn't. Maybe he

394 thought that it was more like a discussion like the others or similar to the others that

395 have been happening. I think no one was waiting, not even P18, or anyone at home

396 was waiting for their father to initiate physical aggression."; P18, M, 16Y).

397 **Primary and Secondary Processing**

398   This theme includes the following sub-themes: *Desensitization*, *Threat*

399 *Perception*, the attribution of responsibility for the interparental conflict -

400 *Responsibility of the Aggressor, Responsibility of the Aggressor and the Victim,*

401 *Responsibility of the Victim*- and the expectations of self-efficacy - *High expectations*

402 *of self-efficacy and Low expectations of self-efficacy. Threat Perception* ($N=7$; $N_{female}=4$;

403 $n=16$) involves the victim's perceived danger to his/her caregiver and to himself/herself

404 ("(…) P1 was seeing the mother already drowned, in the expression she used, drowning

405 without being able to breathe [the aggressor had his arm around the victim's neck]. And she

406 really thought that the father could kill her mother."; P1, F, 11Y). *Desensitization* ($N=7$;

407 $N_{male}=4$; $n=18$) refers to a reduction of the tendency to respond to stimuli that became

408 familiar (Gleitman et al., 2011), in this case the conflict between caregivers ("I think she was

409 thinking about like "again, this is happening again." I think that sometimes it ends up to

410 desensitizing to these situations, right? (…). Therefore, I think it ends up integrating her

411 routine and this is normal, isn't it?"; P12, F, 13Y).

412 The *Responsibility of the Aggressor ($N=8$; $N_{female}=5$; $n=22$)* refers to adolescents'

413 imputation of responsibility for the conflict occurrence only to the aggressor ("She sees (…)

414 the father here as the aggressor that triggers all of these situations."; P1, F, 11Y). However,

415 there are also sub-themes describing the *Responsibility of the aggressor and the victim* both

416 *($N=7$; $N_{female}=4$; $n=22$)*, involving the youth's perception that the perpetrator and victim are

417 co-responsible ("But he thinks that both are a little guilty because the mother ends up not

418 taking a position because she is weak and the father because he is a person who easily loses

419 control when consuming."; P9; F; 15Y), and the *Victim's Responsibility* only *($N=2$; $N_{male}=2$;*

420 *$n=2$)* ("He attributes it to the mother. Initially, as I told you, he made an alliance with the

421 mother because he thought it was wrong for the father to have found someone else. At this

422 moment, he is completely manipulated by the father and blames his mother for everything

423 that happens."; P5, M, 15Y).

424　　　　Finally, youth's beliefs regarding their own ability to cope with the conflict are

425　organized into two sub-themes: *High Expectations of Self-Efficacy* of the coping response

426　*(N=4; N_{male}=3; n=7)* ("And that is why I think that she is able to manage it, because

427　otherwise how would a twelve-year-old girl think that she (…) would stop [the violent

428　episode], right?"; P17, F, 12Y) and *Low Expectations of Self-Efficacy* of the coping

429　response (*N*=4; N_{female}=*3; n*=5) ("I think this is really it: "I can't deal with this

430　situation. I can't. I can't see my parents like that. My parents like that. I feel sad for

431　seeing them like this. I can't, I'm tired, I'm really tired and I can't handle this. (…)";

432　P12, F, 13Y).

433　**Affect**

434　　　　This theme refers to the emotional experience resulting from exposure to the

435　conflict, with four sub-themes identified, three of which reflect universally recognized

436　emotions: *Fear* (*N*=10; N_{female}=*7; n*=24) ("I think she was very afraid. She was really

437　afraid and afraid that he would do something more serious, that they might have an

438　accident (...)"; P15, F, 15Y), *Sadness* (*N*=5; N_{female}=*3; n*=7) ("I think above all it is "I

439　am very sad with what I am seeing."; P12, F, 13Y), and *Anger* (*N*=5; N_{female}=*4; n*=11)

440　("In relation to conflicts, in general, she feels a great anger at the father and it is

441　basically, it is a great anger at the father to have ... the father to do this to her

442　mother."; P13, M, 15Y). *Affective Dullness*, as an emotional experience of detachment

443　from the self in face of conflict, was identified in a smaller number of targeted young

444　people (*N*=3; N_{male}=*2; n*=7) ("I would think that what would be normative would be

445　that she was sad, and maybe, even with some fear (…) I think that would be what

446　would make some sense here. Although I feel that she is, once again, resigned (…)";

447　P17, F, 12Y).

448　**Coping behaviour and consequences**

449   Three sub-themes of coping behaviours were identified: *Avoidant coping* (*N*=15;

450   *N$_{female}$=8; n=47*), *Seeking Support* (*N*=11; *N$_{female}$*=8; *n*=20) and *Intervention coping* (*N*=6;

451   *N$_{female}$=3; n=22*). *Avoidant coping* includes strategies aimed at distancing the self (i.e.,

452   physical or emotional) from the context of interparental conflict ("And she often says that she

453   left home to avoid listening to them"; P3, F, 16Y). *Seeking support* aims to obtain formal or

454   informal support ("She resorts to a neighbour a lot, who is also a close aunt, who she says is

455   like her second mother (…) And then she resorts to this aunt a lot and it is with this aunt that

456   she talks about this situation, it ends up being with whom she vents and talks about this

457   situation."; P1, F, 11Y). Finally, strategies involving *Intervention coping* refer to direct

458   interference of the adolescent's behaviour in interparental conflict ("When situations of

459   domestic violence occur, she tries to (…) separate the situation"; P1, F, 11Y).

460   The perceived effect of the coping strategy adopted by the adolescent to cope with the

461   conflict included two sub-themes. *Conflict Maintenance as a consequence* (*N*=5; *N$_{female}$=4;*

462   *n=6*), includes the perception that coping behaviour did not alter the course of the conflict ("I

463   don't think so. I don't think the father… I think the father cannot understand the severity of

464   these conflicts (…) and I also think that hearing someone telling him something was not

465   going to have any impact."; P1, F, 11Y), and, in contrast, the *End of Conflict as a*

466   *consequence* (*N*=3; *N$_{male}$=3; n*=6), involves the perception that the coping strategy allowed

467   the conflict to cease ("And he thought his mother could die there [because the father was]

468   hitting her head. So, he started screaming and asking him to stop and he stood in front of his

469   mother and that's when he stopped. He [the father] slapped him, the kid fell, his glasses fell

470   and then he [the father] left."; P13, M, 15Y).

471   **Impact of the conflict in individual and family functioning**

472   EIV was perceived by the CPS professionals as having effects in multiple areas of

473   young people's psychosocial functioning - *Psychopathology, Academic Difficulties, Social*

474 *Integration Problems* and *Resilient Trajectories* as well as impact on the quality of

475 parent-child relationships and, specifically, involving the *Absence of Secure/*

476 *Protective Care Relationships* and *Parentification* processes.

477   The *Psychopathology* sub-theme was the most frequently identified effect in

478 this sample ($N=11$; $N_{female}=9$; $n=55$) and involves anxious and depressive symptoms

479 and/or the display of aggressive and oppositional behaviours by young people ("There

480 was already an episode in which she faced her father and the police was called but it

481 is at a verbal level…calls names, slams the door (…) "; P12, F, 13Y). *Academic*

482 *Difficulties* ($N=10$; $N_{male}=6$; $n=19$) refers to the negative impact of the conflict on

483 adolescents' school and academic adjustment ("She was a good student, she was a girl

484 who had goals and still has, very clear, to continue studying and with all this family

485 situation, she started to have worse grades, not being able to concentrate." (P7, F,

486 16Y). *Social Integration Problems* ($N=7$; $N_{female}=4$; $n=15$) involves the absence of

487 significant social relationships resulting from social avoidance and social exclusion

488 processes of these young people ("He doesn't have friends, he doesn't like the

489 teachers, he doesn't like the assistants, he doesn't like the school. He doesn't like

490 anyone."; P2, M, 11Y). In addition to these sub-themes, which reflect the presence of

491 difficulties in psychological and social functioning, a sub-theme centred on the

492 possibility of *Resilient Trajectories* ($N=8$; $N_{male}=5$; $n=26$) was also identified,

493 involving a positive adaptation of young people, despite the adversity experienced

494 ("Regardless of everything that has been going on (…) On a social and school level,

495 she doesn't give any indication that anything could happen at home (…). She has very

496 good grades, she's a very sociable girl, she has lots of extracurricular activities (…)";

497 P12, F, 13Y). Likewise, the subtheme *Absence of Secure / Protective Care*

498 *Relationships* ($N=13$; $N_{female}=7$; $n=35$) refers to caregivers' difficulties in establishing

499   rules and the inability to establish positive and adequate relationships ("I think this mother

500   has a lot of difficulties to internalize her daughter's well-being at the expense of her own

501   needs or what is convenient for her."; P17, F, 12Y). Finally, *Parentification* (*N*=10;

502   *N_{female}=6; n*=24) involves a role reversal that enables the child or adolescent to assume a

503   caregiving function in one or more subsystems within the family (Nuttall & Valentino, 2017)

504   ("She really does not want to be separated from her mother because she knows that she's the

505   one that has to take care of her"; P7, F, 16Y).

506   **Discussion**

507   The present study aimed to understand the role of EIV on coping behaviours of

508   adolescents referred in the CPS and to explore the cognitive-contextual processes in EIV

509   from the professionals' perspective. Our results suggest that EIV and the cognitive-contextual

510   variables might impact the quality of the parent-child relationship as well as young people's

511   individual functioning.

512   According to these professionals, socioeconomic factors as well as individual and

513   family dimensions (problematic alcohol consumption and family social isolation) were

514   particularly relevant risk factors for the occurrence of interparental violence. We know that

515   the literature suggests that the interaction between different risk factors may be associated

516   with interparental violence (Holt et al., 2008). However, results of this study also suggest the

517   professionals' view was mostly centred on classic risk factors, such as alcohol consumption

518   (McTavish et al., 2016) or socioeconomic factors (Ponnet et al., 2016), and less on dynamic

519   factors related with parents' development history or community factors.

520   Our findings reveal several patterns of aggressive and coercive behaviours (e.g.,

521   psychological, sexual or physical violence), the most recurrent being centred on the

522   coexistence of physical and psychological violence, which is consistent with previous

523   evidence (Armour & Sleath, 2014). Interparental conflict based on a pattern of physical

524   violence is conceptualized as potentially more disturbing for young people (Eldik et al., 2020;

525   Holt et al., 2008), generating more negative affect and more severe symptoms (Davies &

526   Cummings, 1994 ; Soares & Sani, 2015) compared to less intense types of violence, such as

527   verbal violence (Howell, 2011; Peisch et al, 2016). The most reported pattern of interparental

528   conflict resolution was resolution based on external intervention (e.g., by the police or by

529   children). This finding may suggest structural difficulties of these families regarding conflict

530   resolution, thus reflecting the inability to prevent the intensification of the conflict/violence,

531   or, on the other hand, that professionals' perspective is mostly focused on the families'

532   difficulties and less on their internal strengths.

533   Regarding the distal context, in the present study, all targeted youths had experienced

534   long-term EIV, which points to the chronicity of this type of violence (Telman et al., 2015).

535   Chronic EIV is critical for young people, since it may enhance a primacy for more negative

536   and intense emotional responses in subsequent conflicts (Davies & Cummings, 1994; Grych

537   & Fincham, 1990), as well as greater behavioural dysregulation and negative mental health

538   outcomes (Davies et al., 2020; Holden, 2003; Lee et al., 2015). Repetitive and longer

539   exposure to traumatic events is associated with worse developmental outcomes (Carlson et

540   al., 2019). Furthermore, temperament can be an important variable in the analysis of the

541   emotional and behavioural response of young people to environmental events (Sturge-Apple

542   et al., 2012), since it can exacerbate or lessen the negativity of the EIV experience in the

543   developmental trajectories of adolescents (Davies & Cummings, 1994; Grych & Fincham,

544   1990). In the current study, most young people were perceived as having a calm

545   temperament. Thus, in face of the dynamics of interparental violence and high stress, young

546   people with less reactivity to the environment (i.e., quiet temperament) have a greater chance

547   for better psychological adjustment, compared to young people with a more reactive

548   temperament (Carlson et al., 2019; Sturge-Apple et al., 2012). Anxious temperament

549   constitutes a greater propensity for a behavioural pattern marked by irritability and

550   impulsivity. Therefore, in face of stress-inducing environmental events (i.e., interparental

551   violence) these young people may be more likely to be emotionally reactive (Davies et al.,

552   2020; Grych & Fincham, 1990; Sturge-Apple et al., 2012). Finally, our results suggest

553   different configurations of family emotional climate with supportive family climates being

554   the most frequent. Living in a positive family environment is conceptualized as a protective

555   factor (Grych & Fincham, 1990; Howell, 2011), particularly in the relationship with siblings

556   or parental figures. In the context of interparental conflict, positive fraternal relationships can

557   play a compensatory effect by being a source of support and promote a sense of security

558   (Cameranesi & Piotrowski, 2018). Likewise, the existence of a responsive and sensitive

559   parental figure (Howell, 2011) has been recognized as a protective factor to mitigate a

560   traumatic experience (Holt et al., 2008). Supportive parenting enhances the validation of the

561   child's emotional experience and decreases self-blame processes (DeBoard-Lucas et al.,

562   2010).

563   Concerning the primary and secondary processing, participants identified the

564   perception of threat in face of conflict, mostly focused on fear for the victim's safety

565   (Georgsson et al., 2011; Holden, 2003) and, with less emphasis, on fear for the self. The

566   perception of threat can model the behavioural response (DeBoard-Lucas & Grych, 2011).

567   This becomes potentially dangerous given that the reduced salience of threat to the self (and

568   increase perceived threat to the caregiver) can enhance the involvement in the conflict and,

569   therefore, increase the risk for the child (Tu et al., 2016). Participants also identified young

570   people who deal with the threat of EIV as a desensitization experience. That result is

571   incongruent with the sensibilization hypotheses to EIV identified in literature, which implies

572   that repetitive EIV gradually intensifies children's reactivity and enhances psychological

573   problems (Davies et al., 2020; Jouriles & McDonald, 2015). This emotional numbing might

574 serve an adaptive function towards disruptive environments, but, over time, it can increase

575 maladaptive developmental outcomes (Mrug et al., 2016). Secondary processing was

576 described by these professionals as involving mostly the responsibility of the aggressor which

577 is consistent with the literature (DeBoard-Lucas & Grych, 2011). Nevertheless, the

578 identification of responsibility of both the aggressor and the victim was also considerable in

579 the present study. As suggested by Holt et al. (2008), young people who blame the aggressor

580 for the conflict can also attribute responsibility to the victim for maintaining the conflictual

581 relationship. These young people can experience ambivalent feelings when empathizing with

582 the victim's experience and, at the same time, resenting their options (Goldblatt, 2003).

583   According to the professionals in this study, EIV elicited an emotional experience

584 marked by negative affect (Georgsson et al., 2011) and particularly by fear, sadness and

585 anger (Eldik et al., 2020). The emotional response resulting from EIV is complex and

586 therefore can be characterized by the simultaneous experience of these different emotions

587 (DeBoard-Lucas & Grych, 2011). The experience of fear is focused mainly on the safety of

588 the victim-caregiver and sadness as a consequence of youth's resignation to a long-term

589 experience with violence (Deboard-Lucas & Grych, 2011). The chronicity of this type of

590 interpersonal trauma (Dugal et al., 2016), as opposed to single traumatic events, makes it

591 harder to evaluate peritraumatic responses (Telman et al., 2015). Lancaster and Larsen (2016)

592 showed that victims of interpersonal trauma (e.g., child abuse) are more likely to report

593 peritraumatic responses (e.g., fear, helplessness; sadness), comparing to other types of trauma

594 (e.g., natural disasters). This might be due to the individuals' negative appraisals about

595 themselves and the others, elicited by interpersonal traumatic events (Gorman et al., 2016). In

596 this study, the peritraumatic response of fear was more reported by our participants regarding

597 the female adolescents. Several explanations could be proposed for this finding. First,

598 biological differences have been reported in the literature about the experience of fear

599   (Eldik's et al., 2020), but also different socialization processes may explain greater

600   predisposition for females to address and share emotional experiences (Bailen et al., 2019;

601   Chaplin, 2015). Second, this result might also reveal our participants' bias focused on gender

602   emotional experiences. Given that peritraumatic responses related to EIV are relevant

603   precursors of later psychopathology (Vance et al., 2018), further evidence is needed about

604   these responses, considering potential gender differences as well.

605   The most frequent coping behaviour identified by our participants were Avoidance

606   and Support seeking. Young people's avoidant behaviours, one of the most common

607   strategies in EIV (DeBoard-Lucas & Grych, 2011; Izaguirre & Calvete, 2015), in the present

608   study, included behaviours of withdrawal from the context of conflict, the use of social (e.g.,

609   spending time with peers) and playful (i.e., playing PlayStation) activities as forms of

610   distraction (Georgsson et al., 2011), and of avoiding interaction with the parent-aggressor.

611   Support seeking coping behaviour was also identified, which may be viewed as a buffer of

612   the effects of distress caused by EIV (Harold & Sellers, 2018; Holt et al., 2008; Sani &

613   Caprichoso, 2013). This coping behaviour was also more reported by professionals in cases

614   of female adolescents, which might be explained through societal gender roles. Not only

615   greater disposition to address and share emotional experiences seems to be more socially

616   fostered in females, but it is also expected that girls may be more other-oriented (Bailen et al.,

617   2019; Chaplin, 2015; Eldik et al., 2020).

618   Similar to previous research, a set of negative effects of EIV was identified (e.g.,

619   Izaguirre & Calvete, 2015; Jouriles & McDonald, 2015; Peisch et al., 2016), namely

620   psychopathology (e.g., Davies et al., 2020; Georgsson et al., 2011), which might be due to

621   youth's emotional security being undermined by long-term exposure to conflict (i.e.,

622   persistent concerns, adolescents' perceived threat and low self-efficacy expectations; Fosco &

623   Feinberg, 2015). Concurrently, difficulties in social integration (e.g., Carlson et al., 2019;

624 Eldik et al., 2020) and academic functioning (e.g., Howell et al., 2016; Kiesel et al., 2016)

625 were also identified. Relationship difficulties with peers resulting from EIV are conceptually

626 described as associated with reproducing relational models experienced in the family context

627 (Eldik et al., 2020; Holt et al., 2008) and maladaptive beliefs about violence (Howell et al.,

628 2016). Young people with long-term EIV may have learned that violence is an adequate and

629 acceptable way of resolving interpersonal conflicts (Armour & Sleath, 2014; Carlson et al.,

630 2019), which may be associated with externalizing problems, such as breakouts, alcohol

631 consumption (Goldblatt, 2003) or antisocial behaviours (Howell et al., 2016).

632   However, it is important to note that there are young people who adapt positively to

633 EIV and that trajectories of resilience might emerge (Carlson et al., 2019; Grych et al., 2015;

634 Izaguirre & Calvete, 2015; Soares & Sani, 2015). Professionals conceptualized resilience as

635 the maintenance of young people's adaptation in one or more development areas. For

636 example, there were young people who had difficulties in academic or social skills but were

637 still perceived as resilient. These results suggest the existence of multiple profiles of

638 adolescents (Davies et al., 2020; Lee et al., 2015), which can be explained by the presence of

639 protective factors, such as the development of a secure bonding relationship with a non-

640 violent caregiver (Holt et al., 2008; Howell, 2011). In this sense, in future research, it is

641 essential to further explore the protective factors leading to resilient trajectories in children

642 and adolescent facing EIV. In addition, Vu et al. (2016) suggest that resilience needs to be

643 explored through a developmental perspective because sleeper effects may occur (i.e., an

644 increase of internalizing problems seems to emerge after years of EIV).

645   Furthermore, we found that professionals identified the absence of safety/protective

646 relations and parentification processes. Parent-child relationships, following interparental

647 violence, were characterized by the informants as marked by parental difficulty in

648 establishing rules and by a greater focus on conflict dynamics and, consequently, in a lesser

649   focus on young people's needs. These results highlighted that these parents may not be

650   emotionally available and responsive (Carlson et al., 2019; Holt et al., 2008; Sani &

651   Caprichoso, 2013; Soares & Sani, 2015). Difficulties in parental involvement and

652   responsiveness could threaten emotional security perceptions and the capacity for emotional

653   regulation (Davies & Cummings, 1994), thereby undermining adolescents' healthy

654   development (Holt et al., 2008; Sani & Caprichoso, 2013). Moreover, parentification was

655   also identified by these professionals, particularly in relation to the victim-caregiver and

656   siblings relationships (Tailor et al., 2015), which is described as a critical event for

657   adolescents' development, namely their self construction (Howell et al., 2016). All these

658   findings may be framed on the Family Systems Theory (FST; Minuchin, 1974), according to

659   which a family is a system composed of several interdependent subsystems (i.e., conjugal,

660   parental and fraternal), meaning that the different subsystems might influence each other. As

661   such, the quality of parenting seems to be negatively influenced by conjugal violence (Eldik

662   et al., 2020; Peisch et al., 2016; Stroud et al., 2015; Zemp et al., 2018), given that there are

663   dysfunctional limits between the conjugal and the parental subsystem (Nuttall & Valentino,

664   2017). In sum, this study highlights the complex and multifaceted effects of interparental

665   violence on the individual functioning of young people and on their own relationship with

666   their parents.

Implications, limitations and future directions

668   The present study emphasises the variability involved in interparental violence (e.g.,

669   psychological and physical violence; psychological violence; psychological and sexual

670   violence), along with the diversity of consequences for adolescents and families. Despite the

671   relevance of our results, there is a set of limitations that must be recognized. First,

672   conclusions must be carefully interpreted, considering the sample size and gender of

673   professionals (all female). Even so, our sample is not very different from the composition of

674   the three CPS agencies that participated in our study. During the data collection period, 42

675   professionals were working in these CPS agencies and merely three of them were male. For

676   that reason, merely women have participated because, during the data collection, those male

677   professionals did not have cases fulfilling the inclusion criteria. Second, the data analysed

678   was collected using only the perspective of professionals in the CPS, which were allowed to

679   select their own case for discussion, from a qualitative perspective and a cross-sectional

680   approach. Indeed, asking 'pragmatic experts' (i.e., the professionals working in the CPS)

681   about their interpretation and understanding of a 'showcase' example may suggest the

682   assumption that families' experiences are truly, or at least sufficiently, captured by the CPS

683   case workers. However, even considering this perspective as valuable and with important

684   implications for practice, future research must include multi-informant data (Howell, 2011),

685   for the same case, as well as longitudinal evidence (Vu et al., 2016) to address these

686   weaknesses and potential biases (Sturge-Apple et al., 2012). Third, the interview script was

687   built mostly based on the theory; however, future research could also include less structured

688   and more open scripts to capture additional dimensions that allow an in-depth understanding

689   of these processes. Finally, some interviews lasted approximately 30 minutes, which may be

690   due to personal characteristics of these professionals (e.g., less disposition for narrative

691   elaboration) and/or to the process's evaluation (e.g., less information available).

692   Notwithstanding these recognized limitations, the present study contributes

693   significantly to the literature by providing the professionals' perspectives about the cognitive-

694   contextual processes of EIV and their impact on referred adolescents. These perspectives are

695   useful and relevant to elucidate specific needs for assessment and intervention in the CPS.

696   First, our findings suggest that proximal context information was less frequently described by

697   these professionals. Proximal processes are an intrinsic and transitory experience in face of

698   the episode and, probably, little explored by young people during the risk assessment

699   processes in the CPS. Therefore, the careful evaluation of these processes by professionals in

700   the CPS, hearing the voice of these adolescents, is relevant to better understand how EIV may

701   or may not impact their coping behaviour and mental health.

702   The complexity of this maltreatment typology can potentially explain the difficulties

703   regarding its identification and evaluation, that are mentioned in the literature (McTavish et

704   al., 2016). EIV is conceptualized as a disturbance in the normative functioning of the marital

705   subsystem that impacts not only youth's psychosocial functioning but also the other family

706   subsystems and, ultimately, the family as a whole (Eldik et al., 2020; Stroud et al., 2015;

707   Sturge-Apple et al., 2012; Zemp et al., 2018). Therefore, evaluation and intervention should

708   primarily address the child's needs, but also those of the family, considering each family's

709   unique risk and protective factors (Holt el al., 2008). Systemic and ecological interventions

710   are desirable since they focus on different family subsystems, namely, the parent-child

711   relationship (DeBoard-Lucas et al., 2010; Eldik et al., 2020) and parenting skills (Carlson et

712   al., 2019; Telman et al., 2015; Zemp et al., 2018). Results of this study also highlight the

713   possibility of resilient trajectories in the context of EIV. As discussed before, resilience was

714   described by the professionals as a multidimensional construct, illustrated by several

715   resilience profiles. Therefore, evaluation processes should also consider this diversity of

716   youths' functioning profiles (Izaguire & Calvete, 2015; Kiesel et al., 2016).

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