

# Exploring Risk and Protective Factors for Child Harm Amidst Exposure to Inter-parental Violence

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## Abstract

There are limited insights into the differences in perspective between children and adult key-informants on the risk and protective factors for child harm from exposure to inter-parental violence. These differences were explored to inform the development of interventions to decrease levels of child harm. A phenomenological approach guided

data collection the Social Construction of Reality Perspective was used to explain the study findings. Thirteen children aged 9–12 years and eight adult key-informants were purposively sampled for interviews. Data were analyzed using a thematic approach. Parental behavior and culture were reported as risk factors for child harm and, supportive social networks and intimacy as the protective factors. The main distinctions between children's and adult key-informants' perspectives lie on the nature of the reported factors, participants' views on vulnerability, and their cognitive ability. Accommodating children's perspectives in intervention development is crucial for sustainability and reducing risk while enhancing protective factors in interventions.

### **Keywords**

child harm – exposure to inter-parental violence – protective factors – risk factors – Tanzania

## **1 Introduction**

Children's exposure to inter-parental violence includes a child being within sight or sound of adult home-based violence characterized by coercion (Edleson et al., 2007). It also involves being told about the violence they did not witness (Hamby et al., 2011). This study adopted the definition of the child being within sound or sight of inter-parental violence, thereby experiencing violence through their senses. They witness adults pushing or hitting one another or see the aftermath of violence like injuries; they hear them yelling at each other or crying; they smell blood, or they know the fear or sense the tension in the relationship between their biological parents or guardians (Rossmann et al., 2000; Edleson et al., 2007).

The meanings we place on a child's exposure to inter-parental violence and how we collect information about such events help to approximate the rate of children's exposure to violence (Margolin & Gordis, 2004). In the United States of America (US), approximately 15.5 million children were living in homes with both parents who had experienced intimate partner violence. About 7 million lived in homes where severe partner violence had occurred by 2005 (McDonald et al., 2006). About 6.6% were exposed to parental physical abuse in 2001 (McDonald et al., 2006). There isn't much evidence of children's exposure to inter-parental violence in Tanzania; however, in a previous national survey of violence against children, nearly 28% of girls and over 13%

of boys had experienced sexual violence. More than a quarter had experienced emotional violence, and over 70% of girls and boys had experienced physical violence from various perpetrators, including teachers, strangers, and family members (Unicef et al., 2011).

Children exposed to inter-parental violence experience lasting physical, mental, and emotional harm leading to internalizing and externalizing behavior problems like rule-breaking and attention problems (Bourassa, 2007; Finkelhor et al., 2011; Vu et al., 2016; López-Soler et al., 2017), post-traumatic stress disorder (PTSD), symptoms of aggression, anxiety, depression and self-harming behaviors in adulthood (Mohammad et al., 2014; Cater et al., 2015). The current study focuses on children's experiences of risk and protective factors to establish grounds for developing an intervention to remedy such risk and enhance protective factors to alter long-term effects before adulthood.

In Africa, intimate partner violence is one of the most widely researched and reported types of violence. Because of the high social acceptance of violence and poor socioeconomic status, the prevalence is higher in low- and middle-income countries like Africa (Kebede et al., 2022). According to a systematic study on the global prevalence of intimate partner violence, Sub-Saharan Africa has high rates, ranging from 65.6% in Central Africa having the highest rate (Devries et al., 2013) while in East Africa is reported to be around 33%, with Uganda having the highest rate 14.9% (Kebede et al., 2022). Despite the prevalence of intimate partner violence in Sub-Saharan Africa, there is little evidence of children being exposed to inter-parental violence.

Risk factors that are commonly associated with threats to a child's ability to adapt to existing inter-parental violence include maternal depression, stressful life events, divorce, and low household income with consequent behavioral or emotional problems in the child (Masten and Obradović, 2006; Martinez-torteya et al., 2009). Conversely, protective factors enhancing the child's positive adaptation are social support, self-regulation, positive interpersonal relationships, positive parenting and high cognitive ability (Martinez-Torteya et al., 2009; Benavides, 2014; Ridings et al., 2017). Interventions designed to address the effects of children's exposure to inter-parental violence are mostly western based. Different countries use different interventions to address risk factors of child harm from inter-parental violence. For example, in the USA, developmentally appropriate children's services, school-based counseling and play therapy are shown to decrease harm from IPV exposure (Thomson and Trice-Black, 2012; Finkelhor et al., 2009) are reported as common interventions to address risk factors; while in the United Kingdom (UK) child-parent psychotherapy intervention is more common (Stanley and Flood, 2011). In the

Netherlands, a psycho-educational secondary prevention program commonly known as “En nu ik ...!” (It’s my turn now!), aimed at improving parent-child interaction is used (Overbeek et al., 2012).

In Tanzania, interventions in place focus more on addressing the needs and wellbeing of women as survivors of violence and men as perpetrators, while less is known regarding interventions specifically designed to remedy child harm from exposure to inter-parental violence. Some known strategies include the establishment of police gender desks (PGDs); an initiative by the Police Force to help women who experience gender-based violence (GBV), and national media campaigns to raise awareness on GBV and underage and adult drinking. Others include the Channeling Men’s Positive Involvement in the National HIV/AIDS Response (CHAMPION) GBV project in Iringa which focuses on raising community awareness of GBV (McCleary-Sills et al., 2013), the Iringa Development of Youth, Disabled and Child Care (IDYDC) alcohol abuse prevention programme, and the government initiative to train social workers, judges, PGD police officers, and health workers on GBV and violence against children (VAC) prevention and case management. While these are good initiatives, they mainly focus on standard programs and legal rights but do not address psychological harm.

## 2 The Current Study

Focus on research studies in Africa on family violence are stressed on intimate partner violence and gender-based violence respectively as opposed to inter-parental violence, a clear indication of emphasis on the adult population and limited focus on children. A previous Tanzanian survey on violence against children does not portray the magnitude nor specific information associated with exposure to inter-parental violence in particular, rather children’s exposure to all forms of violence i.e., sexual, emotional and physical (Unicef et al., 2011). A body of existing knowledge also highlights limited insights on children exposure to inter-parental violence in Sub-Saharan African region on the magnitude, child harm in the context of inter-parental violence as well as the respective risk and protective factors. Previous studies on the risk and protective factors for child harm are western based and have focused on perspectives from professionals, children and mothers (McCloskey et al., 1995; Lovendosky & Graham-Bermann, 2001; DeBoard-Lucas & Grych, 2011; Stanley et al., 2012; Benavides, 2015; van Rooij et al., 2015). Observing such limitations, the current study attempts to: 1) explore the risks and protective factors from Tanzanian children’s perspectives and the perspectives of adult key-informants

and then to 2) distinguish the perspectives of children from those of adult key-informants.

### 2.1 *Theoretical Framework*

The theoretical framework for the study is grounded in the social construction of reality perspective, drawing from the work of Berger and Luckmann (1966). Berger and Luckmann assert that reality is not an objective but rather a product of social interaction. Individuals collectively construct their understanding of reality through shared meanings and interpretations. According to their view, meaning is not inherent in objects or events. Instead, people assign meaning to things based on social and cultural context. These meanings are shared within a society and shape how individuals perceive the world. Reality is subjective, and so individuals interpret their experiences subjectively. The way people see and understand the world is influenced by their personal and social backgrounds, leading to multiple, subjective realities within a society. They emphasize the role of social institutions in maintaining and reinforcing shared realities. Institutions, such as family, education, and religion, play a crucial role in shaping individuals' beliefs and behaviors, contributing to the stability of social constructs. Berger and Luckmann also propose that reality is not a fixed entity but is continuously constructed and reconstructed through ongoing social interactions. As societies evolve and change, so do their shared realities.

The social construction of reality perspective emphasizes that perceptions of risk and protective factors are not fixed but are instead moulded by the social and cultural context in which individuals exist. In the context of inter-parental violence, children and adult key-informants may hold distinct interpretations influenced by their unique experiences and cultural norms. This perspective explains the subjectivity of understanding these factors and recognizes that multiple, subjective realities coexist, shaped by societal norms, cultural beliefs, and personal experiences. It highlights that reality is not an objective, fixed entity but is rather shaped and interpreted by individuals within their social and cultural backgrounds, acknowledging the role of age, cognitive development, and life experiences in shaping these perceptions. This perspective also acknowledges the dynamic and evolving nature of reality, suggesting that perceptions of these factors may change over time and in response to various social and environmental influences.

Furthermore, the social construction of reality perspective emphasizes the importance of considering the broader sociocultural context when studying child harm in the context of inter-parental violence. It encourages researchers to explore how societal norms, cultural practices, and social structures

influence the identification and interpretation of risk and protective factors. In practical terms, this framework emphasizes that interventions and policies aimed at reducing child harm should take into account the diverse perspectives and interpretations of different stakeholders, including children and adults. Moreover, it highlights the need to address not only the immediate risk factors but also the underlying social constructs that influence behaviors and beliefs within a particular community or society.

## 2.2 *Study Design and Setting*

A phenomenological design was used (Qutoshi, 2018) following the social constructivism theoretical approach (Creswell, 2013) to explore the meaning and essence of children's exposure to and experience of inter-parental violence. The description of participants' varied interpretations informing their socially created and accepted realities is in line with the consolidated criteria for reporting qualitative research (COREQ) (Tong et al., 2018). This study was conducted at Iringa Municipality in Iringa region in the Southern Highlands of Tanzania, due to the high estimates (54% in 2011) of the prevalence of gender-based violence and HIV/AIDS (as the second highest in the country by 9.1% next to 14.8% in Njombe region which used to be one of Iringa's districts until 2014 when the study was conceptualized) (Simmons et al., 2016). The study area warranted consideration of the social norms and behaviors related to violence perpetrated among parents. Iringa region has a population of 1,192,728 people as per 2022 census results (The United Republic of Tanzania [URT], 2022). It is regarded as an agriculture-dominated region in Southern Tanzania (Chimilila et al., 2017), with a residents' annual per capita income of Tanzania Shillings (TShs) 979,882 [US \$695] in 2010 URT, 2013). The majority of people rely on agriculture for livelihood while others engage in tourism, mining, trade and industrial development. The municipality is largely urban, with the majority of inhabitants professing Christianity and speaking Swahili.

## 2.3 *Sampling Procedures*

Primary school children aged 9–12 years, attending Grades 4–7, who had been exposed to inter-parental violence, were chosen from public primary schools in Iringa Municipality. Consent to conduct research in schools was given by Head Teachers of the respective schools. Discipline teachers were approached as the first point of contact responsible for addressing pupils' behavioral issues. Due on the nature of the study, they directed the research team to teachers trained in managing cases related to GBV and VAC in school communities; a role discovered during sampling. Violence response teachers used the purposive sampling technique to select children who had experienced inter-parental

violence; who either lived with their biological parents, step parents or guardians, particularly grandparents. The adult key-informants on gender-based violence and violence against children included a violence response teacher, a parent, an elderly person, a ten-cell leader (a community elected leader who leads ten houses in a street), a Police Officer working at the GBV/VAC desk, a Counseling Psychologist, a Gender and Youth Advisor, and a Social Worker were engaged. These were selected using purposive and snowball techniques. The ten-cell leader and elder were selected because they are the first point of recourse outside the family when inter-parental violence occurs. Recruitment of new participants was ongoing and stopped at thirteen children and eight adult key-informants after observing replication and redundancy of data from the sampled participants (Bowen, 2008).

#### **2.4      *Ethical Considerations***

Permission to access study participants was granted by the Iringa Municipal Council through the Regional and District Administrative Secretary's office. Consent from children's parents, allowing their participation in the study, was obtained through heads of schools. Only children with signed written parental consent were interviewed. Before the interviews, selected children provided verbal informed assent and were assured they could stop participating at any time. Adult key-informants provided written informed consent before participating in the study. Children were interviewed in convenient rooms at their schools, with sessions lasting approximately 30 to 45 minutes with snacks and drinks provided between breaks. Adult key-informants chose the time and place for their one to two-hour interviews and were reimbursed for transport and compensated for their time. Daily debriefs with the research team were conducted to discuss new insights. Confidentiality was maintained using password-protected files, restricting data access to the research team. Interviews were audio-recorded with participants' consent, and basic socio-demographic information was documented while ensuring anonymity with unique identifiers.

#### **2.5      *Data Collection***

Data was collected in March to May 2019 through pre-tested semi-structured Swahili in-depth interviews (IDIs), involving both children and adult key-informants, who all consented to participate. Qualitative data focused on risk and protective factors related to child harm in the context of inter-parental violence. Children were asked; "What could be the factors which make you feel very bad and worried when your parents fight or argue?" and "What could be the factors which make you feel better or relieved after your parents fight

or argue?” to explore risk and protective factors. On the other hand, adult key-informants were asked “What are the factors which put a child at risk of harm from violence between parents?” and “What factors reduce the risk of child harm from violence between parents?” Additional information can be found in the interview guides at <https://osf.io/rbv47/>.

Interviews with children were conducted in school settings, specifically in open classrooms where a child psychotherapist was readily available if necessary to intervene in specialized therapy during the interviews. For adult key-informants, the majority opted for the school setting, and interviews were held in private settings, with the institution where the principal researcher worked serving as a convenient venue. The research team consisted of two experienced research assistants (RAs), one male and one female, both experienced in social sciences research and cognitive interviewing. These RAs were residents of Iringa, enabling them to effectively communicate with participants who spoke Swahili mixed with Kihehe (the local language). They were thoroughly familiarized with the study, interview guides, and consent procedures, and they received training to be attentive to verbal, non-verbal, and emotional distress cues while maintaining strict confidentiality and ensuring voluntary participation. Recognizing the potential for re-traumatization due to the study’s sensitive nature during and after the interviews (Morris et al., 2012), a specialized form was designed to report emotional distress, and a child psychotherapist was involved throughout the study. Interview durations ranged from 60 to 180 minutes for children and 90 to 120 minutes for adults.

## 2.6 *Data Analysis*

A thematic analysis was employed following six recursive steps: 1) Familiarization with the data, 2) generation of initial codes, 3) searching for themes, 4) review of themes, 5) definition and naming of themes, and 6) report production Braun and Clarke (2006). All interviews were transcribed by the first author and the quality of transcriptions was double checked by the second, third and fourth author. Audio taped interviews and interview notes were reviewed and aggregated as written transcripts. Transcripts were translated from Swahili to English, imported and managed in NVivo 12 Pro software. Individual transcripts were reviewed, coded and analyzed by the first author to enable familiarization with participants, review of overall responses and the generation of codes. Codes were carefully examined and categorized into themes based on their relationship and were continuously reviewed by the first author and revised by all authors. All codes about risk and protective factors were searched by the first author and double checked by all authors to reach consensus on the results. Pseudonyms were used to protect participant identities. Results were reported by describing themes and quotations from codes.



2.7 *Participants*

Twenty-one participants were involved in the study; thirteen children and eight GBV and VAC adult key-informants. Of the thirteen children, eight were girls and five were boys aged between 9–12 years. Five children lived with both biological parents, three with their grandparents, two with their aunt and uncle, two with one biological parent and a step parent, and one with a married elder sister. The eight-adult key-informants included a female parent, a Social Worker, a ten-cell leader, an elderly person, a Counseling Psychologist, a primary School Teacher, a PGD Police Officer and a Gender and Youth Advisor at a non-governmental organization (NGO). Five adult key-informants were male and three were female. Their ages ranged from 32 to 74 years, with half of them aged below fifty years. Their educational attainment ranged from primary to higher education with the latter accounting for half of the adult key-informants.

3 **Generated Themes**

As shown in Table 1, five themes were generated as risk factors: 1) Culture, 2) socioeconomic status, 3) parental behavior, 4) children’s exposure to and involvement in different forms of inter-parental violence, and 5) child’s reaction to inter-parental violence; and three themes as protective factors, namely: 1) Access to knowledge about local authorities responding to home violence, 2) a supportive social network and 3) intimacy, spirituality and loving relationships.

TABLE 1      Children and informants perceptions’ similarities and differences on child harm from exposure to inter-parental violence

Risk factors	Both children and informants	Children’s perspectives	Informants’ perspectives
	–	Children’s exposure to and involvement in different forms of inter-parental violence <ul style="list-style-type: none"><li>– Witnessing forms of IPV</li><li>– Direct involvement in IPV</li></ul>	–

TABLE 1      Children and informants perceptions' similarities and differences on child harm (cont.)

Risk factors	Both children and informants	Children's perspectives	Informants' perspectives
		<ul style="list-style-type: none"><li>– Multiple and recurring exposure to IPV</li><li>– Moving from household to household</li></ul>	
	<b>Parental behaviour</b>	<ul style="list-style-type: none"><li>– Parental acts that threaten child's safety</li></ul>	<ul style="list-style-type: none"><li>– Divorce, separation and remarriage</li><li>– Ineffective parenting education and skills</li><li>– Parent child relationship</li><li>– Exposing children to forms of IPV (verbal and physical aggression, hostility)</li></ul>
	<ul style="list-style-type: none"><li>– Alcoholism (non-industrialized local brew and illicit spirits)</li><li>– Neglect</li></ul>		<ul style="list-style-type: none"><li>– Exposure to different forms of IPV</li><li>– Prolonged exposure to IPV</li><li>– Internalization of stressful home events</li></ul>
	<b>Child's reaction to inter-parental violence</b>	<ul style="list-style-type: none"><li>– Unsafe decisions influenced by neglect (like stealing)</li></ul>	
	<ul style="list-style-type: none"><li>– Intervening in IPV</li><li>– Age</li><li>– Gender</li></ul>		
	–	–	<b>Culture</b>
			<ul style="list-style-type: none"><li>– Sexuality education and gender norms</li><li>– Reporting of violence</li><li>– Myths on acquiring wealth through incest</li></ul>
	–	–	<b>Socioeconomic</b>
			<ul style="list-style-type: none"><li>– Unsafe neighbourhoods</li><li>– Unstable income and allied stress</li></ul>

TABLE 1      Children and informants perceptions’ similarities and differences on child harm (*cont.*)

Risk factors	Both children and informants	Children’s perspectives	Informants’ perspectives
	Access to knowledge about local authorities responding to IPV	– Social welfare department	– Laws
	– The police	– Ten cell leaders	– Police Gender Desks
	Supportive social network	– Street chairpersons	– The media
		– Relatives	– Community committee members
		– Neighbours	– Religious leaders
	–	–	Intimacy, spirituality and loving relationships
			– Fear of God
			– Love between parents and the love for children and the family

4            Risk Factors

4.1        Culture

Findings shed light on the significant influence of culture. The absence of cultural narratives on sex education and gender norms like male domination in decision-making and marriage was reported as a risk factor. In cultures where close relatives commit inter-parental violence, accessing justice is challenging due to cultural norms discouraging reporting. Deep rooted misconceptions about blaming women rather than recognizing them as victims of inter-parental violence were also reported. This exacerbates the risks of inter-parental violence, with severe emotional and behavioral consequences for children, particularly those raised by stepmothers. Cultural factors play a vital role, as reporting such incidents is often seen as shameful, deviating from family values, and driven by fear of discrimination and of being blamed by relatives.

In most societies, sex education and gender norms in issues related to intimate partner relationships is not common, this is why you find the rates of GBV are high. Men are not well groomed on how to engage in sex. The word sex and matters related to sexuality have been considered

taboo, especially if spoken about in public, as they are considered private matters. This culture of silence impedes reporting inter-parental violence when it occurs.

50-year-old female, adult key informant-Gender and Youth Advisor (NGO), interview 4, Research centre at Gangilonga Ward, 13.05.2019

There is a real challenge in terms of access to justice since a large percentage of domestic violence victims are relatives, for example you find many cases of rape and sodomy are committed by close relatives of the mother or father such as uncles, brothers, brothers-in-law, cousins. This leads parents to prevent their children from reporting on this for fear of being blamed by relatives. And even if the case proceeds, then you would find that, the case would fail because those who witnessed refuse to testify in court.

32-year-old male, Adult key informant-GBV-VAC Police Officer, interview 6, Research centre at Gangilonga Ward, 14.05.2019

The society also often perceives women as at fault rather than the victims of inter-parental violence, considering them as not properly instructed during initiation rites. The outcomes of such perceptions can lead to depression, suicide and death. This situation fosters the problem of poor behavioral and emotional adaptation of children, which can be exceeded by said children being raised by step mothers.

39-year-old male, Adult key informant-Ten Cell leader, interview 8, Research centre at Gangilonga Ward, 27.05.2019

Incest to acquire wealth was also reported, where sexual acts involving both the wife and daughter were engaged in, driven by the misguided belief that wealth would be brought about by such acts. However, instead of prosperity being achieved, it was reported that these actions contributed to maternal and antenatal deaths.

Another example is having sex with both the wife and daughter in the belief that such acts will yield wealth but instead contributes to maternal and antenatal deaths.

50-year-old female, adult key informant-Gender and Youth Advisor (NGO), interview 4, Research centre at Gangilonga Ward, 13.05.2019

#### 4.2 *Socio-economic Status*

Adult key-informants report that stress caused by the inability to earn a sustainable livelihood may influence the occurrence of parental confrontations.

“One of the risk factors is limited or no income in the family; this is evident in most families” (32-year-old male, adult key informant-GBV-VAC Police Officer, interview 6, Research Centre at Gangilonga Ward, 14.05.2019). Limited parenting education, parenting skills, and incest were associated with low socio-economic factors. The municipal suburbs where predominantly middle- and low-income households are located were identified as areas with high violence rates thus being of greater risk to children. “Most violence cases we receive are from middle and low-income families since majority of people in those areas have limited or no parenting education or skills. At times they would expose children in violence without even knowing that their behavior is harmful to children witnessing it” (39-year-old male, adult key informant-Ten Cell leader, interview 8, Research Centre at Gangilonga Ward, 27.05.2019).

#### 4.3 *Parental Behavior*

Inter-parental violence exacerbated by alcoholism was the children’s primary concern. In particular, the use of non-industrial local brews and illicit spirits by parents was seen to distort parenting. They also expressed being exposed to physical abuse and emotional threats they endured in the midst of parental care when parents are drunk.

They would drink “*ulanzi*” – a local spirit made from bamboo, “*nzuga*” – a local spirit made from millet, “*komoni*” – a local brew made from corn.

10-year-old girl, child interview 2, Sabasaba Ward, 20.03.2019

Other times, while she (the mother) is drunk, she would tell people “Even if you decide to take that child (the participant) or kill her I won’t mind, I have nothing to do with her”. The people she speaks to are some men who come to me at night and choke me, at times they would pull me by the nose. I have never seen their faces; they usually wear masks covering their faces. Sometimes some of them would be at the house while others would wait outside. They only do these things when I am at my mother’s house.

Child no. 5, 9-year-old girl, Njiapanda Ward, 06.05.2019

#### 4.4 *Children’s Exposure to and Involvement in Different Forms of Inter-parental Violence*

Children reported witnessing their fathers as perpetrators of inter-parental violence who would engage in beating or kicking their mothers. They also reported that parents would use weapons like boiling cooking oil, clubs, spears, machetes, swords, pestles, and cooking rods to harm one another. It is common for parents to use anything which is easily accessible in the house to cause harm.

Sometimes my mother would throw boiling cooking oil from a cooking pan at my father

Child no. 5, 9-year-old girl, Njiapanda Ward, 06.05.2019

It depends on what is nearby. They (parents) would sometimes use spears, machetes, swords or pestles, anything to harm that is nearby can be used during the fight.

11-year-old boy, child interview 4, Nduli Ward, 25.03.2019

They also witnessed their exposure to emotional abuse through fathers yelling at, scolding, and insulting their mothers. One child expressed his worry:

I'm afraid of my stepfather; he threatens my mother with a sword. There was an incident my mother told me about where my stepfather brought James (an assumed name for the participant's half-young brother) bubble gum as a present, and my mother told him (the stepfather) that James liked the black ones. My stepfather got very upset, started insulting my mother, and then turned to threats when my mother attempted to leave the house. My stepfather told her not to leave and threatened her with a sword [...]. My concern is, if my stepfather hurts my mother with a sword one day, he will end up in jail and my mother in hospital.

11-year-old boy, child interview 4, Nduli Ward, 25.03.2019

Children also expressed that frequent exposure and involvement with violence has the risk of changes in their lifestyles due to parental divorce and remarriages. Divorce is considered a deviation from the norm of persevering with marital hardships. Children reported moving from one household to another after experiencing threats to their security, maltreatment from step-parents, and physical and emotional harm from different forms of violence in the various households. Step-parents were considered to be mean and unloving in the eyes of many.

Many stepmothers mistreat and show hatred towards their stepchildren because they themselves are mistreated and not loved by their husbands.

33-year-old female, parent-entrepreneur, adult key-Informant interview 2, Njiapanda Ward, 06.05.2019

#### 4.5 *Children's Reaction to Inter-parental Violence*

Girls were said to be more at risk because they are less able to defend themselves and lack confidence "... A female child would be affected the most

because she is powerless and unable to defend herself" (11-year-old boy, child interview 8, Nduli Ward, 28.03.2019). By contrast, boys were considered to be more resilient, albeit at risk of physical harm from physically intervening to try and stop their fathers from hurting their mothers. Some were directly attacked by the aggressive parent or injured by a weapon.

At times when they are fighting, my mother would call us to go and help her and when we do, my father either kicks us out or thoroughly beats us.

11-year-old boy, child interview 10, Mgongo Ward, 01.04.2019

Additionally, younger children are perceived to be more at risk of harm because they spend more time with their parents at home. Children's internalization of daily stressful events caused by inter-parental violence incidences, unsafe decisions like stealing especially when neglected were also reported.

I think children younger than 12 years are more at risk. As a parent, these children spend more time at home since they do not go to school. Therefore, in the course of arguments, fights, they witness what is happening.

33-year-old female, parent-entrepreneur, adult key-Informant interview 2, Njiapanda Ward, 06.05.2019

## 5 Protective Factors

### 5.1 *Access to Knowledge about Local Authorities Responding to Home Violence*

Children know the local authorities offering support in case of inter-parental violence. The Social Welfare Department, the Police, ten cell leaders, and street chairpersons play the reconciliation role.

When the violent episodes escalated, I ran to call the neighbors and later on the street chairperson. The chairperson informed my parents that what they were doing was not good because they may end up doing far more dangerous acts next time, which may cause more harm, especially as my mother was pregnant.

10-year-old female, child interview 6, Mlandege Ward, 25.03.2019

The presence of laws protecting children and other victims of inter-parental violence, the existence of caring neighbors, authorities like the Police working

on the gender and children's desk platforms, efforts by the media to expose IPV, community committee members, and religious leaders, were persons identified by adult key-informants, who intervene to provide support when IPV occurs. However, they were said to be less effective in protecting child victims of violence, especially when bribes were offered to free a perpetrator, such as a parent in question as implied in the following quote:

Some laws are self-contradictory. For example, the Child Law states that a child can be married at 15 years, while the Education Law states that a child should not be married under 18 years. This shows that even justice is controversial. Laws need to be reviewed to be in favor of children and address the negative impacts of exposure to IPV. Parents should also need to be made aware of existing laws that protect child rights so that their children can be fairly treated.

50-year-old female, adult key informant-Gender and Youth Advisor (NGO), interview 4, Research centre at Gangilonga Ward, 13.05.2019

I work with the Gender desk at the Police, and I have noticed that when it comes to bringing a perpetrator to justice, those who have the financial power are the ones who dictate what happens.

67-year-old male, Adult key informant-Counseling Psychologist, interview 1, Research centre at Gangilonga Ward, 02.05.2019

## 5.2 *Supportive Social Network*

Majority of families in the study area are extended i.e., comprised of parents, children, grandparents, uncles, aunts, cousins and other relatives. Extended families traditionally bore a vital bond that united its members together, functioning as a source of protection and support. To a certain extent, this is reflected in children's reports of turning to relatives for support when violence occurred since they knew them and believed they would help. Children reported having someone to run to for help during inter-parental violence particularly from relatives (mother, grandmother, elder sister) and neighbors.

They also reported feeling relieved after such people advise, console, encourage or support them materially.

My grandmother usually consoles me; she has very encouraging and soothing words that make me feel better. She usually stops me from crying telling me not think about what happened. My grandfather, grandmother or some other relative usually helps to stop them (parents) from fighting.

10-year-old girl, child interview 2, Gangilonga Ward, 20.03.2019



I usually go and play or go to tell Mama Love – the neighbor or report to the ten-cell leader.

10-year-old female, child interview 7, Sabasaba Ward, 28.03.2019

### 5.3 *Intimacy, Spirituality and Loving Relationships*

Intimacy with God, love between parents and love for children and the entire family were reported. The fear of God was said to eliminate factors perpetuating violence and child harm, hence shaping and preserving marriages.

When there is love in the family, there is no violence. The fear of God, mutual respect and appreciation eliminate violence.

39-year-old male, Adult key informant-Ten Cell leader, interview 8, Research centre at Ganglonga Ward, 27.05.2019

Parental intimacy demonstrated by acts of love and affection during social interactions and physical intimacy was said to create mutual respect and understanding as opposed to violence.

Sex brings harmony. Ups and downs exist but are resolved through sex. However, the woman must consent to it. If she says the disagreement is not resolved not even sex will end the conflict. Faith also helps, for example, God forbids termination of marriage, but for the woman to persevere and accept the course of things, she must have a say on this, especially when she thinks about her children.

50-year-old female, Adult key informant-Gender and Youth Advisor (NGO), interview 4, Research centre at Ganglonga Ward, 13.05.2019

## 6 Discussion

The study explored risk and protective factors for child harm in the course of exposure to inter-parental violence by distinguishing between the perspectives of children and adult key-informants. While children concentrated on the behaviour of their parents and its impact, adult key-informants took a broader stance. With regard to protective factors children were concerned with those who could support them, while other adult key-informants also mentioned the quality of adult relationships. Three themes are central for the discussion.

### 6.1 *Distinctiveness of the Reported Risk and Protective Factors*

In Iringa, the term “ulanzi” which is the type of locally made alcohol carries specific cultural and social meanings, exemplifying the role of language and

symbolic interaction in shaping perceptions. Most women in Iringa generate income through the production of local alcohol while men are usually consumers. This has been associated with violence and sexually transmitted diseases (McCoy et al., 2013) and impaired parenting. Cultural practices and socioeconomic structures are influential in constructing risk factors associated with inter-parental violence and child harm. A possible explanation in this context is poverty (Gewirtz & Edleson, 2007), as expressed in unsustainable household income and limited financial and human resources to support the victims of violence. The concept of socialization is also evident, as people in Iringa are socialized into roles and beliefs surrounding alcohol. It is considered a social activity that binds people together. Socialization also includes superstitions and myths that connect wealth accumulation to incest (Kisanga et al., 2010), ultimately impacting children physically and psychologically, also putting them at risk of sexually transmitted infections, including HIV, which are prevalent in the region. The social construction of reality enhances our understanding of how local beliefs and practices can accelerate inter-parental violent acts and thus causing harm to children exposed to it. Previous research has also demonstrated that abuse of alcohol and illicit drugs can facilitate inter-parental violent episodes, adversely affecting spouses and children (Stith et al., 2004; McCoy et al., 2013; Devries et al., 2014). It further informs interventions that need to consider these social constructs when addressing the effects of locally made alcohol on parenting and violence within the community.

## 6.2 *Distinctiveness in the Experiences and Expressions of Vulnerability*

The social construction of reality perspective explains how societal perspectives shape childhood vulnerability, as discussed by Luthar (1991), referring to the process that makes children more susceptible to stress and harm. In this context, the perspective is evident in the distinction between emic and etic perspectives of vulnerability (Spiers, 2000). The emic perspective, grounded in children's own experiences and emotions, emphasizes the immediate risks they face, particularly in cases of witnessing inter-parental violence and their living with violent parents (DeBoard-Lucas & Grych, 2011; Ornduff & Monahan, 1999). This aligns with the perspective's emphasis on individuals actively constructing their reality based on their subjective experiences. Conversely, the etic perspective, as seen in adult key-informants, is influenced by their work experience, external judgments of endangerment and children's increased susceptibility to harm (Spiers, 2000). This reflects the perspective's recognition of societal norms and external influences in shaping one's reality. By applying

the social construction of reality perspective in this context, we gain a deeper understanding of how children and adults construct their perceptions of vulnerability, which is essential for designing more empathetic interventions that incorporate children's own perspectives, feelings, experiences, and needs and make them more actively engaged in such interventions.

The social construction of reality perspective also provides valuable insights understanding on the concept of "multiple and recurring exposure to violence", which is understood as a result of the socially constructed nature of children's perceptions and experiences of inter-parental violence. Previous studies suggest that more harm is experienced by children who are both witnesses of home violence and involved in the violence themselves – the double exposure effect (Margolin & Gordis, 2004; Gewirtz & Edleson, 2007). In this context, individuals, particularly children, encounter violence in their households, and their understanding of this exposure is shaped by subjective experiences and interactions with parents in the course of inter-parental violence. Emphasis is also placed on the significance of protective factors such as knowledge, supportive networks, and intimacy, recognizing them as socially constructed elements that children draw upon to cope with and navigate violence. Children reported seeking protection mainly from people closest to them like neighbors and close relatives like grandparents. Adult key-informants also recognized such people but identified the law and the media as sources of education and support services. They also expressed challenges in accessing justice e.g., letting financially powerful perpetrators to go free, revealing how social institutions and their constructed norms can either protect or hinder victims (Unicef et al., 2011).

All participants focused more on external protective factors than internal ones. Internal protective factors which include internal locus of self-control, self-esteem, hope, self-regulation, positive self-perception, cognitive ability, coping skills, and positive interpersonal relationships (Benavides, 2014) are limited in this study. These factors can be additional protective factors that can empower children to cope with the encountered risks and their effects. This prioritization of external factors can be seen as a manifestation of the socially constructed nature of children and adult-key informants' perceptions and beliefs regarding protection. In this context, societal norms, cultural values, and collective perceptions guide children and adult-key informants to pay more attention to tangible and visible aspects of protection. Additionally, language and symbolic interactions contribute to the prioritization of external protective factors over internal factors which are not commonly known and discussed about in the society.

### 6.3 *Distinctiveness on the Depth and Articulation of the Risk and Protective Factors*

Cognitive abilities distinguish children from adult key-informants' perspectives on risk and protective factors. Notably, children, despite their youth, were able to articulate well, show the logic and reverse thinking during interviews. They were able to shape ideas or develop new ones by including, excluding or developing concrete schemas around the questions asked to emphasize immediate and real harm (Natapoff, 1982). Children were also able to understand the conversations as their expressions were clear, relevant and recounted in great depth. However, their thinking was still limited to the manifestation of their experiences in the present moment (Papalia et al., 2007). They focused on the actual, real, immediate experiences of harm rather than the abstract or institutional factors. What separates the adults' cognitive ability from that of the children is post formal thinking, a mature type of thinking which enables a person to accommodate various personal experiences and rationality with what they have read, witnessed, heard or learned either currently or in the past (Papalia et al., 2007). This is why adult key-informants were able to report abstract risk factors like culture, socioeconomic status and the law which were beyond children's awareness. A Cognitive Contextual Framework may also be used to highlight the way children understand the violence they perceive (Grych & Fincham, 1990). The theory suggests that when violence happens, children try to understand what is happening, why it is happening and what they could do about it. Their responses and decisions may cause them potential harm. It is therefore important to accommodate children's cognitive abilities in child protection strategies in order to make appropriate decisions on the content and approaches.

## 7 Limitations of the Study

Our study should be interpreted in the context of some limitations. The results of this qualitative study originate from a small sample of school aged children and adult key-informants in a developing municipality. While data saturation was achieved, the results may not be representative or generalised to child populations with a different socio-cultural context such as in cities where experiences and support systems may be different. However, findings may contribute to the identification of factors worth considering while developing interventions aimed at reducing child harm emanating from exposure to inter-parental violence.

## 8 Conclusion

This study explored children and adult key-informants' perspectives on risk and protective factors for child harm in the course of exposure to inter-parental violence. The study emphasizes that individuals' perceptions of risk and protective factors for child harm in the context of inter-parental violence are shaped by their social and cultural contexts. Both children and adult key-informants exhibited shared and distinct perspectives, with an emphasis on external protective factors influenced by their cultural surroundings. Children's immediate focus on the violence's causes and impacts and their need for immediate support reflects their limited developmental scope, while adults, benefiting from advanced cognitive abilities and relative detachment, constructed a more abstract understanding. The study highlights the importance of addressing cultural norms and beliefs, fostering community awareness, and tailoring interventions to understand the role of social constructs in shaping individuals' perceptions and responses to complex issues like child harm in the context of inter-parental violence. Findings suggest an exploration of cultural norms related to incest, aiming to identify the determinants behind these norms and educate the community about their impact on child development while proposing effective wealth creation methods. Additionally, it emphasizes the need to systematically develop and implement participatory alcohol abuse prevention and reduction programs, involving public and private organizations, including local alcohol producers, while simultaneously addressing alternative income generation activities, essential skills, inter-parental violence dynamics, and child harm risk factors. Integrating insights from theory, research, and evidence-based practice can inform intervention designs aimed at reducing risk and enhancing protective factors, with active engagement of children and stakeholders throughout to ensure sustainability. Moreover, additional quantitative research can help identify the most prevalent and interrelated factors and processes from the present study.

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### Authorship Contributions

Conceptualization (Chitegetse A. Minanago, Rik Crutzen, Hubert Borne and Sylvia F. Kaaya), Methodology, Writing-review & editing. (Chitegetse A. Minanago, Rik Crutzen, Hubert Borne and Sylvia F. Kaaya): Data curation, Formal analysis, Investigation, Project administration, Writing-original document. (Chitegetse A. Minanago, Rik Crutzen, Hubert Borne and Sylvia F. Kaaya): Supervision (Rik Crutzen, Hubert Borne and Sylvia F. Kaaya): Funding acquisition (Hubert Borne). All authors read, discussed the interpretation of results, helped draft the manuscript and approved the final manuscript.

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### Ethical Standards

Ethical Approval: All procedures were conducted in compliance with the institutional and national review boards. Institutional ethical approval was granted by Muhimbili University of Health and Allied Sciences in March 2018 followed by the approval from the National Institute for Medical Research (NIMR) under Reference Number NIMR/HQ/R./Vol.IX/2834 in July 2018. A research permit was issued by the Iringa Municipal Council's Office with Reference Number IMC/T.40/39/414 in October 2018. Consent to publish results was also formally issued by NIMR.

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