Research Review

NSPCC Learning

Research Review: Early Childhood and the 'Intergenerational Cycle of Domestic Violence'

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November 2019

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Forward: The context for this literature review

The NSPCC strategy seeks to prevent abuse and neglect in families where domestic abuse is a feature of the parenting environment. The NSPCC's Domestic Abuse, Recovering Together (DART™) service addresses the significant impact that living with domestic abuse can have on a child's development, health and well-being, and on the relationship between the child and an abused parent. Following successful evaluation, the service is currently being scaled up for delivery by other organisations. NSPCC has also tested its Steps to Safety programme for feasibility, a programme designed as an early intervention model to prevent domestic abuse reoccurring, and to improve relationships and parenting skills where couples intended to remain together. The report of the evaluation will be available in November 2019. The learning gained from developing these and other services has led the NSPCC to identify a gap for services which seek to work with young parents, explicitly including fathers on the early formation of gender identities in children and parent/infant interactions, which may affect the later development of violence in intimate relationships.

This rapid evidence review has therefore been commissioned to increase our understanding of these complex themes and inform NSPCC's future service development by exploring the evidence around the early origins of violent behaviours and any evidence of effectiveness of targeted interventions aimed at young families.

Contents

Glossary of terms

Term	Definition
Adolescent	A young person between the ages of 13 to 18 years.
Attachment	Attachment is a long lasting psychological connection with a meaningful person that causes pleasure while interacting and soothes or provides security in times of stress. The quality of attachment has a critical effect on child development and has been linked to various aspects of positive functioning, such as psychological well-being.
Child	Any person under the age of 18 years.
Child abuse	A form of maltreatment of a child, including physical violence, emotional abuse, sexual abuse and exploitation, neglect and exposure to domestic violence. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.
Coercive control	An act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.
Cohort study	A form of longitudinal study that collects and analyses data from a particular group or cohort (such as children born in the year 2000) at specific time intervals (such as every five years).
Control or comparison group	Commonly used in evaluation or experimental research, a control or comparison group allows the researcher to test the impact of a treatment programme or an intervention by comparing results in a population who received the programme (the intervention or treatment group) with results from a population who did not receive the programme. A 'matched' control group is where the control group population is selected to have similar characteristics to the intervention/treatment group (such as similar year group in school, equal numbers of boys and girls etc).
Cross sectional survey	Collection and analysis of data on one or more attributes, attitudes, behaviours or other variables often using a questionnaire, to compare characteristics of a population at one point in time.
Domestic violence and abuse	Any incident of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of their gender or sexuality. Domestic violence and abuse covers a range of types of abuse, including, but not limited to, psychological, physical, sexual, financial or emotional abuse and a range of controlling and coercive behaviours, used by one person to maintain control over another.
Early childhood	From infancy to age five years.

Term	Definition
Emotional abuse	The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
Evaluation research study	A type of research that focuses on the utility or the usefulness of the research findings for practice or for services. It involves gathering and assessing information with the purpose of providing useful feedback to enhance practices and decision making. It aims to explain how different methods of working in practice may achieve different outcomes.
Externalising symptoms	A range of symptoms that manifest as conduct problems or problem behaviours directed at others such as disruptive and anti-social behaviour, attention deficit disorder.
Internalising symptoms	A range of symptoms directed at the self, such as depression, anxiety, withdrawal, loneliness, anorexia, bulimia.
Longitudinal study	Collection and analysis of data from a population sample over a period of time, often at selected intervals (data collection 'waves').
Neglect	The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: a. provide adequate food, clothing and shelter (including exclusion from home or abandonment) b. protect a child from physical and emotional harm or danger c. ensure adequate supervision (including the use of inadequate care-givers) d. ensure access to appropriate medical care or treatment It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
Observational research	A research study where the researcher observes and records information on behaviour in a population in a systematic manner without attempting to influence or interfere and without any comparison or control group.
Panel study	A particular type of longitudinal study that collects the **same type of data using the same measures** from a population at selected intervals over a period of time.
Parent/ caregiver	Biological parent, adoptive parent or foster carer; or other adult person who is a primary caregiver for the child.

Term	Definition
Participant	An individual who takes part in a research study. Participants can be randomly selected, but often consist of individuals who collectively represent a subset of the population in relation to the area of study.
Physical violence	A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
Post-traumatic stress disorder	An anxiety disorder caused by experiencing very frightening, traumatic or stressful events. A person with PTSD often relives the frightening events through flashbacks and nightmares and has a range of other symptoms such as feelings of isolation, irritability, guilt, insomnia, problems concentrating.
Qualitative research study	Exploratory research, used to gain in depth insight into underlying reasons around beliefs, opinions, attitudes and motivations. It can provide a richer understanding of a particular problem, or it can help to develop ideas or theories. Qualitative data collection methods vary but unlike quantitative research, methods are not numerical and can include unstructured or semi-structured techniques. Some of the most commonly used data collection methods are one-to-one interviews, group discussions (focus groups), case studies and participant observations.
Quantitative research study	An approach that uses measurable data to identify similarities, differences or patterns with the aim of being able to describe features of a population or to generalise results from a sub group to the larger population (draw inferences). Quantitative research is numerical and employs robust statistical methods of analysis. Quantitative data collection methods include distribution and analysis of surveys (paper, online, mobile), case records, observations and longitudinal studies.
Retrospective research	Research design where data on the factors related to the outcome of interest (e.g. partner violence) is collected after the outcome has occurred. This approach attempts to understand the present by looking at data from the past.
Sample	A collective group of people who take part in a research study. Sample size varies depending on the nature of the study and research methods used.
Sexual abuse	Forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
Variable	Any characteristic in the population of a research study that can have multiple values or be subject to change. Examples of variables are age, gender, ethnicity, religion etc.

Key findings

Living with domestic violence and abuse has harmful consequences for children and young people. There is a commonly held belief that violent behaviour develops in childhood and that if children witness domestic violence and abuse between their parents they are likely to reproduce this behaviour in an 'intergenerational cycle of violence' as adults. To prevent domestic abuse, it would be helpful to know how violence in childhood might influence behaviour in adult relationships and whether or not there are any programmes or strategies that are known to be effective. This evidence review was commissioned by the NSPCC to investigate the research literature on these matters.

Key findings are:

- There is little agreement in the research literature over the numbers of children exposed to domestic violence and abuse who are likely to repeat the intergenerational cycle of violence in adulthood.
- Around four out of ten children and young people show no enduring adverse health or behavioural impact.
- There is not a direct causal relationship between childhood exposure and reproducing this behaviour in adult life although the majority of the studies reviewed suggest children who live with domestic violence are at greater risk of being victims or perpetrators as adults.
- Four studies were found that tracked children's development from birth into adulthood. These show that severity, duration/chronicity, timing of the exposure to domestic violence and co-occurrence with other types of abuse, influence the pathways from childhood exposure to adult experiences.
- Infants and very young children are aware of parental domestic violence and abuse. Those exposed at these early ages to even milder forms of domestic violence and abuse have higher rates of emotional and behavioural problems in later childhood. Findings are mixed as to whether or not these problems persist or dissipate in adolescence.
- Many other factors, inside and outside the family, may influence vulnerabilities for girls and boys. In adolescence factors outside the family, particularly peer relationships and quality of friendships, have some influence on whether or not a person is violent towards an intimate partner.
- Concentrating only on parenting and on early years alone is therefore likely to be insufficient for the prevention of domestic violence in later life.
- Little conclusive evidence was found to show that women who were exposed to domestic violence as children are more likely to abuse or maltreat their own children.
- Only one of the longitudinal studies found looked at the quality of fathers' relationships with young children and the impact this may have on later child behaviour problems. Father involvement had a positive impact on children's social and emotional development except in families where there was conflict between the mother and father.

- Very little research evidence was found on effective early years strategies to prevent the cycle of domestic violence. Twenty-one studies were reviewed, with findings best described as 'promising'.
- Intervening early to promote gender equality and non-violence is widely regarded as a helpful approach to primary prevention but little seems to be known about gender and violence in this early period of life.
- Whole family approaches that directly address domestic violence and abuse are increasingly popular although a lot more needs to be known about father engagement, how the violence is actually addressed and what interventions are promising for families where the perpetrator is still involved because the victim is not in a position to separate, or the children have continued post separation contact.

Executive summary

There is a commonly held belief that violent behaviour develops in childhood and that if children witness domestic violence and abuse between their parents they are likely to reproduce this behaviour in an 'intergenerational cycle of violence' as adults. This evidence review was commissioned by the NSPCC to inform their early years services' responses to families who have experienced domestic violence and abuse. Two questions were to be addressed in the study:

- What do we know about the development of violent and controlling behaviours, or any characteristics of abused partners that have their roots in early child parent relationships and the development of gender identities? (Research question 1)
- Is there any evidence of effective interventions with parents and young children which explicitly aim to address the development of violent and controlling behaviour and do these include any explicit work on gender roles? (Research question 2)

We used rapid evidence assessment methods (Galvani et al, 2011; Gough, 2007; Kangura et al, 2012; Sherman et al, 1998). Five different search engines were searched, using pre-defined search terms, between the dates 2006 and 2018. References from research papers were followed up and included as relevant. This identified a number of research studies published prior to 2006 which have been included in the review. 1038 studies were identified and screened for relevance and eligibility for inclusion (510 for research question 1 and 271 for research question 2). One hundred and sixty-seven full text articles were rated on quality and relevance. Fifty studies are included[1].

What do we know about the development of violent and controlling behaviours, or any characteristics of abused partners that have their roots in early child parent relationships and the development of gender identities?

Twenty-nine research studies addressed this question, mostly by investigating how risk factors in childhood were associated with adult experiences of domestic violence and abuse. Findings are mixed in support of a clear pathway from early childhood exposure towards the 'intergenerational transmission' of domestic violence and abuse. The majority of the studies (twenty-four) found an association between childhood exposure to domestic violence and abuse and increased risk of victimisation or perpetration of intimate partner violence in adulthood, but the strength of this link is likely to be much weaker than the commonly expressed view that 'violence begets violence' suggests. Many children and young people who grow up in violent homes do not reproduce their parent's abusive behaviour in their own relationships. The research lends support to theoretical insights from gendered, socio-ecological perspectives that, rather than assuming a direct causal relationship between childhood exposure and reproducing this behaviour in adult life, highlight the complexity of the interactions between different factors at the individual, family and wider community/structural levels that may influence vulnerabilities for girls and boys. Any interventions that draw on the messages from this research should be guided by these theoretical insights into

1 The full report, Appendix A provides a full description of the methodology.

the complexity of the relationship between early childhood exposure to domestic violence and subsequent victimisation or perpetration as an adult.

There are a number of limitations in the design of the research studies investigating the intergenerational transmission of domestic violence and abuse. These include the measures used to assess domestic violence, which either assess just physical acts of violence or clinician assessed observations of a couple's verbal interactions during laboratory tasks. These are limited measures that do not capture well the coercive control aspects of domestic violence and abuse. Similarly, the extent and nature of child 'exposure' has been limited to self reports from older children or adults of 'seeing or hearing' parental domestic violence, with a bias towards acts of physical violence. Fourteen of the 29 studies reviewed for research question one were cross sectional surveys, with data collected at just one point in time from adults asked retrospectively about childhood exposure, subject to possible changes in what is remembered with the passage of time. Many of the studies fail to explore the independent impact on later experiences of partner violence of childhood exposure to parental domestic violence and whether or not this co-existed with exposure to other forms of direct child maltreatment. Findings are mixed on whether childhood exposure to domestic violence predicts different outcomes for girls and boys, such that girls are more likely to be victims and boys more likely to be perpetrators. Many of the studies reviewed found that other factors inside and outside the family context, such as peer influences, depression, quality of other relationships, may contribute to the risk of perpetration and victimisation. Concentrating purely on parenting in early years is therefore likely to be insufficient for the prevention of domestic violence in later life.

The 12 longitudinal studies included in the review mostly focused on older children's and adolescents' experiences although four studies tracked participants from late in the mother's pregnancy or at the point of birth into later childhood or early adult life. These studies have the advantage of being able to assess child wellbeing at different time points through childhood. The cohort studies have mostly measured the impact of childhood exposure on later partner violence by looking at other factors that might also influence or aggravate developmental risks. These studies indicate that the severity, duration/chronicity and timing of exposure to parental domestic violence may influence the pathways from childhood experiences to adult partner violence. 'Dual exposure', living with parental domestic violence as well as other forms of child maltreatment, increases the odds that a young person will experience intimate partner violence, although findings on whether or not girls will perpetrate abuse on partners as adults are mixed. There seems to be little conclusive evidence to show that women who are exposed to domestic violence as children will abuse or maltreat their own children. The studies of early childhood impact do not distinguish gender impacts adequately. One of the longitudinal studies that collected data from infancy indicates that early childhood exposure, to even less severe forms of domestic violence and abuse, directly predicted partner violence as an adult. A second of these longitudinal studies found that early exposure to domestic violence increased the rate of children showing behaviour problems in later childhood, and these are closely associated with the development of partner abuse in adulthood. A third longitudinal study with older children assessed from age twelve years, found that externalising behaviour in adolescence mediated the relationship between earlier exposure to domestic violence and subsequent partner violence. The findings suggest that infants and very young children are alert to parental domestic violence and abuse and the consequences may be seen in emotional and behavioural problems in later childhood. There are mixed conclusions on whether or not the externalising problems dissipate in later

adolescence or whether for some they persist into early adult life. Given the known increased risks for women of experiencing domestic violence in pregnancy and after childbirth (Martin et al, 2003; Saltzman et al, 2004), preventive interventions at this early stage of life could be well placed.

One of the longitudinal studies also investigated the impact of domestic violence and parenting difficulties on the later development of partner violence in boys. This study found that 'unskilled parenting,' including harsh or coercive discipline and poor parental monitoring, had a stronger association than exposure to parental domestic violence with the son's later partner violence perpetration, taking into account the mediating role of anti-social behaviour in adolescence. The mediational impact of anti-social behaviour in adolescence on the pathway between childhood exposure to domestic violence and subsequent partner abuse found in some of the longitudinal studies suggests that in adolescence factors outside the family, particularly peer relationships and quality of friendships, have some influence on whether or not a person is violent towards an intimate partner.

Only one of the studies reviewed considered fathers' relationships with very young children and the impact this has on later child behaviour problems. It was found that the anticipated effects of father involvement on their children's social and emotional development were present but only where there was no conflict in the relationship between the mother and father. Fathers who had conflictual relationships with mothers were less likely to be involved with their children. The researchers concluded that mothers may act as gatekeepers to father involvement to protect their children from exposure to domestic violence. It is important that parenting interventions in the context of domestic violence support rather than undermine mothers' efforts to keep their children safe.

Is there any evidence of effective interventions with parents and young children which explicitly aim to address the development of violent and controlling behaviour and do these include any explicit work on gender roles?

Twenty-one studies were found that addressed this second question. This was to be considered with reference to work with parents, especially fathers, of children within the early years age group. Many of the studies found were based upon exploratory or qualitative research and although these papers offer helpful insights into promising approaches, further research would be needed before it could be said with any degree of confidence that these interventions are effective. Interventions to prevent the intergenerational transmission of domestic violence have tended to focus on older children and adolescents, and less often on parents of children within the 'early years' range, the group of interest for this review.

While there has been an expansion of research on working with domestic violence perpetrators, in the UK very few programmes have addressed parenting by perpetrators (Alderson et al, 2015) and work in this field has been reactive, generally taking action after a conviction or after behavioural or mental health problems in the child have been identified. The perpetrator programme research is limited by the widespread use of measures of change that are based largely on offender self-reporting acts of physical violence and the lack of comparison between men attending programmes and men receiving other forms of treatment or intervention response. Relationships with children have been identified as important to violent fathers who attend domestic violence perpetrator programmes however, in the majority, any impact on fathering results from interventions that target partner violence

as the focus is not explicitly aimed at addressing the risks to children. There are also risks in how the issue of motivation to change among violent fathers is approached. Research suggests that despite the expressed commitment to be a 'better dad', the research evidence is equivocal, with one study highlighting that fathers are not necessarily more likely than non-fathers to show compliance with treatment and to practice skills learned to manage their own behaviour (Poole and Murphy, 2017). Qualitative research studies raise important questions about the nature of the motivation and the need to carefully distinguish between genuine efforts to change and to stop the violence for the benefit of children and attempts to use contact with children as a route to regaining power and control in a relationship after partners have separated (Broady et al, 2017). Within perpetrator programmes the priority has been safety first, dealing with the violence to ensure that the victim and children are safe before approaching fathering and co-parenting. Some promising findings have emerged from programmes that combine safety and fathering, as in the *Caring Dads* programmes (McConnell et al, 2018) however the small control group and high attrition rates for this study limit conclusions that can be drawn. Very few domestic violence perpetrators are recruited into these programmes as the most common route to entry is via the courts, usually following a prosecution. It can be concluded that there are still considerable gaps in the research to inform practice and service development.

There are however some promising findings from the current and emerging research. Interventions that target mothers and children already in contact with services, especially domestic violence services, to assist mothers in supporting the recovery of children, by providing parent coaching, advocacy and mentoring, Parent programmes that have identified vulnerable parents pre-birth via health care and ante natal clinics, providing group work relationship skills education, as in *Building Strong Families*, or promoting co-parenting, as in *Family Foundations*, show some promising findings on parental depression and positive parenting (Kan & Feinberg, 2015; Roopnarine et al, 2017). However, attendance at group sessions tends to be poor and there are indications that prevention messages need to be reinforced over time if positive parenting is to be sustained. Methods other than solely group education need to be explored to engage with and sustain prevention efforts with vulnerable families over time. Whole family approaches that directly address domestic violence and abuse are increasingly popular although a lot more needs to be known about father engagement, how the violence is actually addressed and what interventions are promising for families where the perpetrator is still involved because the victim is not in a position to separate or the children have continued post separation contact.

Section 1: The development of domestic violence in childhood and what is known about effective early years prevention and responses

Introduction

One in every six children in the UK is likely to experience living with domestic violence at some time in childhood (Radford et al, 2013) and the resulting harmful consequences for their health and wellbeing are well known (Stanley, 2011). One in every ten women and one in every 17 men asked about childhood experiences of abuse in the Crime Survey for England and Wales said they had lived with domestic abuse and violence as children (ONS 2017a). There is considerable debate about the extent to which growing up with domestic violence can have adverse consequences that last into adulthood, particularly over whether or not research supports the "cycle of violence" view whereby children are seen as more prone to be victims or perpetrators themselves when adults. Providing earlier help and support to children and their families to respond to emerging problems before they get worse is widely regarded as good safeguarding practice but little is known about what forms of support are effective (Guy, Feinstein & Griffiths, 2014). The NSPCC is currently considering developing a service which focusses on work with parents – with an explicit inclusion of fathers – and young children aged under five. The aim is to improve parent-child interactions with a particular focus on the development of gender identities in children, which we know may be a risk for future involvement in domestic abuse (ONS, 2019) This research review was commissioned by the Development and Impact team at the NSPCC to inform the design of this new service.

This chapter begins by introducing basic concepts and definitions used throughout the report, including what we mean by child 'exposure' to domestic violence and abuse, what we know and do not know about the impact, whether this is gendered and persists into adult life. Next, we explain the purpose of the review, the research questions we are asked to consider and the methodology for identifying, selecting and analysing relevant studies. Subsequent chapters in the report present the review findings. In section 2, we present findings from systematic reviews and primary research studies on the impact of domestic violence and abuse in early childhood on subsequent victimisation or perpetration in adult relationships.

In section 3 we present findings from systematic reviews and primary research studies on interventions and programmes designed to support children and families living with domestic violence and abuse to reduce the likelihood of violence in later adult relationships. Section 4 of this reports draws out the key messages from this study for prevention practice and further research.

Definitions and terminology

Definition of 'domestic violence and abuse'

The terms 'domestic violence' and 'domestic abuse' are frequently used interchangeably. It could be argued that using the term 'domestic violence' better conveys the severity of the perpetrator's behaviour and its impact upon the victim and other members of the family, including the children. However, research on young people's experiences of abuse in their own intimate partner relationships and the evaluation of the Home Office's *This Is Abuse Campaign* (Home Office, 2015) showed that although many young people experienced severe and frequent abuse it was not always recognised as being 'domestic violence' and often accepted as part of a 'normal' relationship. The term 'domestic abuse', used more frequently since the 1990s in UK policy and research literature, arguably conveys better the wider range of physical, sexual, emotional abuse and controlling behaviour often experienced in an abusive partner relationship. In March 2013 the Home Office set out a new cross-governmental definition of domestic violence and abuse (Home Office, 2013). Although this is not a legally binding definition, this is the definition currently used widely in services and is the one adopted for the purposes of this report.

Key features of the cross-government definition include: recognition of the different types of harmful behaviour involved so that this is seen as being broader than physical violence; recognition that although domestic violence and abuse can sometimes be a 'one off' event, most commonly it is a pattern of abusive, controlling and coercive behaviour that persists over time and has a harmful and frightening impact on the victim and children in the family. It is also important to note that the Home Office definition includes violence and abuse between family members who are not in an intimate relationship, such as child to parent violence. This review is only referring to domestic violence and abuse between current or former intimate partners. 'Parents' can mean any adult

The cross-government definition of domestic violence and abuse is:

any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour
Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour
Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. (Home Office, 2013, p.2)

carers of the child. 'Fathers' can include a father figure or mother's male partner who may not be the biological father of the child.

Domestic violence and abuse is a gendered crime as, although men may also be victims and abuse can occur in single sex relationships, worldwide and in the UK it is disproportionately women who are victims and men who are the perpetrators (ONS, 2017a) and the impact on women is more significant (Hester, 2017).

Definition of a 'child'

In this report, the term 'children and young people' is used to refer to a 'child' as defined by Article 1 of the United Nations Convention on the Rights of the Child as being *any human being below the age of eighteen years*. The cross-government definition of domestic violence and abuse however recognises that young people may experience this in their own relationships when under the age of eighteen years. Those aged sixteen to eighteen who experience partner abuse are recognised as victims of domestic violence and abuse (rather than victims of child maltreatment). Many of the international studies of domestic violence and abuse have also included participants from the age of 16 years who have experienced partner abuse (FRA, 2014; Garcia-Moreno et al, 2006).

What we mean by child 'exposure' to domestic violence and abuse

While many research studies have assessed child exposure to domestic violence and abuse as the child's seeing or overhearing physical violence from one parent to another (Holt, 2008), it should be acknowledged that the experiences for children go beyond acts of physical violence that they may see or hear. There were few research studies on children and domestic violence before the late 1980s and subsequent studies have mostly drawn samples from clinical or refuge/shelter services. As the research literature grew, there was a broadening of understanding about how children are affected by living with domestic violence and abuse. This shift in knowledge was reflected in the changing terminology and language used to refer to this issue. Early research, in the UK particularly, referred to children as 'secondary victims' (Jaffe, Wolfe & Campbell, 2012) and then 'hidden victims', and aimed to increase awareness of the problem from a child's viewpoint (Abrahams, 1994). Studies of children 'witnessing' domestic violence and later studies on children's 'exposure' to domestic violence (Graham-Bermann & Edleson, 2001; Jaffe, Wolfe & Wilson, 1990) more broadly assessed the impact of living with domestic violence in addition to being present and seeing or overhearing what happens. Holden (2003) set out a useful taxonomy to describe the diverse consequences for children caused by ten different types of exposure to domestic violence and abuse.

These include:

- exposure prenatally where there is violence to the mother in pregnancy;
- where there is direct violence to the mother and also violence to the child from either parent;
- seeing or hearing the violence;
- the child intervening to stop the violence;

- being manipulated or forced into participating;
- observing the initial effects of the violence;
- hearing about the violence indirectly;
- experiences that result from the aftermath;
- being seemingly unaware.

Other researchers have noted the harmful emotional and developmental impacts of child 'exposure' to domestic violence and abuse where there is coercive, controlling behaviour that involves the children, often continuing after the parents have separated (Radford and Hester, 2015; Stark, 2007). This work considers how children and young people may experience the direct and indirect consequences of living in a violent home, coping with a climate of fear, 'walking on eggshells' and living with the aftermath of the poverty, social isolation and transience that often results. Taking on responsibility to manage the abusive parent's behaviour to protect themselves or the mother from post separation violence, harassment or stalking behaviour may also cause considerable distress to children and young people (Fortin et al, 2012; Radford & Hester, 2006; Trinder, 2010 & 2014). Children and young people however are not passive victims and, at even very young ages, may take steps to act against the violence (Stanley, 2011). Katz's research with children and young people exposed to domestic violence and abuse towards their mothers found that both parent and child played an active role in supporting one another's safety and recovery (Katz, 2015). The experience and impact of living with domestic abuse and violence varies and although all children need to be safe, their needs for support and help will not necessarily be the same (Jaffe et al, 2012).

Harmful consequences

It is likely that all children who live with domestic violence and abuse are at risk of having poor outcomes and research shows that for some the consequences can be lifelong. The impact can include a range of physical, emotional and behavioural consequences – low birth weight, low self-esteem, depression, post-traumatic stress reactions, aggression, running away from home and risk-taking behaviour in adolescence (Bair-Merritt, 2006). Children are at increased risk of experiencing other forms of violence and abuse, of developing emotional and behavioural problems and have increased risk of experiencing other adversities in childhood (Holt, Buckley & Whelan, 2008; Schechter et al, 2011). Emotional and behavioural problems for children have been found to be significantly associated with internalising and externalising symptoms among women who have experienced domestic violence (McFarlane et al, 2014).

Different children and young people, even those living in the same family, may be affected in different ways and, as with all forms of child maltreatment, the impact varies for children at different developmental stages. Infants and very young children are especially vulnerable because of their dependence upon adults for all aspects of their care and healthy development. A child's health and development may be affected by abuse towards the mother during pregnancy which can result in miscarriage, premature birth, low birth weight or birth defects (Boy & Saliha, 2004). Infants may be at risk of being hurt if the mother is assaulted while holding a child. Stress and stress related behaviour such as smoking and alcohol use during pregnancy can affect the foetus (Coker, Sanderson & Dong, 2004). The foetus may also be harmed by a woman's inability to attend health checks in pregnancy if her partner

prevents her from doing this (Lipsky et al, 2003). The psychological state of the mother can also have an effect on an unborn child or an infant, so that the mother feels insecure or ambiguous about her attachment and feelings towards the child or lacks confidence in her capabilities as a parent (Jaffe, Wolfe & Campbell, 2012). Systematic reviews have found that some studies suggest that preschool aged children exposed to domestic violence are at greater risk, than are children without this experience, of having behaviour problems, social problems, symptoms of PTSD, difficulty developing empathy and self-esteem (Holt, Buckley & Whelan, 2008). Pre-school aged children may have temper tantrums, be aggressive, anxious, irritable, cry and have sleep disturbances or show physical symptoms of their emotional distress in bedwetting, nightmares, asthma, headaches or stomach aches (Jaffe, Wolfe & Campbell, 2012).

School aged children between the ages of 5 to 12 years will have increased cognitive and social skills and will begin to try to understand the family circumstances and the violence. They may have fears, anxieties and show internalising symptoms (such as post-traumatic stress disorder, depression, low self-esteem), adjust their behaviour or attempt to manage the conflict, try to intervene to protect a parent or sibling or to avoid it by hiding and being withdrawn. Research with child and young adult survivors of domestic violence and abuse from refuge/shelter services has found that it is fairly common for children to blame themselves for the violence happening. They may also show externalising symptoms such as aggression and behavioural problems such as getting into trouble at school (Jaffe, Wolfe & Campbell, 2012; McGee, 2000; Mullender et al, 2003).

Adolescents may suffer from the same problems as younger children in terms of internalising and externalising symptoms however the consequences may be greater. Common problems observed in adolescents living with domestic violence include self-harm and suicidal thoughts, use of drugs or alcohol to cope, withdrawal from friends or getting involved with gangs, running away from home, withdrawing or being excluded from school. Living with violence may also have an impact on their own romantic relationships (Jaffe, Wolfe & Campbell, 2012). There has been extensive research on the extent to which the impact varies according to gender, whereby boys exhibit more externalising symptoms including aggressive behaviour and girls more internalising symptoms. This literature will be considered later in this report.

Theories about the impact of childhood exposure to domestic violence and abuse on abuse in adult relationships

Within psychology, sociology, criminology and child development many theories have linked domestic violence and abuse to experiences in childhood. Theories about a 'cycle of violence' (Gelles, 1980) or the 'intergenerational transmission of violence' (Widom, 1989) propose that individuals who witness domestic violence as children or who experience physical violence from a parent are more likely to imitate and be tolerant of violence in their own close relationships as adults. Growing up in a violent home is said to increase the risk of being both a perpetrator and a victim of domestic violence as an adult. The literature has addressed two questions that are relevant to this review: Why children who grow up with violence are at greater risk of domestic violence as adults? Does the impact of childhood exposure differ for males and females resulting in gendered outcomes, with males more likely to be perpetrators and females more likely to be victims of domestic violence abuse? From a practice perspective, theoretical perspectives can provide helpful frameworks for addressing the problem of childhood exposure to domestic violence and abuse and its gendered manifestation in adult relationships. How we think about a particular problem inevitably influences how we respond. Different theoretical perspectives can also help us to use research to test theories, to inform practice responses by raising questions about the mechanisms that may or may not influence pathways from childhood exposure to violence in adult relationships. This can help inform prevention and disruption strategies. To provide context to the subsequent review of research papers, this section briefly, rather than exhaustively, describes some of the main theories that have developed in this multi-disciplinary field. Eight commonly used theoretical perspectives are described beginning with those that place most emphasis on the impact of childhood exposure to domestic violence and abuse at the individual level, next describing perspectives that emphasise vulnerabilities in families and relationship and finally perspectives that stress broader structural factors and social systems.

Social learning theory

From a series of experiments conducted in laboratories from the 1960s onwards the psychologist Albert Bandura proposed that violence and aggression is learned in childhood from witnessing and imitating adult behaviour (Bandura, 1977). In a very famous experiment, boys and girls (N=72) between the ages of three to five years brought into a playroom witnessed an adult's interaction with a Bobo doll[2]. One group of children took part as a control group and did not witness any adult interaction in the playroom. In the experimental groups, half the children witnessed an adult acting aggressively towards the doll, hitting it with a mallet, and the other half of the children witnessed neutral behaviour from the adult to the doll. The children were further subdivided into groups of children who saw adults of the same sex interacting with the Bobo doll and adults of the opposite sex interacting with the doll. Children were then observed in free play and those who had seen the adult act aggressively

2 An inflatable plastic doll

towards the doll were more likely to show this aggressive behaviour than children who had witnessed the adult's neutral interaction with the doll. It was found that boys showed more physical aggression than girls, and children who observed a male adult acting aggressively exhibited more aggression than children who observed a female adult acting aggressively (Bandura, Ross & Ross, 1961).

Learning by imitation is now seen as only a partial explanation in developmental psychology and this area of theory has subsequently developed to incorporate children's understandings of the violence they live with and their coping mechanisms. It is argued that children who witness domestic violence may learn to see this as an acceptable way of dealing with relationship problems, particularly if the behaviour is modelled by the parent with whom they identify. Thus, there could be gender differences between social learning from witnessing domestic violence for girls and for boys, with boys being more likely to be perpetrators and girls more likely to be victims of partner violence when adults. Both boys and girls are thought to internalise the beliefs and attitudes that support or justify violence towards a partner, seeing it as normal and acceptable in close relationships. This in turn increases the likelihood that the person will perpetrate or be victimised themselves. While some adult women may react to experiences of domestic violence with acts of resistance or leaving the violent partner, others may adopt strategies of 'learned helplessness' (Walker, 1993), feeling they have no control over the violence and that there is no escape. Girls who observe this behaviour in their mothers it is argued, are at greater risk of being victims of domestic violence as adults (Renner and Slack, 2006).

Social cognitive theory

Social cognitive theory explores the emotional and thought processes that are said to underpin domestic violence. Jouriles et al (2012) propose a cognitive emotional pathways model to explain the intergenerational transmission of domestic violence. This model takes into account the interactions between several cognitive processes (such as beliefs and knowledge structures) and several emotional processes (such as trauma responses, emotional regulation, rejection sensitivity) which can influence and act as mediators in the pathways from childhood exposure to domestic violence and partner violence in later life. Schema theory, for example, proposes that in response to experiences of violence, children at different developmental stages may adapt their behaviour and understandings. For example, growing up with domestic violence can influence a person's perceptions of threat and their responses to it, producing a heightened sense of threat and disproportionately aggressive response. Children are said to develop maladaptive schemas if they grow up with violence and abuse, so they have dysfunctional patterns of memories, emotions, cognitions and bodily sensations that profoundly influence their views of themselves and their behaviour. For domestic violence, two sets of maladaptive schemas are thought to be important – disconnection/rejection schemas and impaired limits schemas, which include insufficient self-control and grandiosity. These schemas are discussed further in this report with reference to the research by Calvete et al (2018). From a practice perspective, social cognitive and schema theories have informed both primary prevention approaches, that address beliefs and attitudes that are seen to underpin the gender inequalities that support domestic violence and abuse from males to females, and therapeutic work with children exposed to domestic violence and abuse (Jaffe, Wolfe and Campbell, 2012).

Attachment theory

John Bowlby's theory of attachment is based on the idea that an affective bond between an infant and carer is essential for survival and healthy development (Bowlby, 1988). This theory has been particularly influential in children's services and in social work practice. Attachment theory argues that infants have an instinctive need to form a close, loving relationship, or 'bond', with responsive people, most often the caregivers/parents. An attachment is based on the vulnerable and immature infant's need for safety, security and protection. Attachment serves the specific biological function of promoting protection, survival and ultimately, genetic replication. Attachment behaviour means an infant will seek physical contact with the parent in the face of threat or fear expecting the parent to respond by providing safety and removing any discomfort. The role of the attachment figure is to provide a secure base from which the child can explore, and a safe haven to retreat to when threatened. Separation from the attachment figure creates anxiety and most parents of infants will have observed this when their very young child cries when they walk out of the room. Attachment behaviour develops from early infancy but after age three years, it is less frequent and urgent as the maturing child feels threatened less frequently. Infants aged approximately 9 months are said to have developed patterns of attachment specific to their attachment figures (Prior and Glaser, 2006).

Ainsworth (1978) identified three main attachment styles from her observations of mothers and infants aged between 9 and 18 months of age – secure (where the child is upset when the parent leaves but soon comforted on return), anxious/ambivalent (where the child is greatly distressed when the parent leaves and does not appear to be comforted on return) and avoidant (where the child may avoid contact with the parent, does not seek comfort and shows little preference between the parent and stranger). A fourth pattern has since been identified, disorganised attachment (Main and Solomon, 1986) where the infant displays odd behaviour, frozen stillness or no clear behaviour pattern. The attachment process can be disrupted if:

- The child has no consistent caregiver, if for instance the child has been kept in an institution with minimum contact from a carer. The child can become detached and unable to give or receive affection.
- The child's key relationships are disrupted by prolonged periods of separation, as where a parent goes in and out of prison or a child has many foster care placements that break down. The child may feel unwanted and develop an anxious or avoidant attachment where she is uncertain of other people's love and avoids closeness for fear of further hurt or separation.
- The child's caregiver is hostile, unresponsiveness or unpredictable. The child may develop an ambivalent attachment – where there is a mixture of strong positive and negative feelings – or a disorganised attachment – that lacks a clear pattern.

Children with unloving carers develop poor attachments to their parents, develop expectations that care is not available, that others cannot be trusted and are thought more likely to have difficulty in forming supportive relationships and caring for their own children. Child psychiatry has found that child maltreatment is strongly associated with disorganised attachment. Children with this attachment pattern are more likely to show controlling behaviour as adults (Prior and Glaser, 2006), to have distorted perceptions of other

people's needs and to react with hostility to perceived threats (Howe, 2005). For example, the crying baby may be perceived as deliberately trying to annoy the parent and invoke an abusive or rejecting response. While children with poor early attachments can recover in later relationships if their needs for love and stability are met, children with recurrent and prolonged attachment difficulties can have problems in adolescence and adulthood. The older the child the more the pattern becomes resistant to change. A key message for practice would be to support vulnerable parents to strengthen attachments, particularly with infants in the early year period.

Developmental trauma responses

Children who live with traumatic experiences may show a range of psychosomatic symptoms such as stomach aches, problems sleeping, loss of appetite (Bentovim et al, 2009). They also often show emotionally based internalising and externalising symptoms such as anger, fear, guilt or helplessness (Gilbert et al, 2008). Developmental trauma perspectives take into account how children at different developmental stages will respond and try to cope with living with traumatic experiences such as exposure to parental domestic violence. Infants are particularly dependent upon caregivers to help them develop the ability to regulate their emotions and learn self-control. Developmental trauma theory proposes that children who do not have these needs met because a parent is hostile, unpredictable and violent will show multiple problems over time due to the effects of having difficulties with emotional regulation. It has been argued that exposure to violence as a child could lead to neurophysiological changes and impacts on the developing brain that increase a person's risk of becoming violent in adult life (Tsavoussis et al, 2014). Post-traumatic stress disorder (PTSD) in children is one consequence of child maltreatment or exposure to parental domestic violence (Jaffe, Wolfe and Wilson, 1990). PTSD is thought to have a long lasting effect on neurotransmitter functions including causing higher levels of adrenaline, noradrenaline and glucocorticoids and lower levels of serotonin. These neurotransmitter changes are claimed to underlie the behavioural symptoms of PTSD. In children PTSD symptoms such as high arousal and difficulty in concentrating could interfere with learning and development. Over time, it is argued, PTSD could lead to difficulties in brain development and neurophysiological traumatic stress responses and increased risk of aggression and depression. Drugs and alcohol, perhaps used in adolescence as a coping strategy, can have an aggravating impact by lowering serotonin levels in the brain thereby 'loosening the brakes' on aggression. From this perspective, interventions for children affected prior to age seven that remove exposure to the domestic violence and abuse have the best outcomes and those targeting teenagers are less effective (Tsavoussis et al, 2014).

Developmental psychopathology and anti-social behaviour

Rutter's work (Rutter, 1998) on the development of anti-social behaviour in children has been influential on policy and thinking about young people and crime. Rutter argued that psychobiological reactivity and genetic factors play a key role in determining individual differences between children's coping abilities and may explain why children in the same family situation will react differently to violence and developmental risks (Rutter, 1996). From this perspective children inherit a genetic propensity to violence from parents that can be activated/aggravated by the effects of childhood abuse on the developing brain (Poldrack et al. 2018). There is a large field of research on brain development, trauma and genetics and

it is not possible in this short report to do more than acknowledge this area. Monozygotic (identical) twin studies indicate that genetic factors, although they may contribute to certain inherited risks, are unlikely to be sole drivers of violent behaviour in adulthood and lifestyle, environmental and social factors together may exert greater influences (Pinto et al, 2010; Radford, 2004).

Stress, resources and frustrations

Research on domestic violence and abuse from the 1970s was initially founded upon adult experiences and memories of childhood abuse and developed along two different routes – family violence research, based upon mostly quantitative, survey based research done in the USA (e.g. Straus, Gelles & Steinmetz, 1988) and feminist research based mainly on qualitative research on adult women's experiences of lifetime abuse, including experiences in childhood (e.g. Armstrong, 1977; Hanmer & Saunders, 1983).

In the USA, the family violence perspective perceived the family as being an institution founded upon conflict, conflict between men and women and between parents and children. Family violence researchers based their thinking on findings from national surveys of adults living in the USA, the National Family Violence Surveys conducted in 1975 and 1985 (Straus, Gelles and Steinmetz, 1988; Straus and Gelles, 1990). These found high prevalence rates of physical violence in the home – violence between husbands and wives, siblings, parents to children and from children to elders – all of which were seen to be linked. While family violence researchers acknowledge that the causes of child maltreatment and family violence are many, violence is an option available to resolve disputes where a society creates the conditions – such as family privacy – where this is acceptable. Two potent factors increase the likelihood it will occur – social learning and stress in the context of reduced resources for coping with stress. These are likely to vary across different cultures and societies. Children learn that violence is appropriate from parents, who in many societies across the world have the state sanctioned ability to use physical violence to 'discipline' them. However, whether or not a person will use violence depends on the level of stress and resources they have, which are affected by individual and structural factors. While stress does not cause family violence, and there are other responses to stress apart from abuse, violence is more likely in the stressful context of socially isolated low income families. Straus and Gelles (1990) maintained that, although women seldom use violence towards others outside the family, they are as likely as are men to use it against adults and children within the home. Women were said to use more violence in the family towards children and partners because they are most likely to be exposed to the frustrations of child care in societies where they are expected to carry the bulk of responsibility for looking after children. The promotion of the notion of gender equality in the perpetration of domestic violence and abuse has led to considerable controversy about the scale of men's versus women's violence towards intimate partners. Critics argue that there are fundamental biases in the conceptualisation and measurement of 'violence' in this empirically driven approach and that conclusions drawn from the USA National Family Violence Surveys in the 1970s and early 1980s failed to take into account the context, harm and nature of domestic violence and abuse, neglecting sexual abuse, controlling behaviour, power inequalities and consequences (Dobash & Dobash, 1992). While it is acknowledged that both men and women can be victims of domestic violence and abuse in heterosexual and non-heterosexual relationships, the gender equality view has not led to the development of, nor the widespread demand for, equal investment of services.

Feminism and gender

Feminist research and activism has been highly influential worldwide in raising awareness about the problem of domestic violence and abuse, led to major changes in legislation and policy, in service provision including the creation of refuges/shelters and other specialist services for adults and children affected (Dobash & Dobash, 2001). Feminist and pro-feminist research in the UK also contributed significantly to the early development of services for domestic violence perpetrators and to awareness of the impact domestic violence and abuse on children and subsequent service responses (MacMillan, 2007; Mullender and Morley, 1994). In contrast to family violence researchers, feminist and pro-feminist researchers have argued that interpersonal violence in the family affects males and females very differently and there is gender asymmetry in experiences of abuse (Dobash & Dobash, 1978). Gender affects children's experiences of all forms of violence and abuse in different ways, with older boys being the majority of victims of physical violence but girls experiencing most sexual abuse. Gender is also relevant to the study of child abuse in the family in that perpetrators of sexual abuse and domestic violence are predominantly male, while both adult males and females can neglect and use physical violence against children in the family context.

Feminist perspectives take into account, but place less emphasis on, frustrations and stresses as causing family violence, highlighting instead gendered power relationships that shape experiences of abuse and the political positioning of 'victimhood'. From the 1970s onwards, radical feminism explored the gendered nature of violence as rooted in patriarchy, where men have feelings of entitlement and assert power and control over women in the family and in everyday relationships. Experiences of violence and abuse are understood to be linked to everyday, 'normal' masculine behaviour which oppresses and controls women, sanctions transgressive (less 'masculine') men and is supported by weak legislation or poorly enforced policies for gender equality (Stanko, 1990). Contemporary feminists and pro-feminist theorists argue that both masculinities and femininities are socially constructed through everyday interactions and practices (Lombard, 2018). Some men endorse stereotypical beliefs about gender 'roles' and masculinity and are more likely to use violence against women. Other men may resort to violence if they feel their masculinity and gender role is challenged by a female partner (Dobash and Dobash, 1978). Beliefs and institutional practices support men's efforts to assert power and control over women and children. The persistence of domestic violence is supported by routine denial of men's responsibility for violence against women and children in the criminal justice system and caring professions and the tendency to blame women for their own victimisation (Edwards, 1989) and for failing to protect children (Droisen & Driver, 1983; Radford and Hester, 2006). Children exposed to domestic violence at home may develop the same perceptions about the 'traditional' roles of men and women in the family (Gadd et al, 2015).

This is a highly oversimplified summary of some of the common themes from a very diverse field of research. One key message for practice from feminist perspectives on violence is recognition of the interpersonal, institutional, cultural, structural and political inequalities that contribute to gender based violence, including domestic violence and abuse. Research with children in shelters/refuges suggests that the adverse consequences for children of living with domestic violence and abuse decline if they are safe and free from fear of further violence (Jaffe, Wolfe & Campbell, 2012). Having a good, emotionally supportive relationship with an adult caregiver, most often the mother, contributes significantly to

their ability to overcome the consequences of living with domestic violence (Mullender et al, 2002). Providing support for the mother, rather than undermining her, is generally seen to be effective child protection practice (Laing & Humphreys, 2013; Stanley, 2011).

Socio-ecological model

The ecological perspective on children and domestic violence draws on the work of Bronfenbrenner (1977, 1986). This perspective also rejects the notion that one factor alone, such as a child learning to imitate a parent's behaviour, can explain the reality of a gendered pattern of domestic violence and abuse in young people's and adults' relationships. While the impact on some children may be significant, a systematic review of the research on childhood exposure to domestic violence found that substantial numbers of maltreated children show no apparent adverse consequences in adulthood (Kitzmann et al, 2003). Integrated theoretical perspectives such as the ecological perspective adapted in Gewirtz and Edleson (2007) and Levendosky and Graham-Bermann (2001) propose that the root causes of violence are complex and multifaceted. Adversity and other maltreatment experiences, in combination with child exposure to domestic violence, are relevant alongside protective factors such as warm supportive parenting which may act as a buffer against harm. Many of the theories previously outlined can be incorporated into the ecological model as it emphasises how developmental outcomes are directly influenced by interactions between vulnerabilities and protective factors at the four levels of the individual, family and relationships, community and broader societal context.

At the **individual level** are the individual characteristics of the child, including inherited genetic and biological factors, the child's age, disability or health, and the individual characteristics of the child's parents, which can influence vulnerabilities and susceptibility to maltreatment and harm.

The **relationship level** refers to the child's or young person's interactions with others in the context of close relationships (family, friends, peers and intimate partners), which can influence vulnerability to maltreatment and victimisation, as well as the likelihood of perpetrating abuse against others. For childhood exposure to domestic violence at this level the positive and negative aspects of family relationships are considered as relevant to understanding any intergenerational transmission of violence. Relationships outside the immediate family, with peers and other adults, are also seen to exert some influence.

The **community level** incorporates the settings and institutions in which the child's relationships and interactions take place (the neighbourhood, schools, residential units, workplaces and criminal justice agencies), which can contribute to either sustaining or preventing domestic violence. For example, if there are high levels of domestic violence in a community there may also be general attitudes of acceptance of violence as inevitable.

Finally, at the **societal level,** there are the laws, cultural and belief systems, social inequalities and political issues, such as gender inequality, social exclusion and poverty, which can provide environments that allow domestic violence to thrive. Supporters of the socio-ecological approach vary in the emphasis and attention afforded to gender issues. Generally, it could be observed that for some there is a gender neutrality in the approach with non-

gendered references made to 'children' and 'parents' and limited examination of the gendered aspects of domestic violence and abuse (Cicchetti & Lynch, 1993) while for others gender differences and inequalities are seen to be very important (Heise, 2011; Gerwitiz and Edleson, 2007).

From a socio-ecological perspective, interventions at all four ecological levels of the individual, family, community and broader society are needed to prevent child exposure to domestic violence and abuse and respond to the harmful consequences. Supporting children, parents and families is an important part of this.

Socio-ecological perspectives are widely applied in research and practice regards child maltreatment. In the UK, for example, this perspective has influenced common assessment frameworks in children's services (Bentovim et al, 2009). Globally it can be seen as underpinning thinking about child protection within organisations that promote a public health perspective to violence prevention (e.g. WHO, 2006). This approach also allows scope to investigate not only the risks and vulnerabilities in children's lives that may influence their behaviour and future relationships but also the strengths and protective factors that mitigate early disadvantages.

Summary

This brief analysis of some of the different theories about the impact of childhood exposure to domestic violence and abuse on subsequent abuse in adult intimate partner relationships has shown the diverse range of perspectives that have developed in this interdisciplinary field since the 1970s. There is scope to bring together and consolidate key messages from this research to inform practice and service development. The next section describes the aims of the evidence review, the questions we were asked to address and the methodology for identifying and analysing relevant research studies. Readers less interested in the technical aspects of the research process may wish to skip the Methodology section and proceed to the next chapter of the report which presents research findings.

Aims of the literature review

The evidence review aimed to address the following two questions, proposed by the NSPCC:

- What do we know about the development of violent and controlling behaviours, or any characteristics of abused partners that have their roots in early child-parent relationships and the development of gender identities? (Research question 1)
- Is there any evidence of effective interventions with parents and young children which explicitly aim to address the development of violent and controlling behaviour and do these include any explicit work on gender roles? (Research question 2)

Methodology

The review involved desk based research using recognised methods for rapid evidence assessment (Galvani et al, 2011; Gough, 2007; Kangura et al, 2012; Sherman et al, 1998). Rapid evidence assessments, like systematic reviews, aim to thoroughly and transparently identify and assess the evidence on a particular topic but within a more limited time frame and with restrictions on the breadth of literature included. The two questions to be addressed required two different searches of the literature, the first exploring what is known about the impact of childhood exposure to domestic violence and subsequent abuse in adult intimate partner relationships and the second exploring preventive interventions and therapeutic responses for children and families with these experiences or vulnerable to exposure.

Question 1 search strategy

The search to address question 1 began with an online database search to identify high quality, peer reviewed research literature on the impact of childhood exposure to domestic violence and abuse upon violence to an intimate partner in adulthood. The following online databases were searched: Embase, Medline, PsycInfo, Social Work Abstracts and Socindex. To focus the evidence review on the most recent research, the searches were time limited to the years 2006 to 2018. Only English language publications in peer reviewed journals were included.

Search terms used (set out in Table 1 in Appendix A) included terms to refer to 'domestic violence', to 'children' and to theories and explanations. Terms used for 'children' included older children and adolescents because prior reading of systematic reviews indicated that some relevant research may consider the whole of childhood or children and young people of different ages. The search terms were pilot tested and adjusted to ensure accuracy. Searches online for question 1 identified 8,928 references for further screening (see PRISMA diagram, Appendix C). References from research papers were followed up and included as relevant. This identified a number of research studies published prior to 2006 which have been included in the review.

Question 2 search strategy

The search strategy to explore question 2 on effective responses included an online database search and a brief expert consultation. Given the short timetable for this review the search started with an analysis of already published systematic reviews identified through a search of the reviews of the existing research evidence in this area from in the Cochrane library, the Campbell Collaboration and the EPPI Centre.

Next, databases known to provide access to high quality, evidence-based research studies (e.g., RCTs, experimental designs) were searched. These included:

- Blueprints for Violence Prevention
- Child Trends Databank
- Harvard Family Research Project – Evaluation Exchange
- Office of Juvenile Justice and Delinquency Prevention
- Daphne programme reports

This was followed by an online database search to identify high quality, peer reviewed research literature on effective interventions with parents and young children which address the development of violent and controlling behaviour and/or the development of gender roles.

Using the search terms set out in Table 2 Appendix A, the following online databases were searched: Embase, Medline, PsycInfo, Social Work Abstracts and Socindex. The search was time limited to the years 2006 to 2018. Only English language publications in peer reviewed journals were included. The search terms were pilot tested and adjusted to ensure accuracy. Online searches for research question 2 produced 11,416 references for further screening (see PRISMA diagram, Appendix C). Research prior to these dates was included by following up references from articles read when these were found to be particularly relevant to the review. Backward and forward citation chaining of references in key articles was used to identify further relevant papers.

The bibliographic data gathered from searches 1 and 2 were initially organised into two Endnote libraries for screening, and later combined into one file. The number of studies identified, elimination of repeats and numbers screened out were recorded on an excel spreadsheet. A total of 20,709 references were in the initial database (8,928 for research question 1, 11,416 for research question 2 plus 365 studies identified from reference checking and from expert recommendations).

Screening and selection of studies

After removing duplicate references from the searches, 1,038 unique references remained (510 for research question 1 and 271 for research question 2). A two-step process was then used to screen research studies for inclusion in the review. This involved an initial screen of the title and abstract for research papers with topic relevance using the criteria set out in Table 3 in Appendix A. Studies from low or middle-income countries were included where relevant at this stage. The initial screening was quality checked by another member of the

research team blind screening 10% of the abstracts. The second step of the screening of papers, by relevant study design, used either the abstracts or the full text articles as required. Responsibilities to screen were shared among the research team according to area of expertise with quality checking a random sample. The inclusion and exclusion criteria are shown in Table 4, Appendix A.

Documents screened in were sorted into folders according to topic. Studies were then quality assessed using assessment sheets as described in the next section.

Quality of evidence

Papers were assessed by the team of researchers using the tools detailed in Table 5, Appendix A. A random selection of results were blind screened by all members of the research team and results discussed to ensure consistency. When a researcher was not sure whether to include a paper another member of the team also reviewed the paper and a joint decision was made. Data extraction forms (in Appendix B) were used to record the research question addressed, the methodology and any ethical considerations. One hundred and sixty seven full text articles were rated on quality and relevance.

Data synthesis and assessment

Findings from the included systematic reviews, quantitative studies and qualitative studies were synthesised and structured around the two research questions and the themes that emerged during the review. The final step in the assessment was a weight of evidence assessment[3] which assessed three areas:

A. The quality of the research

B. Whether the research was specific and appropriate to answer the review questions

C. How helpful /useful this knowledge was for addressing the review questions and whether or not it was founded on ethical research.

This review took a pragmatic approach, taking into consideration the robustness of the research, whether or not research helped to answer the two research questions.

Altogether 50 research studies were included in the review. Twenty-nine addressed question 1 on the intergenerational transmission of violence. Twenty-one addressed question 2 and considered preventive interventions with parents, especially fathers, in early childhood.

The next sections of this report present the findings from the evidence review. Section 3 reviews the research evidence reviewed with reference to Question 1. Section 4 reviews the research evidence reviewed with reference to Question 2. The individual research studies included in this review are summarised in the data tables at the end of Section 3 and Section 4. The complete list of bibliographical references are included at the end of the report, where the included reviewed research papers are identified from other references made with an asterisk*.

3 Gough, D. (2007) Weight of evidence: a framework for the appraisal of the quality and relevance of evidence in J. Furlong & A Oadcea (eds) Applied and Practice Based Research Special Edn *Research Papers in*

Section 2: What do we know about the impact of early childhood exposure to domestic violence and abuse on subsequent adult experiences of intimate partner abuse?

Introduction

The theory of a 'cycle of violence' (Gelles, 1980) or an 'intergenerational transmission of violence' (Widom, 1989), founded on the belief that violent behaviour develops in childhood and persists across different generations, has been extensively researched through quantitative cross-sectional and longitudinal studies which have sought to estimate the scale of the problem and identify risks. This section evaluates the empirical research studies that addressed the first research question concerning the 'intergenerational transmission' or 'cycle of domestic violence', and the gendered impact. Twenty-nine studies included in this review addressed research question one although few test theoretical assumptions or apply theory to the analyses. In this section we firstly discuss key findings from three systematic reviews of the research literature on this topic, all emphasising how differences in research design and measurement of domestic violence and abuse seriously restrict conclusions that can be drawn. Next, we review the 14 surveys that asked participants retrospectively about experiences in childhood and in adult or adolescent relationships. Thirdly, we discuss the 12 studies that had a longitudinal research design, measuring participants' experiences and impact at different time periods. The final section of the chapter presents our main conclusions.

Variations in research design

Systematic reviews

All three systematic reviews on the impact of childhood exposure to domestic violence on adult experiences of partner abuse included in this review (Haselschwerdt, Savasuk-Luxton & Hlavaty, 2017; Hong et al, 2012; Kimber et al, 2018) discuss the methodological variability in research studies that make it difficult to draw conclusions about the impact of childhood exposure to domestic violence and abuse on subsequent experiences in adult relationships. Haselschwerdt, Savasuk-Luxton & Hlavaty (2017) set out to estimate the likely prevalence rate for the risk of the intergenerational transmission of domestic violence for children who

grow up with abuse. They reviewed 16 research studies from the USA published between the years 2002 to 2016. Eleven of these were cross sectional surveys[4], with university student samples, that asked young adults retrospectively about childhood exposure to domestic violence and then assessed self-reported experiences of intimate partner violence. Five were longitudinal studies with cohorts of participants followed through from different ages in childhood into later life. The studies suggest that there is some association between childhood exposure to domestic violence and abuse and subsequent abuse in adult relationships however the effect sizes in the studies reviewed were relatively small. There were also variations in the measurement of child exposure to domestic violence, measurement of child abuse more broadly and of partner victimisation experienced while a teenager or adult. Many studies measured only physical violence, measured frequency in different ways, failed to compare the impact of violence by fathers and by mothers, failed to distinguish experiences of child abuse more broadly from child exposure to domestic violence. Haselschwerdt, Savasuk-Luxton & Hlavaty concluded that the methodological variability and the lack of methodological complexity (e.g. focusing only on physical violence) of the studies prevented any conclusions being drawn about pathways from childhood exposure to adult abuse experiences.

Hong et al (2012) and Kimber et al (2018) were both systematic reviews of childhood exposure to domestic violence and the risks for young adults of perpetrating violence. Drawing on the ecological model of violence, Hong et al reviewed 30 studies published between 1980 to 2010 investigating the risks and protective factors for abuse by adolescents, aged 10 to 19 years, towards parents. The quality of the studies reviewed was not assessed in this review although the authors note that many had small samples, did not ask about impact or harm consistently, did not differentiate the possible differences in impact for children growing up in families with two parents, or with a single parent or foster parents. Gender differences were considered in this review as eight of the research studies had focused on childhood exposure to domestic violence and the young person's abuse of a mother. Mothers were found to be the most frequent targets of adolescent abuse. However Hong et al found only one study from Spain that considered whether exposure to childhood domestic violence might be a differential risk for parent abuse for boys and for girls. This study, based on a small sample of 103 young people in the juvenile justice system, found all the boys exposed to childhood domestic violence had abused their mothers compared with 80% of the girls (Ibabe & Jaureguizar, 2012). Factors associated with risk of parent abuse were found to be age, older adolescents being at greater risk; being male; and peer influences.

Kimber et al's (2018) systematic review of child exposure to domestic violence and perpetration of partner victimisation in adulthood found 19 studies on this topic and included quality assessment procedures. Similar to the other two systematic reviews, Kimber et al found that the methodological quality of the research was low and the measures of violence varied making comparison of individual study findings difficult. Sixteen studies, all with a cross sectional design, found a positive association between childhood exposure to domestic violence and perpetrating partner abuse in adulthood. The findings on gender however were mixed. Fourteen of the studies measured child exposure to domestic violence in a gender specific manner looking at whether the research participants had been exposed to domestic violence from the father to the mother or from the mother to the father. Four studies that had male only samples, assessed father-to-mother violence in childhood and perpetrating

4 meaning surveys taken at one point in time

partner abuse as an adult (Abrahams & Jewkes, 2005; Choice et al, 1995; Fonseka et al, 2015; Roberts et al, 2010). All found positive associations between awareness of domestic violence in childhood and perpetrating gender specific partner abuse (males towards a female partner) in adulthood. Four of the studies that had samples that included men and women produced inconsistent conclusions about the gendered impact (Brown et al, 2015; Kalmus, 1984; Roberts et al, 2011). One of these was an older study by Kalmus (1984) which investigated the differential associations between mother-to-father versus father-to-mother domestic violence exposure in childhood and subsequent male-to-female versus female-to-male abuse in (heterosexual) intimate relationships as an adult. It was found that witnessing father-to-mother physical violence in childhood increased the likelihood of male-to-female and female-to-male abuse for men and for women as adults. There were too few cases of mother-to-father violence reported to be able to test the associations using regression analyses. This research was based on a small sample of 143 adults in the USA. A study based on a cross-sectional survey in the US of 658 adult participants (72% female) by Milletech et al (2010) found women who were aware of father-to-mother physical abuse in childhood had greater odds of abusing their partners as adults. The other two studies reviewed by Kimber et al (2018) are of interest as they were based on secondary analyses of the same large data set (the US National Epidemiologic Survey on Alcohol and Related Conditions Wave II, Grant & Kaplan 2005) but produced inconsistent findings. Drawing a sample of 34,653 records for male and female participants from Wave II of this survey, Roberts et al (2011) found child exposure to father-to-mother domestic violence (defined as 'witnessing') was significantly associated with perpetrating male abuse towards a female partner in adult life. Brown et al (2015) who based their research on a sample of 25,654 records for male and female participants from Wave II, in contrast found no associations for 'witnessing' father-to-mother domestic violence in childhood and subsequent experiences in adult relationships for men and for women. Kimber et al (2018) explain these discrepant findings result from different measures used in these two studies to assess self-reported intimate partner (physical) violence (IPV) in adult life. Both Brown et al and Roberts et al measured IPV using the Conflict Tactics Scale (Straus et al, 1979) but Roberts et al included the frequency of violence in their measure of severe IPV whereas Brown et al did not.

Two other studies reviewed by Kimber et al (2018) (Fergusson et al, 2006; Kwong et al, 2003) looked at the impact of childhood exposure to mother-to-father and father-to-mother violence on partner abuse for adult male and female heterosexual relationships. Both found no associations for gendered outcomes. Finally, in a secondary analysis of data from the US National Family Violence Survey, Heyman and Slep (2002) considered if awareness of father-to-mother domestic violence in childhood was associated with intimate partner victimisation for men and if awareness of mother-to-father domestic violence in childhood was associated with intimate partner victimisation for women. The researchers found that for both men and women, awareness of same sex caregiver physical violence towards another caregiver was associated with intimate partner violence as an adult (adjusted odds ratios for men = 1.08, SE 0.03; for women = 1.06, SE 0.02).

To sum up, the systematic reviews all conclude that, although many individual research studies (based predominantly on cross sectional surveys of adults asked retrospectively about childhood exposure to physical acts of domestic violence) indicate some associations between self-reported childhood exposure and self-reported experiences of partner victimisation as adults, the strength of these associations, at best, tends to be weak. A minority of studies, including one using the same dataset, found no significant associations

between childhood exposure and subsequent abuse in adult relationships. Research reviewed on the gender specific impacts of childhood exposure are similarly inconsistent. Authors of the reviews all highlight variations in the measures of childhood exposure and self-reported IPV in adulthood that are likely explanations for these contradictory findings.

Cross sectional surveys

Fourteen of the primary research studies included in this review of research for question 1 were cross sectional surveys. In contrast to earlier research in this field that predominantly came from the USA, the majority of the cross sectional surveys identified among the more recent research literature did not originate in high income nations. Ten of the surveys were conducted in low to middle income regions and only four were conducted in high income regions, all in the USA. This reflects efforts by global organisations such as the World Health Organisation (Butchart et al, 2006) and UNICEF (Know Violence in Childhood, 2017; UNICEF, 2014) to improve data collection and monitoring on the extent of child abuse and neglect particularly in low income regions of the world where such data has been often unavailable. Cultural and contextual differences are likely to have some impact on conclusions that can be drawn from the data for the UK context and the findings therefore need to be considered in the context of similar research previously completed in high income nations. Thirteen of the studies were based on retrospective adult self-reports of childhood exposure to domestic violence, nine including older adolescents within the adult samples, and just one study directly surveyed children aged 8 to 17 years (Pinna, 2016).

The majority of the cross sectional studies reviewed, 12 out of 14, concluded that there is a significant association between childhood exposure to domestic violence and subsequent victimisation or perpetration of partner abuse as an adult. However most of these studies have the limitations in methodology already discussed earlier in the analysis of the systematic reviews. The two studies with contrary findings were both based on relatively small sample sizes. Wareham et al (2009) based findings from research with a sample of 204 men attending court mandated violence prevention programmes in the USA. Van der Ende et al (2016) based findings from research with a sample of 450 young men aged 18 to 24 years in Malawi.

Exposure to domestic violence in childhood was identified as the most common risk factor for subsequent victimisation by an intimate partner in adulthood for both women and for men in most of the studies. Three of the cross sectional studies were based on large samples drawn from the Demographic Health Surveys, which collects accurate and representative information on populations, health, HIV, nutrition etc from 90 countries in the world (https://dhsprogram.com/). In a study of the DHS data for 3,545 women from Pakistan, Aslam et al (2015) found those exposed to domestic violence as children were six times more likely than women without this experience to be abused in their own relationships as adults. In Bangladesh, Islam et al (2014) found 26% of 3,910 women surveyed for the DHS had been exposed to domestic violence in childhood and 25% of women had experienced partner abuse as an adult. Women who had been exposed to domestic violence as children were 2.4 times more likely to report experiencing partner abuse as an adult. In Nigeria, Solanke (2018) found that 1 in 10 of the 19,925 women and girls surveyed for the DHS had been exposed to childhood domestic violence and those with this experience were four times more likely than women and girls without childhood domestic violence experiences to report subsequent violence from an intimate partner. In a survey of 730 married or partnered

women in Vietnam, Vung and Krantz (2009) similarly found risk of physical and sexual violence from a partner was significantly higher for women who had witnessed domestic violence as children.

Other factors together with childhood exposure to domestic violence, such as other forms of child abuse, might increase the risk of partner abuse in adult life. A cross sectional design study in the USA involving 303 arrested men by Eriksson and Mazerolle (2015) found that observing inter-parental domestic violence in childhood was associated with an almost threefold increase in the odds of perpetrating partner violence as an adult. While experiencing only physical violence in childhood had no impact on later partner violence, men who experienced both childhood physical violence and exposure to parental domestic violence were more than four times more likely to report perpetrating partner violence themselves. A study by Gass et al (2011) in South Africa with a sample of 1,715 married or cohabiting men and women found the most common risk factor for victimisation in adulthood by a partner for male and female victims was exposure to domestic violence in childhood. The risks for being violent towards a heterosexual partner in adult life were found to be childhood exposure to domestic violence combined with childhood physical abuse and adult onset alcohol abuse, indicating a cumulative impact over the life-course. The study by Van der Ende et al (2016) drew a sample of 18 to 24 year old males from the Violence Against Children and Young Women Survey in Malawi, also aiming to test the associations between different types of childhood exposure to violence and reports of intimate partner sexual or physical violence in adolescence and young adulthood. Childhood experiences included in multiple logistic regressions were: sexual abuse, physical violence, emotional abuse, witnessing domestic violence and witnessing violence in the community. The findings contradict those reported by Eriksson and Mazerolle (2015) as a positive association was found between experiencing physical violence in childhood and men's perpetration of physical violence towards an intimate partner (odds ratio 3.0). No statistically significant associations were found for exposure to other forms of violence in childhood, including exposure to domestic violence, and young men's perpetration of physical violence to an intimate partner.

To test social learning theory and the intergenerational transmission of violence, Wareham et al (2009) investigated childhood experiences of corporal punishment, maltreatment and witnessing domestic violence, peer relationships, media influence and the subsequent severity of violence towards a partner in adulthood. The study involved 204 men attending domestic violence programmes in the USA. It was found that childhood experiences of physical maltreatment were associated with increased risk of perpetrating minor (shaking, throwing/threatening to throw objects, slapping) and severe (beating up, hitting, biting, choking) partner abuse. However, witnessing domestic violence in childhood was not significantly associated with perpetrating minor acts of partner abuse as an adult. The researchers concluded that by themselves neither social learning theory nor the intergenerational transmission of violence adequately explained the factors associated with violence towards a partner in adult life.

Attitudes or 'social norms' that are supportive or accepting of domestic violence in adult relationships have also been found to be significantly associated with both victimisation and perpetration of partner abuse. Aslam's study of violence in Pakistan found 47% of those abused agreed that woman beating was justified if a woman argues with her husband .In Vietnam, Vung and Krantz (2009) found greater acceptance of partner violence among women who had been exposed to domestic violence as children. In a study of men and

domestic violence across eight countries, Fleming et al (2015) found witnessing parental violence was the strongest risk factor for men's perpetration. Permissive attitudes towards violence against women, and having inequitable gender attitudes were associated with a higher likelihood of men ever perpetrating physical violence to female partners. Islam et al's study of men exposed to domestic violence in childhood surveyed in the DHS in Bangladesh (Islam et al, 2017) found 59.6% of men reported perpetrating physical or sexual violence against their wife. Men who witnessed father-to-mother violence had higher odds of reporting any physical or sexual IPV (adjusted OR = 3.26). Men who had witnessed domestic violence in childhood were 1.34 times more likely endorse attitudes justifying spousal abuse. Similar findings regards the prevalence of supportive or accepting attitudes towards intimate partner abuse have been found in research in the UK, particularly with young people (Barter et al, 2009; Gadd et al, 2015). Eriksson and Mazerolle's research with arrested men in the USA (2015) found that holding attitudes that justified 'wife beating' had a significant direct effect on intimate partner violence, however these attitudes did not mediate the relationship between observing domestic violence as a child and subsequent partner violence.

Analysing data from a sub sample of a cross sectional survey in Brazil, Madruga et al (2017) aimed to discover if depressive symptoms and substance abuse mediated the associations between childhood exposure to domestic violence and adult experiences of partner victimisation. Six percent of the sample of 2,120 participants (male and female adults) reported being a victim of partner violence and 4.1% reported being perpetrators. Thirteen per cent had witnessed domestic violence in childhood. In contrast to Fleming et al's (2015) study, Madruga et al (2017) found that although rates of perpetrating abuse against a partner were higher among men who had been exposed to childhood domestic violence (7.3% reported perpetrating abuse) the increased rates were not statistically significant. Those exposed to domestic violence as children however had four times higher risk of being victims of partner abuse as adults. Depressive symptoms mediated the effects of childhood exposure to domestic violence and partner abuse whereas substance abuse did not have this effect unless combined with depressive symptoms.

In secondary analysis of data from a ten country study of violence against women and girls, Abramsky et al (2011) found that, despite wide variations in the prevalence rates for intimate partner victimisation in adult life, there were many factors that were associated with increased risk that were similar across different nations. Alcohol abuse, cohabitation, young age, attitudes supportive of wife beating, having outside sexual partners, experiencing childhood abuse, growing up with domestic violence, and experiencing or perpetrating other forms of violence in adulthood, all increased the risk of victimisation by a partner as an adult. The strength of the association was greatest when both the woman and her partner had the risk factor. Secondary education, high socio-economic status and formal marriage on the other hand offered some protection. Taken together, these findings seem to support a more complex pathway from childhood exposure to domestic violence and subsequent adult experiences than proposed by social learning theory.

Gender was a factor identified as relevant to the intergenerational transmission of domestic violence in 10 of the 14 cross sectional studies reviewed, linking exposure to childhood domestic violence with later victimisation for females and/or subsequent abuse of a partner for males. However eight of the ten studies drew conclusions about gender from samples that were single sex, four were men only samples (Eriksson and Mazerolle, 2015; Fleming et al, 2015; Van der Ende et al, 2016; Wareham et al, 2009) and four were women only samples

(Abramsky et al, 2011; Aslam et al, 2015; Solanke, 2018; Vung and Krantz, 2009). Six of the cross sectional studies included males and females. The research by Islam et al (2014) and Islam et al (2017) analysed experiences of males and females separately. Madruga et al (2017) had a mixed gender sample but did not analyse specifically whether or not the risk factors they identified alongside child exposure to domestic violence had different impacts for men and women.

Gass et al (2011) investigated gender and risk factors for intimate partner violence in a cross sectional survey in South Africa with a sample of 1,715 married or cohabiting men and women. Common risk factors for victimisation and perpetration of partner violence found for both men and women were discussed earlier in this section. Additional risk factors for male perpetration of partner violence (in addition to childhood experiences of physical violence, domestic violence and adult onset of alcohol abuse) were cohabitation, low income and early and adult onset mood disorder. For female perpetration of partner violence, additional risk factors were low educational attainment and early onset alcohol abuse. For male victimisation, additional risk factors (in addition to exposure to domestic violence as a child) were low income and a lack of closeness to a female caregiver. Additional risk factors for female victimisation were low educational attainment, childhood physical abuse and intermittent explosive disorder. The researchers conclude that the findings support the intergenerational transmission of violence and provide some new evidence about the gender impact.

Fritz, Smith Slep and O'Leary (2012) assessed the intergenerational transmission of violence among 453 cohabiting couples in the USA, identified via random digit dialling telephone sampling. The aim was to test the intergenerational transmission of violence, social learning theory and the gender specific outcomes of child exposure. Social learning theory suggests that girls might learn to imitate their mother's behaviour so that violence witnessed towards a mother from a father/male partner creates greater risk that they will be themselves victims of domestic violence in adult relationships. Boys on the other hand would be more likely to identify with and imitate behaviour of fathers/father figures and those exposed to domestic violence as children would be at greater risk of perpetrating violence towards their own partners as adults. Fritz, Smith Slep and O'Leary note that research to date has produced mixed findings and has been based on just one person's experiences in a relationship whereas it could be the case that, for couples, if both partners have a history of childhood exposure to domestic violence, the risks of partner violence would be even greater. To take into account the possible impact of the couple interaction, Fritz, Smith, Slep and O'Leary asked both partners in a couple about partner aggression and about aggression in their families during childhood between parents (from mother to father and father to mother) and towards them (from father to child and from mother to child). Those who reported exposure to inter-parental aggression and a partner's experiences of parent-to-child aggression were most likely to report partner abuse in adulthood. However, where both partners had lived in violent homes as children the couple were not at greatest risk of intimate partner victimisation as adults. The gender-specific transmission of violence across generations was only partially supported. Women who reported no to high levels of exposure to father-to-mother domestic violence also reported lower levels of perpetrating intimate partner violence than men, suggesting that men tended to imitate fathers' behaviour patterns more than women did. The same pattern was not found for victimisation as adults. Male partners who witnessed father-to-mother aggression reported higher rates of both perpetration and victimisation for intimate partner violence as adults. Female partners who had observed mother-to-father

violence as children reported lower levels of intimate partner victimisation and perpetration as adults. Men were more likely than women to report perpetrating intimate partner violence if they had witnessed the mother's aggression towards the father. The findings suggest that other factors – possibly outside immediate family experiences – may also influence the risk of partner abuse in adulthood.

Research by Pinna (2016), although based upon a small sample, is interesting as it is the only study identified in the review that investigated the intergenerational transmission of violence by directly involving children and adolescents who had lived with domestic violence and abuse. The focus of the research was also on exploring how the intergenerational transmission of violence might be disrupted. It drew upon the understanding that the accumulative impact for children of exposure to domestic violence and other adversities (such as maltreatment, parental mental health, other forms of victimisation like bullying at school etc) may contribute to the child's disruptive behaviour and subsequent acts of violence towards a partner in adolescence and adulthood, The research, based in the USA, involved 61 children and young people aged 8 to 17 years and their parents, recruited through domestic violence services and through an ongoing randomised controlled trial involving women who had been abused. The researchers wanted to find out if parental warmth and positive attributions to a child's behaviour acted as buffers against exposure to domestic violence and conduct disorders in children that may develop later into acts of partner violence. The researchers also aimed to investigate if parental warmth and positive attributions to a child's behaviour had differential impact on the conduct of boys and girls. It was found that parental warmth and positive attributions were related to fewer disruptive behaviour problems for boys and girls. Gender was not a significant factor but age was, as the buffering effects of warm parenting on conduct disorders were specific to adolescents rather than younger children. The findings are consistent with other literature suggesting a life-course developmental impact, with adolescence being a particularly sensitive time period for developing risk of intimate partner violence (Ehrensaft et al, 2003).

Returning to consider the research question for this part of the review, it can be said that there are a number of cross sectional design studies across the world that have empirically investigated the intergenerational transmission of domestic violence and whether this has a differential impact on males and females. Although many of these studies found statistically significant associations between childhood exposure to domestic violence and subsequent experiences of violence in a partner relationship in adulthood, there are also some conflicting findings. As found in systematic reviews, it is likely that these contradictions are mostly due to the wide variation in definitions and measures of 'childhood exposure to domestic violence' and of the type, severity and frequency of victimisation in partner relationships. A major limitation in these studies is the cross sectional design, relying on retrospective reports of exposure to violence in childhood. The studies reviewed here indicate that factors inside and outside the family interact to influence increased risk of partner violence in adult life. The independent impact of exposure to childhood domestic violence on adult experiences of intimate partner violence appears to be weak. Co-occurring adverse experiences in childhood, such as physical punishment and other forms of child abuse, and experiences and relationships in adolescence and young adult life have also been found to have an impact.

Many of the studies have included single gender samples and conclusions that have been drawn about the gendered impact of childhood exposure need further investigation. Very few of the cross-sectional studies involve children themselves and the one study identified in

the review that did so found adolescents, rather than younger children, to be at greater risk of future partner victimisation and more likely to benefit from parenting interventions. None of the cross-sectional studies however specifically considered whether adult experiences of intimate partner violence could be directly linked to exposure to domestic violence and abuse in infancy and the early years of childhood. This is most likely because the cross-sectional studies have relied on retrospective research with adults, who may have more limited memories of experiences in infancy and early childhood. The next section will review studies with different designs that included the earlier age group of interest.

Longitudinal studies: vulnerabilities in early childhood and beyond

Longitudinal studies, that collect research data at multiple points over a period of time, are particularly suitable for investigating trends, change, risks, causal factors and developmental issues. In this section we review the 12 cohort and longitudinal studies included in this review. The studies all originated in high income countries, nine were from the USA, one from the UK, one from Australia and one from Spain. The majority, ten, found some support for the view that childhood exposure to domestic violence and abuse, in combination with other factors, can increase the risk of subsequent abuse in adult partner relationships. One study in Spain confirmed findings discussed earlier that the intergenerational transmission of violence occurs but represents a small effect (Calvete et al, 2018). One study in the USA by Menard et al (2014) found no associations between witnessing domestic violence in childhood and partner violence in middle age, and only indirect links between exposure to violence in adolescence and subsequent risks for males and females by individuals choosing not to have a cohabiting or marriage relationship. Four studies are of particular interest to this review as they included data on participants tracked from birth or from pre-school years (Easterbrooks et al, 2014; Narayan, Englund and Egeland, 2013; Tracy, Solo & Appleton, 2017; Westrup et al, 2018). None of the four however addressed in any depth differences in impact for boys and girls. Three of the studies were based on solely female participant cohorts (Easterbrooks, Raskin and Mc Brian, 2014; Renner & Slack, 2006; Tracy et al, 2017). The female only cohort studies focused more on parenting and domestic violence. One study was based on a cohort of male participants (Capaldi and Clark, 1998) and focused on problem behaviour, deviancy and the intergenerational transmission of violence. Eight studies had cohorts that included males and females (Calvete et al, 2018; Ireland and Smith, 2009; Linder and Collins, 2005; Low et al, 2017; Menard et al, 2014; Narayan, Englund and Egeland, 2013; Park et al, 2012; Westrupp et al, 2018).

Calvete et al's research (2018), involved a cohort of 867 girls and boys aged 12-18 years recruited from schools in Spain. Calvete et al aimed to test whether the association between child exposure to 'family violence' and perpetrating partner abuse was mediated by the development of cognitive and emotional schemas that can develop as a result of exposure to abuse. They proposed that the social learning of violence witnessed in childhood was influenced by the attitudes and beliefs that develop as a result. Schema theory, mentioned earlier, argues that exposure to violence in the family prevents the child's satisfaction of basic needs and this contributes to the development of maladaptive cognitive and emotional schemas. Over a period of three years, Calvete et al asked young people about exposure to violence in the family, including witnessing domestic violence and experiencing physical violence, and subsequent violence to an intimate partner. Young people were assessed for attitudes supporting the use of partner violence and for the development of two sets of

schemas, *disconnection and rejection* (which includes feelings of being defective, the belief that others will hurt, abuse or humiliate you) and *impaired limits* (having insufficient self-control and grandiosity or a narcissistic view of self and self-entitlement). Calvete et al found that the intergenerational transmission of violence occurs but represents a small effect. They propose disconnection and rejection schemas act as a mechanism through which violence in the family in childhood can be transmitted to violence in intimate partner relationships. Practice implications, according to the researchers, would include schema therapy with adolescents who have been exposed to domestic violence in childhood to modify maladapted schemas related to negative self-concept, emotional privation and hostile attribution to others' intentions. A limitation of this study is that although exposure to domestic violence in childhood was included its independent impact on partner violence versus its impact when combined with other forms of childhood abuse was not considered. It is not known therefore whether the subsequent partner violence could be associated with the childhood exposure to domestic violence or to the child maltreatment experiences, as both were measured together as childhood abuse.

In a longitudinal study from the USA that followed 846 young people (72% male) from age 14 years into adulthood, Ireland and Smith (2009) aimed to test whether living with parental domestic violence as a young person was associated with anti-social behaviour and partner violence in adulthood. Data included interviews with parents and young people, self-report measures of domestic violence, official records of physical abuse, arrests, criminal activity and measures of anti-social behaviour, externalising behaviour and violence. Analysis involved logistic regressions controlling for a range of factors including exposure to child abuse. A significant relationship was found between exposure to parental violence and adolescent conduct problems. The relationship between exposure to parental violence, antisocial behaviour and relationship aggression was seen to dissipate in early adulthood. However, exposure to severe parental physical violence, defined as in the Conflict Tactics Scale[5], was significantly related to violent crime and intimate partner violence in early adulthood.

In a second study, also drawing on the same longitudinal study in the USA, Park, Smith and Ireland (2012) aimed to investigate, using logistic regression analyses, whether maltreatment and exposure to parental domestic violence in childhood had equivalent effects on young adult violence and criminality, including partner violence, and whether experiences of both child maltreatment and domestic violence, or 'dual exposure', increased the risk of criminality and violence to a partner in adulthood. 'Dual exposure' was found to increase the risk of antisocial outcomes in young adulthood over and above the impact of a single exposure. Adolescents who were both abused and exposed to severe domestic violence had significantly higher odds of self-reporting general crime (OR=8.62), violent crime (OR=8.78), being arrested (OR=3.85), and perpetration of severe violence to their own partners (OR=3.27).

Low et al (2017) assessed data collected on 205 young adults and their partners from a longitudinal school based violence prevention study, the LIFT study in the USA. The aim was to test if relationship factors such as a partner's anti-social behaviour influenced the impact of childhood exposure to domestic violence in adult life, taking into account internalising

5 The total physical violence subscale is comprised of nine items (1) threw something at partner, (2) pushed, grabbed or shoved partner, (3) slapped partner, (4) kicked, bit or hit partner, (5) hit partner with something, (6) beat up partner, (7) choked partner, (8) threatened to use a weapon against partner, and (9) actually used a weapon on partner. Items 4-9 are defined as 'severe' physical violence

and externalising psychopathology symptoms. Participants were assessed for exposure to parental domestic violence at age 12 years, for psychopathology symptoms at age 15 years and participants and their partners were assessed for psychopathology and partner violence at age 21 years. Moderated mediational analyses were undertaken to explore the pathways. The findings suggest a small, significant direct path from childhood exposure to domestic violence and young adult perpetration, mediated only through adolescent externalised behaviour. Gender moderation analyses showed differences in sensitivity to exposure across developmental periods; for males, the effects of exposure were intensified during the transition to adolescence, whereas for females, the effects were amplified during the transition to adulthood. In both cases, the mediational role of psychopathology symptoms was no longer significant once partner antisocial behaviour was included in the model of analysis. This study adds more weight to the view that factors outside the immediate family may exert influence on whether or not a person is violent towards an intimate partner.

A number of the longitudinal studies reviewed explored family factors that might help understand the mechanisms involved in an intergenerational transmission of violence. Renner and Slack (2006) drew interview data from three waves of an ongoing longitudinal study tracking from 1998 high risk mothers drawing social benefits, the Illinois Families Study. Using data collected from interviews with 1,005 mothers about current IPV experiences and retrospective interviews about exposure to child abuse, neglect and parental domestic violence in childhood, plus an analysis of child protection records between January 1980 to June 2002, the aim was to test the intergenerational transmission of violence as learned behaviour. Renner and Slack wanted to investigate whether mothers who were exposed to different types of child maltreatment as children would be more likely to maltreat their children and be more likely to be victims of intimate partner violence as adults. They included in the analysis childhood experiences of physical abuse, sexual abuse, neglect and exposure to parental domestic violence, aiming to test whether these types of childhood experiences, independently and together, were associated with increased risk of partner victimisation in adulthood. All forms of childhood family violence, with the exception of neglect, were found to be positively associated with intimate partner violence in adulthood. Being physically or sexually abused, or witnessing parental domestic violence as a child, all increased the risk of intimate partner victimisation in adulthood 2-3 times. Only weak support was found for the hypothesis that women maltreated as children would be more likely to be perpetrators and maltreat their own children. Stronger support was found for the intergenerational transmission of victimisation for girls and the theory of learned helplessness whereby girls who are maltreated or who witness domestic violence in childhood are more likely to be victims of intimate partner violence as adults.

Capaldi and Clark (1998) used data collected over a period of ten years from the Oregon Youth Survey to test social learning theory and the intergenerational transmission of violence among a sample of 206 boys assessed as being at high risk of crime or anti-social behaviour. They wanted to investigate associations between parental anti-social behaviour (assessed at child age 9-10 years), child exposure to milder forms of domestic violence ('parental dyadic aggression' defined as yelling /shouting at a partner as in the CTS) and unskilled parenting (assessed at age 9-14 years), child anti-social behaviour (assessed at ages 15-16 years) and subsequent 'milder' forms of violence towards a partner (assessed at ages 17-20 years). The data was collected from multiple informants (parents, teachers, boys, and their partners when adult) and included assessments, interviews, clinical observations and crime records. Structural equation modelling was used for the analysis of the pathways between parental

anti-social behaviour and the boys' partner violence as adults with unskilled parenting, exposure to childhood domestic violence and adolescent anti-social behaviour tested as mediators. Parental anti-social behaviour was found to be significantly associated with the family process variables (coercive discipline and poor monitoring of the child). Unskilled parenting in late childhood and early adolescence played a key role in the son's later aggression towards an intimate partner, mediated by his development of antisocial behaviour by adolescence. Poor parenting had a stronger association than parental aggression on the son's later violence towards a partner, via anti-social behaviour in adolescence. It is not known whether the findings would be the same for more severe forms of persistent violence and controlling behaviour.

Four studies were found that assessed the impact of exposure to domestic violence on pre-school aged children. Westrup et al (2018) investigated data on 3,696 children and their parents collected for the Longitudinal Study of Australian Children. The aim was to determine associations between interparental conflict (defined as verbal conflict and minor physical acts of violence, on one occasion or on several occasions over early childhood) with the child's internalising and externalising symptoms at ages 10 to 11 years. The data, collected from interviews with both parents, teachers and children, at multiple time points, was analysed using a series of regression models. It was found that 16% of parents reported experiences of physical conflict, 13% on one occasion and 3% on two or more occasions from the time of the child's birth up to age 7 years. One third, 33% of parents, reported verbal conflict, 24% on one occasion, 9% on two or more occasions. A series of regression models accounted for social risk at 0–1 years, parenting, and maternal psychological distress at 8–9 years. Physical and verbal inter-parental conflict consistently predicted mother-, father-, and child-reported externalising and internalising problems, and teacher-reported externalising (but not internalising) problems. Although repeated compared to single reports of verbal conflict were associated with more behaviour problems, it was found that children are sensitive to inter-parental conflict, even when reported at just one time point within the first 6 years of life there were long-term negative effects for child mental health.

In a UK based longitudinal study of 11,384 children and parents, Tracy, Salo and Appleton (2017) found support for the intergenerational transmission of violence. This study also tested whether maternal social support in early childhood and paternal involvement in middle childhood could prevent the intergenerational transmission of violence. Information was collected directly after childbirth on maternal social support; when the child was 8 months old, on mothers' experiences of different types of violence in childhood (physical, emotional and sexual abuse, witnessing domestic violence) and reports of violence from the partner; when the child was 9 years old, on paternal involvement with the child; and child reports of experiencing partner violence between ages 18 to 20 years. Local authority data on child abuse and neglect was also investigated. Maltreatment at 0-8 years was found to be more common among the children of mothers with a history of maltreatment in childhood or partner violence post-partum. One in ten, (10%) of the children were maltreated in families where the mothers had no childhood maltreatment or partner violence experiences. If the mother had experienced childhood maltreatment herself, one in four, 25.4%, of their children had been maltreated at ages 0-8 years. When the mother experienced partner violence only, 46% of their children had been maltreated at ages 0-8 years. If the mother experienced both childhood maltreatment and partner violence, 62% of the children were maltreated at ages 0-8 years. It should be noted that the measure of child maltreatment used included (and did not distinguish in the publication) maltreatment by either parent and other adults. Higher

levels of maternal social support in the post-partum period were found to reduce the odds of child maltreatment at ages 0-8 years (OR = 0.95) but this was not the case for mothers who reported violence from a partner after the child's birth. This indicates that social support for mothers abused by partners after childbirth by itself may not reduce subsequent risks of partner violence for children as adults. Paternal involvement at ages 9-10 years was associated with reduced risk of the child experiencing partner violence themselves at ages 18-20 years (OR = 0.85). This association held for all forms of child maltreatment history.

Linder and Collins (2005) investigated data collected for the Minnesota Longitudinal Study of Parents and Children. Data was first collected pre-birth (during the mother's pregnancy) and was regularly collected from parents and children up to the child's age of 23 years. The study involved 121 participants, 58 men and 63 women. The aim of the study was to test the associations between exposure to physical violence and parental domestic violence in early childhood and subsequent partner victimisation and/or perpetration, examining the impact of the quality of the parent child relationships and relationships outside the family (with peers etc). It was found that the quality of early relationships, both inside and outside the family, most significantly contributed, at ages 21 and 23, to the development of violent relationships, whether victimisation or perpetration. Within the family relationship, intrusive or overly familiar behaviour (assessed in videotaped parent– child collaborations at 13 years of age) consistently predicted violence perpetration and victimisation in early adulthood. Friendship quality at the age of 16 years however contributed over and above familial predictors. The researchers concluded that factors inside and outside the family all play a role in the intergenerational transmission of violence.

In a later study also based in Minnesota, the Minnesota Longitudinal Study of Risk and Adaptation, Narayan, Englund and Egeland (2013) aimed to test if childhood exposure to domestic violence had different impacts at different developmental stages on subsequent experiences of partner violence as a young adult. Data was collected on 168 participants (87 males and 81 females) born to high risk mothers, from birth through to early adulthood at age 26 years. Child exposure to domestic violence was assessed from birth to 64 months, externalising behaviour and exposure to childhood domestic violence at age 16 and the young adults' experiences of partner violence assessed at ages 23 and 26. Path analyses examined whether the timing or continuity of child exposure to domestic violence predicted adult partner abuse and whether the timing and continuity of externalising behaviour mediated these pathways. Results indicated that exposure to domestic violence in early childhood, under age 5 years, directly predicted perpetration and victimisation by a partner at age 23. There were significant indirect effects from exposure to domestic violence in childhood to dating violence through externalising behaviour in adolescence and life stress at age 23. Independent of childhood exposure to domestic violence, externalising behaviour in middle childhood also predicted dating violence through externalising behaviour in adolescence and life stress at age 23, but this pathway stemmed from maltreatment. These results highlight that the timing of childhood exposure to domestic violence and both the timing and the continuity of externalizing behaviour are critical risks for the intergenerational transmission of dating violence.

In another study conducted in the USA, Easterbrooks, Raskin and McBrien (2014) analysed data from a randomised controlled trial with a longitudinal design that aimed to evaluate the impact over three years of a newborn home visiting programme for first time mothers. This study sheds further light on the impact of paternal involvement on the intergenerational

transmission of violence. The sample included 401 disadvantaged, low income, mothers aged 16 to 20 years at the time of the child's birth. The researchers aimed to describe the nature and pathways of the impact of father involvement on 'toddlers' social and emotional competence and behaviour problems. A third, 32% of the mothers had experienced at least one act of physical domestic violence (kicking, choking, use of knife or gun) in the past year, 90% had experienced at least one act of psychological aggression (threatening harm, insulting, shouting) in the past year, although it is not known whether or not all had been victimised by the child's father. Only 32% of the fathers were currently still living with the mother and child. Almost half, 47%, of the fathers spent time daily with their children although 25% of fathers had no involvement at all with their children. The researchers found that father involvement was related to family context (where the family now lived etc) and the status of the mother-father relationship. Daily father involvement with the child was associated with greater child competences and fewer behaviour problems but only in families where there was no conflict or domestic violence in the past 12 months. Where fathers were not involved with the child, the average number of physical domestic violence incidents (kicking, choking, use of knife or gun) towards each mother exceeded four in the past year. The researchers caution against the blanket recommendation for practitioners to encourage father involvement with children in disadvantaged families, especially when mothers are living apart from fathers who have no involvement with children. It is argued that mothers may act as gatekeepers to restrict father involvement thereby limiting child exposure to domestic violence.

Summary

Findings from the 29 research studies reviewed present mixed conclusions about the 'intergenerational transmission' of domestic violence and abuse and the extent of the influence of childhood exposure and subsequent victimisation or perpetration of violence in an intimate partner relationship. While the majority of the studies reviewed have found that there is an association between childhood exposure to domestic violence and abuse and increased risk of victimisation or perpetration of intimate partner violence in adulthood, the strength of this link is likely to be much weaker than the commonly expressed view that 'violence begets violence' suggests. Many children and young people who grow up in violent homes do not reproduce their parent's abusive behaviour in their own relationships. The research lends support to theoretical insights from gendered, socio-ecological perspectives that, rather than assuming a direct causal relationship between childhood exposure and reproducing this behaviour in adult life, highlight the complexity of the interactions between different factors that may influence vulnerabilities for girls and boys. Any interventions that draw on the messages from this research should be guided by these theoretical insights into the complexity of the relationship between early childhood exposure to domestic violence and subsequent victimisation or perpetration as an adult.

The review found, in agreement with the three recent systematic reviews discussed, that there are a number of limitations in the design of the research studies investigating the intergenerational transmission of domestic violence and abuse. These include the measures used to assess domestic violence, which either assess just physical acts of violence or clinician assessed observations of a couple's verbal interactions during laboratory tasks. These are limited measures that do not capture well the coercive control aspects of domestic violence and abuse. Similarly, the extent and nature of child 'exposure' has been limited to self-reports from older children of 'seeing or hearing' parental domestic violence. Many of the studies, including many that were rejected in the screening processes for this review, fail to disentangle or to explore the possible differences between exposure to parental domestic violence and experiences of child maltreatment as influences on later partner violence. Also in agreement with the systematic reviews, findings are mixed in the research reviewed on whether childhood exposure to domestic violence predicts different outcomes for girls and boys, such that girls are more likely to be victims and boys more likely to be perpetrators. Many of the studies reviewed have shown that other factors inside and outside the family context may contribute to the risk of perpetration and victimisation.

Conclusions that can be drawn about the intergenerational transmission of domestic violence from cross sectional surveys are limited by the snapshot and retrospective nature of the research design. While statistically significant associations can be explored in cross sectional studies the collection of data at one time point, most often retrospectively, decreases the likelihood that any conclusions can be made about causal factors or pathways from childhood experiences to adult experiences of violence and abuse. The retrospective studies are also unable to capture the impact of exposure to domestic violence and abuse on very young children and infants as many adults may have poor memory of their very early childhood.

The 12 longitudinal studies included in the review have mostly focused on older children and adolescent experiences although four studies tracked participants from late in the mother's pregnancy or at the point of birth into later childhood or early adult life. These studies have the advantage of being able to assess child wellbeing at different time points through childhood. The cohort studies have mostly measured the impact of childhood exposure on later partner violence by looking at other factors that might also influence or aggravate developmental risks. These studies indicate that the severity, duration/chronicity and timing of exposure to parental domestic violence may influence the pathways from childhood experiences to adult partner violence. 'Dual exposure', living with parental domestic violence as well as other forms of child maltreatment, increases the odds that a young person will experience intimate partner violence, although findings on whether or not girls will perpetrate abuse on partners as adults are mixed. There seems to be little conclusive evidence to show that women who are exposed to domestic violence as children will be more likely to abuse or maltreat their own children. The studies of early childhood impact do not distinguish gender impacts adequately. One of the longitudinal studies that collected

data from infancy indicates that early childhood exposure, to even less severe forms of domestic violence and abuse, directly predicted partner violence as an adult (Narayan, Englund & Egelans, 2013). A second of these longitudinal studies found that early exposure to domestic violence increased the rate of children showing behaviour problems in later childhood, and these are closely associated with the development of partner abuse in adulthood (Tracy, Salo & Appleton, 2017). A third longitudinal study with older children assessed from age 12 years, found that externalising behaviour in adolescence mediated the relationship between earlier exposure to domestic violence and subsequent partner violence (Low et al, 2017). The findings suggest that infants and very young children are alert to parental domestic violence and abuse and the consequences may be seen in emotional and behavioural problems in later childhood. There are mixed conclusions on whether or not the externalising problems dissipate in later adolescence or whether for some they persist into early adult life. Given the known increased risks for women of experiencing domestic violence in pregnancy and after childbirth (Martin et al, 2003; Saltzman et al, 2004), preventive interventions at this early stage of life could be well placed.

One of the longitudinal studies also investigated the impact of domestic violence and parenting difficulties on the later development of partner violence in boys (Capaldi & Clark, 1998). This study found that 'unskilled parenting' including harsh or coercive discipline and poor parental monitoring, had a stronger association than exposure to parental domestic violence with the son's later partner violence perpetration, taking into account the mediating role of anti-social behaviour in adolescence. The mediational impact of anti-social behaviour in adolescence on the pathway between childhood exposure to domestic violence and subsequent partner abuse found in some of the longitudinal studies suggests that in adolescence factors outside the family, particularly peer relationships and quality of friendships, have some influence on whether or not a person is violent towards an intimate partner.

Only one of the studies reviewed considered fathers' relationships with very young children and the impact this has on later child behaviour problems (Easterbrooks, Raskin & McBrien, 2014). It was found that the anticipated effects of father involvement on their children's social and emotional development were present but only where there was no conflict in the relationship between the mother and father. Fathers who had conflictual relationships with mothers were less likely to be involved with their children. The researchers concluded that mothers may act as gatekeepers, preventing father involvement to protect their children from exposure to domestic violence. It is important that parenting interventions in the context of domestic violence support rather than undermine mothers' efforts to keep their children safe.

Table 1: Studies included for research question 1

Reference	Study type	Jurisdiction	Methods	Participants/Data	Results
Systematic reviews					
Haselschwerdt, M. Savasuk-Luxton, R. & Hlavaty, K. (2017) A Methodological Review and Critique of the "Intergenerational Transmission of Violence" Literature, *Trauma, Violence & Abuse*, 1-15	Systematic Review	US studies only considered	Focus of review was on how the 16 studies defined and measured exposure DV and subsequent IPV	16 studies included from 2002-2016. 11 studies were cross sectional with mostly undergraduate student samples, 5 were longitudinal studies.	Found variations in measure of child exposure to DV and in DV experienced in teens/adult life. Some studies measure only physical violence, do not measure frequency the same way, do not compare impact of violence by fathers and by mothers, fail to distinguish experience of child abuse from exposure to DV, measure child abuse differently. Concluded that methodological variability and lack of methodological complexity (eg focus only on physical violence) prevents conclusions being drawn from the studies on the intergenerational transmission of domestic violence.
Hong, J. Kral, M. Espelage, D. & Allen-Meares, P (2012) The Social Ecology of Adolescent-Initiated Parent Abuse: A Review of the Literature *Child Psychiatry Hum Dev* 43:431–454 DOI 10.1007/s10578-011-0273-y	Systematic review	N/A	Search limited to research 1980-2010 on risks and protective factors for abuse by adolescents aged 10 to 19 years towards parents, research papers include retrospective questions going back to age 3 years. 5 databases searched for English language publications	30 studies included	Tests ecological model of violence Many studies merge domestic violence with 'family violence' Found 8 studies where domestic violence associated with mother abuse. Other factors = older adolescents and males more likely to abuse mothers. Other factors include peer influence, exposure to media violence, gender & socialisation, changes in family structure. Aggressive acts by younger children are perceived as less threatening

Reference	Study type	Jurisdiction	Methods	Participants/Data	Results
Kimber, M. Adham, S. Gill, S. McTavish, J. & MacMillan, H. (2018) The association between child exposure to intimate partner violence (IPV) and perpetration of IPV in adulthood – A systematic review, *Child Abuse & Neglect*, 76, 273-286	Systematic review	Canada India New Zealand Sri Lanka South Africa US	Search from inception to Jan 2016 on child exposure to DV as predictor of IPV perpetration in adulthood	19 studies included	16 studies found positive association childhood exposure to DV and IPV perpetration in adulthood. All were cross sectional adult retrospective studies. 3 studies found no association. Methodological quality of the studies was low. Main focus was on physical violence and IPV in heterosexual contexts. Measures of child exposure were varied.
Cross sectional studies					
Abramsky, T; Watts, CH; Garcia-Moreno, C; Devries, K; Kiss, L; Ellsberg, M; Jansen, HA; Heise, L (2011) What factors are associated with recent intimate partner violence? findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health*, 11. p. 109.	Analysis of cross sectional survey data	10 countries Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Republic of Tanzania, Samoa, Serbia and Montenegro, Thailand	Secondary analysis (multi variate logistic regressions) of data from the population-based WHO Multi-Country Study on Women's Health and Domestic Violence, a cross sectional survey designed to better understand the factors associated with violence in different settings. Aim was to identify factors that increase or decrease risk of IPV across settings, and any differences in patterns of association between sites.	Survey covered 24,097 women and girls aged 15 to 49 years.19,517 had a partner. Of these 15,207 had experienced IPV prior to current relationship, 15,068 had experienced IPV in current relationship.	Despite wide variations in the prevalence of IPV, many factors affected IPV risk similarly across sites. Secondary education, high SES, and formal marriage offered protection. Alcohol abuse, cohabitation, young age, attitudes supportive of wife beating, having outside sexual partners, experiencing childhood abuse, growing up with domestic violence, and experiencing or perpetrating other forms of violence in adulthood, increased the risk of IPV. The strength of the association was greatest when both the woman and her partner had the risk factor.

Reference	Study type	Jurisdiction	Methods	Participants/Data	Results
Aslam, S.K., S. Zaheer, and K. Shafique (2015) Is spousal violence being "vertically transmitted" through victims? Findings from the Pakistan Demographic and Health Survey 2012-13. *PLoS ONE*, 10 (6) (e0129790).	Secondary analysis of Demographic and Health Survey, 2012-13	Pakistan	Secondary analysis of DHS 2012-13 Pakistan to investigate associations between retrospective reports of childhood exposure to DV, current experiences of IPV as an adult and attitudes supporting DV among those victimised. Logistic regression and mediation analyses used.	Data from 3,545 ever married female participants in DHS aged 15 to 45 years.	37.9% women had experienced IPV. 68% of them (N 539) had mothers who were also victims of DV. 47% of those abused agreed that woman beating was justified if a woman argues with her husband. Adjusting for respondents' age at marriage, education level, wealth index, parity, employment status, and empowerment status, women exposed to DV as children were six times more likely than those non exposed to experience IPV in their own relationships
Eriksson, L. and P. Mazerolle (2015). A cycle of violence? Examining family-of-origin violence, attitudes, and intimate partner violence perpetration. *Journal of Interpersonal Violence* 30(6): 945-964.	Cross sectional design	USA	Voluntary sample from those who had been interviewed in 1999 for first wave of cohort study, Arrestee Drug Abuse Monitoring (ADAM) program. Aim was to test if intergenerational transmission of violence was role and gender specific. Assessed effects of childhood maltreatment and exposure to DV on self reports of partner violence as adults. Used logistic regression to examine differential effects of childhood witnessing DV from father to mother, mother to father and bidirectional (both as perpetrators). Also assessed impact of violence supporting attitudes.	303 males, mean age 31 years, who had been arrested and recruited to ADAM study, who agreed to complete addendum interview on partner violence.	43% had perpetrated partner abuse. 17% had childhood experiences of physical violence, 40% were exposed to childhood DV. For 9.5% the parental DV was bidirectional, 24% reported father to mother DV, 6%mother to father DV only. 11% had experienced both child physical abuse and exposure to DV. Observing inter-parental violence was associated with an almost threefold increase in the odds of perpetrating IPV (OR 2.70). Observing father-only violence and bidirectional inter-parental violence was predictive of IPV perpetration, observing mother-only violence and direct experiences of child abuse was not. These findings suggest that the transmission of violence across generations is both role-and gender-specific. Results showed that although attitudes were predictive of partner violence perpetration, attitudes did not mediate the relationship between childhood experiences and subsequent partner violence.

Reference	Study type	Jurisdiction	Methods	Participants/Data	Results
Fleming, P. J., et al. (2015). Risk factors for men's lifetime perpetration of physical violence against intimate partners: Results from the international men and gender equality Survey (IMAGES) in eight countries. *PLoS One* 10 (3) (no pagination) (e0118639).	Cross sectional survey	Bosnia and Herzegovina, Brazil, Chile, Croatia, Democratic Republic of Congo (DRC), India, Mexico, and Rwanda	Secondary data from International Men and Gender Equality Survey (IMAGES). Cross-sectional survey measuring perpetration of IPV, risk and protective factors including attitudes towards violence against women and witnessing parental DV.	7,806 males (aged 18-59 years)	In multivariate analyses examining risk factors for men ever perpetrating physical violence against a partner, witnessing parental violence was the strongest risk factor. Additionally, permissive attitudes towards violence against women, and having inequitable gender attitudes were associated with a higher likelihood of ever perpetrating physical IPV. The strength and significance of the correlation between witnessing of inter-parental violence and perpetrating physical IPV suggests evidence of the intergenerational transmission of behaviours and gender norms.
Fritz, P. Smith-Slep, A. & O'Leary, D. (2012) Couple-level analysis of the relation between family-of-origin aggression and intimate partner violence, *Psychology of Violence* 2(2): 139-153.	Cross sectional survey	USA	Random digit dialling telephone sampling. Self-report measures of partner aggression and of DV in family-of-origin *(father-to-mother, mother-to-father)* and physical aggression to child (*father-to-child, mother-to-child)*	453 co-habiting hetero-sexual couples White (80.7%) Married (94.5%) Mean ages were 37 years for husbands and 35 years for wives.	Although both individual and partner Family-of-origin Aggression (FOA) histories generally predicted physical IPV victimization and perpetration, dual-FOA couples were not at increased risk for IPV. Inter-parental and partner parent-to-child aggression experiences were most predictive of IPV. Findings support the intergenerational transmission of aggression and social learning/cognitive theories but gender-specific transmission of aggression across generations was only partially supported.

Reference	Study type	Jurisdiction	Methods	Participants/Data	Results
Gass, J. D., et al. (2011) Gender differences in risk for intimate partner violence among South African adults, *Journal of Interpersonal Violence* 26(14): 2764-2789.	Cross sectional survey	South Africa	Secondary data from the cross-sectional, nationally representative South Africa Stress and Health Study Measures of IPV frequency both perpetration and victimisation, and early life risk factors including childhood physical abuse and witnessing IPV	1,715 currently married or cohabiting adults Married (78%) Female (63%) Black African (72%) Age 35-49 years	Common risk factors among men and women reporting perpetration include exposure to childhood physical abuse, witnessing parental violence, and adult onset alcohol abuse/dependence. The single common risk factor for male and female victims of partner violence is witnessing parental violence. Intimate partner violence is a significant public health issue in South Africa, strongly linked to intergenerational cycling of violence and risk exposure across the life course
Islam, T. M., et al. (2014) The intergenerational transmission of intimate partner violence in Bangladesh, *Global health action* 7: 23591.	Cross sectional	Bangladesh	2007 Bangladesh Demographic Health Survey. Used CTS-2 to assess IPV, a single item measure of exposure to childhood IPV	3,910 ever married women (aged 15-49) 66.3% were literate, 56.3% had two children or less, 67. 6% did not work, 77.6% lived in a rural area 51% had either low or moderate autonomy in their decision making.	A quarter of women (26.4%) witnessed IPPV and 24.8% had experienced IPV. After adjusting for the covariates, women who witnessed IPPV were 2.4 times more likely to experience any kind of IPV, 2.5 times more likely to experience moderate physical IPV, 2.3 times more likely to experience severe physical IPV, and 1.8 times more likely to experience sexual IPV.

Reference	Study type	Jurisdiction	Methods	Participants/Data	Results
Islam, M. J., et al. (2017) Assessing the link between witnessing inter-parental violence and the perpetration of intimate partner violence in Bangladesh, *BMC public health* 17(1): 183.	Cross sectional survey	Bangladesh	2007 Bangladesh Demographic Health Survey. Used CTS-2 to assess IPV, a single item measure of exposure to childhood IPV	3,374 ever-married men (18-54 years) 30.5% had no education, 90.3% were Muslims, 77.2% lived in rural areas, 62% had an income sufficient to meet basic family needs. Very few reported using drugs or alcohol (3.18%)	59.6% of men reported perpetrating physical or sexual violence against their wife. Men who witnessed father-to-mother violence had higher odds of reporting any physical or sexual IPV (adjusted OR = 3.26). Men who had witnessed IPV in childhood were 1.34 times more likely endorse attitudes justifying spousal abuse.
Madruga, C. Viana, C, Rigacci Abdulla, R. Caetano, R. & Laranjeira, R.(2017) Pathways from witnessing parental violence during childhood to involvement in intimate partner violence in adult life: The roles of depression and substance use*, Drug and Alcohol Review* 36(1): 107-114.	Cross sectional survey	Brazil	Aim was to test if association between childhood exposure to DV and adult IPV is mediated by substance abuse and depression. Based on sub- sample from the Second Brazilian National Alcohol and Drugs Survey 2012, a multi-cluster probabilistic household survey.	2120 individuals aged 14 years+, mean age 41 years. 52% were female Income = 1.3 times the minimum monthly wage in Brazil at the time of the survey.	6% of the sample reported being a victim of IPV. 4.1% reported being IPV perpetrators 13% witnessed DV in childhood Those who witnessed DV in childhood had 4 x the risk of adult IPV victimisation. Increased risk of perpetrating IPV was not significant for childhood exposure to DV. Depressive symptoms mediated the effect of witnessing DV in childhood on IPV as an adult. Substance abuse only mediated this association in combination with depressive symptoms.

Reference	Study type	Jurisdiction	Methods	Participants/Data	Results
Pinna, K. L. M. (2016) Interrupting the Intergenerational Transmission of Violence, *Child Abuse Review* 25(2): 145-157.	Cross sectional design	USA	Recruitment from Children Who Witness Violence DV service, screening by specialists; flyers posted at DV centres and through HOPE (a RCT of posttraumatic stress treatment for women who experienced DV). Children/parents self-report measures of disruptive behaviour, parental warmth and parental attributions to determine the extent to which parental warmth and attributions of child behaviours may relate to behaviour problems that serve as risk factors for DV. Children were also interviewed about stressful life events.	61 children (8 to 17 years) who had been exposed to violence and their parent(s).	Parental warmth and positive attributions were related to fewer disruptive behaviour problems, results similar for boys and girls. Yet specific to adolescents versus younger children. Potential implications for interrupting the intergenerational transmission of violence. Gender not significant but age was. Consistent with literature suggesting adolescence may be a particularly sensitive time period for the impact of violence exposure on risk for the intergenerational transmission of violence

Reference	Study type	Jurisdiction	Methods	Participants/Data	Results
Solanke, B.L. (2018) Does exposure to interparental violence increase women's risk of intimate partner violence? Evidence from Nigeria demographic and health survey. *BMC International Health & Human Rights*, 18(1)	Secondary analysis of data from Demographic Health Survey (DHS), 2013	Nigeria	Secondary analysis of data investigating associations between childhood exposure to parental domestic violence and subsequent experiences of IPV. Three models were tested using multi-level mixed effect regression analyses.	19,925 women aged 15 to 40 surveyed using random probability household sampling for DHS in Nigeria. Asked retrospectively about childhood exposure to DV and adult experiences of IPV.	Less than one tenth of women reported they had witnessed DV in childhood. Women exposed to DV in childhood violence compared with non-exposed women were more than five times more likely to experience IPV as adults (Model 1). This finding was the same taking into account individual and relationship factors (Model 2). When taking into account community characteristics, women exposed to DV in childhood were four times more likely to experience IPV as adults compared with non-exposed women.
Van der Ende, K., Mercy, J. Shawa, M. McKnight, M. Hamela, J. Maksud, N. Ross, B. Gupta, S. Wadona-Kabondo, N. & Hillis, S (2016) Violent experiences in childhood are associated with men's perpetration of intimate partner violence as a young adult: a multistage cluster survey in Malawi, *Annals of Epidemiology* 26(10): 723-728.	Cross sectional survey	Malawi	Malawi Violence Against Children and Young Women Survey, a nationally representative, multistage cluster survey, 2013. Aim was to test associations between childhood experiences of violence and perpetrating partner violence as a young adult. Childhood experiences included: sexual abuse, physical violence, emotional abuse, witnessing DV and witnessing violence in the community.	450 ever-partnered 18- to 24-year-old men	Lifetime prevalence for perpetration of sexual IPV (24%) was higher than for perpetration of physical IPV (9%) 32% of the sample had witnessed domestic violence as children. A positive association was found between experiencing physical violence in childhood and men's perpetration of physical IPV (odds ratio 3.0). There were no statistically significant associations for exposure to other forms of violence in childhood and young men's perpetration of physical IPV

Reference	Study type	Jurisdiction	Methods	Participants/Data	Results
Vung, N. D., and Krantz, G. (2009) Childhood experiences of interparental violence as a risk factor for intimate partner violence: A population-based study from northern Vietnam, *Journal of Epidemiology and Community Health*, 63(9), 708-714	Cross sectional study	Vietnam	WHO Women's Health and Life Experiences Questionnaire, was used for structured interviews. Abuse questions were from other abuse assessment scales Index of Spouse Abuse, Conflict Tactics Scales	730 married or partnered women aged 17-60. 78.2% were high school educated or higher, 85% were farmers. 73.5% of the husbands were unskilled workers. 15.5% of the men had more than one wife.	16% of women reported witnessing interparental violence as a child. Of these, 40% had experienced physical/sexual violence in their intimate relationship over time and 16% in the past year. The risk of lifetime (OR 2.85) and past-year physical and sexual violence (OR 2.33) was significantly higher for those who had witnessed interparental violence during childhood than those with no such experience. Attitudes accepting partner violence were more common among women who had been exposed to domestic violence s children.
Wareham, J., et al. (2009). A test of social learning and intergenerational transmission among batterers, *Journal of Criminal Justice* 37(2): 163-173.	Cross sectional survey	USA	Aim was to test whether men who witnessed DV as a child were more likely to commit severe and minor IPV as adults. Draws on intergenerational transmission of violence and Akers' social learning theory of deviance (SLT). Measured rate of IPV and used items to examine constructs of social learning theory. Analysis via multi level modelling and structural equation modelling.	204 men on court-mandated family violence intervention programs. 46% white, 33% African American. Most were under forty years old. 45.3% were married although nearly half were not currently living with their wives. 76% had at least a high school diploma.	Witnessing interparental violence during childhood was not significantly associated with engaging in adult minor IPV. Experiencing physical maltreatment was associated with an increase in the odds of minor and severe IPV, while exposure to high levels of corporal punishment from a father-figure was associated with an increase in the odds of minor IPV. SLT and the intergenerational transmission of violence combined give a better explanation for the risk of IPV in adulthood as this takes into account not only family experiences but influences outside the family from peers and the wider community that reinforce attitudes and behaviour that contribute to IPV.

Reference	Study type	Jurisdiction	Methods	Participants/Data	Results
Cohort Studies					
Calvete, E., L. Fernández-González, I. Orue and T. D. Little (2018) Exposure to Family Violence and Dating Violence Perpetration in Adolescents: Potential Cognitive and Emotional Mechanisms, *Psychology of Violence*, 8:1, 67-75	Three wave longitudinal study	Spain	The aim was to examine whether the association between exposure to 'family violence' and dating violence perpetration was mediated by cognitive and emotional schemas. Participants completed measures of exposure to family violence Including DV, cognitive and emotional schemas (disconnection and rejection, impaired limits, and justification of violence), and dating violence perpetration. Structural equation modelling was used for analysis	867 adolescents, 64% girls, recruited from Spanish schools aged 12-18 years who took part in three annual waves of data collection	The intergenerational transmission of violence occurs but represents a small effect. Relatively few young people exposed to 'family violence' reproduce that behaviour in their own relationships. Disconnection and rejection schemas act as a mechanism through which violence in the family can be transmitted to violence in dating relationships. Disconnection and rejection schemas at Year 2 mediated the association between exposure to family violence at Year 1 and dating violence at Year 3. Exposure to family violence and impaired limits schemas at Year 1 predicted dating violence at Year 2. In girls, exposure to family violence at Year 1 predicted impaired limits schemas at Year 2.

Reference	Study type	Jurisdiction	Methods	Participants/Data	Results
Capaldi, D. M., & Clark, S. (1998). Family predictors of aggression toward female partners for young at-risk males: A comparison of mediational hypotheses. *Developmental Psychology, 34,* 1200-1209.	Oregon Youth Survey, Prospective longitudinal study of delinquency risk in boys Data collected annually in schools since 1983.	USA	Aim was to test social learning theory by investigating associations between parental anti-social behaviour (assessed at child age 9-10 years), child exposure to DV and unskilled parenting (assessed at age 9-14 years), child anti-social behaviour (assessed at ages 15-16 years) and subsequent milder forms of violence towards a partner (assessed at ages 17-20 years). Structural equation modelling was used for analysis of mediators.	206 boys from Grade 4, aged 9 to 10 years followed up annually to ages 17 to 20 years. 90% were white. 75% from lower working class families. Data collected from parents, teachers, boys, and partners when adult. Data included assessments, interviews, clinical observations, crime records.	Parental antisocial behaviour was significantly associated with family process variables (coercive discipline and poor monitoring). Unskilled parenting in late childhood and early adolescence played a key role in the son's later aggression toward an intimate partner, mediated by his development of antisocial behaviour by adolescence. Poor parenting had a stronger association than parental aggression on the son's later violence towards a partner, via anti-social behaviour in adolescence.
Easterbrooks, M. Raskin, M & Mc Brian, S. (2014) Father involvement and toddlers' behavior regulation: Evidence from a high social risk sample, *Fathering: A Journal of Theory, Research, and Practice about Men as Fathers* 12(1): 71-93.	Cohort	USA	Data from RCT trial of new-born home visiting programme for first time mothers and telephone interviews Time 1,2,3 one year apart. Aim was to test if father's involvement with pre-school aged child had an impact on child's social and emotional competence and behaviour problems. Mothers self-reported on father involvement, father-mother relationship quality (support, conflict, intimate partner violence). Children's behaviour problems and social competence.	401 mothers aged 16-20 years at time of childbirth. 32% had experienced physical DV in the past year.	Most fathers were involved with their children although 25% had no involvement at all. Anticipated positive effects of father involvement on their children's social emotional development were present only when the inter-parental relationship was not conflictual. Mothers may act as gatekeepers to father involvement to protect child from exposure to DV.

Reference	Study type	Jurisdiction	Methods	Participants/Data	Results
Ireland, T. O. and Smith, C.(2009). Living in partner-violent families: developmental links to antisocial behavior and relationship violence, *Journal of Youth & Adolescence* 38(3): 323-339.	Cohort	USA	Data taken from the Rochester Youth Development Study (RYDS). Multi-wave longitudinal study. Followed young people from age 14 years to adulthood. Aim was to test whether living with DV as a young person was associated with later anti-social behaviour and partner violence. Analysis involved logistic regressions controlling for exposure to child abuse.	846 young people, 72% male, 27% female, aged 14-18 years, phase 1; 21-23 years phase 2 and their parents. Recruited from high crime areas. Data included interviews with parents and young people, and official records. Self-report measures of IPV and data records of physical abuse. Outcome measures of anti-social behaviour, arrests, criminal activity, externalising behaviour and violence.	Found a significant relationship between exposure to parental violence and adolescent conduct problems. The relationship between exposure to parental violence and measures of antisocial behaviour and relationship aggression dissipates in early adulthood, however, exposure to severe parental violence is significantly related to early adulthood violent crime, and intimate partner violence.

Reference	Study type	Jurisdiction	Methods	Participants/Data	Results
Linder, J. R., & Collins, W. A. (2005). Parent and peer predictors of physical aggression and conflict management in romantic relationships in early adulthood. *Journal of Family Psychology,* 19, 252–262. doi:10.1037/0893-3200.19.2.252	Cohort	USA	Data from Minnesota Longitudinal Study of Parents and Children, ongoing study of individuals assessed pre-birth up to age 23 years. Data includes interviews with parent and child, young person's partner and observations. Aim was to test the associations between exposure to physical violence and DV in early childhood and subsequent partner victimisation and/or perpetration examining the impact of the quality of the parent child relationships and relationships (with peers etc) outside the family.	121 participants, 58 male and 63 female, involved in romantic relationships. Mothers of the participants ranged in age from 15–34 years at the birth of their children; the majority (62.1%) were single parents, (67.8%) were European American Partner violence perpetration and victimisation measured at 21 and 23 years. Observed conflict management at 21 years (participants & partners) Predictors- Child physical abuse & witnessing IPV (2-6years) – Parent-child interaction (13 years) and Adolescent friendship quality (16 years)	45% of participants reported partner violence at age 21 and 23 either as a perpetrator or victim. 11.6% experienced physical violence in childhood, 4.3% had witnessed parental DV. The quality of early relationships both inside and outside the family most significantly contributed at ages 21 and 23 to the development of violent relationships, victimisation and perpetration Intrusive or overly familiar behaviour in videotaped parent– child collaborations at 13 years of age consistently predicted violence perpetration and victimization in early adulthood. Friendship quality at the age of 16 years contributed over and above familial predictors. The researchers concluded that factors inside and outside the family all play a role in the intergenerational transmission of violence.

Reference	Study type	Jurisdiction	Methods	Participants/Data	Results
Low, S. Tiberio,, S. Wu Shortt, J. Mulford, C. Eddy, M. & Capaldi, D. (2017) Intergenerational transmission of violence: The mediating role of adolescent psychopathology symptoms, *Development and Psychopathology*, doi:10.1017/ S0954579417001833	Cohort	USA	Data collected annually as part of a 9 year prospective longitudinal cohort study evaluating a school based prevention programme Draws on Dynamic Dyadic Systems theory to examine risks of IPV in young adulthood. Aim was to test if relationship factors such as partner's anti-social behaviour influenced impact of childhood exposure to DV, taking into account internalising and externalising psychopathology symptoms. Moderated mediational analyses were undertaken.	Observational, interview and assessment data on 205, 21 year old adult couple participants collected from longitudinal cohort study, LIFT study. Interviewed each year from age 12 to 21 years Participants assessed for parental DV at age 12 years, for psychopathology symptoms at age 15 years and participants and partners for psychopathology and IPV at age 21 years.	Data suggest a small, significant direct path from IPV exposure to young adult perpetration, mediated only through adolescent externalising. Gender moderation analyses reveal differences in sensitivity to exposure across developmental periods; for males, effects of exposure were intensified during the transition to adolescence, whereas for females, effects were amplified during the transition to adulthood. In both cases, the mediational role of psychopathology symptoms was no longer significant once partner antisocial behaviour was included in the model of analysis.

Reference	Study type	Jurisdiction	Methods	Participants/Data	Results
Menard, S. Weiss, A. Franzese, R. and Covey, H. (2014) Types of adolescent exposure to violence as predictors of adult intimate partner violence *Child Abuse & Neglect* 38, 627–639	Cohort	USA	Data from longitudinal study, National Youth Survey Family Study, 12 waves of data collected over 27 years from 1976-2003, using multi stage cluster sampling. Aim to examine individual relationship between three types of childhood violence – experiencing physical violence, exposure to DV, exposure to community violence – and combined exposure (all three types of violence together) and perpetration and victimisation by a partner in middle age. Also aimed to test if exposure to childhood violence led males to externalise and females internalise	Data collection began 1976-77 when respondents aged 11-17 years and ended 2002-03 when aged 37-43. Final sample included 776 adults, 393 females and 333 males	In multi variate model, for males only childhood experiences of physical violence were significant predictors of partner violence in middle age. For females, none of the three types of violence if experienced in adolescence predicted victimisation or perpetration of partner violence in middle age. Most significant result for males and females was association between exposure to violence in adolescence and not having a cohabiting or marriage relationship in middle age. Witnessing DV in adolescence was not associated with partner abuse in middle age.

Reference	Study type	Jurisdiction	Methods	Participants/Data	Results
Narayan, A. J., Englund, M. M., & Egeland, B. (2013). Developmental timing and continuity of exposure to inter-parental violence and externalizing behavior as prospective predictors of dating violence. *Development and Psychopathology, 25,* 973–990.	Cohort	USA	Data from an ongoing prospective study, Minnesota Longitudinal Study of Risk and Adaptation. Tracked children from birth through to age 26 years, collecting data from parents, child, teachers. Aim was to test if childhood exposure to DV had different impacts at different developmental stages on subsequent partner violence. Path analyses examined whether timing or continuity of child exposure to DV predicted adult partner abuse and whether timing and continuity of externalising behaviour mediated these pathways.	168 participants (87 males & 81 females) born to high risk mothers. 67% Caucasian, 11% African American, 17% mixed race, 5% other minority. Dating violence perpetration and victimisation measured at 23 and 26 years. Independent variables included exposure to parental DV when aged 0-64 months. Externalising behaviour measured at age 16 years. Controls: Family SES, child gender, mother age, & child maltreatment (0-17 years)	Results indicated that exposure to DV in early childhood , under age 5 years, directly predicted perpetration and victimisation at age 23. There were significant indirect effects from exposure to DV in childhood to dating violence through externalizing behaviour in adolescence and life stress at age 23. Independent of childhood exposure to DV, externalizing behaviour in middle childhood also predicted dating violence through externalizing behaviour in adolescence and life stress at age 23, but this pathway stemmed from maltreatment. These results highlight that the timing of childhood exposure to DV and both the timing and the continuity of externalizing behaviour are critical risks for the intergenerational transmission of dating violence

Reference	Study type	Jurisdiction	Methods	Participants/Data	Results
Park, A. Smith, C. and Ireland, T. (2012) Equivalent Harm? The Relative Roles of Maltreatment and Domestic Violence Exposure in Violent Youth Outcomes, *Children and Youth Services Review* 34:5 962-972	Cohort	USA	Data taken from the Rochester Youth Development Study (RYDS). Multi-wave longitudinal study. Followed young people from age 14 years to adulthood. Data collected from multiple reporters and using multiple measures. Aim was to investigate via logistic regression analyses whether child maltreatment and childhood exposure to DV had equivalent effects on young adult violence and criminality, including partner violence and whether 'dual exposure' increased the risks.	1000 young people aged 14-18 years old recruited to study from high crime areas, 72.7 % male 67.8% African American, 16.7% Hispanic, 15.5 % white, 46% experienced chronic family poverty in mid-adolescence. Current study used self-report interview data with parents and young people, police arrest data and child protection records.	'Dual exposure', i.e. exposure to both severe DV and adolescent maltreatment increased the risk of antisocial outcomes in young adulthood over and above the impact of a single exposure. Adolescents who were both abused and exposed to severe DV had significantly higher odds of self-reporting general crime (OR=8.62), violent crime (OR=8.78), being arrested (OR=3.85), and perpetration of severe IPV (OR=3.27).

Reference	Study type	Jurisdiction	Methods	Participants/Data	Results
Renner, L. M. and K. S. Slack (2006). Intimate partner violence and child maltreatment: Understanding intra- and intergenerational connections, *Child Abuse & Neglect* 30(6): 599-617.	Cohort	USA	Data from first three waves of ongoing longitudinal study – Illinois Families Study (IFS), tracking low income (those receiving Temporary Assistance for Needy Families (TANF) benefits in 1998. Aim was to test intergenerational transmission of DV as learned behaviour, whether mothers who were exposed to DV as children would be more likely to maltreat their children and would be more likely to be victims of IPV as adults.	Interviews with 1005 low income mothers on social benefits. Looked at physical abuse, sexual abuse, neglect and exposure to DV in childhood and current physical IPV. 81% non-hispanic black, 12% hispanic, 7% non-hispanic white, 43% had family history of welfare receipt, 50% high school diploma, 63% were teenage mothers. Checks of child protection records for physical child abuse, neglect and risk of harm reports between January 1980 and June 2002.	All forms of childhood family violence, with the exception of neglect, were positively associated with IPV in adulthood. Being physically or sexually abused as a child, or witnessing parental DV as a child, all increased the risk of IPV in adulthood 2-3 times. Only weak support found for hypothesis that women maltreated as children would be more likely to maltreat their own children. Stronger support was found for theory of learned helplessness whereby girls who are maltreated or witness DV in childhood are more likely to be victims of IPV as adults.

Reference	Study type	Jurisdiction	Methods	Participants/Data	Results
Tracy, M.Salo, M. & Appleton, A. (2017) The mitigating effects of maternal social support and paternal involvement on the intergenerational transmission of violence, *Child Abuse & Neglect*.	Cohort	UK	Avon Longitudinal Study of Parents and Children (ALSPCAC) Birth cohort study which enrolled 14,541 pregnant mothers between April 1991 and December 1992 and tracked child maltreatment risks over 20 years. Aim was to assess using multiple logistic regressions and moderation analysis, whether maternal social support in early childhood and paternal involvement in middle childhood could prevent the intergenerational transmission of violence.	Sample of parents and 11,384 children, data on maternal childhood maltreatment and at least one assessment of offspring childhood maltreatment at ages 0–8 (N=). Measure of maternal support in the antenatal period Maternal IPV measured when the child was 8 months old. Measure of paternal involvement when child 9 years old. Child's self-reported physical violence at age 18.	15.1% of children had experienced emotional, physical or sexual abuse at 0-8 years.11.5% mothers maltreated in childhood and 9.2% reported IPV since child born. Higher levels of maternal social support in post-partum period had reduced odds of child maltreatment at ages 0-8 years (OR = 0.95) but this was not the case for mothers who reported IPV after child's birth. Paternal involvement at ages 9-10 years was associated with reduced risk of child experiencing IPV at ages 18-20 years (OR = 0.85) This association held for all forms of child maltreatment history. Maltreatment at 0-8 years was more common among children of mothers with a history of child maltreatment or IPV post partum. 25.4% had been maltreated at ages 0-8 years if the mother had experienced only childhood maltreatment herself; 46,4% when the mother experienced IPV only; 62% if the mother experienced both child maltreatment and IPV compared with 10% of children with mothers without any child maltreatment or IPV experiences.

Reference	Study type	Jurisdiction	Methods	Participants/Data	Results
Westrupp, E. M., Brown, S. Woolhouse, H. Gartland, D. and Nicholson, J. (2018) Repeated early-life exposure to inter-parental conflict increases risk of preadolescent mental health problems, *European Journal of Pediatrics* 177:419–427	Cohort Data from the Longitudinal Study of Australian Children	Australia	Aim was to determine associations between interparental conflict on one occasion or on several occasions over early childhood with child's internalising and externalising symptoms at ages 10 to 11 years. Data collected at 5 time points. Verbal and physical conflict between parents measured when child aged 0-1, 2-3, 4-5 & 6-7 years. Physical conflict was 'situational couple violence', pushing and shoving. Internalising and externalising symptoms were assessed with mothers, fathers, teachers and child reports at ages 10-11 years. Data analysed using a series of regression models.	3,696 children recruited in 2004 from community sample via health register. Parents, children and teachers reports	16% of parents reported experiences of physical conflict, 13% on one occasion and 3% on two or more occasions. 33% of parents reported verbal conflict, 24% on one occasion, 9% on two or more occasions. A series of regression models accounted for social risk at 0–1 years, parenting, and maternal psychological distress at 8–9 years. Physical and verbal inter-parental conflict consistently predicted mother-, father-, and child-reported externalizing and internalising problems, and teacher-reported externalizing (but not internalising) problems. Repeated compared to single report of verbal conflict was associated with more behaviour problems. Children are sensitive to inter-parental conflict, with long-term negative effects for child mental health even when reported at one time point within the first 6 years of life.

Section 3: What do we know about effective prevention and responses?

Introduction

In this section we present findings from the review of research papers addressing the second review question – 'What do we know about effective prevention and responses?' The focus is specifically on responses for infants and children in the early years age group, taken to be children from birth to age 5 years. The review therefore excludes research on interventions for older children. This exclusion extends to many of the programmes that address the recovery of mothers and children, as many depend on group work or talking with children and tend not to include children below the age of five years (Howarth et al, 2016), as in the NSPCC's DART programme (Smith, 2016). We aimed to include, where available, research on interventions for the 'whole family', mothers, fathers and children and, if possible, wider kin networks. Twenty-one studies included in this review addressed research question two, five were systematic reviews. No studies were found that robustly demonstrated the effectiveness of a particular approach for preventing the intergenerational transmission of domestic violence among young children. Sixteen of the primary research papers covered working with fathers. The research findings in this section are discussed thematically around the different levels of service provision across the continuum of children's needs from specialist services for recovery and safety to more targeted/universal services for prevention. The first section details our assessment of research on interventions aiming to help mothers and children overcome the harm caused by domestic violence and abuse. Next, we discuss interventions to change the behaviour of violent fathers, followed by our review of interventions involving both parents and 'whole families'. The final section considers early help and primary prevention programmes.

Programmes for mothers and children

Refuges and shelters have provided services for mothers and children for many years (Dobash & Dobash, 1992) but systematic reviews on services for children indicate that evaluations of these have been limited and focused mostly on provisions for children older than 5 years. A systematic review commissioned by NICE (British Columbia Centre for Excellence on Women's Health, 2013) included a review of the evidence on children's programmes but relied heavily on a previous review completed by Rizo et al, 2011 and did not include the ages of children covered in the evaluations. The review by Rizo et al (2011) included 31 studies, only four of which were of interventions for children under the age of five years. An evaluation by Kot et al (1998) with 11 children aged four to ten years, two studies by

Lieberman et al (2005; 2006) with children aged three to five years with a follow up study one year later and a study by Timmer et al (2010) with 129 mother-child dyads, involving children aged between two and eight years. Four categories of domestic violence interventions for children were found in the review by Rizo et al (a) counselling/therapy); (b) crisis/outreach; (c) parenting; (d) multicomponent. All four of the studies involving children under age five were counselling/therapy programmes.

The research by Kot et al (1998) was an evaluation of a play therapy programme delivered individually just to children. The evaluation was a pre- and post-test design involving eleven children living in shelters in the intervention group compared with eleven children in shelters in the no treatment comparison group. There was no randomisation in the evaluation design. Data on behavioural indicators was collected from mothers, children and raters. Children in the experimental group exhibited a significant reduction in total and externalising behaviour problems compared with children in the no treatment group. Children in the comparison group however were one year younger than those in the therapy group (mean age 5.9 years compared to 6.9 years) and this developmental difference may have influenced the behavioural changes observed. The sample size was very small, limiting the conclusions that can be made about the effectiveness of the therapy.

The studies, by Lieberman et al (2005; 2006) and Timmer et al (2010), were evaluations of counselling/therapy programmes delivered to mothers and children. The interventions focused on improving parent–child interactions and activities. Lieberman, Van Horn and Ippen (2005) evaluated a child and parent psychotherapy programme for pre-school children and mothers. The programme included individual sessions with the child and with the mother, with the child and mother together, play sessions and trauma narrative therapy delivered over 50 sessions. The aim was to promote affect regulation; change maladaptive behaviours and interactions; support and encourage developmentally appropriate parent–child interactions and activities. The evaluation consisted of an experimental design, with random assignment of 79 mother-child dyads to a treatment and comparison group, pre- and post-test evaluation using standardised measures of child behaviour, PTSD and child exposure to violence. It was found that children in the treatment group showed significant improvements in behaviour problems and traumatic stress symptoms. Mothers showed significant improvements in PTSD, avoidance symptoms and global distress. Mothers in both treatment and comparison groups however showed significantly fewer PTSD symptoms. A six month follow up study with a sample of 50 children and their mothers found children in the treatment group had sustained significant reductions in behaviour problems and their mothers had significant improvements in the global severity of their symptoms (Lieberman, Ippen, & Van Horn, 2006). It was not however possible to assess PTSD symptoms at the follow up due to limited resources for the research.

Timmer et al's (2010) evaluation of parent-child interaction therapy delivered to 62 mother-child dyads with a recent experience of domestic violence and 67 mother-child dyads without this experience similarly found some improvements in child behaviour problems and caregivers' (mothers') levels of psychological distress. There were limitations in the study design as it lacked a no treatment comparison group so it cannot be said whether the observed changes resulted from the treatment or from other factors such as the passing of time.

A wide ranging systematic review by Howarth et al (2016), the IMPROVE study, aimed to synthesise the evidence on the clinical effectiveness, cost-effectiveness and acceptability of interventions for children exposed to domestic violence and abuse. This study involved (1) a systematic review of controlled trials of interventions; (2) a systematic review of qualitative studies of participant and professional experience of interventions; (3) a network meta-analysis (NMA) of controlled trials and cost-effectiveness analysis; (4) an overview of current UK provision of interventions; and (5) consultations with young people, parents, service providers and commissioners. Thirty four primary research papers published between 1995 and 2015 were included in the review. Papers on cost effectiveness were few. The evidence base on targeted interventions was found to be small, with limited settings and types of interventions; children were mostly < 14 years of age. Only four studies evaluated programmes for children aged between 18 months to 6 years. Two of these were studies also included in Rizo et al (2011) review discussed above, the papers by Kot et al (1998) and by Lieberman et al (2005; 2006). A third study by Waldman-Levi and Weintraub (2015) concerned a crisis intervention programme for mothers and children in domestic violence refuges in Israel. The intervention was based on attachment theory and used play as a method to improve mother and child interaction and play functioning. Play was seen to be a mechanism for addressing difficulties in emotional regulation for children exposed to domestic violence and abuse, to enhance a mother's sensitivity to her child's abilities and preferences and her ability to set boundaries. The evaluation involved 37 mother-child dyads in a pre- and post-test evaluation. Twenty dyads were allocated to the intervention (Family Intervention for Improving Occupational Performance, FI-OP) and 17 dyads (from different refuges) received just access to a play room. Interactions and play were videotaped and scored using standardised measures. Mothers and children allocated to the FI-OP programme showed better interactions and play skills, but not better playfulness, than mothers and children who had access to play alone. The researchers conclude the findings are promising but a larger study with longer duration is needed.

Graham-Bermann et al (2015), also included in Howarth et al's review (2016) evaluated the impact of parallel group programmes for 120 children aged four to six years and their mothers who had been exposed to severe domestic violence in the past two years. Using an RCT design, 58 mothers and children were randomly allocated to the intervention group and 62 to the wait list comparison group. The intervention consisted of the Preschool Kids Club (PKC) programme, a group programme for young children delivered over five weeks that aims to improve their safety planning, managing feelings and attitudes about domestic violence, with the Moms Empowerment Programme (MEP), which aims to address the social and emotional adjustment of mothers, reducing possible development of mental health difficulties. Standardised measures of child behaviour and emotional wellbeing were used to assess change from baseline (T1 58 dyads in intervention, 62 in comparison) to post treatment (T2 50 dyads in intervention, 49 in comparison) and eight months later (T3 36 dyads in intervention and 35 in comparison group). Significant improvements were found in the behaviour and emotional wellbeing of children in the intervention group at time three compared with children in the comparison group. Twenty three percent of the children in the intervention group were no longer scoring in the clinical range compared with 8% in the comparison group. Twenty two percent were in the normal range in the intervention group compared with 5% in the comparison group. Further research is needed to support these promising findings.

Howarth et al's wide ranging review (2016) found no UK-based trials and a 'paucity' of qualitative research on interventions for children exposed to domestic violence and abuse. Overall findings were that psychoeducational group-based interventions delivered to the child were more effective for improving mental health outcomes than other types of intervention. Interventions delivered to (non-abusive) parents and to children were most likely to be effective for improving behavioural outcomes. This suggests different approaches may be required for children depending on their assessed needs for support and recovery, no single response will suit all children. Howarth et al conclude that there is an urgent need for further well designed RCTs to be conducted in the UK on the effectiveness of interventions for children exposed to domestic violence and abuse.

Changing violent fathers

One of the five systematic reviews included in this analysis was a study by Labarre et al (2016) that looked at interventions with men as fathers to prevent the intergenerational transmission of domestic violence. The search from 1990 to 2015 identified ten programmes, all with very limited evaluation evidence on effectiveness. The programme objectives for all ten interventions were of two main types: i) stopping the father's violence by increasing his awareness of the violence and its impact on the child, increasing his accountability for the violence and empathy towards the child and ii) promoting father involvement in parenting and giving fathers skills to develop healthy and non-violent parenting. All but one of the ten programmes, had a specific primary aim of reducing men's violence against their partners. One programme, *Dads on Board* in Australia (Bunston, 2013) specifically targeted violent fathers but did not primarily aim to stop the violence. Although three different types of programme delivery were identified: stand-alone programmes, interventions which are an add-on to standard perpetrator programmes and couple or family-based interventions, the methods of working had much in common. Six were stand-alone group interventions, of which *Caring Dads* (discussed below) had the most evaluation data available. Two programmes were supplementary to a perpetrator programme, of which one – *Fathering after Violence* – had some evaluation data (Fleck-Henderson & Areán, 2004, cited in Labarre et al. 2016). Finally two couples or family relationship programmes were identified: *Fathers for Change* (see below) and *Dads on Board* (Bunston 2013). Labarre et al found only six studies on the effectiveness of these programmes and highlight a number of urgent questions to be addressed in research, particularly in programmes that aim to improve co-parenting. Acknowledging that co-parenting may be helpful in motivating change for violent fathers, Labarre et al argue that for this to be warranted, practitioners must be first sure that: (1) children are safe and free from violence and abuse; (2) the mother is safe and supported; (3) the mother is free to make her own decision and has the power to direct her own life; (4) the father acknowledges and takes responsibility for past and future actions; and (5) there is no court ruling banning contact between the parents.

Addressing fathering in perpetrator programmes

The largest evaluation of domestic violence perpetrator programmes carried out in the UK, involved interviews with service providers, a series of interviews with 64 men in programmes, 48 of their partners and 13 children and young people aged 7 to 16 years included some data collection on changes in the men's parenting and children's exposure to violence (Kelly & Westmarland, 2015). To assess change, bespoke measures were developed in consultation with the services and with survivors. Minimal changes were found in the men attending the programmes regards shared parenting. Rates of children seeing or overhearing domestic violence declined from 80% of children reporting this at first interview to 8% 12 months after programme completion. There was no comparison group so it is not possible to say whether this decline would have occurred without the men attending the perpetrator programmes. As part of this study, to look in more detail at the work done to improve men's parenting, Alderson et al (2013) analysed data from an evaluation of five of the perpetrator programmes, a survey of 44 organisations, and 73 interviews with men on perpetrator programmes and their partners, and interviews with practitioners and service commissioners. The survey found there was very limited work directly with the children of men on perpetrator programmes, with only three organisations doing this. Interviewees identified three positive outcomes for children when fathers were involved in perpetrator programmes: a change in their fathers' behaviour, a change in the father/child relationship and a change in the child's functioning. The findings were qualitative and no further information is given on how many children might have seen these positive effects. However, this study also provides some promising indicators of the possible benefits of addressing fathers' relationships with children where there is domestic violence and abuse.

Research with fathers on perpetrators' programmes has identified that the relationship with their children can be a central motivating factor for taking part in the programme and can act as a 'hook' to attend. A UK study of 21 men on a voluntary perpetrator programme undertaken by Stanley et al (2012) found that fatherhood status influenced motivation to take part, mostly because men wanted to regain or secure contact with their children or avoid them being taken into care. This qualitative evaluation also found that, even though the programme (*Strength to Change*) did not specifically address fathering, many of the men (12 out of 21) hoped that taking part would make a difference for their children, seeing their father as wanting to become a 'better dad'.

A case control study by Poole and Murphy (2017) aimed to examine if fatherhood status predicted successful treatment engagement on a court-mandated perpetrator programme. This study in the USA compared 149 fathers on a domestic violence perpetrator programme with 40 men on the programme without children, assessing from initial assessment to end of programme changes in self-reported partner violence (physical, psychological, sexual and injury subscales of the CTS), treatment attendance, homework compliance (the tasks set for men on the programme to practice the skills for de-escalating aggression taught in the group programmes), processes of change, readiness to change and the working alliance with therapists. There were mixed findings on fatherhood status and treatment engagement. It was found that whilst both father and non-father groups were as likely to attend sessions on this court mandated programme, the fathers were more likely to attend the required number of appointments and, later in the programme, to self-report on cognitive and behavioural processes of change. No differences however were found between fathers and non-fathers on completing 'homework', in readiness to change or in the working alliance with therapists.

Fathers may have been motivated to attend but evidence they were similarly motivated to change to improve their relationships with children was not found.

Qualitative studies of perpetrators programmes have echoed Poole and Murphy's finding from the 2017 study. Bourassa (2017) conducted qualitative interviews with 21 men attending 'batterer intervention programmes' in Canada and found that most fathers were aware of the negative impacts of exposure to interpersonal violence on their children and were keen to mitigate these effects. As one father's statement at interview indicates:

> **She tore out her hair, when she was young. What I get from that is that it's internalized. If there are problems, it's not behavioral problems or problems at school, it was stress with her hair … she has anxiety. I'm sure it's because of my violence at home.**
>
> Robert, father of a daughter age 8 years (Bourassa et al, 2017, p.268)

Seven of the 21 fathers said they avoided violence when the children were present as a result of being on the domestic violence programme. One father of a one month old baby and 2 year old child said:

> **Generally, a quarrel between me and her [the children's mother] occurs when everybody is in bed. We rarely fight when everybody is up. Or [there are conflicts when] the eldest is at the day-care center.**
>
> (Bourassa et al, 2017 p.269)

However two other fathers admitted that when tensions got 'too high' they no longer cared about whether or not the children were present. Similarly, a key theme from Broady et al's (2017) qualitative research with 21 fathers on a perpetrators' programme in Australia was that the fathers' expressions of love for their children was potentially a key motivating factor for change. The majority of men interviewed saw themselves as 'good fathers', with positive relationships with their children and many viewed the violence to the mothers as a separate issue to their relationships with their children. Meyer (2017) also looked at the role of fatherhood amongst a sample of men on a domestic violence perpetrators programme in Australia. This qualitative study of 18 fathers on the court-mandated programme, found few of the men (7 out of 18) were seeking to change their behaviour. Most of the men minimised the violence and blamed the victim for it happening. A common view was that if they had a new partner there would be no abuse. As one father argued:

> **It [the program] won't make me a better person because I wasn't a bad person prior. I was always treating other women with respect. It's just singled out one person in 37 years and, I'm not trying to put myself on a pedestal, but I have dated a lot of women and nothing else has happened in those situations. So it's unfortunate. (Graham)**
>
> (Meyer, 2017, p.100)

Whilst men were not keen to change their relationship with their partner, their relationship with their children held more value. The men's narratives revealed a strong sense of entitlement in their roles as fathers, despite their harmful behaviour. Breaches of contact orders and post separation harassment were justified by them on the grounds of their concerns about their children, with only two men accepting that the violence was a reason for them to not have contact with their children. Meyer concluded that although fathers

expressed strong desires to be involved with their children (and 11 were in fact living with the mother at the time of interview) the motivation to stay involved needs careful unpacking to distinguish between the fathers' wish to maintain or rebuild a relationship with the children and their wishes to maintain power and control over the partner. It is important to note that only two of these four studies discussed give information on women's safety. Kelly and Westmarland (2015) reported dramatic reductions in physical and sexual violence reported by women from men who took part in perpetrator programmes. Almost two thirds of women, 61% reported having physical injuries at baseline but just 2% reported this twelve months after programme completion. However for almost a quarter of the women (23%) acts of violence, consisting of kicking, punching or smashing walls and furniture, were still occurring. Twelve months onwards Stanley et al (2012) reported that half of the thirteen partners of men interviewed said they felt safer as a result of the men taking part in the programme.

Caring Dads

The *Caring Dads* Programme developed in Canada, is used there and has since spread to the UK, other parts of Europe, Australia and the USA. *Caring Dads* uses men's role as fathers as a motivation for behaviour change. It is for fathers who are domestically abusive or maltreat their children, or who are at risk of doing so (McConnell 2017, Scott 2010). This review identified two published papers which assessed the *Caring Dads* Model.

Results from an evaluation of the *Caring Dads* programme in Canada (Scott & Lishak 2012) used pre- and post-test measures of parenting, co-parenting and generalised aggression to assess impact on 98 fathers. A simple pre- and post-test design was used in the evaluation. The measures of change relied on the men's self-reports. Six men were classified as 'recovered' post programme. Significant change was reported by the fathers in the area of over-reactivity to children's misbehaviour, hostility and in their co-parenting. No significant reduction however was found in the men's anger on completion of the programme. Scott and Lishak conclude the findings are encouraging findings for some men taking the programme. There were however several limitations to the evaluation that need to be addressed in future research. The evaluation was not able to assess the impact of programme attrition, did not have a comparison group, was limited to men's self-report pre- and post-test measures, with no follow up and no triangulation or alternative sources of data to assess violent behaviour in the home.

The *Caring Dads Safer Children* programme is an adaptation of *Caring Dads* targeting domestically abusive fathers in the UK. An evaluation of the programme in five centres in the UK (McConnell et al 2017) gathered data from 271 participants who were fathers, their partners and children, at three time points – pre- and post-intervention and six months after programme delivery. The study included a small comparison group of just 15 fathers on the programme waiting list. Participants were referred to the course via social workers, family court, probation and health practitioners. The age of the fathers' children ranged from babies to adult but the median age was 4 years old. Unusually, the evaluation collected data on domestic violence and abuse that was much broader than the measures of physical violence used in many of the other studies discussed already in this report. A 'Controlling Behaviour Index' developed within the NSPCC was used to measure change in men's use of physical violence, emotional abuse, economic abuse, use of coercion/threats, sexual abuse, isolation tactics and use of children as part of the abusive strategies. The evaluation found that fathers (T1 N=334, T2 N=185, T3 N=49) reported they had been involved in fewer domestic

abuse incidents, they had improved interactions with their children, and parenting stress was reduced. The evaluation also incorporated measures from children (T1 N=38, T2 N=22, T3 N=9) and partners (T1 N=132, T2 N=71, T3 N=21) who reported positive changes in the father's behaviour and parenting. The findings regards the children were however limited by the relatively small sample. A larger study with children over a longer period of time would be helpful to assess the impact of the programme and endurance of the changes reported. While the findings on scope for engagement and change with some fathers are promising, the researchers note that there were others who continued to pose a risk or for whom the changes were temporary. The researchers stress the importance of fathering programmes working directly alongside other services to ensure a coordinated response is given to ongoing abuse. Further research is needed to explore how fathering programmes, together with other services, respond to the men who pose continued risks to partners and children.

Fathers for Change – Substance misuse and IPV

The *Fathers for Change* programme in the USA aims to address the parenting skills of men who have children under the age of 10 years, and who are also arrested or referred by child protection services as a result of substance abuse problems and domestic violence towards partners. The 16 week course is delivered in individual treatment sessions and draws on a range of theoretical perspectives, (attachment, family system and cognitive behaviour theory) to address substance misuse and partner violence, as well as improve parenting and reduce child maltreatment. Separate assessments are conducted with fathers and mothers prior to the programme delivery to check on the victim's safety and ability to be involved in joint sessions with the father. This programme also includes a restorative phase where fathers are encouraged, if appropriate, to talk to their children about mistakes made and start to rebuild a positive relationship by practising skills and engaging in child directed play.

An initial pilot evaluation of 18 fathers reported positive impacts in the fathers randomly assigned to the intervention, compared to the control group who received only individual drug counselling. The fathers for change participants were more likely to complete their treatment, be satisfied with the programme and reported a trend to perpetrate less partner abuse (Stover, 2015). A further pilot to a larger evaluation study (Stover et al 2017) of 44 fathers compared pre-and post-measures of fathers participating on the programme as part of a residential substance treatment facility. This found that men were largely satisfied with the programme, 84% of the men enrolled completed the programme and quantitative measures of the anger and emotional regulation showed significant reductions at post-intervention, one week after they completed the course.

Whole family approaches

Many of the domestic violence specialist interventions to date have provided services aimed at only the adult victim, or only the adult victim and children or only the perpetrator. 'Whole family approaches' aim to bring the specialist knowledge of working directly and safely with domestic violence to involve all family members. Much of the work on whole family

approaches is very recent especially in the UK and additional material from grey literature is included here to acknowledge this developing work. It is likely that more robust evidence on impact will be available over the next few years. At present however, the discussion of these programmes is inevitably descriptive.

Whole family approaches have developed across different sectors, including health, child protection, perpetrator programmes and the voluntary sector (Stanley and Humphreys 2017). In the Netherlands, the *Oranje Huis* (Orange House) is a community based domestic violence service that takes a whole family approach. Recognising the difficulties of separation and often continued contact between parents and children after separation, *Oranje Huis*, following a careful assessment of risk and exclusion of cases of severe violence, adopted a whole family approach offering work with the victim, perpetrator and children to improve safety and wellbeing. Individual and couple sessions are provided as well as direct support for children and young people (Blijf Groep, 2011). No independent evaluations of this approach were found.

In England the revised *Troubled Families Programme* introduced in 2015 now specifically includes domestic violence and abuse. *Troubled Families* targets families with multiple problems and local authorities are given resources from central government, on a payment by results basis, to fund interventions. The delivery of the programme varies from area to area. Mostly the delivery involves the appointment of a key worker who has regular contact with the family to move towards agreed changes or move off benefits into continuous employment. To be eligible for the programme a family needs to have two or more of the following six problems – crime or anti-social behaviour; poor school attendance; children in need or subject to a Child Protection Plan; unemployment; domestic violence and abuse; a range of health problems. Almost a quarter, just over 23%, of families recently joining the programme have been involved in domestic violence and abuse (Ministry of Housing, Communities and Local Government, 2018). The evaluation of the programme has been revised to include not only reporting on outcome measures but also to compare outcomes for families and individuals on the programme with individuals and families not on the programme, matched via a process of Propensity Score Matching. Propensity Score Matching basically uses available administrative data and statistical methods to identify a comparison group from the community in the absence of a randomised controlled trial. A preliminary report on the data found some statistically significant differences in outcomes for children 6 to 12 months later between individuals and families on the Troubled Families Programme and those not on the programme. Fewer children on the programme were looked after children (0.63% compared with 1.23% of children not on the programme) or were assessed to be children in need (26.1% compared with 30% of children not on the programme). Slightly more children on the programme were subject to a child protection plan (7.1% compared with 6.8% not on the programme). The report gives no detail on any outcomes regards domestic violence and abuse (Ministry of Housing, Communities and Local Government, 2018). A more detailed report on the outcomes is expected later in 2018.

Stanley and Humphreys (2017) completed a process evaluation of a whole family approach implemented as a pilot study in northern England. *Growing Futures* was set up in Doncaster in northern England in 2014. This took a whole family approach on a case work basis provided by a specialist team of twelve domestic abuse navigators (DANs) working from co-located settings alongside children's centre workers or children's social work teams. The aim of the project was to reduce the emotional harm of domestic violence and abuse on children

and young people, support safety and recovery for victims and reduce repeat victimisation. The project also aimed to improve wider local multi agency practice by providing training, mentoring and leadership support to other agencies working with domestic violence and abuse in the area. The evaluation involved analysis the DANs' structured learning logs and case workbooks for the first twelve months of the programme, interviews with all 12 DANs, the service manager, four local professionals, seven service users (three mothers, two male perpetrators, two children). The analysis of the DANs casebooks show that 63% of eligible families engaged with the service (277 out of 440 referred). The evaluation team argue that the qualitative interviews suggest that the non-statutory basis of the *Growing Futures* programme and the flexible approach to working were important elements in successful engagement with families and in building trust. Most of those the DANs worked with directly were children and young people (153 out of 277 engaged cases) or victims (all female, 72 out of 277 engaged cases) with just 49 perpetrators, all male, directly involved. There were no references in the learning logs to any work with fathers and children without mothers being present. Extensive use was made of the *Signs of Safety* tools in the work done with children (Turnell and Edwards, 1999; Bunn, 2013) as well as safety planning. However, 18 months into the project's implementation it was observed that:

> **the pilot had not achieved a discernible shift away from them simply signposting DVA cases to other agencies. There seemed to be some way to go before they could assume ownership of the work themselves, particularly in relation to work with perpetrators**
>
> (Stanley and Humphreys, 2017 p.112)

In England the Tavistock Relationships have developed a relational approach to working with domestic violence and 'conflict'. This approach is based on the understanding that not all domestic violence and abuse is exactly the same and that it is unhelpful to respond to all cases as being severe violence and attempts to maintain coercive control. Johnson (2008) categorises domestic violence into 'intimate terrorism' (where violence is usually severe and used to exert control over the partner), 'violent resistance' (where a victim responds by using violence against a violent and controlling partner in self-defence), 'situational couple violence' (where some violence may occur from one or both partners but this is not to exert control) and 'mutual violent resistance' (where both partners are violent and controlling). The Tavistock relational approach (Tavistock Relationships, 2018) aims to screen out severe forms of violence based on coercive control or 'intimate terrorism' to work with couples who, it is argued form the majority of domestic abuse cases, where the violence is 'situational couple violence'. The approach takes a therapeutic approach, training professionals to work with couples to address their interactions and the conflict and violence that results. No evaluations were found to show the effectiveness of this approach on reducing levels of domestic violence and abuse.

'Parenting and Violence' – an attachment based intervention

The *Parenting and Violence* programme (Kamal et al 2017) is an attachment-based programme developed in Sweden for couples who have experienced intimate partner violence. The ten-week programme aims to increase parents' awareness of the impact of domestic violence on their children, with specific reference to attachment theory. The programme aims to reduce this impact by focusing on the importance of secure attachments in parenting, thereby reducing the likelihood of the intergenerational transmission of

domestic violence and abuse. The 90 minute sessions are delivered by social workers in separate groups for mothers and fathers. Group work includes perpetrators and victims of domestic violence and abuse. Three phases of the programme explore the child's emotional needs, how the parents can meet them and what parenting skills they can improve to meet these needs. Kamal et al (2017) report on findings from a small qualitative evaluation of this programme. Focus groups were conducted with 26 parents (16 women, 10 men) who had completed the programme one week previously. Parents reported changes in their self-control, self-confidence, communication and parenting. In particular fathers stated that they were calmer and more controlled. The programme was felt to increase the support available to them. Mothers reported increased insights into domestic violence and some men and women stated that it had highlighted further needs to be addressed.

Humphreys and Campo (2017) observe that there is little evidence available to inform safe practice for professionals who work from a whole family perspective when families are still living together because the victim is not in a position to separate and also when they have separated but children and often mothers may have contact with the parent perpetrator. The pro contact stance of family law and the pressure on mothers to separate to protect their children from child protection services creates a particularly difficult climate for women and children living with domestic violence and abuse and for practitioners seeking to promote healthy child development and end the 'cycle of violence'. They recommend workforce development and training to give practitioners the skills needed to safely implement a whole family approach.

The Patricia Project in Australia was an action research project that partly aimed to do just this by improving integrated working towards whole family interagency responses at different levels of need/risk (Humphreys and Healey, 2017). This study drew on the *Safe and Together* model developed by David Mandel in the USA and the UK and strongly recommends this as an example of promising practice. *Safe and Together* shifts practitioner attention from solely assessing the victim of domestic violence and abuse towards the actions and patterns of coercive control that the perpetrator uses to harm the child (including the pattern of behaviour that harms the non-offending parent and the mother–child relationship itself). Briefly the model, which is supported with training tools and other resources, involves three essential components: keeping the child safe and together with the non-abusing parent (focusing on safety, healing from trauma, building stability and nurturing); partnering with and building strengths with the non-abusive parent (exploring the risks to the child which accrue from abusive fathering practices; building an alliance with the child's mother by exploring strategies that have already been undertaken by her and other family members to promote the safety and wellbeing of the child); and intervening with the perpetrator to reduce harm to the child (ensuring that evidence of violence and its impacts are clearly documented in files, engaging with the perpetrator etc). Evaluation data suggests that the model may be a promising approach. For example, data collected in North West Florida indicates that following introduction of *Safe and Together* the rate of care placement of children living with domestic violence declined from 20.6% in the first half of 2012, to 13.6% in the second half of 2012 and to 9.1% in the first half of 2013 (Mandel, 2014).

Primary prevention and early help

The programme evaluations discussed so far have worked with children whose parents have been identified as being in crisis, either through services in contact with victims or via the criminal justice system. Primary prevention aims to stop domestic violence and abuse happening in the first place often targeting families thought to be most vulnerable and is therefore a particularly important part of any strategy to reduce violence and abuse and the factors that may influence behaviour in later life. In this section we present findings on interventions that aim to prevent violence in families with children from birth to five years.

Engagement and targeted parenting programmes

There are considerable barriers to accessing services for adult and child victims/survivors of domestic violence and abuse (Stanley, 2011) and understanding and addressing these barriers is essential for effective service delivery and for providing earlier help. As part of the IMPROVE systematic review on interventions for children who have lived with domestic violence and abuse (Howarth et al, 2016), Howarth et al completed and separately published a review of the evidence on parent and child engagement with domestic violence services for children (Howarth et al, 2018). Out of the eight programmes included in the analysis two studies covered children from the age of 4 years. A key finding from the study was that child or parental readiness/ability to take up domestic violence interventions are influenced by a complex interplay of individual, relationship and organisational factors. For many reasons, children are often reluctant to talk about the violence or the abusive parent. They may feel ashamed or that the violence is their fault or have limited ability to articulate their experiences. They may fear the consequences of 'breaking the secret' of domestic violence and abuse. A parent's readiness to engage with a service to find safety may not necessarily bring readiness to engage with a service for children. Fear about what the children may say or of 'losing' the children to child protection are often barriers to victim/survivor engagement with children's services. Howarth et al found the evidence indicates four factors are important for victim/survivor engagement with children's services: recognition that the relationship is abusive, of the potential harmful impact on children, the ability to see beyond their own needs to those of the children and overcoming fear of what the children might say about the violence. The relationship with and sensitivity of practitioners and the organisational readiness to respond are also highly influential. Organisational readiness will suffer from time pressures, staff or resource constraints or being in a state of organisational crisis. An important message for practice to draw from this review is that investigating and investing in strategies for effective engagement in a domestic violence service for children is an essential part of implementing the evidence on 'what works'. Howarth et al argue that the socio-ecological model of child protection could be applied to analyses and address engagement strategies, considering readiness/ability to engage by examining interactions between individual, family and relationship and organisational/institutional/community factors.

The Stefanou Foundation in England are implementing a whole family approach to prevent domestic violence in two areas of England. Set up in 2015 under the name *Healthy Babies, Healthy Relationships* and renamed in 2017 *For Baby's Sake*, the programme aims to address the cycle of domestic violence and improve mental health and parent–child attachment outcomes for mothers and fathers. *For Baby's* Sake is a manualised intervention with a

therapeutic core. It combines an evidence based treatment approach for domestic violence and abuse with a trauma informed approach for adult mental health issues alongside parenting intervention focused on infant mental health and parent-infant attachment. It also includes addressing a parent's own trauma from childhood abuse. The programme was developed in consultation with experts and services. In individual and group sessions as appropriate the programme is delivered to mothers and fathers from the ante natal period up to the child's age of two years. An independent mixed methods evaluation of the programme is underway and due to complete in 2019. An interim report indicates that the programme is reaching its intended audience and that service users appreciate the supportive approach. Referrals have come primarily through social services and midwifery. Those eligible are: expecting a baby and ideally have not reached 28 weeks of pregnancy; experiencing domestic abuse within their relationship, where the father is the main perpetrator of the abuse; those who wish to share the parenting of the baby, whether or not they are/stay together as a couple; those who will both be aged over 17 years when the baby is born. From 2015 to 2017, 245 referrals were made to the programme. Eight percent made the eligibility criteria and 88 couples gave consent to be contacted. Forty parents (27 mothers and 13 fathers) were interviewed at baseline. The evaluation so far stresses the importance of developing trust and rapport with families and providing consistent, non-judgemental support. Feedback from families is that the therapeutic aspect of the programme has been helpful, with families describing how techniques learnt have enabled them to improve their own wellbeing and relationships with partners (Domoney et al, 2018; 2019).

Preventing domestic violence to women and children

One of the five systematic reviews included in this study addressed primary prevention strategies. A scoping review by Bacchus et al. (2016), focused on the primary prevention of domestic violence against women together with the primary prevention of child maltreatment. The reviewers' goal was to use findings to improve the coordination and delivery of domestic violence and child maltreatment primary prevention programmes in low and middle income countries. Because of the lack of evaluation research in the context of low and middle income countries, interventions were not quality rated. The programmes discussed were described as being 'promising interventions', needing further evaluation of their impact. Six studies with a dual focus on preventing domestic violence against women as well as child maltreatment were included. Of these, four were RCTs or controlled trials: research on the *REAL Fathers* programme which targets fathers of toddlers in Uganda (discussed further later in this chapter); research on *SASA!* also from Uganda; research on *Parents Make a Difference*, from Liberia; and research on *Building Happy Families*, from Thailand). One study, of *Sinovuyo Caring Families* in South Africa, was a pre-post non-randomised study. The last study, of *One Man Can*, also in South Africa, was based on qualitative research. *REAL Fathers*, which specifically targets partner violence and child maltreatment, reported some promising findings for both from an RCT (Ashburn et al, 2017). *REAL Fathers* is a mentoring and community awareness programme on partner violence and child maltreatment operating in Uganda. The programme is prevention focused and targets young fathers aged 16 to 25 years who are married or cohabiting and have children aged 1 to 3 years. The RCT by Asburn et al (2017) was based on an intervention group consisting of 250 fathers who received the mentoring and community awareness programme, using posters, comparing outcomes with a group of 250 fathers who received only the community awareness programme. Fathers were interviewed at baseline, after the end of the programme

(at 10 months) and then followed up 8 to 12 months later. The evaluation team found both a significant reduction in the father's self-reported physical punishment of children at follow up (42% reporting having used physical violence to punish a child versus 63% in the comparison group) and significant reductions in self-reported partner violence (28% reporting this at follow up versus 47.6% of fathers in the comparison group). Qualitative interviews with fathers and some of the mothers confirm some positive impact on fathers. However although the programme had this promising impact upon perpetration of domestic violence and abuse there was less of an impact on fathers' attitudes to gender norms. The authors note that attitudinal change requires a longer term intervention and community support to reinforce positive changes in attitudes and beliefs. Although this programme operates in the cultural and political context of Uganda which is very different to the UK, the impact of the mentoring programme on young fathers is of interest and indicates a positive option for UK prevention services that could be developed and evaluated in context.

The *SASA!* Programme is designed to prevent partner violence through community mobilisation but the RCT found there was also a statistically significant reduction in child maltreatment, measured as a decline of 64% in the child witnessing domestic violence (Abramsky et al, 2014 quoted in Bacchus et al, 2016). *Parents Make a Difference* in Liberia, *Building Happy Families* in Thailand and *Sinovuyo Caring Families* in South Africa are programmes that aim to prevent child maltreatment but unintended outcomes on partner violence were reported from the qualitative components of the RCTs for *Parents Make a Difference* and *Building Happy Families* and some positive changes in attitudes on gender based violence were found in the *Sinovuyo Caring Families* evaluations. Encouraging findings were also found in the *One Man Can* qualitative evaluation based on interviews with 53 fathers, suggesting some shift in beliefs about manhood and more equality in decision making in their partner relationships, Bacchus et al concluded that there is a small evidence base for these prevention programmes and there are methodological weaknesses in the studies so any conclusions about the effectiveness of the programmes at this stage are tentative at best. Much of the primary prevention work on domestic violence and child maltreatment addresses the social norms and attitudes linked with violence but the emphasis on gender norms varied between programmes. Some programmes addressed gender inequity indirectly by promoting joint decision-making and open communication between caregivers. The authors recommend that improved coherence between domestic violence and child maltreatment programmes requires equal attention to be given to the needs of women and children, and the involvement of fathers when it is safe to do so.

Prevention via home visitation

Home visitation schemes involve a professional, generally a health professional, visiting a vulnerable mother or family at home to deliver a child maltreatment prevention or healthy parenting programme. There has been substantial research into home visitation schemes and their effectiveness for child maltreatment prevention. Programmes such as the *Nurse Family Partnerships* in the USA (Eckenrode et al, 2017), the *Family Nurse Partnership* programme in England (Robling et al, 2016) and *Voor Zorg* in the Netherlands (Medjoubi et al, 2015) all include domestic violence and abuse towards the mother as a vulnerability factor for child maltreatment. However the programmes tend to be health and parenting focused and do not necessarily address directly reducing the domestic violence or reporting on changes in domestic violence incidence. It is also possible that the programmes may

have a different impact in different cultural contexts, possibly having a greater impact where health and children's services are not universally available. In Hawaii, the *Healthy Start*, home visitation programme evaluation collected data on domestic violence and abuse as an outcome measure alongside data on child maltreatment (Bair-Merritt et al, 2010). In this study, the RCT included 643 families at high risk of child maltreatment with a baby born between November 1994 and December 1995, randomly assigned to the intervention or control group. The intervention group received the home visitation programme on a weekly basis for 3 years with the professional linking the mother into community resources and services. Domestic violence and abuse in the past twelve months was measured using the Conflict Tactics Scale in a self-report interview at baseline, birth, annually when the child was aged 1 to 3 years and when aged 7 to 9 years. Compared with mothers in the control group who had not received the programme those in the intervention group reported lower rates of domestic violence and abuse victimisation (IRR 0.86) and lower rates of perpetration of violence towards their partner (IRR 0.83) when the child was aged 3 years. No differences were found however between the two groups at the longer-term follow up.

Voor Zorg in the Netherlands reports only child maltreatment record outcomes from an RCT involving 223 mothers receiving the programme and 237 mothers in a comparison group. However, statistically significant differences were found in child internalising symptoms measured at age 3 years with 19% of children in the comparison group showing internalising symptoms compared with 11% in the intervention group (Medjoubi et al, 2015).

Parenting and relationship skills

The *Building Strong Families* (BSF) relationship skills programme is for new parents in low income families who were not experiencing domestic violence at the time of screening into the programme. Roopnarine et al. (2017) used data from 8 BSF programmes across the USA to examine how relationship skills education influenced paternal functioning, and to what extent the education influenced associations between paternal depression, partner violence and childhood behaviours. Parents were recruited on to the programme from a range of community sources including maternity wards and infant health clinics and randomly assigned to either the treatment group, who were offered the BSF programme, or the control group, not offered the programme. Almost half (49%) of couples recruited to the programme did not attend any of the relationship education groups and only 29% attended half of the sessions offered, so compliance rates were low for programme attendance. Data from 3,045 fathers showed that for men who attended at least some of the educational group programme sessions, when compared with men who did not attend and men in the control group, the programme had a positive impact on self-reported paternal depression and partner violence (as reported by the mothers) when the child was aged 15 months. It also had a positive impact on children's internalising and externalising behaviours (as reported by fathers) when the child was aged 36 months. Further research to explore these findings would be helpful and could be designed to address the limitations of this study regards the reliance mostly on father self-report and lack of information on attrition rates.

Kan and Feinberg (2015) present findings from an RCT of the *Family Foundations transition to parenting* programme. This programme was for first time parents and aimed to promote co-parenting to improve outcomes for children. The RCT involved 167 adult couples (mainly white and married) and examined the impact of the programme on physical partner violence and co-parenting skills when the child was aged 12-13 months. Eighty-nine couples were

randomly assigned to receive the programme and 80 couples were randomly assigned to a comparison group. The programme was delivered for 4 weeks antenatally and 4 weeks postnatally. Data was collected by parent reports by interviews pre-birth (T1), a postal questionnaire sent four to eight months after birth (T2) and interviews and clinician observations when the child was aged 12 to 13 months (T3). It was found that for those in the control group, antenatal physical partner violence between parents significantly predicted poorer parenting quality, regards fathers' parenting positivity and negativity and both parents' reactivity to distress when their child was one year old. In the treatment group no significant associations were found over time between antenatal domestic violence and parenting quality when the child was aged 12 months. The authors state that such findings indicate that relationship support to promote co-parenting prior to the birth of a first child could 'inoculate' parenting from the effects of pre-birth partner violence (Kan and Feinberg 2015 p 369). Different processes were observed for fathers and mothers with parenting by fathers being affected more by the couple relationship and pre-birth domestic violence than were mothers.

Another programme targeted at antenatal couples is the *Young Parenthood Program*, a 10 week counselling programme for pregnant adolescents and their partners which aims to improve co-parenting and communication skills and prevent domestic violence regardless of whether the couple remains romantically involved. The programme aims to get around the problem of identifying and recruiting young people vulnerable to domestic violence by targeting young couples prior to the birth of the first child, where they can be easily identified through service contacts and where scope for engagement may be greater. Florsheim et al. (2011) conducted an RCT of a small pilot sample (n=105) of couples in the USA. Fifty three couples were assigned to the *Young Parenthood Programme* and 52 couples were a comparison group who did not receive the programme. Data was collected from parents pre- birth (T1), after the programme had been delivered and when the baby was two to three months old (T2) and followed up 18 months after the birth (T3). Florsheim et al found that the programme had a preventive effect on the incidence of partner violence in the treatment-group couples, with the couples reporting significantly fewer incidences of domestic violence at T2 compared with couples in the comparison group. Follow-up and analysis at T3 however indicated that any programme effects were not sustained 18 months post-birth, suggesting that the strength of the finding diminished over time. This finding points towards the need to reaffirm the messages of violence prevention education so that learning can be reinforced and sustained. There are also some puzzling results in this study. The measure of domestic violence used was the Conflict Tactics Scale and the researchers note that most of the violence reported was reciprocal/bidirectional, from both partners towards one another, and less severe in nature. Violence from males to females increased between T1 and T3 from 14.5% to 28%. The researchers conclude that further research is needed to thoroughly test the findings with a larger group of participants.

Summary

Twenty-one studies were found that addressed the second question of this review, *Is there any evidence of effective interventions with parents and young children which explicitly aim to address the development of violent and controlling behaviour and do these include any explicit work on gender roles?* This question was to be considered with reference to work with parents, especially fathers, of children within the early years age group of 0 to 5 years. Many of the studies found were based upon small samples, exploratory or qualitative research and although these papers offer helpful insights into promising approaches, further research would be needed before it could be said with any degree of confidence that these interventions are effective. Interventions to prevent the intergenerational transmission of domestic violence have tended to focus on older children and adolescents, and less often on parents of children within the 'early years' range, the group of interest for this review. Echoing other recent reviews (Howarth et al, 2016; Rizo, 2011), there is a clear gap in research into the effectiveness of interventions with this younger age group of children and their families. Many of the primary prevention, parenting and perpetrators programmes addressed gender issues and domestic violence and abuse, although interventions with this gendered insight were focused on changing adults' attitudes and behaviour regards violence. We were unable to find any research on working directly with children under the age of five years to address the gendered nature of domestic violence and abuse. There appears to be a mismatch between research on the impact and theoretical and conceptual approaches and interventions that have been evaluated. Another finding from earlier reviews, that we need to develop and evaluate different responses appropriate to the particular needs of the child (Howarth et al, 2016), is also confirmed by this review. It is likely that different developmentally appropriate interventions for children within this early years age group across the continuum of needs from recovery to primary prevention would be required.

Evaluations of therapeutic and recovery focused interventions, usually delivered by specialist domestic violence or mental health services, have drawn heavily upon group work and 'talking therapies', often involving children aged over four years. There are some promising findings for the parallel mothers and children's group programmes for children aged four to six years (Graham-Bermann et al, 2015). For younger children below the age of four there are some limited but promising findings on using play therapies for caregivers and children to support attachment, interaction and boundary setting (Waldman-Levi and Weintraub, 2015). Further evaluation of these programmes for very young children is needed. A strong relationship and emotional support from the primary caregiver for the child is one factor associated with resilience (Holt, Buckley & Whelan, 2008).

While there has been an expansion of research on working with domestic violence perpetrators, in the UK very few programmes have addressed parenting by perpetrators (Alderson et al, 2015) and work in this field has been reactive, generally taking action after a conviction or after behavioural or mental health problems in the child have been identified. The perpetrator programme research is flawed by the widespread use of measures of change that are based largely on offender self-reporting acts of physical violence and the lack of comparison between men attending programmes and men receiving other forms of treatment or intervention response. Relationships with children have been identified as important to violent fathers who attend domestic violence perpetrator programmes however, in the majority, any impact on fathering results from interventions that target partner violence and do not explicitly address the risks to children. There are also risks in how the issue of motivation to change among violent fathers is approached. Research suggests that despite the expressed commitment to be a 'better dad', fathers are not necessarily more likely than non-fathers to show compliance with treatment and to practice skills learned to manage their own behaviour (Poole and Murphy, 2017). Qualitative research studies raise important questions about the nature of the motivation and the need to carefully distinguish between genuine efforts to change and to stop the violence for the benefit of children and attempts to use contact with children as a route to regaining power and control in a relationship after partners have separated (Broady et al, 2017). Within perpetrator programmes the priority has been safety first, dealing with the violence to ensure that the victim and children are safe before approaching fathering and encouraging co-parenting. Some promising findings have emerged from programmes that combine safety and fathering, as in the Caring Dads programmes (McConnell et al, 2018) however the small control group and high attrition rates for this study limit conclusions that can be drawn. Very few domestic violence perpetrators are recruited into these programmes as the most common route to entry is via the courts, usually following a prosecution. Earlier interventions are needed with fathers but these need to be developed in collaboration with other agencies working in the community so that responses for the whole family can be coordinated.

Whole family approaches that directly address domestic violence and abuse are increasingly popular although a lot more needs to be known about father engagement, how the violence is actually addressed and what interventions are promising for families where the perpetrator is still involved because the victim is not in a position to separate or the children have continued post separation contact. While some promising evidence is emerging there remain considerable gaps in knowledge about effective responses for children in different circumstances. Different forms of support may be needed for children still living in a household where there is ongoing domestic violence and abuse, where the mother is separating and in need of crisis support, in situations where parents are separated but contact with the violent parent is occurring. Promising findings from the Patricia Project in Australia (Humphreys and Healey, 2017) could have relevance for the UK context as the emphasis is on equipping a multi-agency workforce in services to provide a coordinated response.

Recent early evaluation findings in the UK of programmes such as *For Baby's Sake* (Domoney et al, 2018; 2019) also indicate some promising feedback from parents of approaches that combine domestic violence treatment approaches, trauma informed approaches, to address adult mental health with parenting and infant mental health focused support.

Parent programmes that have identified vulnerable parents pre-birth via health care and ante natal clinics, providing group work relationship skills education, as in *Building Strong Families* or promoting co-parenting, as in *Family Foundations* show some promising findings on parental depression and positive parenting (Kan & Feinberg, 2015; Roopnarine et al, 2017). However attendance at group sessions tends to be poor and there are indications that prevention messages need to be reinforced over time if positive parenting is to be sustained. Methods other than solely group education need to be explored to engage with and sustain prevention efforts with vulnerable families over time.

In the final section of this report we will draw together key messages from the two research questions considered in this review.

Table 2: Studies included for research question 2

Reference	Study type	Jurisdiction	Intervention	Methods	Participants	Results
Systematic reviews						
Bacchus, L. Colombini, D.Contreras Urbina, M. Howarth, E. Gardner, F. Annan, J. Ashburn, K. Madrid, B. Levtov, R. & Watts, C. (2016) Exploring opportunities for coordinated responses to intimate partner violence and child maltreatment in low and middle income countries: a scoping review, *Psychology, Health & Medicine* 22:sup1, 135-165, DOI: 10.1080/13548506.2016.1274410	Systematic review/scoping	Low to middle income countries (LMICs) Programmes were based in South Africa (2), Uganda, (2), Liberia (1)and Thailand (1)	Five of the interventions were delivered within parenting programmes. SASA! Community mobilisation programme to prevent IPV. Only One Man Can looked at both IPV and CM	Review aimed to identify opportunities for greater coordination between IPV and CM programmes in LMICs. Search covered English language publications from 2010 to 2016 in 9 databases and grey literature. Included primary prevention programmes that addressed IPV and CM. Not quality rated as focus on 'promising interventions'	6 studies were included from 2013-2016. 4= RCTs or controlled Trials (REAL Fathers targets fathers of toddlers Uganda; SASA! Uganda; Parents Make a Difference, Liberia; Building Happy Families, Thailand), one pre-post non-randomised study (Sinovuyo Caring Families, South Africa) and one a qualitative study (One Man Can, Hatcher, 2014)	The emphasis on gender norms varied between programmes. Some parenting programmes addressed gender inequity indirectly by promoting joint decision-making and open communication between caregivers. Conclusions are tentative due to the small evidence base and methodological weaknesses. Improved coherence between IPV and CM programmes requires equal attention to the needs of women and children, and the involvement of fathers when it is safe to do so

Reference	Study type	Jurisdiction	Intervention	Methods	Participants	Results
Howarth E, Moore THM, Welton NJ, Lewis N, Stanley N, MacMillan H, et al. (2016) IMPRoving Outcomes for children exposed to domestic ViolencE (IMPROVE): an evidence synthesis. *Public Health Research,* 4:10.	Systematic review	USA, Canada, Netherlands, Israel, UK	Interventions for children exposed to domestic violence and abuse	IMPROVE review covered 4 areas: (1) A systematic review of controlled trials of interventions; (2) a systematic review of qualitative studies of participant and professional experience of interventions; (3) a network meta-analysis (NMA) of controlled trials and cost-effectiveness analysis; (4) an overview of current UK provision of interventions; and (5) consultations with young people, parents, service providers and commissioners.	1345 children for the systematic review of controlled trials of interventions; 100 children, 202 parents and 39 professionals for the systematic review of qualitative studies of participant and professional experience of interventions; 16 young people, six parents and 20 service providers and commissioners for the consultation with young people, parents, service providers & commissioners.	34 papers in the review of controlled trials. None from UK. Only 4 covered children aged 18 months to 6 years. The evidence base on targeted interventions was small, with limited settings and types of interventions. 11 trials of psychotherapeutic interventions for mother and child reported improvements in behavioural or mental health outcomes, with modest effect sizes but significant heterogeneity and high or unclear risk of bias. Psychoeducational group-based interventions delivered to the child were found to be more effective for improving mental health outcomes than other types of intervention. Interventions delivered to (non-abusive) parents and to children were most likely to be effective for improving behavioural outcomes.

Reference	Study type	Jurisdiction	Intervention	Methods	Participants	Results
Howarth, E., Moore, T. H., Stanley, N., MacMillan, H., & Feder, G & Shaw, A. (2018) Towards an ecological understanding of readiness to engage with interventions for children exposed to domestic violence and abuse: Systematic review and qualitative synthesis of perspectives of children, parents and practitioners, *Health Soc Care Community,* 1–22.	Systematic review	N/A	Engagement with children's services delivered in specialist DVA services	Part of the IMPROVE review of services for children living with DVA. Articles up to 2016 searched on MEDLINE, PsycINFO, EMBASE, CINAHL, Cochrane Central Database of Controlled Trials (CENTRAL); Science Citation Index; Social Science Citation Index; ASSIA; IBSS; Social Services Abstracts; Sociological Abstracts on ProQuest; Social Care Online; the WHO trials portal; clinical trials.gov	Evidence from qualitative research on 8 programmes identified. Two involved children from age 4 years.	Three key findings = (a) parent and child readiness is influenced by a complex interplay of individual, relationship and organisational factors; (b) the specific process through which women become ready to engage in child-focussed interventions may differ from that related to uptake of safety-promoting behaviours and requires parents to be aware of the impact of DVA on children and to focus on children's needs; (c) there are distinct but interlinked processes through which parents and children reach a point of readiness to engage in interventions aimed at improving child outcomes.

Reference	Study type	Jurisdiction	Intervention	Methods	Participants	Results
Labarre, M.Bourassa, C. Holden, G. Turcotte, P. & Letourneau, N. (2016) Intervening with fathers in the context of intimate partner violence: An analysis of ten programs and suggestions for a research agenda, *Journal of Child Custody*, 13:1,1-29, DOI: 10.1080/15379418.2016.1127793	Systematic / integrative review	Interventions from USA, Canada, Israel, Norway & Australia	Untitled group program Israel; Caring Dads, Canada; Restorative Parenting, USA; Addressing Fatherhood with Men Who Batter, USA; Dads' Group, Canada; Strong Fathers, USA; Alternative to Violence, Norway; Fathering After Violence, USA; Fathers for Change, USA; Dads on Board, Australia	Search covered 8 databases for articles on fathers and DV between 1990-2015. Approach described as 'integrative review' covering experimental and non-experimental research.	Found 10 programs targeting violent fathers using different intervention approaches (e.g., group intervention, family therapy, motivational interviewing etc)	Results reveal two main categories of objectives of programs for fathers: (1) increasing accountability and empathy while decreasing violence; (2) fostering positive fathering and father-child relationship. Many programs also focus on motivating men to change and engagement in the program. For 9 out of 10 programs the prime aim is to stop violence to the mother. Only Dads on Board focused primarily on fathering without addressing the DVA. Most programs were shorter than 20 weeks. 3 types = standalone group work with fathers; fathers program as addition to perpetrator program; interventions for couple/family. Effectiveness evidence is very limited, only 6 studies on impact were found.

Reference	Study type	Jurisdiction	Intervention	Methods	Participants	Results
Rizo, C. Macy, R. Ermentrout, D. & Johns, N. A review of family interventions for intimate partner violence with a child focus or child component, *Aggression and Violent Behavior* 16, 144–166	Systematic review	N/A	Family interventions for IPV with child focused components	Searches of PubMed, PsychInfo, ASSIA, Social Service Abstracts, Sociological Abstracts, and Social Work Abstracts from 1990 to 2010. Quality assessment of generalisability not defined	31 articles included.	4 categories of interventions were found (a) counselling/therapy); (b) crisis/outreach; (c) parenting; (d) multicomponent. Only 4 interventions evaluated included children under the age of 5 years. All 4 were counselling therapy programmes. Only 1 study had an experimental design. Although some improvements were found in child behaviour and parent (mothers) psychological distress all 4 studies had methodological limitations.

Reference	Study type	Jurisdiction	Intervention	Methods	Participants	Results
RCTS						
Ashburn, K., Kerner, B., Ojamuge, D., and Lundgren, R. (2017). Evaluation of the Responsible, Engaged, and Loving (REAL) Fathers Initiative on physical child punishment and intimate partner violence in Northern Uganda. *Prevention Science*, **18**(7), 854-864.	RCT	Uganda	REAL Fathers 12 week programme of father mentoring and community awareness using a poster campaign. Aims to target young fathers to prevent child maltreatment and partner violence. Teaches parenting skills, conflict resolution, encourages reflection on gender roles of parents in child care	Intervention group 250 men received mentoring and community programme. Comparison group 250 men received just community programme. Assessment of child maltreatment and partner violence measured using Conflict Tactics Scale	500 young fathers aged 16-25 years, married or cohabiting, with at least one child aged 1-3 years. Assessed at three time points, baseline (T1), endline (T2) and follow up (T3). Sample at T1 = 500, T2 = 435, T3 = 399.Qualitative interviews at follow up with 20 fathers and 10 mothers.	Significant reductions found for partner violence and child physical punishment among men in the intervention group compared with men in the comparison group. Odds ratio for partner violence in intervention group men at follow up was 0.47, significantly lower than men in comparison group (CI 0.31, 0.77, $p < 0.001$). Odds ratio for use of physical punishment against a child in intervention group men at follow up was 0.52,(CI 0.32, 0.82, $p < 0.001$) significantly lower than men in comparison group

Reference	Study type	Jurisdiction	Intervention	Methods	Participants	Results
Bair-Merritt, M., Jennings, J. Chen, R. Burrell, L McFarlane, E. Fuddy, L. and Duggan, A. (2010). Reducing Maternal Intimate Partner Violence After the Birth of a Child: A Randomized Controlled Trial of the Hawaii Healthy Start Home Visitation Program. *Archive of Pediatric Adolescent Medicine*, 164(1), 16-23.	RCT	USA/Hawaii	*Healthy Start* home visitation from health care professionals to reduce partner violence and prevent maltreatment, focusing on parenting. Weekly visits from ante natal period up to child's third birthday	Random assignment of mothers to treatment or control group Self report measures of partner violence in past twelve months (based on Conflict Tactics Scale) collected at birth, annually from ages 1 to 3 years and 7 to 9 years Child protection data on child abuse and neglect cases	643 mothers with children born Nov 1994 to Dec 1995 assessed at high risk of child maltreatment	Mothers in *Healthy Start* had significantly lower rates of partner victimisation compared with mothers in the control group (IRR 0.86) Mothers in *Healthy Start* had significantly lower rates of partner violence perpetration compared with mothers in the control group (IRR 0.83) when the child was aged 3 years. These results were not sustained over the longer term
Florsheim, P., McArthur, L., Hudak, C., Heavin, S., and Burrow-Sanchez, J. (2011) The Young Parenthood Program: Preventing Intimate Partner Violence Between Adolescent Mothers and Young Fathers, *Journal of Couple & Relationship Therapy*, 10(2), 117-134.	RCT	USA	Young Parenthood Program, a 10 week counselling programme for pregnant adolescent couples. Aims to improve co-parenting and communication skills and reduce or prevent DV, regardless of whether the couple remains romantically involved.	Semi-structured interviews at T1 (prenatal), T2 (2-3 months post birth) and T3 (18 months after birth). Used open-ended interviews and CTS to assess DV.	105 pregnant adolescents aged 14-18 years and their partners aged 14-24 years. 53 in treatment group, 52 control. 45% Latino/ Hispanic, 42% White and 13% other. Recruited through clinics and schools providing specialist services for pregnant adolescents.	The programme had a preventive effect on the incidence of IPV in the treatment-group couples' at least for the first several months following childbirth. However, additional follow-up and analysis indicated that program effects were not fully sustained over time

Reference	Study type	Jurisdiction	Intervention	Methods	Participants	Results
Kan, M. L. and M. E. Feinberg (2015). Impacts of a coparenting-focused intervention on links between pre-birth intimate partner violence and observed parenting. *Journal of Family Violence* 30(3): 363-372.	RCT	USA	Family Foundations co-parenting programme (4 prenatal and 4 postnatal group classes)	Intervention group received co-parenting education programme pre-birth, control group were sent a leaflet on childcare. Aim was to test if co-parenting education pre birth could influence the association between DV and poor parenting. Data collected at 3 time points: T1 – prenatal parent interviews, 23% of the eligible sample agreed to participate. T2: Postal questionnaires sent 4-8 months post-birth; T3: 12-13 months after the birth, interviews with parents and clinician observations. Measured physical DV using CTS	167 heterosexual couples aged 18 and over, expecting first child, recruited from community sources such as maternity wards 89 in treatment group, 80 in comparison group.	Pre-birth DV significantly predicted fathers' parenting positivity and negativity and both parents' reactivity to distress for control group couples when their child was one year old. Links between mothers' and fathers' violence and parenting were largely significant, but only for control group couples.

Reference	Study type	Jurisdiction	Intervention	Methods	Participants	Results
Roopnarine, J.L. and Dede Yildirim, E. (2017) Influence of Relationship Skills Education on Pathways of Associations Between Paternal Depressive Symptoms and IPV and Childhood Behaviors, *Psychology of Men and Masculinity,* Advance online publication, March http://dx.doi.org/10.1037/men0000100	RCT	USA	Building Strong Families Study, gave relationship education to fathers, based on developmental psychopathology perspective Aim to assess if relationships skills education can reduce the impact of parental depression and DV on preschool children's internalising and externalising symptoms via parental warmth and avoidance of destructive conflict behaviour	Fathers randomly assigned to treatment or control group. Treatment group had relationship skills education in groups. Assessments conducted after treatment when child was 15 months old and 36 months old. Structural equation modelling and mediational analyses conducted	3,045 low income Hispanic, African American and European American fathers from 8 US states. Fathers self reported depression, avoidance of conflict, child's behaviour, parental warmth. Mothers reported on DV when child aged 15 months	There were direct links between DV and child behaviour difficulties among non-compliant treatment fathers and fathers in the control group. For fathers who had the treatment, avoidance of destructive conflict behaviour mediated the association between IPV and the child's externalising behaviour. Parental warmth had no impact

Reference	Study type	Jurisdiction	Intervention	Methods	Participants	Results
Case control studies						
Poole, G.M. and C.M. Murphy (2017) Fatherhood Status as a Predictor of Intimate Partner Violence (IPV) Treatment Engagement. *Psychology of Violence*, Advance online publication. http://dx.doi.org/10.1037/vio0000124online	Case control	USA	DV perpetrator programme, court mandated. Aim was to test if fatherhood status could predict successful programme engagement	Outcomes of fathers on programme compared with non-fathers from case records, men's self-report, clinician reports. Data collected 2006-11 as part of a larger study of intake. Measures of: DV (CTS physical, psychological, sexual violence and injury), treatment attendance, homework compliance, processes of change, readiness to change, working alliance.	149 fathers compared with 40 non-fathers on DV perpetrator programme	Mixed findings regards the impact of fatherhood on programme engagement. Fathers were more likely than non-fathers to attend intake appointment, complete required number of treatment sessions and self- report higher levels of cognitive and behavioural processes of change. Fathers did not have higher levels of clinician reported compliance with homework. No differences found between fathers and non-fathers on readiness to change or working alliance with therapist.

Reference	Study type	Jurisdiction	Intervention	Methods	Participants	Results
Evaluations						
McConnell, N. Barnard, M. and Taylor, J. (2017). Caring Dads Safer Children: Families' perspectives on an intervention for maltreating fathers, *Psychology of Violence* 7(3): 406-416.	Evaluation Quantitative	UK (5 centres)	Caring Dads Safer Children (CDSC), a program for domestically abusive fathers based on the Canadian Caring Dads model	Mixed methods evaluation using children's and mothers' reports on wellbeing and fathers' reports on parenting and controlling behaviour. Measures taken at three-time points: before program (baseline, T1); at the end of the program (T2), and 6 months later (T3)	Fathers referred via social services, child and family courts, probation and health services. Fathers (T1, N=348); (T2, N=185); (T3, N=49) Partners (T1, N=141); (T2, N=126); (T3 N=40) Children (T1=60); (T2, N=41); (T3, N=15). Waiting list control group (N=15).	Fathers reported fewer DA incidents, improved interactions with their children, and reduced parenting stress. Partners reported fewer incidents of DV. Children and partners described positive changes in the fathers' behaviour; however, some fathers continued to pose a risk.
Scott, K. L. and V. Lishak (2012). Intervention for maltreating fathers: Statistically and clinically significant change, *Child Abuse & Neglect* 36(9): 680-684	Evaluation Quantitative	Canada	Caring Dads Community based Group Treatment Programme for abuse, neglect or exposed to DV	Pre- and post-test evaluation design. Measures: Generalised anger and aggression, Parenting Scale (problematic parenting i.e. laxness, over-reacting and hostility), Parenting Alliance Measure (fathers perceptions of co-parenting) No comparison group.	98 fathers from various Caring Dads Groups Attrition not measured	Changes in father's over-reactivity to children's mis-behaviour and respect for their fathers' commitment and judgement. 35% of men who initially scored in clinical range for hostility, 6 assessed as 'recovered' at programme end.

Reference	Study type	Jurisdiction	Intervention	Methods	Participants	Results
Stover, C. Carlson, M. Patel, S. (2017) Integrating intimate partner violence and parenting intervention into residential substance use disorder treatment for fathers, *Journal of Substance Abuse Treatment* 81: 35-43	Evaluation	USA	Co-ordinated intervention for substance misuse and DV, Fathers for Change, implemented in residential drug treatment facility	Interviews were conducted at baseline and follow-up to assess the impact of the intervention on anger, hostile thinking and emotion regulation problems. Focus groups were also conducted with the participants	44 fathers with history of DV and substance abuse in residential treatment and with at least one child under the age of 10 years. 37 fathers completed programme. Aged 21-39 years.	Results indicated a high prevalence of anger related thoughts at baseline that significantly decreased at follow up; there were also significant reductions in affect regulation problems. 84.1% of participants completed the program in its entirety and were highly satisfied with the content. These findings suggest that Fathers for Change can be implemented, successfully, in a men's residential treatment program.
Qualitative Studies						
Alderson, S., Westmarland, N., and Kelly, L. (2013). "The need for accountability to, and support for, children of men on domestic violence perpetrator programmes." *Child Abuse Review*, 22(3), 182-193.	Qualitative	UK	Community based perpetrator programmes	Evaluation of 5 programmes: survey and semi-structured interviews	Survey of 44 organisations, 73 semi-structured interviews with men on respect programmes (n=22) , partners (n=18), staff (n=27) and commissioners (n=6)	Identifies three types of positive outcomes for children following their father's involvement in a perpetrator programme.

Reference	Study type	Jurisdiction	Intervention	Methods	Participants	Results
Bourassa, C., Letourneau, N., Holden, G. W., and Turcotte, P. (2017) Fathers' perspectives regarding their children's exposure to intimate partner violence, *Journal of Public Child Welfare*, 11(3), 261-278.	Qualitative	Canada	Batterers intervention programme(s)	Qualitative interviews with men attending batterers' intervention programme, sampled from 9 different programmes	21 fathers, most aged 30-39 attending a batterers intervention programme	16 of the fathers were aware of the negative effects that exposure to DV had on children. Many expressed their desire to mitigate the destructive effects of violence on their children.
Broady, T. R., Gray, R., Gaffney, I., and Lewis, P. (2017) 'I miss my little one a lot': How father love motivates change in men who have used violence, *Child Abuse Review*, 26(5), 328-338.	Qualitative	Australia	Group based domestic violence perpetrator programme 'Taking Responsibility'	Interviews on programme completion	21 men, aged 29–56 years, court mandated and voluntary members of the programme	Key theme from analysis was that love for children is a central motivation for fathers saying they wanted to stop using violence. Majority of men described themselves as 'good fathers' and saw the violence to the mother as unrelated to their relationships with children.

Reference	Study type	Jurisdiction	Intervention	Methods	Participants	Results
Kamal, L., Strand, J., Jutengren, G., and Tidefors, I. (2017). "Perceptions and Experiences of an Attachment-Based Intervention for Parents Troubled by Intimate Partner Violence." *Clinical Social Work Journal*, 45(4), 311-319.	Qualitative	Sweden	'Parenting and Violence' – a 10-week group intervention program for parents who are either victims or perpetrators of IPV. Separate groups for mothers and fathers, led by social workers	Focus groups (Single sex, no more than 5 participants in each group)	26 parents (16 mothers and 10 fathers) with a history of IPV. Median age of 38 for mothers and 44 for fathers. Most participants (23) were born in Sweden, one was born in another European country, and two were born in the Middle East. Children aged from 4 months – 22 years. 12 married, 4 cohabiting, 10 single.	Participants experienced the intervention as supportive and confirming of their role as parents. Parents described feeling more in control, more self-confident, more skilled in communicating, and more able to provide security for their children. However, they also expressed a need for continuing support to maintain their improved parenting strategies.

Reference	Study type	Jurisdiction	Intervention	Methods	Participants	Results
Meyer, S. (2017) Motivating perpetrators of domestic and family violence to engage in behaviour change: The role of fatherhood, *Child & Family Social Work,*23, 97-104.	Qualitative	Australia	Court mandated domestic violence perpetrators programme	Face to face interviews with men attending the programme.	18 fathers. None of the participants had completed the programme at the time of interview.	Only 7 out of 18 fathers were seeking to change their behaviour. Most minimised the violence and blamed the partner for it happening. Fathers expressed strong desire to stay involved with their children although the motivation for this needs unpacking as fathers expressed strong sense of entitlement in parenting. Findings indicate the need for education for abusive fathers in 3 key areas: the impact of DV on children's well-being; on the parent–child relationship; on related repercussions on the parent–child relationship.

Reference	Study type	Jurisdiction	Intervention	Methods	Participants	Results
Stanley, N. Graham-Kevan, N. and Borthwick, R. (2012) Fathers and Domestic Violence: Building Motivation for Change through Perpetrator Programmes, *Child Abuse Review* 21(4): 264-274.	Evaluation Qualitative	England	Strength to Change a voluntary programme for perpetrators of domestic violence in north-east England,	Process evaluation. One to one interviews (face-to-face or telephone)	21 males with histories of DV perpetration and 13 female partners	The desire to secure or regain access to their children or to avoid care proceedings was an extrinsic form of motivation that appeared effective in securing men's initial engagement with the programme. However, children could also function as a form of intrinsic motivation with men developing their awareness of the impact of abusive behaviour on children and viewing their participation in the programme as a means of becoming a 'better father'. Restricted because of no outcome measures.

Reference	Study type	Jurisdiction	Intervention	Methods	Participants	Results
Stover, C. S. (2015), Fathers for change for substance use and intimate partner violence: Initial community pilot, *Family Process* 54(4): 600-609.	Mixed Method Feasibility study	USA	Fathers for Change programme designed to address parenting of men with substance misuse and DV problems. (1) Focus on the fathering role as a motivator for change; (2) Integration of strategies for reducing DV and substance abuse (SA) in each session; (3) Intergenerational transmission of DV and SA; (4) communication skills and co-parenting; (5) the impact of DV and SA on child development; and (6) parenting skills	Men were referred to the study by the courts or the Department of Children and Families following Dv and or drug related offences. Sample was randomly assigned to Fathers for Change or Individual Drug Counselling (IDC). They were assessed at baseline, post-intervention and 3 months following the 16-week intervention period Measures included addiction severity, tracking violence/ substance abuse, conflict scale, co-parenting relationships, and child-interactive behaviour	18 males who were the biological fathers of at least one child under the age of 10 years	Men in the Fathers for Change group: (1) were more likely to complete treatment; (2) reported significantly greater satisfaction with the programme; (3) reported a trend toward less DV; and (4) exhibited significantly less intrusiveness in coded play interactions with their children following treatment than fathers in the IDC group. Results indicate further evaluation of this intervention in a larger sample is warranted. Small sample size and short follow-up period.

Section 4: Discussion

This review has highlighted a number of shortcomings and gaps in the research literature that present a challenge for evidence informed practice. The review of evidence for research question one, confirms findings from many years of research showing that living with domestic violence and abuse is harmful for children and young people. In part one of this report it was found that much of the longitudinal cohort studies on the 'cycle of domestic violence' have focused on older children. The more limited research found considering the impact in the early years indicates that less severe forms of exposure in early childhood can have lasting impact. While a substantial proportion of children who grow up in families where there is domestic violence and abuse do not experience this in their own later adult relationships, those with this experience in childhood are at greater risk of exhibiting harm including externalising and internalising symptoms and of being victims or perpetrators as adults. Exposure to domestic violence in childhood and child maltreatment often co-exist (Radford et al, 2011; 2013) and where this is the case the impact on the risk of future victimisation or perpetration of partner abuse in adult life is greater. Researchers and practitioners need to have the skills and knowledge to address and assess change regarding both these problems. The duration, severity and timing of exposure to domestic violence and abuse may influence pathways from childhood to adult experiences. The research lends support to the theoretical insights from a gendered, socio-ecological perspective that highlights the complexity of the relationship between early childhood exposure to domestic violence and other forms of vulnerability, violence and adversity and subsequent victimisation and/or perpetration of partner violence.

Much of the research on children and the intergenerational cycle of domestic violence has developed within a deficit framework, common to child maltreatment and violence research in general, where the emphasis for assessing prevalence figures and impacts rests squarely on measuring and understanding the level of harm. Far less is known from the extensive global cross sectional prevalence and longitudinal studies about the cohorts of children and young people who do not experience violence and abuse or who experience this but seemingly have few adverse outcomes. Focusing on the flip side of 'harm', as well as the vulnerabilities and harmful outcomes of violence, when commissioning these expensive studies could be a fruitful area for knowledge development. Knowing better how children at different developmental stages live through and cope with violence and adversity would provide useful learning for practice. Measuring positive outcomes in terms of 'resilience' or 'protective factors' in context as well as physical and emotional safety at different developmental stages in childhood is another area of potential development for research and practice.

While gender is clearly an important factor in adult and young people's experiences and understandings of domestic violence and abuse, the research on early childhood and on parenting found was unswervingly gender neutral and seemed to have advanced little beyond Bandura's early observations that boys are more likely to model male violent behaviour. Violence prevention programmes with teenagers and with men and boys particularly in low resource settings have stressed gender and norms of violence, masculinity and fathering as crucial in changing cultures of acceptance that allow domestic violence and abuse to thrive.

Intervening early to promote gender equality and non-violence is widely regarded as a helpful approach to primary prevention but little seems to be known about gender and violence in this early period of life.

There are encouraging developments in efforts to prevent the intergenerational cycle of domestic violence working with children of all ages and in this early years age group. The trend towards earlier prevention efforts that keep a focus on change in rates of domestic violence and abuse are welcome and, although still rather recent, further work could be developed and evaluated. Messages from the limited research on whole family approaches raise questions about how to conduct this work safely and whether or not families are appropriately screened in or out. It is encouraging that safety is regarded as a priority in most of these approaches. Most of these programmes are based on the view that domestic violence and abuse varies and that responses to 'severe' abuse, intimate terrorism, should be different to responses to less severe but more frequent 'situational couple violence'. More needs to be known about how to assess different levels of risk for children living with domestic violence so that safe approaches to working with the whole family can be implemented. There is a clear gap in practice and in the evidence base for what are effective responses for children where the parents are still living together and the domestic abuse is ongoing and what are effective responses post separation when the child may have continued contact with the father perpetrator. To date, services have mostly focused on groupwork perpetrator programmes with a very limited portion of the population affected.

There are a number of positive messages from the research reviewed in this report that can be used to further develop practice and research with pre-school aged children and their families. There clearly is a role for providing targeted help to pre-school aged children however no one intervention response will be adequate to end domestic violence in the next generation. Interventions that address children's specific needs will not necessarily be the same. Adaptation of coordinated multi agency responses for children across the continuum of need such as in the Patricia Project in Australia (Humphreys and Healey, 2017) could have relevance for the UK context.

Services currently working with older children and mothers therapeutically could draw on their experience to evaluate whether trauma informed approaches, play, interaction and attachment focused approaches could be relevant for younger children and caregivers. To inform early help responses, services currently working with children and families who have experienced domestic violence and abuse could investigate at the local level processes to improve readiness/ability of families to engage with services. There are gaps in knowledge and practice but there is ongoing work on earlier help for children and their families that could be supported and developed. Targeted parenting support programmes that specifically address domestic violence and abuse and adopt trauma informed approaches to support improvements in parental mental health could be further developed.

While most domestic violence primary prevention initiatives have focused on children and young people in schools (Stanley et al, 2015) there is clearly also a role for primary prevention initiatives that address parents with children under the age of five years. Positive methods of engaging with families and developing local partnerships are important for furthering this work.

Parenting programmes with a child maltreatment prevention focus could gather better evaluation data on the impact on domestic violence and abuse, using measures of domestic violence that go beyond physical assaults to capture the range of abusive and controlling behaviours often involved.

Limitations

This review only included research studies identified within a limited time frame from 2006 to 2018 with some referencing to earlier publications cited back to 1998. Only English language peer reviewed journal articles and grey literature were included. The studies reviewed are unlikely to be exhaustive of the entire research literature relevant to the two research questions we addressed. A second limitation is that research was limited to studies relevant to children between the ages of 0 to 5 years. Much of the research has addressed older children's experiences and this may be relevant to the experiences of children under the age of five years.

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Appendix A: Search Terms

Table 1: Search Terms to Address Question 1

Violence terms	Children	Theories and explanations	Key factors
"Domestic violence"	Child*	Risks	Intergeneration*
"Family violence"	Parent*	"Learned behaviour"	"Cycle of violence"
"Domestic abuse"	Adolesc*	"Learned behavior"	Intergenerational transmission
"Intimate partner violence"	Youth	"Role theory"	Fathers
"Intimate partner abuse"	"Pre-school"	Attachment	"Whole family"
"Intimate partner victimization"	Nursery	"Social ecolog*"	
"Intimate partner victimisation"	Baby	Masculinity	
"Violent behaviour"	Infant	Gender	
"Violent behavior"		Socialisation	
		Community	
		Peer*	
		Neuroscience	
		"Men and boys"	
		Mothering	

Table 2: Search Terms to Address Question 2

Violence terms	Children	Interventions	Key terms
"Domestic violence"	Child*	Prevent*	Fathers
"Family violence"	Parent*	Intervention*	"cycle of violence"
"Domestic abuse"	Adolesc*	Recovery	Intergeneration*
"Intimate partner violence"	Youth	Resilience	"whole family"
"Intimate partner abuse"	"Pre-school"	Programme*	
"Intimate partner victimization"	Nursery	Respons*	
"Intimate partner victimisation"	Baby	"group work"	
"Violent behaviour"	Infant	"family system"	
"Violent behavior"		Counselling	
		Education*	
		Therap*	
		"Men and boys"	
		Mentor*	
		"multi-systemic therapy"	
		"strengths based"	

Screening and selection of studies

Table 3: Initial screen

Include	Exclude
Topic relevance – 'roots' of domestic violence in childhood OR interventions to address development of domestic violence in pre-school aged children	Topic not relevant
Population of concern – primarily children and parents affected by domestic violence	Population of concern are adults
Systematic review, meta-analyses or empirical research employing quantitative, qualitative or mixed methods	Publications that are not systematic reviews, meta-analyses or primary research such as opinion pieces, conference abstracts, commentaries, editorials, non-empirical papers, policy reviews, studies which are descriptive or have limited evaluation
Research with clearly stated aims that have relevance to the research questions	Studies without clearly stated aims

Table 4: Inclusion/exclusion criteria – second screen

Include	Exclude
Quantitative, longitudinal or evaluation studies employing experimental methods, or with control or comparison groups	Quantitative, longitudinal or evaluation studies not employing experimental methods, or without control or comparison groups
Quantitative or evaluation studies with defined and measured outcomes relevant to the review questions	Quantitative or evaluation studies without defined and measured outcomes relevant to the review questions
Qualitative studies with clearly defined and appropriate research methods which address the review questions	Qualitative studies without clearly defined methods and/or with methods that are inappropriate which do not address the review questions
Qualitative studies with rigorous and clearly defined method of analysis	Qualitative studies where the method of analysis is not explained adequately or does not support the conclusions drawn

Table 5: Rating Instruments Used

Study type	Scoring tool
Systematic reviews and meta-analyses	Centre for Evidence Based Management (CEBMA) Critical appraisal tool for meta-analyses and systematic reviews www.cebma.org
Cohort study	Critical Appraisal Skills Programme (CASP) tool for appraising cohort studies www.casp-uk.net/casp-tools-checklists
Case control study	CASP tool for cohort studies
Randomised controlled trial	CASP tool for evaluating RCTs
Qualitative research	CASP tool for qualitative research studies
Quantitative evaluation	Maryland Scale

Appendix B – Quality assessment and data extraction forms

NSPCC Inclusion/Exclusion Assessment

Paper reference (author/title):	Pub year	Analysed by
Link to paper/abstract:		

RQ1 (ROOTS)	X	RQ2 (interventions)	

Paper Type	1 META ANALYSIS/SYSTEMATIC REVIEW 2 TRIAL 3 CASE CONTROL 4 COHORT STUDY 5 QUALITATIVE 6 EVALUATION QUANTITATIVE 7 MIXED METHODS	

Recommend Decision	(INCLUDE/EXCLUDE)

Abstract or key findings:
Limitations:
Any notes/comments/ page numbers of good quotes:
Methodology overview Participants and ages: Setting: Intervention Type: Time period of research:
Key ethical considerations:

1 – META ANALYSES / SYSTEMATIC REVIEWS	YES	NO	UNCLEAR	N/A
1. Did the study address a clearly focused question?				
2. Was a comprehensive literature search conducted using relevant research databases (i.e. ABI/INFORM, Business Source Premier psycINFO, Web of Science, etc.).				
3. Is the search systematic and reproducible (e.g. were searched information sources listed, were search terms provided)?				
4. Has publication bias been prevented as far as possible (e.g. were attempts made at collecting unpublished data)?				
5. Are the inclusion and exclusion criteria clearly defined (e.g. population, outcomes of interest, study design)				
6. Was the methodological quality of each study assessed using predetermined quality criteria?				
7. Are the key features (population, sample size, study design, outcome measures, effect sizes, limitations) of the included studies described?				
8. Has the meta-analysis been conducted correctly?				
9. Were the results similar from study to study?				
10. Is the effect size practical relevant?				
11. How precise is the estimate of the effect? Were confidence intervals given?				
12. Can the results be applied to your organization?				

2 – TRIAL	YES	CAN'T TELL	NO
A – Are the results of the trial valid?			
1. Did the trial address a clearly focused question?			
2. Was the assignment of patients to treatments randomised?			
3. Were all of the patients who entered the trial properly accounted for at its conclusion?			
IS IT WORTH CONTINUING?			
4. Were patients, health workers and study personnel 'blind' to treatment?			
5. Were the groups similar at the start of the trial?			
6. Aside from the experimental intervention were the groups treated equally?			
B – What Are the results?			
7. How large was the treatment effect?			
8. How precise was the estimate of the treatment effect?			
C – Will the results help locally?			
9. Can the results be applied to your context (or to the local population)?			
10. Were all clinically important outcomes considered?			
11. Are the benefits worth the harms and costs?			

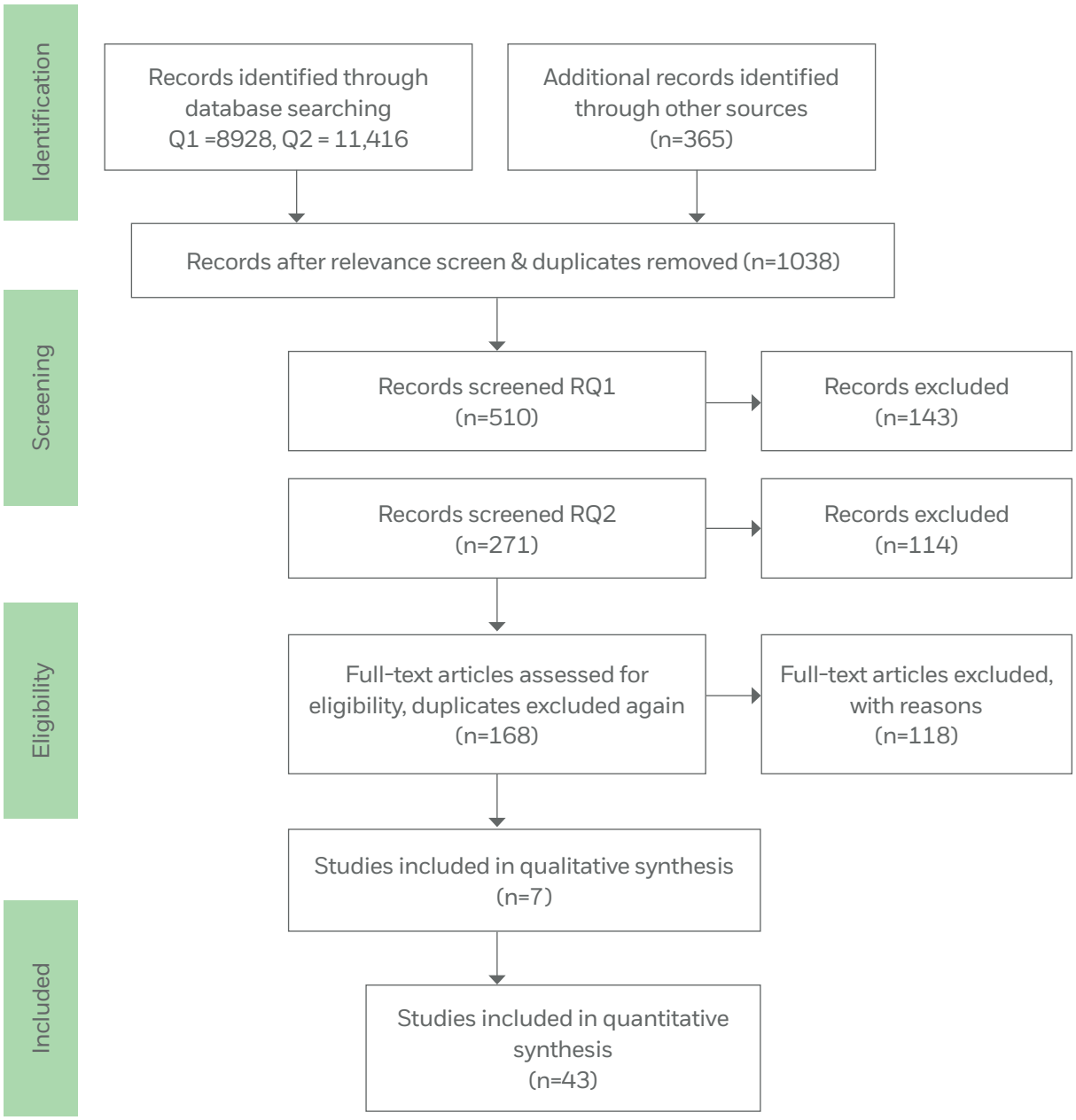
3 – CASE CONTROL STUDY	YES	CAN'T TELL	NO
A – Are the results of the study valid?			
1. Did the study address a clearly focused issue?			
2. Did the authors use an appropriate method?			
IS IT WORTH CONTINUING?			
3. Were the cases recruited in an acceptable way?			
4. Were the controls selected in an acceptable way?			
5. Was the exposure accurately measured to minimise bias?			
6a. What confounding factors have the authors accounted for? (LIST)			
6b. Have the authors taken account of the potential confounding factors in the design and/or in their analysis?			
B – What are the results?			
7. What are the results of the study?			
8. How precise are the results? How precise the estimate of risk?			
9. Do you believe the results			
C – Will the results help locally?			
10. Can the results be applied to the local population?			
11. Do the results of this study fit with other available evidence?			

4 – COHORT STUDY	YES	CAN'T TELL	NO
A – Are the results of the study valid?			
1. Did the study address a clearly focused issue?			
2. Was the cohort recruited in an acceptable way?			
IS IT WORTH CONTINUING?			
B – What are the results?			
3. Was the exposure accurately measured to minimise bias?			
4. Was the outcome accurately measured to minimise bias?			
5a. Have the authors identified all important confounding factors?			
5b. Have they taken account of the confounding factors in the design and/or analysis?			
6a. Was the follow up of subjects complete enough?			
6b. Was the follow up of subjects long enough?			
7. What are the results of this study?			
8. How precise are the results?			
9. Do you believe the results?			
C – Will the results help locally?			
10. Can the results be applied to the local population?			
11. Do the results of this study fit with other available evidence?			
12. What are the implications of this study for practice?			

5 – QUALITATIVE	YES	NO	UNCLEAR
1. Was there a clear statement of the aims of the research?			
2. Is a qualitative methodology appropriate?			
IS IT WORTH CONTINUING?			
3. Was the research design appropriate to address the aims of the research?			
4. Was the recruitment strategy appropriate to the aims of the research?			
5. Was the data collected in a way that addressed the research issue?			
6. Has the relationship between researcher and participants been adequately considered?			
7. Have ethical issues been taken into consideration?			
8. Was the data analysis sufficiently rigorous?			
9. Is there a clear statement of findings?			
10. How valuable is the research?			

6 – QUANTITATIVE EVALUATION – MARYLAND SCALE		INDICATE LEVEL
Level 1	**Correlational study** Correlation between intervention programme and dependent variable at a single point in time	
Level 2	**Pre and post test** Measures of the dependent variable before and after intervention. No comparable control group • Samples hold stable in size and composition at T1 and T2 • Transparency regarding test conditions that can confound results at each time point administrator, environment for testing, time of testing and so on.	
Level 3	**Cohort study with matched control** Measures of the dependent variable before and after intervention, in both experimental comparable control conditions • Year effects are included • appropriate time varying controls are used • Control group would have followed same trend and treatment group • Known time period for treatment • How well-matched were control group and treatment groups	
Level 4	**Quasi experimental with controlled conditions** As with 3, plus: Variables known to have influence on dependent variable are controlled for in analysis.	
Level 5	**Random Controlled Trial** Random assignment of intervention and control condition to comparable units. Before and after measures, plus retest if possible. Randomisation is successful Attrition	

Appendix C: PRISMA diagram



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J20191445