Childhood Exposure to INTIMATE PARTNER VIOLENCE

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Childhood Exposure to Intimate Partner Violence

A Narrative Literature Review by Health Research to Action
for the Saskatchewan Prevention Institute
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Abbreviations

ACE - Adverse childhood experience
CPP - Child-parent psychotherapy
IPV - Intimate partner violence
TF-CBT - Trauma-focused cognitive behavioral therapy

Key Messages

- Childhood exposure to IPV can have both short- and long-term negative impacts on the health and well-being of children that can persist across generations.
- Childhood exposure to IPV has a profound impact on society and the economy.
- Multiple biological and social theories have been used to explain the intergenerational transmission of IPV.
- Protective factors that come from within the child (e.g., self-regulation) or from external sources (e.g., support from family members, teachers, and peers) can help mitigate the negative effects of childhood exposure to IPV.
- Preliminary evidence suggests that IPV exposure interventions may be effective in improving child outcomes.

1. Introduction

Adverse childhood experiences (ACEs) are defined as traumatic events or circumstances that occur before the age of 18 and have negative and long-lasting effects on an individual's health and well-being (Asmussen et al., 2020). ACEs often occur in clusters, with those who experienced one ACE being two to eighteen times more likely to have experienced other ACEs (Gentile, 2022). First discovered in 1998, there is a graded relationship between the number of ACEs and the risk of negative outcomes in adult mental and physical health with four or more ACEs resulting in a much higher risk (Felitti et al., 1998). A Canadian study found that 81% of adults have experienced one ACE while 31% experienced four or more (Gentile, 2022). ACEs can be grouped into ten categories, five of which are forms of child abuse and neglect, and five that are forms of family dysfunction such as parental divorce and exposure to intimate partner violence (IPV) (Asmussen et al., 2020; Centers for Disease Control and Prevention, 2021; Williams, 2023).

IPV refers to behaviour by an intimate partner or ex-partner that causes physical, sexual, or psychological harm (World Health Organization, 2021). While harms on the direct recipient of the violence are apparent, children exposed to IPV in the home are also victims. Exposure to IPV involves a child witnessing, hearing, being involved in, or being aware of such behaviour between their caregivers (Williams, 2023). These experiences can be traumatic for children, contributing to IPV exposure being recognized as a form of child maltreatment and considered a crime in Canada (Williams, 2023) and most other countries (Asmussen et al., 2020). In Saskatchewan, IPV exposure is considered child abuse, making it a legal duty for every person with reasonable suspicion of such abuse to report it to a local Ministry of Social Services, First Nations Child and Family Services Agency, local Police Service, or Royal Canadian Mounted Police (RCMP) Detachment (Government of Saskatchewan, 2023).

As summarized in a recently completed literature review on IPV during pregnancy[1], the effects of IPV on the child begin in utero. To understand the impacts of IPV on children that extend beyond the prenatal and neonatal period, this narrative literature review will capture the most recent evidence on childhood exposure to IPV, identify and summarize key themes, and highlight areas for further research. A solid understanding of the mechanism of transmission, the protective factors that foster resilience, and evidence-based intervention strategies are vital for reducing this preventable ACE.

2. Methods

2.1 Search Strategy

An electronic search of available literature was performed on April 4, 2024, from the PubMed and Trip databases using relevant keywords like "intimate partner violence" and "child". See

[1] Intimate Partner Violence During Pregnancy. A Narrative Literature Review by Health Research to Action for the Saskatchewan Prevention Institute. December 2023. Saskatoon, Saskatchewan. Available at https://skprevention.ca/resource-catalogue/pregnancy/intimate-partner-violence-ipv-during-pregnancy-a-literature-review/.

Appendix 1 for a comprehensive list of search terms. A search filter was applied to retrieve only systematic reviews and evidence-based review articles published in the English language since January 1, 2019. A focused internet search of grey literature for the prevalence of childhood exposure to IPV in Saskatchewan and Canada was performed on May 8, 2023.

2.2 Selection Criteria

The articles were screened for relevance and eligibility based on inclusion and exclusion criteria. The inclusion criteria required that the articles be published in the English language since January 1, 2019, report on childhood exposure to IPV, be a systematic review or other evidence-based review article, and have children from high-income countries as the study population. Articles were excluded if they did not meet the inclusion criteria or were duplicates.

2.3 Summary of Studies

A total of 668 articles were identified in the database search, 25 of which were duplicates and excluded. From the 643 remaining articles, 439 were excluded after title and abstract screening, and 204 full-text articles were obtained and reviewed. From those, 168 were excluded and 8 citations were added from a grey literature search. A total of 44 citations met the inclusion criteria and were included in this literature review. See Appendix 2 for the study selection process.

3. Prevalence and Economic Impact

To determine the appropriate allocation of resources and to assess the effectiveness of interventions, having reliable prevalence estimates of childhood exposure to IPV is essential (Whitten et al., 2024). Most studies report prevalence of adult IPV victimization, irrespective of children being present, making the estimation of the number of children exposed to IPV difficult (Asmussen et al., 2020). The limited availability and quality of Canadian surveillance and longitudinal data on violence against children poses a significant challenge when estimating the prevalence of child maltreatment in the country (Gonzalez et al., 2021). Recent (since 2019) Canadian and Saskatchewan-specific statistics on the prevalence of childhood exposure to IPV were not found in the database or grey literature searches. A lack of recent available data was confirmed in a position statement by the Canadian Paediatric Society who noted that the best available data comes from the 2012 Canadian Community Health Survey on Mental Health (Kimber et al., 2023). In this national survey, respondents aged 18 years and older were asked about multiple forms of abuse they experienced before the age of 16 (Afifi et al., 2014). The prevalence of reported childhood exposure to IPV was 7.9% (6.9% female, 8.9% male) (Afifi et al., 2014).

The consequences of childhood exposure to IPV extend to every member of society. The economic burden of childhood exposure to IPV is substantial and includes increased use of social services and healthcare services, poor educational outcomes, loss of workforce productivity, and increased criminal behaviour (Carlson et al., 2019; Ravi & Black, 2022). In 2009, the negative impact on

children exposed to IPV cost Canadian taxpayers an estimated $235.2 million (Government of Canada, 2021).

4. Child Perspectives

Two systematic reviews were identified on children's perspectives and experiences of exposure to IPV, with fathers as the perpetrators (Rogers & Berger, 2023; Shorey & Baladram, 2024). The target sample of one review was under the age of 18 (Rogers & Berger, 2023) and the second was under the age of 24 (Shorey & Baladram, 2024), all referred to as "children" [2]. Children's quotes regarding their experiences as victims of IPV from both reviews can be found in Appendix 3 (Rogers & Berger, 2023; Shorey & Baladram, 2024). Four themes emerged from these reviews: children's feelings toward their fathers, their experience of their father's coercive control, their post-separation experiences, and narratives about their father's behaviour change.

Children's Feelings Toward Their Fathers

Children's feelings toward their fathers were primarily negative, expressed largely as fear, anger, and hatred (Rogers & Berger, 2023; Shorey & Baladram, 2024). Children told stories of their father harming their mother and animals, their father making threats, experiencing panic when seeing a car that resembled his, and having nightmares (Rogers & Berger, 2023). They also spoke of interest in their father disappearing or dying (Rogers & Berger, 2023). On the contrary, some children described their relationship with their fathers as their closest relationship (Rogers & Berger, 2023).

Some children suffered from trying to make sense of their opposing feelings towards their father, saying he flip-flopped between 'good guy' and 'bad guy' (Rogers & Berger, 2023). Children expressed simultaneous love and hatred for their father, saying they had moments of fun with him but felt shameful about these moments afterwards (Shorey & Baladram, 2024). Children spoke of a disconnect with their fathers who were described as unengaged and uninvolved in family life (Rogers & Berger, 2023). Researchers noted that in an attempt to make sense of their father's abusive behaviour, children listed intergenerational trauma, mental illness, and substance use as possible drivers of his abuse (Rogers & Berger, 2023).

Children's Experience of Their Father's Coercive Control

The Government of Canada (2020) defines coercive control as "patterns of control and abuse that cause fear or terror, including coercion (using force and/or threats to alter behaviour) and control (regulating or dominating a partner's behaviour and choices, isolating a person from family and friends, and restricting access to employment, education, or medical care)". The fathers' use of coercive control created a continued level of fear and anxiety in children (Rogers & Berger, 2023; Shorey & Baladram, 2024). Various scenarios were described by children - time spent with their mother being interrupted to draw attention toward the father and away from the child, unwelcoming behaviour to houseguests to deter company in the home, secretly recorded

[2] Authors used combined definitions from the 2022 United Nations and the 2022 United Nations Children's Fund to define "children" as those aged below 24 years.

conversations between mother and child, and playing the 'vulnerable victim' post-separation to garner sympathy and attention from the child and other family members (Rogers & Berger, 2023).

Children's Post-Separation Experiences with Fathers

For some children, witnessing ongoing violence and negative feelings towards their fathers persisted after parental separation (Rogers & Berger, 2023; Shorey & Baladram, 2024). While some children spoke of love for their father and a desire for continued contact (Rogers & Berger, 2023; Shorey & Baladram, 2024), most children described frustration when forced by the courts to have continued contact (Rogers & Berger, 2023). Children spoke of a belief that their fathers had ulterior motives for visits with them, including being motivated by an attempt to maintain contact with their mother and continue the violence (Rogers & Berger, 2023; Shorey & Baladram, 2024). Children told stories of fathers showing up at their schools in search of their mothers, being asked by their fathers to convey distressing and abusive messages to their mothers, and witnessing various and extreme forms of abuse against their mothers during handoffs (Shorey & Baladram, 2024).

Some children took on the role of mediator, assuming responsibility for arranging visits with their father, who used this as an opportunity to elicit anxiety and fear in children by making demands and threats about the visitations (Shorey & Baladram, 2024). Threats included fathers threatening suicide, which burdened children with the moral responsibility of preventing it. Some children willingly spent time alone with fathers to protect their mothers from violence, often living in fear that their father would eventually kill their mother (Shorey & Baladram, 2024). Children described yearning for their mothers when visiting with their father but not being permitted by him to contact their mother by phone (Shorey & Baladram, 2024).

Children described their fathers as unreliable, unpredictable, and untrustworthy. Stories were told of fathers not showing up for planned visits, not being told where they were being taken during visits, and returning them late to their mothers or not at all (Shorey & Baladram, 2024). Violence was not limited to mothers, with children recounting instances when their father would use physical violence with the child to obtain information on their mother, would purposely upset them to punish their mother, and would withhold money from the child so their mother could not financially benefit (Shorey & Baladram, 2024). Children also spoke about fathers eliciting a continued level of fear and influence on their emotional and mental state from afar (Rogers & Berger, 2023).

Children's Narratives About Father's Behaviour Change

When fathers participated in behaviour change programs, some children noticed improvements in their father's behaviour and their own feelings of safety. When asked what they would need to observe in their fathers to be convinced of meaningful change, children responded that he would need to take responsibility for past actions and demonstrate sustained behaviour change (Rogers & Berger, 2023).

5. Effects of Exposure

The relationship between IPV exposure and negative effects on children is well established in the literature. Several published reviews have summarized the impacts of exposure on child outcomes, spanning from infancy through adolescence and into adulthood. Across the various developmental stages, children are adversely affected in the domains of mental, behavioural, emotional, physical, social, and cognitive development and functioning. The most common child outcomes referenced in the literature are summarized in Table 1 (Bahanan & Ayoub, 2023; Barrett et al., 2024; Bogat et al., 2023; Carlson et al., 2019; Chiesa et al., 2019; Fong et al., 2019; Gardner et al., 2019; Ghiara et al., 2020; Louis & Reyes, 2023; Nascimento et al., 2021; Navarro et al., 2022; Noonan & Pilkington, 2020; Pote et al., 2020; Romano et al., 2021; Savopoulos et al., 2023; Shorey & Baladram, 2024; Spearman et al., 2023; Wadji et al., 2021; Walker-Descartes et al., 2021; Wang et al., 2019; Zhu et al., 2023).

Bogat et al. (2023) summarize the developmental consequences of IPV on children. They describe IPV as a traumatic stressor that can lead to higher rates of maternal depression, anxiety, and post-traumatic stress disorder (PTSD), and hence less sensitive parenting. The quality of parenting largely influences children's developmental processes (Bogat et al., 2023). Not surprisingly, IPV impacts a parent's ability to provide sensitive and consistent parenting (Bogat et al., 2023; Noonan & Pilkington, 2020), thereby putting children at risk of developing insecure and disorganized attachments with their parents – an additional risk factor for social, emotional, and psychological impairment in children (Bogat et al., 2023; Noonan & Pilkington, 2020). In a systematic review and meta-analysis examining how IPV impacts the victimized parent, violence was associated with decreased engagement, communication, and connectedness with the child, as well as use of more severe forms of child maltreatment such as physical aggression and neglect (Chiesa et al., 2019).

Mental, Emotional, and Behavioural Difficulties

Without the verbal skills to express emotions, infants and toddlers exposed to IPV exhibit excessive irritability, regressed behaviour, sleep disturbances, fear of being alone (Walker-Descartes et al., 2021), and emotional distress (Carlson et al., 2019; Walker-Descartes et al., 2021). Preschoolers are more likely to experience extreme fear (Carlson et al., 2019; Walker-Descartes et al., 2021), exhibit signs of anxiety and depression (Carlson et al., 2019), demonstrate aggressive outbursts (Fong et al., 2019; Romano et al., 2021), and experience sleep disturbances (Walker-Descartes et al., 2021). School-aged children tend to be more aggressive (Fong et al., 2019; Ghiara et al., 2020; Walker-Descartes et al., 2021), more disruptive in the classroom (Walker-Descartes et al., 2021), have poor school attendance (Ghiara et al., 2020; Walker-Descartes et al., 2021), engage in substance use (Ghiara et al., 2020), and engage in delinquency (Fong et al., 2019; Walker-Descartes et al., 2021). These children also experience more internalizing symptoms such as anxiety, depression, and low self-esteem (Carlson et al., 2019; Gardner et al., 2019; Ghiara et al., 2020; Louis & Reyes, 2023; Walker-Descartes et al., 2021), PTSD (Carlson et al., 2019; Louis & Reyes, 2023), and are more likely to engage in self-harm (Ghiara et al., 2020; Louis & Reyes, 2023; Shorey & Baladram, 2024).

Social Development and Functioning

IPV is associated with less secure parent-child attachments, especially during infancy – a time when the rapidly developing brain is particularly susceptible to environmental stimuli (Bogat et al., 2023; Noonan & Pilkington, 2020; Spearman et al., 2023). Children exposed to IPV tend to lack prosocial and self-control skills, thought to be caused by their inhibited capacity to self-regulate (the ability to manage thoughts, emotions, and behaviours) (Bogat et al., 2023; Carlson et al., 2019). It has been proposed that self-regulation plays a critical role in mental, emotional, social, and cognitive functioning. In infancy and early childhood, when the brain is developing its ability to self-regulate during times of distress, children rely heavily on their parents to assist with this developmental process (Bogat et al., 2023). Because of their own victimization and the consequential mental health impacts, parents experiencing IPV are less able to provide optimal conditions for the healthy development of self-regulation (Bogat et al., 2023). Children of parents with mental health problems are more likely to experience deficits in self-regulation (Bogat et al., 2023).

IPV exposure alters how children understand, interpret, and react to conflict (Carlson et al., 2019). While exposed toddlers are less likely to meet personal-social milestones by age three, exposed preschool children are more likely to have a greater involvement in conflict and be less likely to demonstrate cooperation, empathy, and responsibility when interacting with others (Carlson et al., 2019). At a time when relationships with peers typically become increasingly important, school-aged children exposed to IPV struggle socially (Barrett et al., 2024; Bogat et al., 2023; Carlson et al., 2019; Pote et al., 2020; Walker-Descartes et al., 2021). Preadolescent children are more likely to show a lack of interest in social activities and withdraw from peers (Louis & Reyes, 2023; Walker-Descartes et al., 2021). Older school-aged children tend to become vigilant, responding aggressively to misinterpreted nonaggressive cues (Ghiara et al., 2020). They also tend to engage in early sexual activity (Ghiara et al., 2020) and teen dating violence (Carlson et al., 2019; Romano et al., 2021), and become victims and perpetrators of bullying (Carlson et al., 2019).

Cognitive Development and Functioning

IPV exposure impacts cognitive development beginning in early childhood (Bogat et al., 2023; Carlson et al., 2019). In a large systematic review by Savopoulos et al. (2023), more than 70% of studies included found a significant association between IPV exposure and some aspect of cognitive development and functioning across all developmental stages. Exposed children are less likely to meet two-year language milestones and are more likely to have a lower IQ (Savopoulos et al., 2023), poor memory (Carlson et al., 2019; Savopoulos et al., 2023), and reduced academic performance when entering the school system (Carlson et al., 2019; Ghiara et al., 2020; Louis & Reyes, 2023; Savopoulos et al., 2023; Spearman et al., 2023).

Physical Health

Various physical health problems have also been linked to childhood IPV exposure. Higher incidence and severity of illness (Ghiara et al., 2020), psychosomatic pain (Walker-Descartes et al., 2021), oral health problems (Bahanan & Ayoub, 2023; Nascimento et al., 2021; Weijs et al., 2019), and asthma (Wang et al., 2022) have all been found in IPV-exposed children. Financial hardship,

parental separation, low parental education, and poor oral hygiene have been proposed as driving factors of poor oral health in households with IPV exposure (Nascimento et al., 2021). The relationship between childhood asthma and IPV exposure is described by Wang et al. (2022) as a complex interaction between psychological, biological, and social factors. IPV is associated with an increase in the incidence, prevalence, and morbidity of childhood asthma, thought to be associated with chronic levels of psychological stress caused by the violence exposure. Increased tobacco use is associated with IPV victimization, putting children at increased odds of being exposed to second-hand smoke. This lowers children's lung function and decreases symptom control in children with asthma. In addition, the stigma surrounding IPV can cause the victimized parent to feel shame, experience social isolation, be less likely to seek medical care, lack trust in healthcare providers, and have poor adherence to asthma medication – all of which may exacerbate asthma symptoms in children.

The outcomes discussed above and summarized in Table 1 below emerge in childhood and may accumulate over time, leading to adverse outcomes in adulthood. As adults, these individuals are more likely to have poor employment opportunities, lower incomes, poor physical and mental health, problematic substance use, criminal behaviour, lack of parenting skills, and become victims and perpetrators of IPV – the intergenerational transmission of violence (Barrett et al., 2024; Bogat et al., 2023; Navarro et al., 2022; Pote et al., 2020; Zhu et al., 2023).

Table 1. Most common outcomes for children exposed to IPV referenced in the literature by developmental domain and age group.

	Infants, Toddlers, Preschoolers	School-Aged
Behavioural Difficulties	• Trauma symptoms (distress), irritability, regressed behaviour in infants • Externalizing behaviour problems (irritability, regressed behaviour) in toddlers • Externalizing behaviour problems (aggressive outbursts, fearful reactions) in preschoolers	• Aggression, delinquency, disruptive classroom behaviour, acting out, substance use, poor school attendance
Mental and Emotional Difficulties	• Sleep disturbances, emotional distress, fear of being alone in infants and toddlers • Extreme fear, symptoms of anxiety and depression, sleep disturbances (insomnia, nightmares, sleepwalking, bed wetting) in preschoolers	• Internalizing symptoms (withdrawal, anxiety, PTSD, low self-esteem, depression)

	Infants, Toddlers, Preschoolers	School-Aged
Social Development and Functioning	• Infants and toddlers not meeting personal-social milestones • Difficulty forming secure parent-child attachments • Greater involvement in conflict and poor prosocial skills (empathy, cooperation) in preschoolers	• Ignoring and misinterpreting social cues, antisocial behaviour, aggressive behaviour, reduced social competence, difficulty forming secure parent-child attachments, increased bullying perpetration and victimization, increased teen dating violence perpetration and victimization
Cognitive Development and Functioning	• Not meeting language milestones by age 2 • Reduced executive and intellectual functioning, short-term working memory, verbal skills in preschoolers	• Reduced intellectual functioning, verbal skills, academic skills and achievement, learning disabilities, less likely to be engaged in school, lower IQ
Physical Health	• Not meeting fine motor-adaptive milestones by age 3 • Psychosomatic pain (headaches, stomach aches) in preschoolers • Asthma, oral health problems (dental decay and caries), higher rate of illness	• Asthma, oral health problems (dental decay and caries), higher rate of illness

6. Intergenerational Transmission of Violence

Multiple theories and mechanisms have been described in the literature to explain the relationship between childhood exposure to IPV and victimization and perpetration of IPV in adulthood. Although there is no firm consensus in the literature on the theories at play, there is a general consensus amongst researchers that it is a complex relationship and not one that can be fully explained by one theory or underlying mechanism (Carlson et al., 2019). While there was significant variation across the studies in how to label and categorize the theories, they generally come from a biological or social perspective (nature versus nurture) or a combination of the two. The most referenced theories/models can generally be categorized into the following: Attachment Theory, IPV Exposure as Toxic Stress Theory, Epigenetics Theory, Developmental Psychopathology Theory, Social Learning Theory, and Ecological Theory.

Attachment Theory

The attachment theory is the most referenced theory and one that proposes the parent-child relationship to be the foundation and model for all future relationships (Asmussen et al., 2020;

Bogat et al., 2023; Carlson et al., 2019; Fong et al., 2019; Herrenkohl et al., 2022; Shorey & Baladram, 2024). Fong et al. (2019) suggest that children's internal working models of relationships are in development at a young age, making them particularly sensitive to parenting. Parenting characterized as emotionally available, sensitive, and responsive promotes secure attachments with the child. Children who are rejected, discouraged, or inconsistently provided for are more likely to form insecure attachments with their parents. Researchers have found that children exposed to IPV are more likely to form insecure attachments with their parents (Carlson et al., 2019; Fong et al., 2019; Herrenkohl et al., 2022; Noonan & Pilkington, 2020). Given the victim's own stress and trauma, it is not surprising that IPV impacts a parent's ability to provide warmth and nurturance, impacting the child's sense of safety and security (Herrenkohl et al., 2022). When safety and security are threatened, children may perceive the world as hostile and adapt by engaging in more aggressive tendencies (Zhu et al., 2023).

IPV Exposure as Toxic Stress

In this theory, IPV exposure is considered a toxic stressor thought to cause a cascade of negative and lifelong effects (Asmussen et al., 2020; Carlson et al., 2019). Unlike positive stress, which is brief and uncommon or unfamiliar experiences (e.g., getting a vaccine), and tolerable stress, which includes serious life events that children can cope with if supported by a supportive and caring adult (e.g., divorce) (Williams, 2023), toxic stress occurs when individuals are exposed to prolonged, high levels of stress that remain even when the primary source of the stress does not (Asmussen et al., 2020). Toxic stress is typically the result of abuse or neglect, where children are not supported by a caring adult (Williams, 2023). Prolonged exposure to stress during key developmental periods can damage physical, emotional, intellectual, and social health in a way that primes the individual for a continuance of violence (Asmussen et al., 2020; Carlson et al., 2019; Herrenkohl et al., 2022). Exposure to toxic stress during childhood can alter patterns of arousal, stress response, and stress regulation leading some to engage in impulsive behaviours (e.g., physical fighting) that can persist and worsen in adulthood (Herrenkohl et al., 2022).

Epigenetics Theory

Epigenetics is the interplay between environmental factors and the expression of an individual's genetic code (Wadji et al., 2021). It is a relatively new area of scientific research and one that is thought to be a promising method for assessing the biological response to stressful experiences during childhood (Asmussen et al., 2020; Kodila et al., 2023; Wadji et al., 2021). Because of rapid brain development, children are especially sensitive to epigenetic changes (Kodila et al., 2023). Both positive and negative environmental influences can cause genetic changes that can be passed down to future generations (Asmussen et al., 2020; Kodila et al., 2023; Wadji et al., 2021). DNA methylation (addition of methyl groups to DNA) is the most studied epigenetic process and one thought to play a lead role in the cycle of abuse (Kodila et al., 2023; Wadji et al., 2021). DNA methylation is a natural process that can impact how genes are expressed, including those regulating the HPA axis – a system that controls reactions to stress and development of mental health disorders (Asmussen et al., 2020; Wadji et al., 2021). Evidence of DNA methylation has been found in children exposed to IPV.

In a systematic review by Wadji et al. (2021), most of the included studies found child maltreatment (including IPV exposure) associated with an increase in epigenetic methylation. Findings from this review, amongst others, suggest a potential connection between methylation, higher HPA axis activity, increased cortisol, poor mental health, and an increased risk of negative internalizing and externalizing behaviour (i.e., violence) that may extend into adulthood (Bogat et al., 2023; Spearman et al., 2023; Wadji et al., 2021). Thus, IPV exposure may interfere with healthy brain development resulting in epigenetic changes that can be inherited by future generations.

Developmental Psychopathology

The developmental psychopathology perspective is described by Carlson et al. (2019). This theory considers how IPV exposure interrupts each child's individual ability to achieve developmental milestones, which then impacts future outcomes. It's theorized that because IPV-exposed children struggle to meet developmental milestones, deficits in cognition, social and emotional skills, and neurophysiology result, leading to mental health conditions. Mental illness then inhibits a child's ability to succeed in multiple aspects of life including the establishment of positive peer groups, healthy romantic relationships, and positive parenting, all of which can contribute to the cycle of abuse.

Social Learning Theory

Social learning theory is based on the idea that individuals learn through observation and modeling (Carlson et al., 2019; Fong et al., 2019). According to this theory, parents participate in IPV because they grew up in homes witnessing IPV. When exposure to IPV occurs at a time when children are forming their own belief systems, they are more likely to view violence as an acceptable behaviour (Carlson et al., 2019). Children learn that violence is a way to solve interpersonal conflict and are more likely to enter violent relationships later in life (Bogat et al., 2023; Fong et al., 2019; Herrenkohl et al., 2022).

Ecological Theory

The ecological theory proposes that the environment in which people are born, work, age, and play (social determinants of health) drives the cycle of abuse (Asmussen et al., 2020; Bogat et al., 2023; Carlson et al., 2019). When children are born into built environments of poverty, low education, high unemployment, discrimination, and food insecurity, they are more likely both to be exposed to IPV and have access to fewer resources to break the cycle of abuse (Carlson et al., 2019). The cycle of abuse is therefore transmitted across generations because of the transmission of risk factors (Asmussen et al., 2020).

7. Protective Factors

Not all children exposed to IPV experience poor outcomes in life, leading researchers to study the protective factors that foster resilience (Fogarty et al., 2019; Fong et al., 2019; Louis & Reyes, 2023; Yule K, 2020). In a literature review by Fogarty et al. (2019), an estimated 20-90% of children aged 0-13 exposed to IPV were found to display emotional and behavioural resilience. Four literature

reviews with a primary focus on identifying protective factors in children exposed to IPV were identified. Although there was variation in protective factors identified, there were commonalities, with the most common internal and external protective factors summarized in Table 2 (Fogarty et al., 2019; Fong et al., 2019; Louis & Reyes, 2023; Yule K, 2020).

Internal Factors

In a large meta-analysis of individual (i.e., internal) protective factors in children exposed to violence, self-regulation was found to have the largest effect size (Yule K, 2020). Self-regulation included measures that assessed individuals' capacity to adaptively manage their emotions and behaviour to achieve a desired goal (e.g., emotion regulation, impulse control, and ego resilience). As previously mentioned, children who develop the ability to self-regulate are thought to be more likely to demonstrate competence in social, emotional, and academic functioning (Bogat et al., 2023; Yule K, 2020). Positive self-esteem and coping capacity were other individual protective factors identified in the meta-analysis. These findings are consistent with what was found in other reviews (Carlson et al., 2019; Fogarty et al., 2019; Louis & Reyes, 2023).

External Factors

In the meta-analyses by Yule et al. (2020), parental effectiveness[3], family support[4], school support[5], and peer support[6] were found to be significant protective factors for children exposed to IPV. These findings highlight the importance of supportive environments inside and outside the home.

Maternal factors were a predominant focus in many studies. Bogat et al. (2023) suggest that a child's self regulation abilities are determined primarily by parenting behaviour. The authors propose that a mother's mental health and response to stress impacts her parenting behaviour, which in turn model's self-regulation for the developing child. In a systematic review by Fogarty et al. (2019), maternal psychological well-being was significantly associated with emotional and behavioural resilience in children aged 0-13. Authors speculate that mothers with psychological well-being model emotional intelligence, positively influencing children's development of systems for regulating stress and emotion. Preliminary evidence suggests that a mother's strong attachment with her child, fostered by warm and sensitive parenting, may promote positive outcomes in children exposed to IPV (Fogarty et al., 2019). This is consistent with conclusions made in other reviews (Carlson et al., 2019; Fong et al., 2019; Louis & Reyes, 2023).

Adolescence is a period when peers become a major source of emotional and social support (Louis & Reyes, 2023). Positive peer relationships have been found to be a critical protective factor for

[3] Parental effectiveness included specific parenting practices such as monitoring, authoritative discipline, and emotion socialization behaviours.
[4] Family support was characterized by variables that measure parental warmth and acceptance, family cohesion and structure, and perceived support from family members.
[5] School support included variables that assessed the extent to which students felt supported and valued by teachers and staff, as well as a sense of security at school.
[6] Peer support included measures assessing emotional support, social support, relationship satisfaction, and level of attachment with friends, classmates, and peers.

adolescents exposed to IPV (Fong et al., 2019; Louis & Reyes, 2023; Yule et al., 2020). When adolescents have peers to confide in and lean on for support, they are more likely to engage in positive activities and less likely to engage in negative coping behaviours such as delinquency and teen dating violence (Carlson et al., 2019; Louis & Reyes, 2023). It has been speculated that peer support, encouragement, and acceptance may nurture healthy development of emotional and social competencies in children exposed to IPV (Yule et al., 2020).

Table 2. Most referenced protective factors found to promote resilience in children exposed to IPV.

Internal Factors	External Factors
• Self-regulation • Strong coping skills • Positive self-esteem • Ease of temperament	• Supportive peer relationships • Maternal psychological well-being • Secure mother-child attachment • Maternal parenting characterized as: o Warm o Sensitive o Consistent o Supportive o Positive o Accepting o Responsive o Using appropriate discipline

Understanding what differentiates children who overcome adversities from others is vital for guiding policy makers, service providers, families, and intervention strategies.

8. Intervention Strategies

In a recently completed literature review titled *Intimate Partner Violence During Pregnancy*[7], primary, secondary, and tertiary prevention strategies were summarized. As primary prevention strategies aim to prevent the violence before it starts, those identified in the literature and summarized in the previous review mainly target school-aged children. Secondary intervention strategies targeted abused women and aimed to prevent recurrence of the violence. Tertiary strategies summarized in the previous review focused on the prevention of morbidity and mortality in female victims. As such, to prevent overlap between the two literature reviews, only tertiary intervention strategies targeting the IPV-exposed child are summarized in this literature review. More specifically, published reviews were only included if they explored child IPV exposure outcome interventions in which children were the focus of the intervention, children's well-being

[7] Intimate Partner Violence During Pregnancy. A Narrative Literature Review by Health Research to Action for the Saskatchewan Prevention Institute. December 2023. Saskatoon, Saskatchewan. Available at https://skprevention.ca/resource-catalogue/pregnancy/intimate-partner-violence-ipv-during-pregnancy-a-literature-review/.

was the target, and studies tested for statistical significance. Interventions that included victimized parents who received simultaneous support were included but not if the support/intervention for the parent was more than what the child was receiving. Four literature reviews met the criteria, are summarized below, and are categorized as being individual, family, or group interventions. All time periods for follow up provided in each of the studies are included. Key findings with statistical significance from each literature review are summarized in Table 3.

Individual Interventions

Trauma-focused cognitive behavioral therapy (TF-CBT) interventions referenced in the studies targeted the mental health needs of children suffering from trauma caused by IPV exposure. These therapy sessions allow children to talk about their experiences with a therapist individually or with their non-offending parent (Asmussen et al., 2022; Latzman et al., 2019). In these sessions, children are provided with strategies to manage negative emotions and beliefs caused by the violence (Asmussen et al., 2022).

Family-Based Interventions

Child-parent psychotherapy (CPP) is a family-based intervention evaluated in the included studies. Led by a therapist, these interventions involved the non-offending parent (typically the mother) and their children, focusing on their relationship as the target of change (Latzman et al., 2019).

Group Interventions

As the name implies, group interventions are those that are provided to groups and target general beliefs and attitudes about violence (Latzman et al., 2019). Interventions using psychoeducation were evaluated in the studies with topics including family violence, trauma processing, attachment, and child emotional, behavioural, and social skills (Latzman et al., 2019; Romano et al., 2021). Play therapy was mentioned in multiple studies and was used as a modality for delivering the intervention, rather than being considered an intervention in itself (Romano et al., 2021).

In a meta-analysis on interventions for children exposed to IPV, several improvements in child outcomes were found (Romano et al., 2021). Researchers reviewed the effectiveness of interventions in improving several child behaviours (externalizing, internalizing, trauma-related, and social) and attitudes towards family violence. CPP, psychoeducation, and TF-CBT were interventions evaluated. Treatment formats varied from parallel child and parent sessions, child-only sessions, and joint sessions with both the parent and child. The mean child age ranged from 3.3 to 10.8 years. On average, treatments were 15.4 sessions, delivered over 4.3 months. Following the interventions, significant improvements were found in children's total behaviours, externalizing behaviours, internalizing behaviours, trauma-related behaviours, and social behaviours. Statistically significant improvements remained at follow up (timing not provided), for total behaviours, externalizing behaviours, and internalizing behaviours. The only indicator in which significance was not found at either point of testing was attitudes toward family violence. The authors of the meta-analysis conclude that IPV exposure interventions are generally effective in improving the emotional and behavioural well-being of children exposed to IPV.

In a systematic review of psychosocial interventions for children exposed to IPV, researchers reviewed the effectiveness of interventions in improving total problems, externalizing distress, internalizing distress, social problems, and cognitive functioning (Latzman et al., 2019). Four primary studies included in the systematic review fit the inclusion criteria and are therefore summarized. The first study targeted children aged 3-5 and mothers using 60-minute CCP and play therapy sessions for 50 weeks. Following treatment, children showed significant improvements in total behaviour, externalizing behaviour, and PTSD symptoms. Six months after the treatment, externalizing behaviour was the only remaining outcome with statistical significance. There was no longer a significant difference between externalizing behaviour and PTSD symptoms before and after therapy. The second relevant primary study in the systematic review by Latzman et al. (2019) targeted children aged 7-14 and their mothers using weekly, 45-minute TF-CBT sessions for 8 weeks. Following treatment, significant improvements in children's anxiety and cognitive ability were found. There were no significant improvements in externalizing behaviour; follow up did not take place. In the third study, children aged 6-12 and their mothers participated in weekly 45 to 60-minute CBT and psychoeducation sessions for 5 weeks. No post-treatment significant improvements in internalizing behaviours were found. In the fourth and final relevant primary study, children aged 6-12 and their parents (96% mothers) participated in nine 90-minute CBT and play therapy sessions separately. Following treatment, there were no statistically significant improvements in externalizing behaviour, internalizing behaviour, PTSD, or depression. At the six month follow up, there were improvements in externalizing behaviour and PTSD. Authors of the systematic review concluded that overall, it is unclear which types of interventions are most effective in improving outcomes of children exposed to IPV.

In the Early Intervention Foundation's review of evidence-based interventions for England's most vulnerable children, the trauma associated with childhood exposure to IPV is listed as a category of vulnerability (Asmussen et al., 2022). Multiple evidence-based interventions for childhood exposure to IPV are summarized, two of which are within the scope of this literature review and therefore discussed here. The goal of both interventions was to reduce child and maternal symptoms of mental illness. The first evidence-based intervention is CPP, which focused on victimized mothers and preschool children for weekly sessions over a minimum 12-month period. Following the intervention, significant improvements in the mother-child relationship, reduced symptoms of traumatic stress disorder, and child behaviour were found. Six months following the intervention, improvements in child behaviour remained. The second intervention was TF-CBT, targeting toddlers through to adolescence. The intervention was delivered over 12-18 sessions with children individually or together with their parents. At three months following the intervention, children were found to have significantly reduced PTSD and depression symptoms. Additional significant outcomes found (no timeline provided) included improved daily functioning, psychological functioning, cognitive distortions, increased perceived credibility and interpersonal trust, reduced internalizing behaviours, externalizing behaviours, and anxiety, in addition to improved behaviour. The authors concluded that evidence supports the idea that therapeutic support offered to the mother and child in parallel reduces IPV-related child trauma.

In a systematic review of reviews on interventions to reduce the impact of various childhood adversities on children's well-being, one relevant study was found (Barrett et al., 2024). The study examined the effectiveness of trauma-informed parenting interventions in improving parenting practices and child outcomes following IPV exposure. The parenting interventions were delivered to parents and children together and found an increase in positive parenting practices and a reduction in trauma symptoms, internalizing behaviours, and externalizing behaviours in the child (time period not specified).

Table 3. Interventions with statistically significant improvements in child outcomes.

Literature Review Overview	Description of Interventions	Key Findings of Significance
Meta-analysis on interventions for children exposed to IPV (Romano et al., 2021)	Interventions: • CPP • Psychoeducation • Play therapy • TF-CBT Target: Children (mean age range 3.3-10.8 years) and parent using parallel child and parent sessions, child only sessions, and joint sessions	Post intervention • Improved total behaviours • Decreased externalizing behaviours • Decreased internalizing behaviours • Reduced trauma-related behaviours • Improved social behaviours Follow up (timing not specified) • Improved total behaviours • Decreased externalizing behaviours • Decreased internalizing behaviours
Systematic review of interventions for children exposed to IPV (Latzman et al., 2019)	**Study 1** Intervention: CPP with use of play therapy Target: Children aged 3-5 and their mothers together for weekly 60-min sessions for 50 weeks	**Study 1** Post intervention • Improved total behaviour • Decreased externalizing behaviour • Reduced PTSD symptoms Follow up (6 months) • Decreased externalizing behaviour

Literature Review Overview	Description of Interventions	Key Findings of Significance
Systematic review of interventions for children exposed to IPV (Latzman et al., 2019), continued	**Study 2** Intervention: TF-CBT Target: Children aged 6-12 and their mothers together for weekly 45-min sessions for 8 weeks **Study 3** No statistically significant findings **Study 4** Intervention: CBT Target: Children aged 6-12 and their mothers separately in nine 90-min sessions	**Study 2** Post intervention • Decreased anxiety • Improved cognitive ability **Study 3** No statistically significant findings **Study 4** Follow up (6 months) • Decreased externalizing behaviour • Reduced PTSD symptoms
A report summarizing evidence-based interventions to support England's most vulnerable children (Asmussen et al., 2022).	**Intervention 1** Intervention: CPP Target: Preschool children exposed to IPV and their mothers for weekly sessions for 12-months	**Intervention 1** Post intervention • Improvements in mother-child relationship • Reduced traumatic stress disorder symptoms • Improved child behaviour Follow up (6 months) • Improved child behaviour

Literature Review Overview	Description of Interventions	Key Findings of Significance
A report summarizing evidence-based interventions to support England's most vulnerable children (Asmussen et al., 2022), continued.	**Intervention 2** Intervention: TF-CBT Target: Toddlers, preschoolers, school-age children delivered individually or combined with the child and a parent in 12-18 sessions.	**Intervention 2** 3 months following intervention • Reduced PTSD • Reduced depression No timeline provided • Improved daily functioning • Improved psychological functioning • Improved cognitive distortions • Increased perceived credibility and interpersonal trust • Reduced internalising behaviours • Reduced anxiety • Improved behaviour • Reduced eternalising behaviours
Systematic review of reviews on interventions to reduce the impact of various childhood adversities on children's wellbeing (Barrett et al., 2024)	**Study 1** Intervention: Trauma informed parenting training Target: Child (age 0-18) exposed to IPV and parent together (frequency and duration of treatment not provided)	**Study 1** Post-intervention • Reduced internalizing problems in children • Reduced externalizing problems in children • Reduced trauma symptoms in children • Improved parenting skills

As seen in Table 3, three of the four reviews used CPP and TF-CBT as interventions and found statistically significant improvements in child outcomes. However, these findings should be interpreted with caution given substantial differences in intervention durations, intensity, and target audience, amongst others. There were also some overlapping conclusions and recommendations made by authors of these three reports. These recommendations included the following: the apparent regression in child functioning gains over time following the intervention should be explored (Asmussen et al., 2020; Romano et al., 2021), additional studies using increased rigor in the study design (RCTs) are needed, and the inclusion of children's exposure and subtypes of IPV should be explored (Latzman et al., 2019; Romano et al., 2021).

Although not retrieved in the database search, it is important to draw attention to the VEGA Family Violence Project's free evidence-based pan-Canadian guidance and educational resources (VEGA

Family Violence Project, 2015-2020). These resources were developed to support Canadian service providers in safely identifying and responding to victims of violence and their children.

9. Discussion and Conclusions

What is known about ACEs has largely increased since the term 'adverse childhood experiences' was first coined by Dr. Vincent Felitti in 1998 in the Adverse Childhood Experiences Study (Felitti et al., 1998). Dr. Felitti's research drew attention to the dose-response relationship between childhood adversities and poor adult outcomes. Today, much more is known about each of the ACEs including IPV exposure, and their harmful and long-lasting impacts on overall health and well-being.

Childhood exposure to IPV is a prevalent form of child maltreatment with resulting mental, behavioural, emotional, social, cognitive, and physical impairments well documented in the literature. Exposure to IPV can change the trajectory of not only the child's life, but also those of future generations. Multiple biological and social mechanisms/theories have been used to explain the cycle of abuse. Although it is generally agreed amongst researchers that one theory alone cannot explain the complex cycle of violence, and that there is most likely an interplay of multiple theories, there is little consensus beyond this. There is significant variation in the literature from what the theories are called and how to categorize them, to which theories are at play and how they intersect. Further research is needed to better comprehend the mechanisms of transmission in order to develop effective intervention strategies and nurture protective factors - both of which are also areas lacking conclusive research.

Variations in protective factors existed amongst the studies but commonalities were found and summarized. More variation existed in the type, duration, target audience, and targeting factors of interventions evaluated in the studies included in this review. There is a growing body of evidence that supports the use of some interventions that target childhood outcomes associated with IPV exposure, but more research is needed.

Limitations of this review include the likelihood of overlap of primary study results across systematic reviews. In addition, the included articles were not critically appraised to determine the quality of the included reviews and strength of the evidence. Studies conducted on children from low- and middle-income countries was excluded because of differences from high-income countries in patriarchal social norms; however, it is likely that quality research was missed because of this decision.

High quality studies are essential to strengthen and fine-tune interventions for children exposed to IPV, aiming to mitigate the transmission of intergenerational trauma from parents. Children deserve access to evidence-based intervention strategies to alleviate not only their immediate suffering but also the suffering of future generations impacted by the cycle of violence. Children deserve to be raised in safe, loving environments that are free from violence.

Appendix 1. Database Search Terms

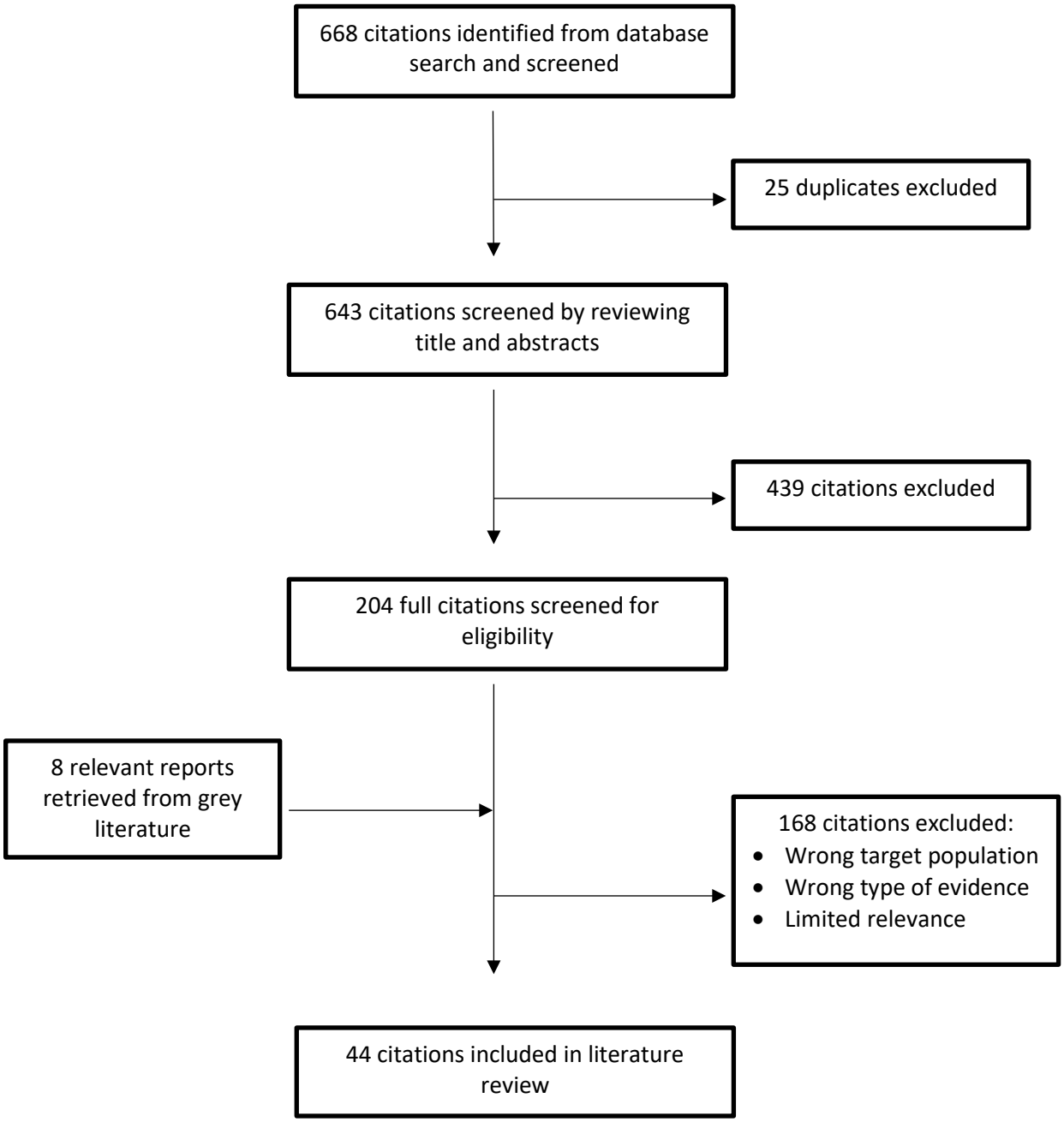
Trip search terms

"intimate partner violence" AND child from_date:2019

PubMed search and MeSH terms

("domestic violence"[MeSH Terms:noexp] OR "intimate partner violence"[MeSH Terms] OR "violence"[MeSH Terms:noexp] OR "physical abuse"[MeSH Terms] OR "rape"[MeSH Terms] OR "emotional abuse"[MeSH Terms] OR "violen*"[Title/Abstract] OR "abus*"[Title/Abstract] OR "assault*"[Title/Abstract]) AND ("spouses"[MeSH Terms] OR ("partner*"[Title/Abstract] OR "spous*"[Title/Abstract] OR "husband*"[Title/Abstract] OR "wife*"[Title/Abstract] OR "wives"[Title/Abstract] OR "commonlaw*"[Title/Abstract] OR "common law*"[Title/Abstract] OR "couple"[Title/Abstract] OR "couples"[Title/Abstract] OR "marriage*"[Title/Abstract] OR "marital"[Title/Abstract])) AND ("child"[MeSH Terms] OR "infant"[MeSH Terms] OR ("newborn*"[Title/Abstract] OR "neonat*"[Title/Abstract] OR "infant*"[Title/Abstract] OR "toddler*"[Title/Abstract] OR "child*"[Title/Abstract] OR "kid"[Title/Abstract] OR "kid"[Title/Abstract] OR "juvenile*"[Title/Abstract] OR "prepubescen*"[Title/Abstract] OR "youth*"[Title/Abstract])) AND (("meta analysis"[Publication Type] OR "review"[Publication Type] OR "systematic review"[Filter]) AND 2019/01/01:2024/04/04[Date - Publication])

Appendix 2. Selection of Included Studies



Appendix 3. Quotes from Children Exposed to IPV

Note: Ages provided when available

Children's feelings toward their father
Fear • *"He told me that if I ever told anybody he would kill me"* • *"I saw him put a gun to my mum's head"* • *"I'm scared though because, he's ~~he's~~ everywhere"* – Age 17 • *"I never dared to get really angry with him"* • Children spoke of their fathers acting as vulnerable victims saying that the next time they would see them *"would be in a coffin"* while *"putting the blame on the mother for how he was about to do something to himself"* • Some children were frightened that their fathers were imprisoned and said *"I think it's because of us he is in jail"* **Anger** • *"I am mad with my daddy for hurting my mummy and me and my sisters and brother"* – age 8 • *"I would really get angry and start shouting at him, telling him off. I didn't hold anything back"* **Hatred** • *"I hate my dad so much I don't say 'dad' anymore, I say 'you-know-who"* **Conflicted** • *"My dad tried to strangle my Mum, so I grabbed the phone and threatened them by saying I would phone the Police, and they stopped. I still have contact with my Dad and he can be fun sometimes, but other times I don't have a clue when he's going to erupt"* • *"But it's not that I don't love my dad, it's just that with all the bad stuff it's hard to trust him and stuff"* • *"He's an areshole most of the time – excuse me – but I do kind of love him too, because he's my father. So I don't want to lose touch with him"* **Disconnected** • *"He doesn't eat with us, he just sits at the computer and eats"* • *"All I remember was my dad being this person that was in my house but was really just a stranger. He's just this stranger that I'm related to"* • *"I've never had it (*relationship with father*) so I can't miss it"* – Age 16

Children's experience of their father's coercive control
• *"Lots of times when Mum was giving me attention he'd tell her to go over to him so she'd have to leave me to play by myself"* • *"He also tape recorded conversations at home, when mom and I were talking about our feelings when he was not home, and she told me how she felt and she cried with me, she told me how horrible he was, we cried together, we listened to music, we had tea, and then suddenly we heard bip bip [making an electronic sound] and we could see the light blinking on the computer"* • *"He'd say 'oh your mum makes me cry', he'd just paint such a bad picture of her… he blamed her and use for everything…He said he was on antidepressants because I wasn't seeing him enough…I felt very small and bad"*
Children's experiences of contact with their father post-separation
Frustration with legal system • *"…I just hope the court will listen to me and my mummy, I think we shouldn't have to see him"* • *"Why can't he just leave us alone????? I think the judge is mean for this"* **Frustration with father's continued control and focus on his own needs rather than child's** • ***"****Visits should be about the kids, not the adults"* • Meetings with fathers were described as "*performances"* by the children • Fathers used contact handoff between mother and father as an opportunity to continue harmful behavior towards the mother stating that the fathers call their mothers "*really mean names*" that the children "*wouldn't even say it*". • One child described how his father "*knocked"* his mother "*to the ground"* when she visited – Age 10 • One child witnessed the father hitting "*mom on the head bang!"* – Age 4 **Desire to feel connected and safe with fathers during contact** • *"To be a 'proper' dad, he doesn't have to bring us anywhere, he doesn't have to spend anything, we just wouldn't have to feel awkward around him, we could actually talk to him, just being in the same room as him and not being all tense and awkward."* • Some children believed their fathers didn't know anything about them or their lives and felt *"like you have to talk to fill in the gaps"*
Children's narratives about their father's behaviour change
• "*He's kinder, nicer. He's more interested. Yeah, he was interested before but, like, he actually listens to everything you say"*

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