Children's Exposure to Intimate Partner Violence:

Impact on Children and Parenting

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Literature Review

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Section One: Children's Exposure to Intimate Partner Violence

Violence in intimate relationships, especially against women, is a significant social issue in Canada. Canadian research demonstrates that violence in spousal and dating relationships affects thousands of people and results in both physical and psychological injuries (Burczycka & Conroy, 2018). According to Statistics Canada (2021), 44% of women who have been in an intimate partnership report experiencing some form of intimate partner violence (IPV) in their lifetime. In 2022, there were 117,093 victims of police-reported IPV in Canada—marking a 19% increase in IPV over the last eight years (Statistics Canada, 2023). Although IPV accounts for over one-quarter of police-reported violent crime in Canada, the issue is far more prevalent than these statistics indicate; an estimated seven out of 10 incidents of IPV go unreported to the police (Burczycka & Conroy, 2018; Department of Justice Canada, 2019).

Also troubling is children's exposure to this type of violence, as research demonstrates harmful impacts on children who witness IPV between adults (Burczycka & Conroy, 2017). In a previous Canadian study, over half (52%) of victims of spousal violence reported that their children heard or saw the assaults (Sinha, 2013). Findings from the 2014 General Social Survey also indicated that one in 10 Canadians (10%) had witnessed violence by a parent or guardian against another adult in the home before the age of 15 (Burczycka & Conroy,

2017). Children's exposure to IPV is so prevalent that it has become "a central focus of the Canadian child welfare system" (Lefebvre et al., 2013, p. 70). A review by Lefebvre and colleagues (2013) found that 41% of substantiated child welfare investigations in Canada involved exposure to IPV – with 31% of these investigations involving singular exposure to IPV and 10% involving co-occurring exposure to IPV and other forms of maltreatment.

Although IPV was first recognized as a social problem in the 1970s, the potential impact on children was not recognized until the early 1980s (Hughes & Barad, 1983; Hughes & Hampton, 1984). Today, the issue is a significant social concern and a major interest for social science researchers—reflected by the explosion of research studies on the immediate and long-term impact of children's exposure to violence in the home (Adamson & Thompson, 1998; Brandon & Lewis, 1996; Carpenter & Stacks, 2009; English et al., 2009; Fergusson et al., 2006; Georgsson et al., 2011; Graham-Bermann et al., 2009; Graham-Bermann & Perkins, 2010; Holt et al., 2008; Hughes & Luke, 1998; Hungerford et al., 2012; Jaffe et al., 1990; Jung et al., 2019; Kolbo, 1996; Latzman et al., 2017; Lehmann, 1997; McCloskey et al., 1995; Moore et al., 1989; Rossman & Ho, 2000; van Eldik et al., 2020; Vu et al., 2016). Researchers from the past two decades have studied the possible harmful effects of exposure to IPV on children, reaching a consensus that it is damaging to a child's emotional, developmental, and physical wellbeing.

Impact of Exposure on Children

Over the last two decades, researchers have conducted meta-[1] and mega-analyses[2] on the impact that exposure to IPV has on children. These analyses suggest that children's exposure to IPV correlates with a variety of negative outcomes, including aggression, anxiety, depression, aggressive peer relationships, poor school performance, and a host of other cognitive, social, and emotional difficulties (Evans et al., 2008; Gardner et al., 2019; Gartland et al., 2021; Kitzmann et al., 2003; Noonan & Pilkington, 2020; Reid et al., 2021; Sternberg, et al., 2006; van Eldik et al., 2020; Vu et al., 2016; Wolfe et al., 2003). Wolfe and colleagues (2003) conducted a meta-analysis containing 41 studies regarding children's negative emotional and behavioural outcomes after witnessing IPV. They concluded that, when compared to their non-exposed peers, children exposed to violence experienced more difficulties. A notable meta-analysis conducted by Kitzmann and colleagues (2003) examined over 100 studies specific to the psychosocial consequences and resulting adjustment problems that children who witnessed IPV may experience. This analysis determined that children who were exposed to a parent's violence, and abused themselves, were not found to do any worse than those who had witnessed violence but had not abused. This suggests that simply being exposed to IPV has serious negative effects on children (Kitzmann et al., 2003). Several studies have found that children who are exposed to IPV often exhibit symptoms similar to children who have been physically, sexually, and/or emotionally abused themselves (Holt et al., 2008; Kitzmann et al., 2003; Moylan et al., 2010). A child's exposure to IPV may be related to outcomes such as depression, low self-esteem, withdrawal, aggression, rebellion, hyperactivity, and delinquency (Litrownik et al., 2003; McCloskey & Lichter, 2003, Tailor et al., 2015).

Researchers have begun to interpret these ensuing behavioural problems as evidence of trauma, reporting that some children exposed to IPV have post-traumatic stress disorder (PTSD) (Castro et al., 2017; Galano et al., 2019; Graham-Bermann et al., 2006; Jaffe et al., 1990; Levendosky et al., 2013; Lünnemann et al., 2022; Margolin & Vickerman, 2007; Rossman & Ho, 2000; Rossman & Rosenberg, 1997; Telman et al., 2016; Wolfe et al., 1985). Research conducted by Paul (2019) found that children exposed to IPV exhibited signs of PTSD, demonstrated by their increased sensitivity to anxiety, post-traumatic stress, and disassociation. Scheeringa and Zeenah (2001) also found that young children may experience relational PTSD, wherein the high level of emotional connection between the mother and child enhances their trauma responses. However, this research also found that, when compared to studies of older children, younger children showed lower rates of diagnosed PTSD. The authors suggest that commonly used testing instruments cannot measure how PTSD manifests in younger children (Scheeringa & Zeenah, 2001).

Research also suggests that IPV exposure can impact children's physical health. A review by Holmes and colleagues (2022) synthesized quantitative studies on IPV exposure, medical system engagement, and physical health outcomes in children. The authors found that IPV-exposed children were less likely to be up-to-date on immunizations and had higher rates of primary care and emergency room visits than non-exposed children. Additionally, IPV-exposed children were more likely to have poor lung functioning (child asthma, respiratory disorders, and acute respiratory infections), obesity, nutritional deficiencies (severe acute malnutrition and low height for age), and general physical health problems. These findings were consistent with research by Orr and colleagues (2020) who found that children exposed to family and domestic violence experienced higher rates of hospitalization.

The emotional, cognitive, behavioural, and physical impacts of IPV exposure can also lead to difficulties at school for children. Research by Lyk-Jensen and colleagues (2023) found that being exposed to IPV had significant effects on children's academic performance in school and also led to greater absenteeism. These findings built upon previous research by Fry and colleagues (2018) who noted that all forms of violence in childhood had significant impacts on academic achievement and standardized test scores.

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[1] Meta-analysis refers to the statistical integration of results from multiple studies as a method of synthesizing the cumulative body of knowledge on a topic (Eisenhauer, 2020). Meta analysis can provide a more precise statistical estimate of a specific issue.

[2] Mega-analysis refers to the pooling of raw data (data in its original form that has not yet been processed, cleaned, or analyzed) from multiple studies conducted under comparable conditions (Eisenhauer, 2020).

Nuances of Outcomes Based on IPV and DV Exposure

Some of the available research shows a substantial overlap between witnessing IPV and experiencing child abuse and/or maltreatment, and as a result suggests that an intervention is necessary when a child witnesses IPV (Adamson & Thompson, 1998; Chan, 2011; Edleson, 1999; English et al., 2005; Farmer & Owen, 1995; Hughes & Barad, 1983; Hughes & Luke, 1998; McCloskey et al., 1995; McGuigan & Pratt, 2001). Of note, de la Vega and colleagues (2011) found significant rates of DSM diagnosable disorders in a sample of children who were dually exposed to IPV and direct psychological abuse (found to be accompanied by other forms of child abuse/maltreatment in 36.7-58.7% of a subsample). The percentage of children who are dually exposed to IPV and child abuse/maltreatment varies considerably (18-64%) depending on the researchers' use of a broad or narrow definition of child abuse/maltreatment (Jouriles et al., 2008). The risk for child abuse/maltreatment has been found to be higher when children are exposed to frequent and severe forms of IPV (Chemtob & Carlson, 2004; Park et al., 2012). Children who are exposed to IPV, especially when it is severe, have been found to have an even higher likelihood of experiencing maladaptive outcomes above and beyond the impact of sole exposure (Haselschwerdt, 2014).

English and colleagues (2009) examined what IPV conflict looks like in homes where children are at-risk for child abuse/maltreatment and found that these children are more likely to witness bilateral IPV (co-occurring violence between both partners) and high levels of verbal aggression than minor or severe physical violence. They found that, overall, the status of child abuse/maltreatment present in the home was a more powerful predictor on behavioural outcomes than exposure to IPV alone. In homes without child abuse/maltreatment, witnessing any form of IPV was associated with worse behavioural outcomes in children, and where there was bilateral IPV, it was "associated with more total, externalizing, and internalizing problems" (English et al., 2009, p. 167). Interestingly, this study found

few differences in children's behavioural outcomes based on the gender of the perpetrating parent. More research into the specific effects of female-initiated or bidirectional acts of violence is needed, as studies regarding these phenomena are rare. Their finding that exposure to verbal aggression was more common than physical violence is significant and merits attention from practitioners (English et al., 2009). Exposure to parent's verbal conflict can have just as much of an effect as exposure to physical conflict; sometimes, the consequences for verbal aggression are even greater (Crockenberg et al., 2007; Gonzales et al., 2000).

The views in the literature regarding the impact of exposure to IPV in combination with child abuse/maltreatment are mixed, indicating that individual experiences and outcomes are nuanced. Some research has found that, in general, children who are dually exposed to IPV and child abuse/maltreatment have worse overall adjustment and behavioural outcome scores than children solely exposed to IPV (Bourassa, 2007; Grych et al., 2000; Kernic et al., 2003), and their risk for other maladaptive outcomes, such as elevated trauma symptoms (Spilsbury et al., 2007), delinquency and antisocial behaviour (Moylan et al., 2010; Park et al., 2012), and depression (Moylan et al., 2010) are elevated. Conversely, a notable meta-analysis conducted by Kitzmann and colleagues (2003) compared a subsample of studies where children were exposed to IPV, directly abused themselves, and a combination of both exposure types, with results indicating that children from all three categories demonstrated similar levels of adjustment problems. They also found that children exposed to IPV and direct physical abuse did not demonstrate significantly worse outcomes compared with those who were only exposed to IPV. Their findings suggest that children will experience similar adjustment problems regardless of the violence they are exposed to (Kitzmann et al., 2003).

Alternatively, in a longitudinal study on adolescents by Moylan and colleagues (2010), findings regarding specific differential impacts of IPV exposure, child abuse/maltreatment, or dual exposure (IPV and child abuse/maltreatment) were varied. Their results showed limited evidence that a 'dual exposure' effect exists. However, the authors argue that for most behavioural outcomes (internal and external), the single exposure and dual exposure groups are statistically indistinguishable: "that is, while dual exposure appears to increase (from no exposure) the variety and/or frequency of certain adverse behaviors in adolescence, the extent of that increase is not consistently more than for single exposure (to abuse only or domestic violence only)" (Moylan et al., 2010, p. 61). Of note, dual exposure to both IPV and direct abuse has been found in some work to have more of an impact on internalizing behaviour outcomes than exposure to IPV alone (Holt et al., 2008).

An extensive longitudinal study in a community sample of three generations within families examined how both IPV and parent to child aggression (PCA) interact to effect child adjustment across age groups (Capaldi et al., 2020). Capaldi and colleagues (2020) hypothesized that the experience of both IPV and PCA yield the greatest outcomes on child adjustment in areas of internalizing and externalizing behaviours, as well as social and scholastic competence. However, they found that it was PCA that had greater effects on detrimental child outcomes in comparison to IPV exposure in both generations and across age groups. This suggests that PCA is the predominant factor in poor adjustment outcomes. There were, however, some exceptions where the extent of the influence of PCA depended on the level of IPV children were exposed to: "stronger associations of physical PCA and adolescent scholastic competence [in a second generation of boys in their sample] and psychological PCA and preschool externalizing behavior [in children in the third generation] were found when IPV (physical and psychological, respectively) was lower" (Capaldi et al., 2020, p. 10). The authors suggest that, when IPV exposure is at lower levels, simultaneously low levels of PCA can have a protective effect on adjustment; however, the same is not true when IPV exposure is at higher levels. Additionally, their finding that PCA, rather than IPV exposure, was related to competence in social and scholastic areas suggests that it is the dynamic between the parent and the child as opposed to the dynamic between the parents that has a more influential role in the child's adjustment (Capaldi et al., 2020).

Impact of Dimensions of Violence and Developmental Stages of Children

Children face specific developmental challenges at different stages in the lifespan that can be disrupted by exposure to violence. These effects vary depending on the intensity and form of violence, the child's vulnerability during certain periods of development, and interactions between the developmental stage and exposure to different types of violence (Margolin & Gordis, 2000). For example, preschool aged children from violent families may suffer from sleep disturbances, somatic complaints, emotional distress, fears of being alone, and bedwetting (Osofsky, 1997). In contrast, school-aged children demonstrate poorer levels of academic performance, aggressive interactions with peers, and show more symptoms of depression and anxiety (Carlson, 1990; Jaffe et al., 1990a).

A recent study by Brown and colleagues (2021) sought to understand the impact that different combinations of family violence (classified by types of child maltreatment and/or exposure to IPV in varying degrees) had on externalizing behaviours for children across developmental age groups by examining longitudinal data collected in three waves. Their results found that different combinations of family violence exposure were associated with higher externalizing behaviours among the different age groups in their sample. Children in the early childhood age groups demonstrated lower levels of externalizing behaviours than other age groups, which may indicate that the effects of family violence are not yet evident during earlier points in development, or that those children who were in a higher family violence category received more protective interventions. For the middle childhood age group, their externalizing behaviours were predicted over time by their family violence class membership, but were influenced when adjusted for baseline behavioural problems. For adolescents, the class of family violence they experienced had more noticeable impacts on externalizing behaviours, and their results suggest that exposure to maltreatment (as opposed to maltreatment and IPV exposure) has greater influence on behavioural outcomes for this age group. The authors also noted that, "in general, the relationship between gender and externalizing behaviors emerged across developmental age groups within the same [family violence] class whereas differences in externalizing behaviors by race and ethnicity was impacted by [family violence] class membership" (Brown et al., 2021, p. 9). The specific length of time for violence exposure was not captured in the data collection and may influence the age that externalizing behaviours will emerge (Brown et al., 2021).

A more recent systematic review by Fong and colleagues (2019) found mixed results when looking at the impact of a child's age upon exposure to IPV in relation to developing externalizing behaviour problems. Previous research has shown that exposure to IPV in adolescence is associated with increased externalizing problems, such as aggression, peer problems, truancy, and delinquency. However, several studies that they reviewed have also shown that early childhood exposure to IPV is significantly associated with externalizing behaviours such as aggression. Other studies also found that the child's age can moderate the effect of IPV exposure on externalizing behaviours, with more robust effects observed with younger age groups. Other research found evidence of a 'sleeper effect' in cases where exposure to IPV occurred between ages zero to three, as no impacts on behaviour were observed until age eight. A common limitation found in studies was that the age of first exposure is often unknown, and the timing of exposure to IPV is noted to be confounded by the amount of exposure to IPV (Fong et al., 2019). It is also possible that, in some cases, negative outcomes may have been brief (perhaps resolved/buffered by informal supports) and no longer observable at the time of measurement in a study. To our knowledge, measurement instruments that are sensitive enough to detect these nuances in a child's behaviour before problems develop do not presently exist.

In their review of studies on child exposure to IPV, Haselschwerdt (2014) generally found that exposure to IPV elevated the risk of maladaptive behaviours in children. Children who are exposed to more severe and frequent forms of IPV show greater signs of maladaptive behaviours than children exposed to mild or infrequent forms of IPV. This review indicated that children who are exposed to very mild and infrequent IPV can function similarly to children who are not

exposed to this type of violence (Haselschwerdt, 2014).

Sternberg and colleagues (2006) conducted a mega analysis that further examined the impacts of variables such as type of violence experienced (witnessing, being directly abused, both, or none), age, and gender on the outcome of clinical behaviour problems. Consistent with other research findings, this analysis found that children who only witness IPV do not differ consistently in their risk for externalizing behaviour problems from children who were directly abused. However, children who only witness violence are more likely to have internalizing behaviour problems. Children of any age category who were both witnesses of IPV and abused themselves were found to be at the greatest risk for developmental and behavioural challenges. Considering the impact of age overall, older children were found to be at a greater clinical risk than younger children, and the level of risk from experiencing differing forms of violence increased with age. Notably, when examining internalizing problems, all age groups who had either witnessed or

who were both abused and witnesses, but not victims alone, were at a greater risk for internalized problems than children not exposed to violence—and this risk increased with age (victims still had more internalizing problems than children who had not experienced any violence). Regardless of the variables they studied, it must be noted that more children had scores in the non-clinical range than did in the clinical range. Even among those at the highest risk, only 28-50% of children had clinically high scores in comparison to high scores in 14-35% of children who did not experience violence. The authors therefore conclude that family violence is one of many factors that influence behavioural problems (Sternberg et al., 2006).

Indeed, families who are characterized by frequent and severe IPV often have other co-occurring issues that place children at risk for adjustment problems, such as direct child abuse/maltreatment and unstable residences (Jouriles et al., 2008; Turner et al., 2012). Since IPV occurs in the context of multiple risk factors for children, it is likely that these factors interact with each other and exacerbate adverse outcomes for children and their families (Evans et al., 2013).

Family-Level Variables

Family-level variables that can impact behavioural outcomes are rarely assessed. When they are, however, studies have found these variables contribute to negative outcomes for exposed children. For example, English and colleagues (2003) found that IPV had a significant impact on overall family functioning, which in turn negatively affected internalized behavioural outcomes in children. Other researchers have considered the potential for intergenerational transmission of violence as a harmful outcome of exposure to IPV, whereby some children may be put at risk of becoming future perpetrators (boys) or future victims (girls) (Holt et al., 2008; Hughes & Hampton, 1984; Jaffe et al., 1990; Meyer et al., 2021; Van de Weijer et al., 2014). Kimber and colleagues (2018) conducted a systematic review of 19 quantitative studies to evaluate the impact of exposure to IPV in childhood on the perpetration of IPV in adulthood. In 84% of the work they reviewed, they found a significant positive correlation between IPV exposure and IPV

perpetration in adulthood, with the relative risk ranging from 2.6-4.35 (although three studies in this systematic review did not replicate this finding). The authors caution the interpretation of these findings, noting multiple methodological differences between studies. For example, most of the research focused only on exposure to physical IPV and perpetration of physical IPV, and tended to be limited to intergenerational violence in heterosexual relationships. Of note, none of the studies looked at the distinct impact of exposure to different forms of IPV on the odds of future IPV perpetration (Kimber et al., 2018).

Quality of parenting is an important factor when considering how children will be impacted by IPV exposure. Bancroft and colleagues (Bancroft & Silverman, 2004; Bancroft et al., 2011) have clinically documented how abusers (whose profiles align with intimate terrorism) negatively affect the protective parent's ability to parent as well as their relationship with their children. These negative effects were the result of the

abusive parent undermining the mother's authority, retaliating against the mother for efforts to protect the children, using the children as weapons against the mother, and providing a negative role model that perpetuates violence. Other research points to the positive parenting strategies of abused mothers and how they aim to offset the impact of IPV (Bentley, 2017; Lapierre, 2010; Levendosky et al., 2000; Nixon et al., 2015). The impact of IPV on the protective parent's ability to parent and the parenting practices of perpetrator parents will be explored in depth in another section of this review.

> While less studied, sibling relationships in families where IPV is present can also be an important factor in child outcomes. A study by Tailor and colleagues (2015) compared families that had and had not experienced IPV in terms of associations between parenting, maternal stress, and sibling adjustment. Parenting behaviours were found to be surprisingly comparable between the two groups, even though those in the IPV category demonstrated higher levels of family distress. In families with higher levels of maternal distress, it was more common for mothers to treat siblings differently, with more positive maternal behaviours shown towards older siblings in families that had experienced IPV. Of note, Tailor and colleagues (2015) found that, when maternal stress was high, older siblings showed a stronger relation to trauma symptoms than younger siblings. The authors also found that trauma symptoms experienced by one sibling were connected to the trauma symptoms of the other(s) in families that experienced IPV (Tailor et al., 2015).

A recent study by Piotrowski and Cameranesi (2021) examined stability and change over time of sibling aggression (physical and verbal) in children exposed to IPV. They found that both mother's and children's self-reports of aggression between siblings were stable over the two data collection points, which indicates that sibling aggression, when present, does not decrease over time. Observational reports of sibling aggression were also stable for most of the sample, although 34% of siblings

consistently did not engage in sibling aggression and 31% consistently did engage in sibling aggression. During observation, more brother dyads engaged in physical sibling aggression than sister or mixed sex dyads (Piotrowski & Cameranesi, 2021). However, these observations were not stable over time; many of the sibling dyads, regardless of sex, engaged in verbal aggression. When considering the influence of warmth in the sibling relationship, Piotrowski and Cameranesi (2021) found that when the older sibling reported a greater degree of warmth during the first data collection, it was predictive of less observed aggression between siblings at the second observation. This indicates that older siblings play an important role in setting the tone for the sibling relationship, which has implications for family intervention efforts. The authors note that the presence of sibling aggression is an important factor to consider in the cumulative impact on future well-being (both physical and mental health) for children exposed to IPV (Piotrowski & Cameranesi, 2021).

Additionally, family pets can also impact behavioural outcomes. Research by Hawkins and colleagues (2019) suggests that high levels of children's positive engagement with family pets can moderate the impact of IPV exposure. The authors found that "positive engagement with pets buffered the impact of exposure to IPV on children's internalizing and posttraumatic stress symptoms when adjusting for the effects of animal cruelty exposure" (Hawkins et al., 2019, p. 9). The research underscores the important role that pets can play in the context of children's IPV exposure as a resource and source of support. Although the study did not examine the specific ways in which positive engagement with pets acts as a protective factor for IPV-exposed children, the authors theorize that engaging with pets can help foster the social regulation of emotion, enhance cognitive control, and increase a sense of social support.

Outcomes Based on IPV Exposure with or without Child Abuse/Maltreatment

Existing literature around child exposure to IPV examines various outcomes. Some of the available research suggests that intervention is necessary when a child is exposed to IPV, because there is a substantial overlap between exposure and experiencing direct child abuse and/or maltreatment (Chan, 2011; de la Vega et al., 2011; English et al., 2005; McGuigan & Pratt, 2001). The percentage of children who are dually exposed to IPV and child abuse/maltreatment varies considerably (18–64%), depending on the researchers' use of a broad or narrow definition of child abuse and maltreatment (Jouriles et al., 2008). The risk for child abuse/maltreatment has been found to be higher when children are exposed to frequent and severe forms of IPV (Chemtob & Carlson, 2004; Park et al., 2012). Children who are exposed to IPV, especially when it is severe, have an even higher likelihood of experiencing maladaptive outcomes above and beyond the impact of sole exposure (Haselschwerdt, 2014).

As mentioned earlier in the review, English and colleagues (2009) examined what IPV conflict looks like in homes where children are at-risk for child abuse/maltreatment. They found that these children are more likely to witness bilateral IPV (co-occurring violence between both partners) and high levels of verbal aggression rather than minor or severe physical violence. Overall, the status of child abuse/maltreatment present in the home was a more powerful predictor of behavioural outcomes than exposure to IPV alone. In homes without child abuse/maltreatment, witnessing any form of IPV was associated with worse behavioural outcomes in children, and where bilateral IPV was present, it was "associated with more total, externalizing, and internalizing problems" (English et al., 2009, p. 167). Interestingly, this study found few differences in children's behaviour outcomes based on the gender of the perpetrator parent. More research into the specific effects of female-initiated or bi-directional acts of violence is needed, as studies regarding these phenomena are rare. Their finding that exposure to verbal aggression was more common than physical violence is significant and merits

attention from practitioners (English et al., 2009). Exposure to parents' verbal conflict can have just as much of an effect as exposure to physical conflict, and sometimes the consequences for verbal aggression are even greater (Crockenberg et al., 2007; Gonzales et al., 2000).

Alternatively, in a longitudinal study by Moylan and colleagues (2010), findings regarding specific differential impacts of IPV exposure, child abuse/maltreatment, or dual exposure (IPV and child abuse/maltreatment) were varied. These results show limited evidence that a dual exposure effect exists. However, the authors argue that, for most behavioural outcomes (internal and external), the single exposure and dual exposure groups are statistically indistinguishable: "that is, while dual exposure appears to increase (from no exposure) the variety and/or frequency of certain adverse behaviours in adolescence, the extent of that increase is not consistently more than for single exposure (to abuse only or domestic violence only)" (Moylan et al., 2010, p. 61).

A recent systematic review of literature by Fong and colleagues (2019) on the outcome of externalizing behaviour problems in children who have been exposed to IPV highlights risk factors at the individual level that can mediate the impact of exposure. This review linked resultant behavioural problems to the child's perceptions and appraisals of the IPV to which they were exposed—especially if the children felt responsible for the violence or if they felt that they had the ability to influence its resolution. Feelings around safety for children and their family, as well as how children coped with the violence at home, were also important factors. Children who felt threatened and/or blamed themselves for violence were found to exhibit greater externalizing problems, as do those who believe that use of violence is justifiable. Additionally, specific personality traits were found to impact the behavioural outcomes of exposure to IPV. The research reviewed suggests that when children who possess callous-unemotional traits (like adult psychopathic traits) are exposed to IPV, there is an associated risk for developing anti-social behaviour. This finding is likely due

to the possibility that witnessing IPV earlier in life interferes with the formation of healthy attachments and ensuing development of empathy and morality, or that the ongoing exposure desensitizes children to distress cues displayed by others. It is difficult to determine if the callous-unemotional traits develop in response to a violent environment, as they have been found to be highly hereditary traits (Fong et al., 2019).

Gender and the Impact of Violence Exposure

Many researchers have examined the way that a child's gender may impact their experience of exposure to IPV, and the results are mixed (Bradford et al., 2008; Clements et al., 2008; Fagan & Wright, 2011; Moylan et al., 2010). Longitudinal research by Moylan and colleagues (2010) found that adolescent boys exposed to IPV were more likely to exhibit externalizing problems, while adolescent girls exposed to IPV were more likely to exhibit internalizing problems. Other research on this specific subject suggests similar results (Gonzalez et al., 2014; Weir et al., 2019). Conversely, research by Sonego and colleagues (2018) found that IPV-exposed girls were more likely than IPV-exposed boys to exhibit social problems and externalized disorders. Meta/mega analyses by Kitzmann and colleagues (2003), Sternberg and colleagues (2006), and Vu and colleagues (2016) also found no significant differences by gender. A recent systematic analysis by Fong and colleagues (2019) found that some studies show boys having more externalizing problems, some studies show increased risk for girls, while other studies found an increased risk for externalizing behaviours regardless of gender. These inconsistencies are attributed to different sampling methods. More research on the experience of gender diverse children and youth who are exposed to IPV is needed.

Resilience and Absence or Delay of Negative Impact

While the meta-analytic review by Kitzmann and colleagues (2003) found that 63% of children exposed to IPV fared worse than their non-exposed counterparts, 37% of children who had been exposed demonstrated outcomes that were either similar or better than that of their non-exposed counterparts. Research has demonstrated that most children who witness IPV, or who are victims of physical abuse themselves, do not demonstrate adverse effects (Edleson, 1999; Margolin & Gordis, 2000; Sternberg et al., 2006). This could be explained in many ways, including an impressive level of resilience in response to poor rearing circumstances. One possible way of understanding the impact that exposure to IPV has on children is by considering both the risk and protective factors involved in the child's life. Children may be less likely to experience negative consequences later on in life if there are protective support systems surrounding them, which ensure a safe environment and provide them with guidance and encouragement that they may not experience at home. In a review of more than a decade of research, Holt and colleagues (2008) found that having strong attachments to positive adult figures acted as a protective factor against exposure to IPV. Indeed, it is often the case that parents who are either victims or perpetrators of violence have difficulties fully attending to the needs of their children, meaning children require stable supports outside of the home (Osofsky, 2003).

The consideration of protective factors is especial-

ly important, given that there are several studies that reveal that children often do not experience the adverse effects of their exposure to IPV until much later on in life (Jouriles et al., 2014; Martinez-Torteya et al., 2009; Sousa et al., 2011). Vu and colleagues (2016) completed a meta-analysis of over 70 studies to examine these longitudinal associations between a child's exposure to IPV and future problems. They found that, when exposure to all forms of IPV were measured rather than just physical IPV, it strengthened the association between exposure and long-term effects. Their findings suggest that any resultant externalizing/

internalizing problems will often take some time to emerge, but will also strengthen as time passes. As a result, any present assessments that are conducted might indicate that there is an absence of any behavioural outcomes, causing clinicians to declare that the child is unaffected and therefore not in need of any necessary protective interventions. These findings show that any assumption of resilience needs to be informed by more long-term assessment practices, and that the process of the emergence and formation of any "sleeper" effects will occur after children's exposure to IPV (Vu et al., 2016).

Child Homicide in the Context of IPV

There is a strong link between IPV and child homicide/paternal filicide (David et al., 2017; Jaffe & Juodis, 2006; Jaffe et al., 2014). David and colleagues (2017) reviewed data from Ontario's Domestic Violence Death Review Committee (DVDRC) and found that, between the years of 2002-2014, 10% of the 453 domestic homicide-related deaths were children killed in a domestic violence context—and approximately 80% were murdered by their fathers. Notably, a common motivator of paternal filicide in this context was the perpetrator's desire to punish the other parent for ending the intimate relationship (Jaffe et al., 2014). However, in most cases, the mother is the target, and children are the subsequent intended or unintended victims (Jaffe & Juodis, 2006).

While paternal filicide is considered a rare event that is not easy to predict (Jaffe et al., 2014), there are known risk factors for child lethality within the context of domestic violence. These include "a history of child abuse, prior involvement with agencies, history of DV in the home, perpetrator unemployment, actual or threatened parental separation, perpetrator psychological instability, perpetrator substance abuse" (David et al., 2017, p. 4). Research by Lyons and colleagues (2021) also found that a perpetrator history of suicidal behaviour, rape of the intimate partner victim, a non-biological child of the perpetrator living in the home, and perpetrator job stressors were significantly associated with increased odds of child lethality in cases of intimate partner homicide. However, Jaffe and Juodis

(2006) found that prior child abuse or involvement of Child Protection Service (CPS) was not present in all domestic homicide cases they reviewed, presenting a sub-group of child victims whose risk for lethality may be overlooked if violence had only been targeted at their protective parent. Lyons and colleagues (2021) also noted that relationship separation prior to an intimate partner homicide was associated with decreased odds of child lethality. Although separation is a known risk factor for intimate partner homicide, the researchers note that perpetrators may kill their partners in an attempt to gain custody of the children or that children may be able to better hide or flee during a violent incident if the perpetrator was not residing with the family at the time.

While tools exist to measure the risk of lethality where domestic violence is present, these tools focus on the risk to the primary victim—the protective parent—and do not address the potential risk for children, pointing to the need for improved risk assessment tools (David et al., 2017; Jaffe et al., 2014). The assessment tools used by CPS tend to focus on the risk of reoccurring child maltreatment rather than addressing the characteristics of domestic violence that would be more telling of the risk to child lethality (Jaffe et al., 2014). Barnardo's Domestic Violence Risk Identification Matrix is a tool that is useful in assessing the risk of lethality to children; however, it is not yet empirically supported (David et al., 2017).

In their review of the effectiveness of risk assessment tools, Jaffe and colleagues (2014) compared the Dan-

ger Assessment (DA), the Ontario Domestic Assault Risk Assessment (ODARA), and the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER) as they were used in a retrospective analysis of 40 domestic homicide cases from the Ontario DVDRC from 2003-2010 where a child was murdered/murder was attempted, and where a child was present but no attempt was made on their life. The authors found that there were no significant differences between these groups when comparing the risk assessment tools that were used in their cases. However, some specific items from these assessments were found to have a greater association with paternal filicide: specifically, The DA item 'prior threats to harm child(ren)' and the B-SAFER item 'intimate relationship problems.' The authors also reviewed 84 domestic homicide cases from Ontario between 2002-2009 and found that, in many of these cases, the families presented with risk factors that were known to relevant community agencies. Additionally, in cases where there were children in the family, it nearly doubled the average number of agencies that were involved with the family (4.1 vs. 7.3). Despite this level of increased involvement, there was a notable lack of risk assessment, safety planning, and risk management conducted across the reviewed cases. Only one in 40 cases used a risk assessment specifically for a child to assess for lethality. In less than 8% of cases, there was a safety plan established, but it was made only for the victim parent (Jaffe et al., 2014). The literature concludes that children should automatically be considered at risk for lethality if this risk is present for the mother/protective parent (David et al., 2017; Jaffe et al., 2014).

It is crucial that CPS workers assess the risk of lethality towards children in domestic violence situations. If the criminal court is not involved, CPS is the only party mandated to be involved with a family, and so they are uniquely positioned to engage with the perpetrator parent when planning interventions (David et al., 2017). Importantly, Jaffe and colleagues (2014) note that "risk assessment is not an end in itself. The outcome should lead to safety planning for the woman and managing the risk that the perpetrator poses" (Jaffe et al., 2014, p. 144). Safety planning works best when it also involves the child, and it is especially imperative for safety planning to occur if there will be a separation between the couple or when there is any sort of event that triggers a sense of the intimate relationship ending (David et al., 2017). If the perpetrator parent has custody of the child(ren), this presents another risk for lethality, which can be managed with strategies such as supervised visits and/or exchanges (David et al., 2017; Jaffe & Juodis, 2006). Overviews of DVDRC data examining the death of children calls for improved information sharing between relevant fields to enhance their ability to collaborate and provide integrated responses for victims (David et al., 2017; Jaffe & Juodis, 2006).

Limitations on the Research on the Impact of IPV on Children

Although the body of literature regarding childhood exposure to IPV has been useful in expanding our knowledge of the potential effects on children, it is important to note that scholars have identified significant limitations on this body of research, suggesting the need to interpret the above findings cautiously (Edleson, 1999; Jaffe et al., 2003; Kerig & Fedorowicz, 1999; Kitzmann et al., 2003; Wolfe et al., 2003). Methodological considerations around how data is collected can limit results. For example, Kitzmann and colleagues (2003) noted that effect sizes in the studies they reviewed were impacted using mother-reported versus child-reported data collection methods. In their review of literature on children's exposure to IPV, Haselschwerdt (2014) found that, despite what is known about the risks for maladaptive outcomes following IPV exposure, further research is required to better understand the impact from variations in dynamics and characteristics of IPV (such as coercive control). Additionally, "qualitative research is needed to examine how the family and home life differs for children depending on type of violence in order to understand the individual, couple, and family level processes that promote maladaptive outcomes or resilience" (Haselschwerdt, 2014, p. 218).

Holt and colleagues (2008) found that the impact of IPV exposure varied depending on what variables were measured, such as severity of violence, and what risk or protective factors were considered. Many studies fail to adequately delineate children's witnessing or exposure, making it difficult to accurately understand the phenomenon under study, as well as making the comparison to other studies impossible. For example, it is important to determine if studies include children who were physically present when the violent incident occurred, if the children witnessed the aftermath of the violent episode, or if a mixture of exposure experiences were included. Similarly, the nature of the violence itself may not be adequately defined. For example, are the children who make up the research samples exposed to extreme forms of IPV, including rape, severe assault, and homicide – or are they exposed to forms of marital conflict that are not character-

ized by physical assault? Intuitively, this distinction is important, as one would expect children who witness more serious forms of violence to be more negatively impacted; however, this has not been adequately addressed in the bulk of research on children exposed to IPV. Another important consideration is that many studies have been correlational in design. Therefore, they cannot prove that witnessing violence caused certain behaviours, or that children will develop negative reactions in future, and there are numerous other factors that may impact their behaviour.

Many studies are limited by the type of violence exposure they are measuring, often exclusively focusing on physical IPV (Kimber et al., 2018). Witnessing IPV often occurs in conjunction with other issues, such as child maltreatment and other forms of violence (Vu et al., 2016), and few studies distinguish the impact of direct abuse and IPV exposure (de la Vega et al., 2011; Edleson et al., 2007; English et al., 2009; Johnson et al., 2003; Moylan et al., 2010). Magen (1999) states that "witnessing domestic violence is not the only negative event in many children's lives, nor is it likely the only type of violence they witness" (p. 130), noting that rates of domestic violence are often higher in communities where there are high rates of other violence. External factors such as the presence of violence in the community can increase a child's risk of injury, trauma, or developmental outcomes across their lifespan (Magen, 1999). A modest correlation between a child's domestic violence exposure and external constraints to the home (community-based factors such as neighborhood crime) has been found (Herrenkohl et al., 2008), indicating that there can be simultaneous violence exposures beyond the family's control. Exposure to violence in the media can also have profound effects (Funk et al., 2004). Additionally, it is common for children to react negatively when their parents are involved in highly conflicted marriages with or without various forms of abuse occurring. Further research is also required to better understand the specific impact of exposure to IPV on children who have been exposed to various sources of violence and/or experienced other trauma-inducing events (for example, parental divorce or a death in the family).

It is important to note that many of the studies conducted on children exposed to IPV have drawn their samples primarily from families residing in domestic violence shelters. Although this research yields important information, it cannot be generalized to children whose abused mothers did not seek emergency shelter. Children residing in shelters typically experience greater stress simply by being at a shelter and away from familiar social supports during a time of great upheaval. Earlier studies with shelter populations did not control for other factors that could impact children's well-being, such as the effects of their parent's conflicted relationship, the sudden departure from their home, and their mother's resulting emotional state from the experience of IPV (Parkinson & Humphreys, 1998). While the mental health and well-being of children in domestic violence shelters is of paramount importance (Brinamen et al., 2012), residing in a shelter is often a very stressful point in a child's life and their reactions during this period are unlikely to represent their mental health status over time (Edleson, 1999; Jouriles et al., 2014; Kernic et al., 2003). The perspectives of children who have not shared this experience may be very different and are missing from the research.

Finally, studies that document the harmful effects of exposure to violence on children also frequently identify children who have not been affected by this exposure (Hughes & Barad, 1983; Hughes & Luke, 1998; Jaffe et al., 1990; Rosenbaum & O'Leary, 1981). Indeed, children vary in their responses from exposure to IPV (Edleson, 1999), and many children demonstrate resilience (Kolbo, 1996). Differing risk and protective factors will ultimately affect how children respond to being exposed to IPV. It is important to understand what factors may influence the degree of future problems associated with exposure to IPV. This may include whether or not the child also experienced direct physical or sexual abuse, the child's gender and age, the amount of

time since exposure to violence, and the child's relationship with the adults in their home. The literature has historically been limited to a narrow focus on how abused mothers and abusive fathers are deficient in their parenting and the impact that this has on children (Holt et al., 2008), while simultaneously failing to recognize the impact made by positive parenting practices that are able to occur despite IPV. Kimball (2016) argues that further research into understanding which internal and external factors can act as protective components for IPV-exposed children is urgently required, as it will enable researchers to understand how to promote resiliency among this group.

Sternberg and colleagues (2006) say that, "after three decades of research on family violence, no single risk factor has been identified, no single pattern of response to maltreatment has been observed, and much of the variability in outcome remains unexplained. Many children are adversely affected yet even more appear to be resilient" (p. 89). Studying children's exposure to IPV is a complicated phenomenon. Indeed, each child is unique and any outcomes they experience are impacted by a combination of many factors, such as their role in their family, personality, self-esteem, and available social supports (Holt et al., 2008). Owing to the limitations in the available research, it is difficult to determine with certainty the extent that direct exposure to IPV will impact a child's behaviour, functioning, and their ensuing well-being in both the short- and long-term. Given the complexity of the varying experiences and responses among children exposed to IPV, the risks to children must be assessed and interpreted cautiously (de la Vega et al., 2011; Edleson, 1999; Kitzmann et al., 2003; Magen, 1999; Stanley, 1997; Stephens et al., 2000; Vu et al., 2016). Moreover, policies that automatically assume that children are negatively impacted must be questioned.

Gaps in the Literature

Despite new advances in the past two decades regarding IPV as a form of child maltreatment and recent research into the effects that IPV has on children and their development, there is still need

for further work, especially concerning the voices and experiences of children themselves. Kimball (2016) addresses these gaps in a review of literature on children's exposure to IPV based on Edleson's (1999)

initial research and recommendations. Edleson (1999) suggested that future work be done in the following areas: 1) the impact of IPV exposure on children; 2) the cumulative effect of exposure to multiple forms of violence, including IPV; 3) protective factors that could support the resiliency of children exposed to IPV; and 4) the father-child dyad within the context of IPV. In the 20 years that have passed since Edleson's original article was published, the literature on child exposure to IPV in general has expanded dramatically; however, limited work has been done to address the gaps identified by Edleson. Kimball suggests that this may be due to the context in which IPV research with children is conducted. Specifically, Kimball argues that more research directly involving the viewpoints and experiences of the children themselves is necessary and that future research must utilize instruments and methods specific to the child's report of events (Kimball, 2016).

Though the existing research on this specific subject may be extensive in some regards, it is important to note that there still are gaps in the research. More longitudinal research concerning children's long-term experiences and the consequences they may encounter later in life is necessary. Additionally, attention to factors such as gender (including gender diverse children and parents), age, socioeconomic background, and ethnicity in this kind of research would be beneficial. The current literature on children's exposure to domestic violence is also lacking in sufficient meta-analytic studies. There are only four existing meta-analyses on this particular subject found for this review (Evans et al., 2008; Kitzmann et al., 2003; Vu et al., 2016; Wolfe et al., 2003).

Conclusion

As can be seen from the literature, understanding how children are impacted by exposure to IPV and domestic violence is complicated by the uniqueness of each child and family, as well as a myriad of other factors. The impacts of variables such as the child's age and gender, as well as variables related to the exposure of violence such as the type of violence and the combined experience of direct child maltreatment are mixed across studies. Some children appear to be resilient despite the violence they are exposed to; however, this resilience may be temporary, as behavioural outcomes may emerge at a later age. We also know from the research that there is a real risk that IPV can dangerously escalate to a point that can be fatal for children, even when the family is involved with relevant community agencies. While we cannot conclude that there is any one-size-fits-all approach for children who have been exposed to IPV and/or domestic violence, we can see from this literature review that informed and supportive interventions are necessary, regardless of whether a child is yet demonstrating effects from their exposure, to help both the child and their families achieve the best possible outcomes.

Section Two: Parenting in the Context of Intimate Partner Violence

Within the literature on intimate partner violence (IPV), there has been a steady increase in the number of studies examining the impact on parenting—notably, the parenting styles and abilities of female victims. This is not surprising, as parenting style has a significant impact on long-term child outcomes, and the experience of IPV may alter the abused parent's parenting style. Research findings on the impact of IPV on abused parents are mixed. Historically, much of the research has focused on a deficit model, where mothers may be less available to their children and/or less able to exert authority over them. Certainly, the experience of parenting during ongoing IPV is an intensely stressful endeavor, especially when the abuser uses the children in their coercion tactics. More recently, there has been work which explores the ways the parenting of abused mothers is not so different from non-abused mothers. Unfortunately, the numerous protective strategies that mothers employ to cope with violence and to keep their children safe from the impact of the violence are often overlooked, both in the research and by child protective services (CPS). In reality, it has been found that moth-

ers tend to have an amplified sense of responsibility to their children and that they often overcompensate in their parenting efforts for the violence that is present at home.

It is challenging to capture the experiences of parents who abuse their intimate partners, but recent research has explored the ways that these individuals parent their children and how they view their relationships with their children. As will be described in more detail later in this review, it appears that abusive parents experience a significant amount of insecurity around their relationships with their children and their parenting capabilities, as well as limited understandings of their child's perspective and autonomy, and limited understanding or acknowledgment of how their abuse impacts their children. Interventions in the form of parenting programs are available and often mandated for those who perpetrate abuse. Accountability is especially crucial for perpetrator programs, as is an understanding that these programs are informed by the ways in which IPV impacts both individual parenting and co-parenting.

Parenting Styles and IPV

While much of the existing research highlights the experiences of female IPV victims, there have been studies that consider parenting styles in general, regardless of whether the parents in question are perpetrators or victims (Graham-Bermann & Levendosky, 1997; Holden & Ritchie, 1991; Holden et al., 1998; Jouriles et al., 1998; Rossman & Rea, 2005; Strand et al., 2015; Tajima et al., 2011). Rossman and Rea (2005) found that an authoritative style of parenting led to more positive child outcomes, even in families that had experienced IPV. However, they also found that mothers who had been abused by their partners were more likely to be inconsistent in their parenting (e.g., in the way they solved conflicts). The impact of the abusers' parenting is referenced in the study, not only in the way that it may affect the children themselves, but also in the way that it may change the parenting of the victims. When children in the study experienced significantly conflicting parenting styles from their mother, "children and their mothers reported noticeably higher levels of child trauma symptoms", possibly owing to the impact of uncertainty and unpredictability on the child (Rossman & Rea, 2005, p. 273).

Tajima and colleagues (2011) conducted a longitudinal investigation on the effects of parenting styles and peer support on adolescent outcomes following childhood exposure to IPV. They found that caregiver acceptance and responsiveness had moderating effects on adverse outcomes such as teen pregnancy and fleeing home. This key finding demonstrates that parenting does influence long-term outcomes in children exposed to IPV and suggests that, although an individual's parenting style may change following IPV, it is still possible to exhibit positive parental attributes that can benefit children later in life. Intervention programs designed to enhance parental responsiveness and acceptance would support exposed children to be able to experience positive outcomes despite their predisposition to adverse consequences (Tajima et al., 2011).

Mothering in the Context of IPV

Over the last decade, a number of researchers have studied the impact of IPV on mothers' parenting abilities and the subsequent effects on children with mixed results (Casanueva et al., 2008; Edleson et al., 2003; Fogarty et al., 2019; Gewirtz et al., 2011; Grip et al., 2011; Harrison, 2008; Holden et al., 1998; Huth-Bocks & Hughes, 2008; Levendosky et al., 2000; Levendosky & Graham-Bermann, 1998; Levendosky & Graham-Bermann, 2000; Levendosky & Graham-Bermann, 2001; Peled & Gil, 2011; Ritchie & Holden, 1998; Sullivan et al., 2000). Several researchers contest that the experience of IPV has a direct, negative impact on the victim's parenting, which in turn endangers their children's adjustment and well-being (Bentley, 2017; Chiesa et al., 2018; Holden & Ritchie, 1991; Levendosky et al., 2011; Levendosky & Graham-Bermann, 2000; Wolfe et al., 1997). Indeed, a recent systemic scoping review of 136 studies examining IPV and parenting by Sousa and colleagues (2022) found

that 64 studies linked the experience of IPV to the abused parent having a decreased ability to nurture and communicate with their children, as well as an increase in aggressive and/or abusive behaviour towards their children. However, an abused parent's subsequent abuse or harsh parenting of their children was found in multiple other studies to be an outcome of fear and exhaustion, as well as an attempt to avoid triggering further violence from the abuser (Damant et al., 2010; Greeson et al., 2014; Levendosky & Graham-Bermann, 2000, as cited by Sousa et al., 2022). In terms of discipline, control, and monitoring their children, Sousa and colleagues (2022) found across nine studies that IPV appears to result in either a hyper increase or a decrease in parental supervision. The latter finding appears to be connected to an experience of disempowerment that leads to permissive, as opposed to harsher, parenting. Regarding increased parental vigilance, Sousa and colleagues (2022) found across 15 studies that this vigilance is an intentional protective strategy that abused mothers use in response to the violence.

Other researchers argue that abused mothers are no different in their parenting ability than non-abused mothers. For instance, the same review by

Sousa and colleagues (2022) found 41 studies showing that IPV does not automatically compromise the abused parent's capacity for attachment, warmth, and nurturance. A recent study conducted by Ateah and colleagues (2019) used data from the Prairie provinces to examine whether there were differences in positive parenting responses between women who have and have not been abused by their partners. Scores on the Positive Interaction Scale were not statistically different between the two groups of mothers after adjusting for covariates, indicating that mothers who have been abused are generally caring and nurturing towards their children. Lower levels of education, however, were related to lower scores on this measure, regardless of whether a parent had experienced IPV. This finding suggests that the experience of IPV is not predictive of negative parenting. The authors note that this experience might result in diverse effects that are hard to measure, such as a concerted effort to respond to children in non-aversive ways or taking on the disciplinarian role as a way to protect children from the abusive caregiver. Regardless, these findings highlight the intersectional vulnerabilities of parents involved with CPS and points towards the importance of individual assessment of parenting abilities in CPS practice (Ateah et al., 2019).

The Negative Effects of IPV on Mothering

The bulk of the literature on the impact of violence on parenting suggests that abused mothers are compromised in their parenting ability and practices. Some propose that abused parents are less attentive and emotionally available to their children (Pels et al., 2015; Wolfe et al., 1997) and are less able to assert authority or control over their children (Levendosky et al., 2003), which can put their children at risk for anti-social behaviours (Levendosky & Graham-Bermann, 2000). There are a number of factors that impact parenting in the context of IPV. A person's parenting capacities are often hindered by the mere presence of their abuser (Moe, 2009), who will often thwart or undermine their victim's efforts at parenting—a process that frequently continues post-separation (Edleson et al., 2003). Available research suggests that abused mothers experience significantly greater levels of stress than

non-abused mothers and that this stress may have a negative impact on their children's adjustment (Chiesa et al., 2018; Ellsberg et al., 2008; Holden & Ritchie, 1991; Holden et al., 1998; Lapierre, 2010; Levendosky & Graham-Bermann, 1998).

The stress of mothering in the context of IPV can start as early as the prenatal period. Women in a study conducted by Lapierre (2010) reported abusive experiences before and during pregnancy such as sabotaging contraceptives and coercing conception or the abortion of a pregnancy (Lapierre, 2010). For some, violence began or became more frequent and severe during pregnancy (Lapierre, 2010). Pregnant mothers who are abused by their partners have been found to be twice as likely to receive inadequate prenatal care than those who are not subjected to abuse (Cha & Masho, 2014, as cited by Sousa et al., 2022).

In a recent longitudinal study by Hughes and colleagues (2019), the effects of both maternal and paternal prenatal stress on later child behaviour were examined. Additionally, researchers looked at the relationship quality of couples during pregnancy and how that later played a role in their child's adjustment. The researchers found that inter-couple conflict and high levels of stress in parental relationships during pregnancy had a mediating effect on their child's likelihood to internalize problems (Hughes et al., 2019). This has useful implications regarding the role parental stress in an IPV context will play in child behaviour.

In a recent systemic scoping review of the literature on IPV and parenting by Sousa and colleagues (2022), the various factors that impact abused mothers and their ability to parent were explored. Personal well-being and coping styles were found to have a direct influence on parenting capacity. For example, an abused mother who possesses and utilizes adaptive strategies to cope with the violence will likely have better mental health. Alternatively, a mother who is struggling to manage their mental health while enduring violence will have a compromised ability to cope which will impact their parenting capacity. In the 22 studies that were reviewed, the findings indicate that any effects on parenting, such as insensitivity or violence, may be a result of diminished mental health related to the experience of being abused themselves, such as being in a constant state of worry, anxiety, distress and guilt (Sousa et al., 2022). Living with IPV also undermines a mother's ability to provide for her children's material and emotional needs. In 29 of the studies reviewed, the challenge of providing for children created a significant crisis around a woman's confidence as a mother (Sousa et al., 2022). Abusers can also specifically target their victim's role as a mother as a part of the abuse. Such threats to maternal confidence and self-efficacy were found to profoundly impact maternal mental health. However, 10 of the studies reviewed pointed towards a protective effect of mothering on mental health, wherein motherhood creates an identity "that lends meaning, a sense of agency, purpose, and pride to the responsibilities of parenting within IPV" (Sousa et al., 2022, p. 7).

Mothers may experience intense stress from feeling pressured to constantly maintain control over their children's behaviours in order to reduce conflict with their abuser (Lapierre, 2010). Lapierre (2010) found that perpetrators of abuse involve children in their coercion tactics in an effort to exert control over their victim and create intense stress, such as using violence or the threat of violence against their children, threatening to take the children away, or making a report to CPS. Mothers from this study reported that the violence they had been subjected to directly impacted their physical and mental health and impaired their ability to carry out the time consuming everyday tasks of parenting and caring for their children. Many researchers have suggested that when a mother suffers high levels of parenting stress that impacts her ability to respond to her children's behaviours effectively, her children may in turn exhibit psychological, emotional and behavioural problems (Greeson et al., 2014; Huang et al., 2010; Kernic et al., 2003).

The ongoing experience of intense stress and degradation of self-worth in the context of IPV can significantly impact a victim parent's mental health. In a systematic review of the literature on children's exposure to IPV, Fong and colleagues (2019) investigated the role of maternal mental health on their child's externalizing behaviour. Findings were mixed, with some research pointing towards maternal depression playing a mediating role, and other research finding that this factor does not mediate exposure to IPV and a child's externalizing behaviours. The authors note that these mixed findings might be due to methodological issues between studies, such as poor mental health influencing a mother's self-report of their children's behaviours. However, these findings indicate that, if an abused mother receives treatment for her mental health, it will have a positive impact on her child's behaviours. Maternal harsh parenting and maternal warmth were also found to play a role in the externalizing behaviour of children exposed to IPV. Of note, one study regarding maternal warmth found that when the IPV perpetrator was high in warmth towards the child, there were more externalizing behaviour problems, possibly indicating that a close connection with an aggressive maternal partner may influence how the child views aggressive behaviour (Fong et al., 2019).

High rates of parental stress due to IPV can put children at a greater risk of maternal neglect or abuse (Damant et al., 2010; Holden et al., 1998; Jouriles et al., 2008; Wolfe et al., 1997). Experiencing IPV has been found to be associated on a moderate level with harsher forms of discipline and a more punitive nature in parents (Chiesa et al., 2018) and is positively associated with mothers' use of physical punishment (Murray et al., 2012). Abused mothers have been found to be twice as likely to use physical aggression towards their children when compared to non-abused mothers (Holden & Ritchie, 1991). An authoritarian style of parenting has been found to often emerge immediately following an IPV crisis (Greeson et al., 2014). Indeed, in a thorough review of existing literature, Peled (2011) notes a common theme where an IPV victims' abuse of their children often begins or increases following their own experiences of IPV. This suggests that even if children are not directly witnessing IPV, they are still at risk of harm.

Research conducted by Dekel and colleagues (2019) has offered valuable insight into the motives behind women's violence towards their children.

The women in this study tended to displace their anger, therefore exhibiting poor parenting skills and ultimately violence toward their children after experiencing IPV (Dekel et al., 2019). Sousa and colleagues (2022) discuss how much of the literature on the topic of parenting through IPV is based on the theory that a parent's experiences will impact their relationship with their children and the way that they parent. While their findings largely support this idea, they also found evidence that there are many coping methods that mothers use, which demonstrates a need to build a more nuanced understanding of parenting that accounts for the stress abused mothers experience and the ways in which they are resilient (Sousa et al., 2022). Conversely, other researchers have found few or no differences between abused mothers and comparison groups of non-abused mothers in terms of their use of physical punishment (McCloskey et al., 1995; Ritchie & Holden, 1998; Sullivan et al., 2001; Zolotor et al., 2007). The context of an ongoing experience of intense stress as the victim/survivor of IPV is important to bear in mind when assuming that abused mothers are somehow deficient or inadequate as parents. Their parenting behaviour and practices have been found to often improve when they are living safely away from their abuser (Edleson et al., 2003; Walker, 1984).

Protective Strategies

Notably missing in much of the literature is a discussion of the protective strategies that abused mothers often employ to protect and care for their children (Greeson et al., 2014; Nixon et al., 2015). Indeed, several researchers argue that the protective strategies of abused mothers are often underestimated or overlooked (Edleson et al., 2003; Greeson et al., 2014; Katz, 2015; Nixon et al., 2015). Instead, researchers and clinicians have over-emphasized women's inadequacies and deficits when it comes to parenting their children (Fogarty et al., 2019; Levendosky & Graham-Bermann, 1998; Levendosky & Graham-Bermann, 2001; Nixon et al., 2015).

In their systematic scoping review of the literature, Sousa and colleagues (2022) note that "in analyzing the costs that IPV poses to parenting and the varied ways that parents respond, [their] analysis highlighted the considerable evidence that women

grappling with IPV attempt to compensate for the potential effects of violence on their children" (p. 9). They found that there are a variety of ways that abused mothers cope with the violence: through action/problem focused, emotion-/internally-based, and/or social coping methods. Action/problem focused coping has been found to include taking direct action against the abuser and the consequences of the violence, or by being strategic in the ways mothers were compliant with their abuser to manage the occurrence of violence. Of the studies reviewed, 14 indicated that this kind of coping may entail focusing on supporting or enhancing other circumstances of their child's life that promote wellness, such as maintaining daily routines. Emotion-/internally-based coping involves turning inward to mitigate the impact of the violence. Finally, social coping was noted across 22 studies to involve looking outward and making use of resources and support networks to promote their children's well-being. Of note, many studies pointed towards isolation

from social networks as occurring because of IPV, reducing the ability for mothers to use this coping mechanism to access any benefits or support (Sousa et al., 2022).

Research findings from Lapierre (2010) "suggest that the institution of motherhood imposes high and often unrealistic expectations upon women" and that the experience of IPV appears to amplify a women's sense of mothering responsibilities (p. 1442). As discussed by Nixon and colleagues (2015), it is important for IPV professionals to ask what strategies mothers have used in order to demonstrate appreciation for their efforts and to strengthen the relationship between the professional and the mother/client - this will enable more effective and less intrusive interventions. CPS can use this information to develop case plans that capitalize on the mother's strengths and capacities. The concern that they will be viewed as 'bad mothers' may keep mothers from accessing formal sources of support. Such an approach "is vital to preserve a woman's sense of self" (Nixon et al., 2015, p. 72).

Positive Parenting Despite IPV

Other available research provides evidence to refute claims that abused mothers are helpless, incompetent, and aggressive parents (Lapierre, 2010; Letourneau et al., 2007; Levendosky et al., 2000; Schechter & Edleson, 1994; Semaan et al., 2013; Sullivan et al., 2000). In fact, Letourneau and colleagues (2007) discovered that abused mothers will compensate in their parent-child interactions by being very attentive and sensitive to their children. Additionally, several studies that focused on abused women's concerns about their children's safety and well-being suggest that many women take active steps to protect and care for their children, despite the violence they experience (Hilton, 1992; Kelly, 2009; Nixon et al., 2015; Schechter & Edleson, 1994). For instance, mothers may be more vigilant in their parenting because of the abuse. By setting limits and using effective discipline strategies, mothers help to nurture resilience by protecting their children from the impact that living in a violent home can have on their mental health (Graham-Bermann et al., 2009, as cited by Sousa et al., 2022). Hilton (1992) described

most of the mothers in their study as wanting help for their children, especially to teach them how not to adopt their father's abusive behaviour.

In contrast to the assumption of a deficit model of parenting in the context of IPV, Sullivan and colleagues (2000) found no evidence to support the common perception that abused women experience greater parenting stress and are inadequate or aggressive parents. In fact, the vast majority of mothers in their study believed that they were available to their children, closely supervised their children, and enjoyed being parents. Almost all their children considered their mothers to be being highly available, emotionally responsive, and nurturing. Work by Bentley (2017) rejected the deficit model and conducted research under the assumption that women were the experts in their own lives. Mothers featured in the study demonstrated hyper-awareness of their children's needs and prioritized certain needs over others—a phenomenon revealed through the study as "attentive surveillance." Mother's parenting within the context of IPV was consistently found to be using this approach, meaning that these mothers were particularly attentive to the needs of their children and considered their children's safety a priority compared to their own (Bentley, 2017).

Research by Lapierre (2010) drew similar conclusions, finding that all abused mothers in their sample expressed a strong desire to be a 'good mother'. These mothers put their children's needs and safety before their own, even when physically injured from abuse. The mothers in this study employed a range of strategies to protect their children from direct violence or exposure to IPV, including adjusting their own behaviour to appease their abuser and reduce the chance of violence, and in extreme cases, using violence against their abusive partner to protect their children. All mothers reported that they were able to meet their children's basic physiological needs despite experiencing IPV; this was done through various personal strategies such as spending time with children, listening to them, building their self-esteem, providing reassurance, and doing activities (Lapierre, 2010).

Research by Nixon and colleagues (2015) explored and compared the protective strategies employed by mothers in urban and Northern areas of Manitoba. Urban and Northern participants used a number of similar strategies to protect their children from violence, but differed in their use of informal sources of support. Northern mothers relied more heavily on informal sources of support to protect themselves and their children, and would temporarily send their children to live with other family members. Contacting the police was the most common form of formal support accessed by all mothers, who also enlisted the support of counsellors, nursing stations, reserve band offices, crisis shelters, and protection orders. This research found that women would physically separate their children from the abuser, and that some would temporarily or permanently end the relationship in order to protect their children. Other strategies included deescalating or avoiding a confrontation, placating their abuser or complying with their demands, and teaching their children a safety plan to use during an episode of violence. To mitigate any emotional harm their children may experience from exposure to IPV, mothers would commonly spend time with their children, provide emotional support, and have candid conversations about the violence they witnessed for their child's emotional coping and/or for preventing intergenerational violence. Conversely, for other mothers, it was considered important to hide the violence in order to buffer the children from the emotional impact of exposure (Nixon et al., 2015).

In their review of qualitative studies on the ways that mothers parent while being abused, Brooks and McFarlane (2018) noted several common strategies that women have used for positive parenting. These included: staying with their abuser in order to prevent their children from experiencing trauma; leaving their abuser in order to protect their children from harm; placating their abuser to reduce the possibility of violence; and giving attention to their children's safety and needs. The authors note that culture plays a role in the decision to stay with the abusers for some mothers, particularly cultural views that children need both their mother and their father. In attending to their children's needs as a strategy, it was noted in the studies that mothers believed in the importance of putting their child's needs before their own (Brooks & McFarlane, 2018).

Herbell and colleagues (2020) looked at the experiences of 11 pregnant women who had previously or were currently in an abusive relationship to understand their perspectives on their experiences, parenting, and strategies for safety. A theme that emerged was 'wanting better for their children', and participants described either making amends with their abusive partner (feeling that having a relationship with their father was beneficial for the child) or choosing not to let him be involved with the children (owing to safety concerns) as a means of prioritizing their children's needs. Whether or not the fathers were involved, the mothers described censoring what their children were exposed to in terms of conflict, including not allowing arguments in front of the children. The women described taking different parenting approaches during the abuse depending on their child's gender; these mother's taught girls to have respect for themselves and taught boys about respecting others and not using violence. All mothers in the sample shared the view that it was important for them to impart these lessons in order to stop the cycle of violence. Another theme that emerged involved safety planning as a part of parenting. The women often described being on the look-out for 'red flags' with any interpersonal relationships, and to ensure safety for themselves and their children. In particular, all of the women discussed feeling skeptical of others and having difficulty in trusting others to watch their children. These women also described safety planning in a variety of ways, such as physical security measures, saving money and securing employment, frequently checking in on their children when they were in the care of others, and having conditional aspects for children's visits with fathers. Those who were still in violent relationships had made personal plans for how to end their relationship and quickly flee if there was danger (Herbell et al., 2020).

In their study examining mothers' perceptions of the impact of abuse on their parenting, Levendosky and colleagues (2000) reported that, although 25% of their participants indicated their partner's violence toward them had negatively affected their parenting, another 24% reported no negative effects and 20% commented that the violence had increased their empathy and caring. Further, many women described positive parenting actions such as frequently and actively mobilizing their resources to respond to the violence on behalf of their children.

Additionally, Fogarty and colleagues (2019) examined mother's parenting strategies and perceptions of children's resilience following IPV exposure. The authors found that mothers used parenting strategies to buffer the negative impacts of IPV on their children, including role modelling (being a strong and positive role model for their child), providing stable and consistent parenting, and talking about healthy relationships. Mothers in the study also attempted to reduce instances of children directly witnessing IPV, as well as hiding abuse from their children by delaying or de-escalating any potential conflicts with their abuser.

Abused mothers often factor in their children when making decisions about remaining in the abusive relationship (Hilton, 1992; Moe, 2009; Rhodes et al., 2010; Semaan et al., 2013; Short et al., 2000; Sullivan et al., 2000). For example, when abused women stay in an abusive relationship, it may be for their children's physical and economic safety (Hilton, 1992; Moe, 2009; Rhodes et al., 2010). However, many women will separate from their abusive partner if they believe that their children are at risk of physical or emotional harm (Hilton, 1992; Moe, 2009; Short et al., 2000).

It is clear that both current and past work, though progressive, has been inconsistent on the effect that IPV has on parenting behaviour. This can likely be explained by the fact that many other factors play into a woman's parenting. Chiesa and colleagues (2018) state that "in isolation, IPV victimization is important to note, but may not be as significant a predictor of parenting as other known risk factors, such as IPV perpetration or substance abuse" (p. 298). In addition to IPV, parenting behaviour can be heavily influenced by the context of people's lives following abuse, such as housing or food insecurity, mental health issues, unemployment, and/or lacking other financial resources (Moe, 2009; Murray et al., 2012).

Perpetrators as Parents

In contrast to the research carried out regarding the parenting styles of IPV victims, research on the parenting of IPV perpetrators is not as comprehensive (Stover, 2015). Still, numerous studies have investigated the subject for the purpose of understanding how perpetrator parenting methods differ from those of IPV victims (Guille, 2004). Much of the research on perpetrator parenting to date has focused on males, as they are often the perpetrators in IPV cases (Caldwell et al., 2012; Chan, 2011; Cho, 2012; Hamby et al., 2011).

Though a more current review or meta-analysis on the relationship of abusive men and their children has not been located, Guille's (2004) integrated review of relevant literature emphasized some points that remain relevant. Given what is known about the father-child relationship being crucial to a child's development (Brown et al., 2021; Lamb, 2010; McWayne et al., 2013), it follows that the parenting styles of IPV perpetrators have a direct effect on a child's experiences. However, Guille states that it may not be the parenting of fathers specifically that has a negative impact on children. Rather, it is the conflict that ensues from relationships where IPV is present that can lead to difficulties in the child's adjustment, including the way it impacts the psychological functioning of parents, parent-child relationships, children's direct exposure to interaction in the relationship, and how that conflict is handled. Additionally, if post-separation contact with their child is exploited to maintain control over the perpetrator's ex-partner, this will likely play a significant role in the father-child relationship. Previous research on men who abuse their children (but not their partners) found that these fathers use their children to fulfill their own needs—and feel intentionally injured if their children fail to do so (Guille, 2004). Guille adds that a family history of abuse, problematic substance use, and the presence of psychopathology in varying levels—which are commonalities of abusive men—will also likely impact how these men parent. The father's perspective on how his violence impacts his children, the level of responsibility he takes, and the level of empathy he demonstrates for his partner and children has important implications for the way these men will parent (Guille, 2004).

More recent qualitative research into the parenting practices of fathers who perpetrate IPV against their partners has found several similarities. These fathers often do not make the connection between the IPV or direct abuse their children are exposed to and the impact it has on their children, commonly perceiving the child's mother as the major obstacle to having a positive relationship with their children (Mohaupt et al., 2020; Perel & Peled, 2008; Veteläinen et al., 2013). Research in this area has found that traditional views of masculinity shape men's ideals of fatherhood, including an emphasis on bread winning and their ability to provide, even if this creates distance between them and their children (Perel & Peled, 2008; Veteläinen et al., 2013).

Additionally, research notes an emphasis on authoritarian control-based parenting, with the belief that it is necessary to protect their children from developing behaviours that would be detrimental to their long-term development (Mohaupt et al., 2020; Perel & Peled, 2008; Veteläinen et al., 2013). Many fathers

reported that difficulties in their relationship with their children began when their children started to develop autonomy, where defiance was often interpreted as intentional provocation. Overall, these fathers struggled to understand their child's perspective and emotional experience (Mohaupt et al., 2020), and reported that using non-violent means to discipline their children did not work (Perel & Peled, 2008; Veteläinen et al., 2013). The use of violence was often justified by the obligation they feel to make their children understand right from wrong (Mohaupt et al., 2020).

Despite struggling to discuss their own negative emotions (Mohaupt et al., 2020), many fathers expressed a strong desire to be more connected to their children (Perel & Peled, 2008; Veteläinen et al., 2013). Fathers described using physical, as opposed to verbal, tactics to foster intimacy with their children; however, negative reactions to these attempts were viewed as behaviours that needed to be controlled (Mohaupt et al., 2020). Caution must be taken when generalizing these research results as the sample sizes were small and consisted of men who are voluntarily in therapy or intervention programming and/or who were involved in the court system.

A recent quantitative study conducted by Thompson-Walsh and colleagues (2021) in Canada investigated the mediating role of variables commonly associated with IPV perpetrating fathers on the pathways between their children's exposure to their violence and the impacts on their children's development. The mediator variables of "depression, hostility, parenting over-reactivity, laxness, lack of emotional connection, and coparenting" are noted as being amenable to change during intervention (Thompson-Walsh et al., 2021, p. 3). Data came directly from a sample of fathers with and without a documented history of DV. They found that fathers with a history of DV were more likely to report higher levels of depression and hostility, which were connected to greater problems for their children. When these fathers demonstrated difficulty with coparenting in terms of respect, teamwork, and communication, this was found to significantly mediate the relationship between DV and children's internalizing and externalizing problems. The authors were surprised to find that laxness, over-reactivity, and low warmth in fathering did not mediate the interaction between a child's exposure to IPV and

their behaviours. These results suggest that violent fathers and their children may benefit from interventions that focus on challenges specific to "dysregulated affect, hostility, and respectful coparenting, rather than only on parenting practices," as these difficulties were significant mediators between DV exposure and children's developmental outcomes (Thompson-Walsh et al., 2021, p. 10).

Studies which address the violence and conflict children have witnessed suggest that it may impact the ability for a family to maintain connectedness and positive relationships, particularly with the perpetrator (Dunn et al., 2005; Owen et al., 2009). Thiara and Humphreys (2017) note the lasting effect that perpetrators can have on children and mothers, even after they have been removed from the home and are no longer part of the family. Their research indicated that children in particular experienced traumatic memories of the exposure to violence, which led to nightmares, low self-esteem, and other negative impacts (Thiara & Humphreys, 2017). These findings suggest that children may find it difficult to reconcile and coexist with their fathers following exposure to IPV. Conversely,
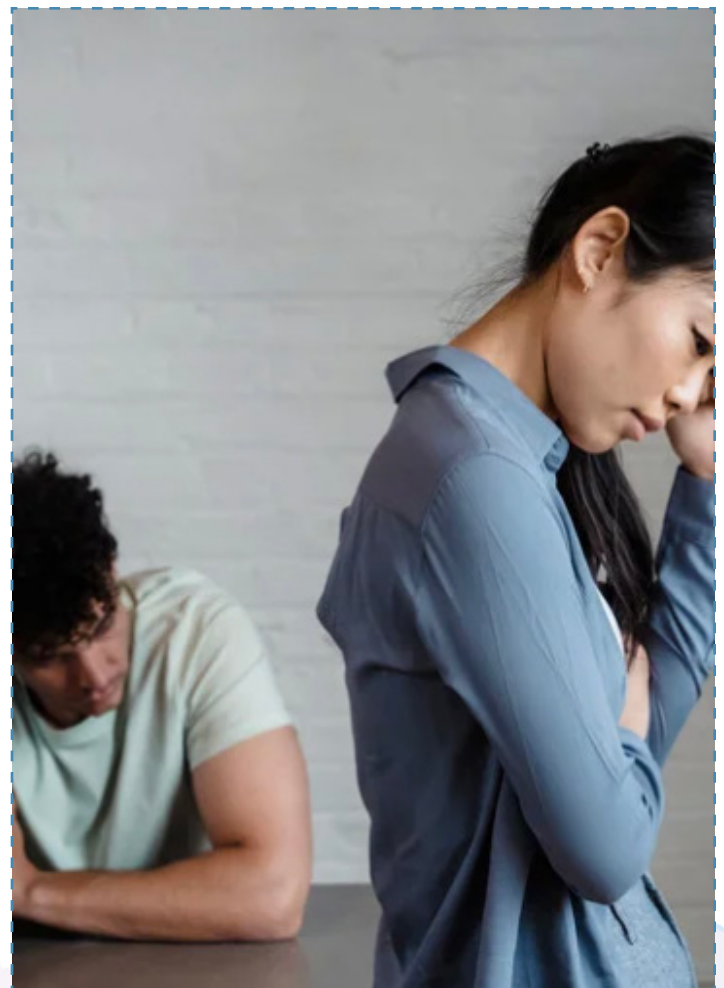
that children who witnessed their fathers abusing their mothers were able to maintain a positive relationship with their fathers, providing that he had not been violent towards them. In work conducted by Salisbury and colleagues (2009) on the fathering practices of IPV offenders, the majority of participants maintained relationships with their children following their arrests. Other studies also reflect children's maintenance of a positive relationship with their fathers following IPV (Hunter & Graham-Bermann, 2013; Stover et al., 2003).

Another important component to the impact of perpetrator parenting is the co-occurrence of alcoholism and/or substance abuse with IPV. Numerous studies show that substance abuse and IPV often coincide (Afifi et al., 2012; Bennett & Bland, 2008; Caetano et al., 2007; Feingold et al., 2008; Nabors, 2010; Thomas & Bennett, 2009). However, there is limited literature on how this co-occurrence affects father-child relationships. Work by Stover and colleagues (2013) shows that fathers who had histories of IPV and substance abuse had significantly higher levels of poor parenting and negative co-parenting relationships when compared to the control group. Additional work by Smith Stover and Spink (2012) found that, overall, their sample of 40 fathers had low scores on a measure of reflective functioning, which suggests a very limited ability to understand their child's emotions and experiences when parenting. The fathers in their sample demonstrated a very limited capacity to discuss emotions like anger or guilt they experienced as parents, or to think about how their emotions impacted their children. Only 25% of their sample made any acknowledgment of their own anger adversely impacting their child, and only 5% of fathers in their sample reported guilt related to their substance use. None of the fathers in their sample reported any guilt in relation to the IPV they had perpetrated and how it might impact their children (Smith Stover & Spink, 2012). Given that other research has demonstrated high rates of comorbidity between alcohol/substance abuse and violent behaviour, it is likely that there are ways in which spouse-abusing fathers may be similar in parenting practice to alcohol or drug using fathers—often displaying higher levels of hostility and aggression (Guille, 2004; Stover, 2015) and emotional unavailability (Guille, 2004).
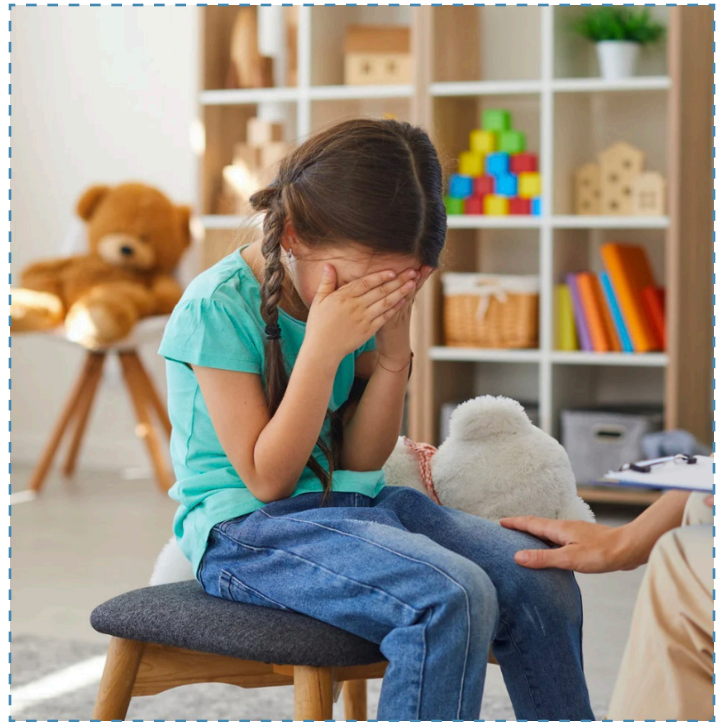
An additional focus throughout the research is the effect of perpetrator parenting on problem behaviours of children. For instance, some studies report that an increase in negative parenting styles leads to an increase in problematic externalizing behaviours in children (Cecil et al., 2012; Oliver, 2015; Stover et al., 2013a). Interestingly, Hunter and Graham-Bermann (2013) found that children who had contact with their fathers displayed less behaviour problems, especially if their fathers did not model aggressive attitudes. Alternatively, Thaira and Humphreys (2017) found that increased outbursts and aggression were present in children who had been exposed to IPV. Though their study focused on circumstances where perpetrators were no longer involved in the lives of their children, women throughout the study commonly reported behaviour problems—particularly if the child was still in contact with the offender. Additionally, many of the child participants themselves reported feelings of increased anger following their exposure to IPV, which was taken out on the remaining individuals in their lives due to the absence of the perpetrator (Thiara & Humphreys, 2017). It is important to note in this discussion that, even when perpetrators are uninvolved in the raising of their children, their actions contribute to the way children develop and experience parenting by the IPV victim.

IPV commonly co-occurs with other issues that may lead to harmful parenting styles and so it is important to consider the way incarcerated parents may relate to their children. There has been substantial literature

developed on the impact of parental incarceration on child development (Geller et al., 2012; Sykes & Pettit, 2015; Turney & Goodsell, 2018). Although there have been no studies of this kind referring to incarcerated IPV offenders specifically, it is possible to draw some assumptions about the ways IPV offending fathers who have been imprisoned parent their children. For example, in work done by Geller and colleagues (2012), it was found that paternal incarceration had greater impacts on children than other forms of father absenteeism. Notably, they found that the effects of incarceration on child attention and aggression to be less clear and their findings suggest that any such behaviour problems originated prior to the father's incarceration (Geller et al., 2012).

Although literature on the parenting of IPV perpe-trators has increased in recent years, many gaps still exist in the research, as well as in the environments that these parents provide for their children. These gaps can be partially explained by the fact IPV per-petrators are often reluctant to participate in research and may be even more reluctant to be honest in their explanations of events (Hunter & Graham-Bermann, 2013). Additionally, as some of the cited work has demonstrated, perpetrators may not have the ca-pability to understand the emotional experiences of others. Further work in this area would shed light on the intergenerational factors involved in IPV and help researchers understand if children of violent offenders are at risk of becoming violent due to the parenting styles they experience.

Parenting Programs and IPV

Lindstrom Johnson and colleagues (2018) dis-cussed the changes in parenting following vio-lence-related trauma in a meta-analysis of parent-ing practices following child exposure to violence. This meta-analysis found that parent interventions have a large effect on child outcomes. Similarly, findings from a systematic review of literature on children's exposure to IPV and externalizing be-haviour problems by Fong and colleagues (2019) indicates "that mothers with education and training in positive parenting strategies (e.g., praise, spend-ing time with her child) and the consistent use of calm, nonphysical discipline (e.g., time out, removal of privileges) are likely to be helpful in promoting a warm parent–child relationship and reducing behavior problems" (Fong et al., 2019, p. 161). Findings from a systematic scoping review of the literature on IPV and parenting highlight the need for any IPV interventions whose purpose is devel-oping family functioning to specifically focus on building the abused mother's sense of self-efficacy in parenting, as well as promoting maternal mental health (Sousa et al., 2022).

Recent research on parenting programs for moth-ers abused by their partners found that these interventions can have mixed results. As noted by Rizo and colleagues (2016), when abused moth-ers are mandated/referred to parenting programs, these services fail to address the context of IPV in relation to parenting. The authors conducted a qual-itative study to understand the impact of a program that was created to better address the needs of these mothers called MOVE (Mothers Overcoming Violence through Education and Empowerment) that delivers content on "IPV, safety planning, communication, child development, healthy parenting, discipline strategies, self-esteem, and anger management" (Rizo et al., 2016, p. 835). Their findings demonstrate that the mothers in their sample "credited overall life improve-ments to the lessons learned from MOVE, including positive changes in intimate partner relationships, enhanced parenting skills, a heightened sense of self-worth, and increased help-seeking behaviors" (Rizo et al., 2016, p. 844). On parenting outcomes specifically, most participants gained a greater under-standing of both the immediate and long-term emo-tional and behavioural effects of IPV exposure on their children, many of whom spoke about intentionally increasing one-on-one time and expressions of love and affection towards their children to prevent these effects. Participants noted that they had learned about developmentally appropriate communication and a variety of "new parenting skills that fostered positive communication with their children" associated with reduced child behaviour problems (Rizo et al., 2016, p. 842). All participants credited MOVE with teaching them new ways for effective and appropriate discipline

beyond corporal punishment, and many reported learning anger management strategies that they associated with improved parent-child interactions. Of note were the stressful experiences some mothers had co-parenting with their abuser and/or managing the challenges of single parenthood and poverty, which called for future programs to include material specific to these experiences and that connect mothers with post-program supports (Rizo et al., 2016).

A recent study by Katz and colleagues (2020) showed promising results for an intervention model focused on developing the skill of emotional coaching in abused mothers with children aged 6-12 years. Emotional coaching refers to the way that parents react to negative emotional displays from their child by helping the child learn how to emotionally regulate. This is likely to improve both a child's adjustment and functioning in the parent-child relationship and provide a protective effect following exposure to IPV. The mother's ability to emotionally regulate is noted as "an important mechanism and risk factor related to both parenting and child adjustment outcomes" (Katz et al., 2020, p. 640). The mothers in the intervention model both increased their parenting skills and felt more confident about their ability to parent. There were consistent increases in their ability to use emotional coaching skills and validate their child's feelings, as well as decreases in negative parenting behaviours (such as sermonizing, lecturing, and scolding). Children in the intervention model also displayed fewer negative behaviours during parent-child interactions and improvements in symptoms of depression. An increased ability to emotionally regulate, as demonstrated by both mothers and children in the model, contributed to an increase in overall mental health and wellbeing. The authors also note that the social support from the group setting of this intervention model may have contributed to positive outcomes, and that good attendance in these settings indicated that the intervention was well received (Katz et al., 2020).

Another relevant component within existing research on perpetrator parenting is programming that focuses on repairing father-child relationships. These programs educate abusive men on the lasting effects of their actions and the impact that positive changes can have in their lives and the lives of others. Research by Pallatino and colleagues (2019) explored the role of accountability in both batterer intervention programs (BIPs) and in the community's response to IPV using a Social Ecological Model. Interviews with key stakeholders, including those who facilitate BIPs, IPV advocates, law enforcement, and policymakers, emphasized that people at all levels of this model are responsible for promoting perpetrator accountability, as well as holding each other accountable to address IPV. At the individual level, this involves holding IPV perpetrators accountable for their behaviours by challenging them when they deny their actions as abusive or blame their victims. At the interpersonal level, accountability involves supporting parents in an abusive dynamic to prevent the cycle of violence and help them better understand how they are modeling relationships for their children. At the community level, accountability was shared "among community members, women's program providers, the court system, BIPs providers and law enforcement" (Pallatino et al., 2019, p. 635). For instance, courts have the power to legitimize IPV as a serious criminal offense, while those who facilitate BIPs need to ensure that perpetrators are following participation requirements. At this level in particular, participants discussed the need for community coordinated responses, providing supportive services that work together to address IPV (Pallatino et al., 2019). Finally, accountability at the societal level involves challenging social and gender norms that normalize IPV, promoting zero tolerance for abusive relationships, and advocating for policies that support victims of abuse. Findings from the study highlight that responsibility for addressing IPV cannot be assigned to a single group, and that "perpetrator accountability, a crucial goal of BIPs and a community-coordinated response, can only be addressed if other stakeholders are held accountable for their role in preventing IPV" (Pallatino et al., 2019, p. 640).

Wong and Bouchard (2020) recently studied the outcomes of the community-based 'Men in Healthy Relationships' pilot program in British Columbia, which targets IPV perpetrating men who voluntarily participate in the program to change their behaviours. The goals of the program are: "(1) to increase safety for women and children, (2) to increase well-being for

men, including self-esteem, self-awareness, compassion, and decreased tendency to try to control others, and (3) to promote healthier families" (Wong & Bouchard, 2020, p. 358). The program focuses on Cognitive Behavioural Therapy (CBT), as well as the Duluth model, which promotes coordinated community responses to IPV. The research sample for Wong and Bouchard's study was described as a 'moderate risk group' in terms of their past IPV offenses. Using the Abuse Behaviour Inventory-Partner Form as a measurement, they found a statistically significant decrease in abusive behaviour from the pre-test to post-test measurements (Wong & Bouchard, 2020). In response to the question, "what are helpful things you know how to do when you are upset/angry with your partner or she is upset/angry with you?", responses showed an increase in skills - most notably, a significant increase around skills relating to calming down/taking a time out (a shift from 31% to 81%). In response to the question, "what skills do you have that help to settle your negative thoughts/difficult emotions?" there were few changes between answers at both measurement points, with the exception of an increase in behavioural/emotional regulation (from 21% to 57%). Lastly, in response to, "What would you do differently in conflict with your partner if you were in the same situation again?", there were no statistically significant changes in responses. Participants in the study demonstrated that they gained knowledge related to CBT techniques but "the acquisition of other important skills was lacking" (Wong & Bouchard, 2020, p. 368).

McConnell and colleagues (2017) investigated the effect of programs for IPV offenders and found that their children were at a decreased risk of harm following program participation. Additionally, both fathers and their children reported improvements in their relationships (McConnell et al., 2017). Other studies have reflected the importance of such programs in aiding IPV offenders in their parenting styles and habits (Day et al., 2009; Devaney & Lazenbatt, 2016; Featherstone & Fraser, 2012; Labarre et al., 2016; Stanley et al., 2012; Stover et al., 2013b). Historically, there has been some concern that programs and organizations intended for perpetrator rehabilitation take the focus off of IPV survivors. However, in the context of the subject at hand, it is important to note that these programs do have the potential and ability to positively impact perpetrator parenting styles (Williamson & Hester,

2009). Mothers participating in Westmarland and Kelly's (2013) study on the impact of perpetrator programs expressed that, following participation in such programs, their partners/ex-partners had better relationships with their children. It must be noted that many violent men who voluntarily attend these programs (or involuntarily attend mandated programs) may only be doing so to have access to their children again (Williamson & Hester, 2009). It may be for this reason that social services continue to focus largely on mothers' parenting styles following IPV, rather than emphasizing perpetrator-based parenting programs (Donovan & Griffiths, 2012; Westmarland & Kelly, 2013). Healey and colleagues (2018) reinforced this idea in their work on interventions for violent fathers. The men who used violence and control were not perceived as legitimate clients by services within the IPV field—meaning that even if fathers reach out for parenting supports, they may be unwelcome at these services. When IPV occurs, relationships with fathers are often only formed in the context of child protection or family service that is focused on the mother. It is key for child protective services and IPV workers to engage with fathers who have perpetrated IPV. This may not only improve parenting skills and parent-child relationships but also force offenders to be responsible for their parenting, rather than scrutinizing IPV victims as parents (Healey et al., 2018).

> The Safe and Together Model can be a resource that aids in working successfully with IPV perpetrators who are also fathers. While there are many components of the model that focus on building relationships between children and the offending parent, one of the key aspects is the use of a "father-inclusive" framework (Mandel & Wright, 2019). This approach operates under the belief that a father's behaviour and choices have a lasting impact on his family and children, especially when IPV is considered. Rather than discrediting the parental involvement of the perpetrator and, therefore, often allowing him to disappear, this framework holds fathers who have abused their intimate partner accountable for their actions (Mandel & Rankin, 2018).

Current literature generally shows that other aspects of the social system are much more thorough in their response to male perpetrators; police and the court system, for example, are typically more diligent at holding men accountable for their actions (Day et al., 2009; Gondolf, 2012). Child protective services, on the other hand, are often reluctant to pursue fathers' involvement, whether positive or negative (Smith & Humphreys, 2019). The Safe and Together Model is an opportunity for child welfare agencies to more openly engage with male perpetrators. CPS workers should strive to explore how a father's behaviour impacts the family unit as a whole and discuss whether his contributions are helping or hindering family functioning (Healy et al., 2018; Mandel & Wright, 2019). Mandel and Rankin (2018) point out that investigating the father's influence on the family should be done even when the father is completely uninvolved following IPV. As Thiara and Humphreys (2017) have argued, even though a perpetrator may be physically absent from the lives of mothers and children, it is highly likely that he is still influencing family functioning in one way or another.

Working from a father-inclusive approach does not take the stance of many "fathers' rights" groups that seek to control the family unit based on male privilege and often undermine abused women and their battles for custody (Mandel & Wright, 2019). A father-inclusive approach does not aim to grant custody and control to perpetrators who should not have it. Rather, it promotes the importance of fathers taking responsibility for their parenting and encourages perpetrators who seek to be involved in the reunification of their family. In Smith and Humphreys' (2018) study on men's behaviour change programs and the opinions of perpetrators themselves, participants expressed anger and frustration with CPS involvement, feeling that child welfare workers were intrusive and controlling. However, the majority of men interviewed in the study also expressed that improving their parenting skills and being present for their children was important. The authors suggest that the men in their study were not able to connect CPS intervention with improvements to parent-child relationships. It is impossible to say with certainty whether this disconnect is due to denial on behalf of the perpetrators involved in the study or due to CPS' inability to appropriately encourage fathers to be involved in parenting and family reunification. Regardless, this research is an example of the importance of properly utilizing father-inclusive approaches, which can not only lead to more successful parent-child interaction, but can also allow perpetrators to feel that CPS is working with them, rather than against them (Smith & Humphreys, 2018).

Gaps and Limitations in the Research on Parenting and IPV

While the body of knowledge on parenting and IPV has grown substantially in recent years, there are still many aspects of the issue that warrant further research and examination. First, there is a need for more nuanced understandings of mother's parenting experiences in the context of IPV, including an examination of how different types of violence exposure impact parenting. Notably, there is an over-emphasis on women's parenting deficits in the context of IPV (Holden et al., 1998; Nixon et al., 2017) and a scarcity of research on how women cope, care, and protect their children while living in dangerous situations (Edleson et al., 2003; Levendosky & Graham-Bermann, 1998). There is a need for research that looks beyond the deficit-based narratives of mothering in the context of IPV. Additionally, understanding how to better support survivor mothers both during and after their violent relationships would be beneficial. Survivor mothers often face challenges and barriers in the systems they interact with, such as CPS, the criminal and family court systems, and healthcare services. Examining how these systems can decrease barriers and increase support for mothers is crucial for them and their children.

There is also a specific need to better understand perpetrators as parents, as well as the types of environments they provide for their children. There are a

limited number of studies exploring how perpetrators of IPV parent their children and how this may impact their child. Further examination of BIPs and the efficacy of these programs is also warranted, as well as the ability of these programs to impact children. Additionally, work aimed at addressing the role of intergenerational violence is also important for understanding if/how children exposed to perpetrator violence become violent themselves in adulthood.

Most research fails to describe the multidimensional reality of living with IPV. Future research needs to look at the thought and decision-making processes behind abused mother's actions—as opposed to focusing on the actions themselves—in order to better understand what supports their attempts at

resilience (Sousa et al., 2022). It is also rare for studies to examine the social factors that may promote risk or resilience, as most do not "explicitly consider how IPV intersects with structural violence related to poverty, inequality, and oppression" (Sousa et al., 2022, p. 9). With a few exceptions, it is unclear if violence undermines parenting or if it promotes stronger efforts in parenting (Sousa et al., 2022). Further, the literature shows that there is considerable variability among mothers, with some faring better when living with IPV than others (Edleson et al., 2003). All of this suggests that the parenting abilities and practices of abused mothers must be assessed thoroughly and cautiously. Many parenting programs or supports created for abused mothers are not fully addressing the context of IPV, including the challenges it can present for everyday living.

Conclusion

IPV is a social justice issue that affects thousands of women in Canada every year. The body of work studying IPV is considerable and continues to expand. This literature review covers two broad areas. First, the impact of children's exposure to IPV is explored, including a discussion of outcomes, gender, and resilience, as well as a summary of the literature on child homicide that occurs in the context of IPV. Second, the impacts of IPV on parenting are discussed, with additional discussion

of parenting styles, mothering, negative effects of IPV on mothering, protective strategies, positive parenting despite IPV, perpetrator programs, and parenting programs. Despite this existing research, there are significant gaps and areas for future study. IPV continues to affect a huge number of children, mothers, and families and understanding the gaps in this important field of study will help better capture the challenges, impacts, and implications facing survivors.

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