The Impact of Domestic Violence on Mothers and Children

An Independent Study
Submitted in part fulfilment of
The requirements for the degree of
BSc (Hons) Health and Social Care
By

Danitsja Bischop

Student Number: 1608274
Tutor Hassan Osman
Date: 25/05/2020
Word Count: 12,957
Dedication

The module Safeguarding Children was an eye opener in terms of learning how children are massively affected by the actions and behaviours of caregivers or family members such as sexual and mental abuse. For this reason, this dissertation is dedicated to myself and my twin sister for overcoming traumatic experiences in our childhood and becoming resilient. I also dedicate this dissertation to my special mother. I am very grateful for her warm-hearted support because, until this day, she inspires me and makes me look at the brighter side of things. I owe my mother for all the sacrifices and unconditional love throughout my whole life.
Acknowledgements

Undertaking this study was challenging and at times demanding. There are a few people who made such prospect much easier. But first, I want to thank the Almighty God for his support and guidance throughout my dissertation. I could not have done this without God’s help. I also owe gratitude to the best supervisor Hassan Osman for his guidance, support, suggestions and encouragement. There were times I wanted to give up because of the pandemic but his unconditional support encouraged me. Thank you Hassan for your countless hours of encouragement, your patience and eagerness to provide honest feedback that made me complete my dissertation. I am also thankful for my family for their emotional support and for being my pillar in times I wanted to give up.
# Table of Contents

Dedication................................................................................................................................. 2
Acknowledgements...................................................................................................................... 3
Abstract....................................................................................................................................... 6

**CHAPTER 1: INTRODUCTION**

1.1 Background ............................................................................................................................. 8
1.2 Research aims and objectives ................................................................................................ 11

**CHAPTER 2: POLICY CONTEXT** ............................................................................................ 12

2.1 Policy context .......................................................................................................................... 12

**CHAPTER 3: RESEARCH METHODS** ....................................................................................... 14

3.1 Research in health and social care ......................................................................................... 14
3.2 Research Methodology – justification for a Library-based Dissertation ......................... 15
3.3 Evidence-Based Practice ....................................................................................................... 16
3.4 Philosophical Perspectives ................................................................................................... 17
3.5 Qualitative Research ............................................................................................................. 18
3.6 Quantitative Research ........................................................................................................... 20
3.7 Data Analysis Methods .......................................................................................................... 20
3.8 Ethical Considerations .......................................................................................................... 21

**CHAPTER 4: LITERATURE REVIEW** ..................................................................................... 23

4.1 Domestic Violence and Parental Practice ............................................................................ 25
4.2 Domestic Violence and Exposure ........................................................................................ 29
4.3 Domestic Violence and Mental Health ............................................................................... 33
4.4 Domestic Violence and Race ............................................................................................... 37

**CHAPTER 5: THE DISCUSSION** ........................................................................................... 40

5.1 Interpretation of Findings ...................................................................................................... 40
5.2 Implications for Knowledge ................................................................................................ 45
5.2.1 Practitioners ..................................................................................................................... 45
5.2.2 Policy Makers .................................................................................................................. 46
Abstract

Over the last few decades, domestic violence (DV) has been an intense area that profoundly affects numerous life domains for the people involved. Evidence suggests that children and women who experience DV are at increased risk of adverse mental and physical health difficulties. In addition, women and children's health are strongly linked, particularly in the presence of DV. However, there is little knowledge about the impact of DV on both women and children. This study, therefore, sought to bring forth knowledge on the topic, examine and explore the effects and impact of DV on mothers and children. A literature review is used to gain a broader understanding on DV. This project also used a library-based approach using qualitative, quantitative and mixed methodology to critically evaluate the findings. Furthermore, within this study a thematic analysis is used for pinpointing, examining and interpreting various aspects within a research topic. The findings indicated that DV had an impact on both women and children. Studies demonstrated that children may become resilient to the exposure of DV however, many studies showed consistent results that children internalise and externalise behaviour. Moreover, the findings of several studies presented women to experience mental difficulties and parental practice problems during and after DV. Furthermore, research indicated that DV can impact all races however, stated that BME, Latinos and Hispanic women have higher levels of experiencing DV compare to white women. Finally, these findings have a potential to increase awareness on DV and its impact on women and children and the importance of healthcare professionals acknowledging the signs of DV.

Keywords;
domestic violence, abuse, resilience, mental health, parenting,
Chapter 1: The Introduction

Domestic violence is a worldwide hidden problem, mostly taking place at home. Numerous studies have highlighted that domestic violence impacts individual’s daily living and quality of life including their mental health. To understand domestic violence research is very important. A discussion will be provided based on the research findings. Research is a key aspect in health and social care as it provides vital information about outcomes or/and results regarding treatments or public information. This dissertation identifies different methods of research in health and social care such as; primary and secondary research. Furthermore, this dissertation outlines the aims and objectives, and how they are obtained by the researcher. A broad perspective on the background of domestic violence will be provided by critically defining domestic violence in different context, utilizing numerical data to demonstrate how common domestic violence is and gathering more research evidence to give an overview on various researchers’ perspectives. Moreover, an overview of research methodologies will be given and how they are fundamental in health and social care.

The dissertation utilises a library-based approach whereby information will be gained from studies that are based on both quantitative and qualitative methodologies. A definition will be provided of a literature review, the types of literature review and its relevance in the context of health and social care. This overview also includes the twenty-one peer reviewed papers, along with an evaluation and a critical analysis of their workings. Lastly, the dissertation outlines the importance on ethics, and a short conclusion based on the discussions made throughout the study.

Chapter 2 explores the background of DV; using different studies perspectives or definition of domestic violence and its impact on women and children and reflects and acknowledges the policies put in place to protect women and children. This is a
fundamental aspect in answering the aim of the dissertation/research question. Chapter 3 will present the research methods and the importance of research and its effectiveness within health and social care. Chapter 4 will provide a review of four themes that emerged from the twenty-one papers. Chapter 5 will collectively discuss the themes and lastly, chapter 6 will sum up and draw a conclusion on the discussions made in this project and make recommendations for future studies.

1.1 Background

Domestic violence is a common worldwide issue and the most noticeable yet highly overlooked issue within the community and by healthcare providers (Leeds City Council 2020, Hess et al 2016). Snyder (2019) and Sula (2017) stated that due to shame, isolation and fear women prevent to seek support which causes majority of the cases to be left unreported. Domestic violence is when an individual uses violent behaviour to control, force or threatened someone – both men and women can become victims of such crime (The Crown Prosecution Service, 2017). Numerous studies have indicated, that men are more likely to commit violence against women (Walby and Allen, 2004; Watson and Parsons, 2005). On the contrary, Feminist belief that DV is an abuse of power that happens physically and/or psychologically; to control and dominate women (Healey, 2004). It is worth noting that, Feminist purposely highlighted the term ‘domestic’ to draw attention to the gendered power dynamics; displaying men to be perpetrators and their victim to be women (Hester et al, 2000). Men generally use their power of masculinity and controlling behaviour to ‘violently’ abuse and threaten women (Groves and Thomas, 2014).

The World Health Organisation (2017) indicated approximately 35% of women have encountered domestic violence. According to, Elkin (2018), stated that females
have a greater risk of experiencing domestic violence compared to males. Bows (2018), estimated that, in 2017 in the UK 1.2 million women and 713,000 men experience some form of domestic violence. The numerical data are based on reported cases of domestic violence therefore, it is worth noting that, factors such as embarrassment and fear of retaliation could be reasons why domestic violence cases remain unreported in men, which may have an impact on the statistics (Gracia, 2004). Moreover, domestic violence is a power of abuse within an intimate relationship (Kaur and Garg, 2008) that is understood to involve any pattern of behaviour to maintain power and control over their significant other such as; coercive control, threatening or violent and abusive behaviour (Stark, 2017). Violence can occur in different form of physical, psychological, sexual, financial, emotional and social abuse (NHS, 2017). These can cause several long and short-term mental health issues in women (Shipway, 2004).

Furthermore, a mental health issue is when an individual suffers from cognitive, behavioural and emotional disorders that impacts their daily living (Newman, 2017). Some of the mental health problems includes; depression, substance abuse, anxiety, personality disorders, posttraumatic stress disorder, social dysfunction, suicide and sleeping and eating problems (Howard et al, 2010 and McCaw et al., 2007). A previous study by, Gerlock (1999), found that due to domestic violence women were diagnosed with mental health problems; 27% had mood disorders, 42% suffered from anxiety, 2% diagnosed with psychosis, and 2% with personality disorders. In addition, mental health issues in women have been linked to poor parenting quality (Levendosky et al, 2000). According to, Jouriles et al (2001), women are more likely to use harsh punishment on their children due to frustration and stress. While women are at a high risk of mental health issues, some women function well despite these

Moreover, the causes of domestic violence have been somewhat complex and controversial. Rigby (1996) states that abuse is more likely to occur to couples who are under financial strain and women who live in poverty may be disproportionately affected. Due to economic pressure and reduced access, poverty increases the risk of “coercion by those who promise access to desirable resources, such as money, education or employment” (NHS Scotland, 2015 p.20). Susmitha (2016) stated that culture, religious practices, economic and political conditions set precedence for initiating and perpetuating domestic violence. Additionally, Goldsmith (2020) stated that abusers feel some sort of entitlement or justification in their wrongdoings. Some abusive behaviours are learnt from childhood where DV was acceptable and normalised thus, causes an intergeneration cycle of domestic abuse and/or violence. Abuse is when an individual is harmed, maltreated or suffers from “all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the individuals health, survival, development or dignity in the context of a relationship of responsibility, trust or power” (World Health Organization, 2006 p. 9).

Main findings by British Crime Survey (2010), highlighted that 950, 000 children across the UK are directly or indirectly affected by the exposure of domestic violence. As stated by The United Nations Convention on the Rights of the Child (UNCRC) (1989) and Plastow (2015), a child is defined as someone below the legal age of 18 years as they have not maturely reached certain developmental stages. However, a child’s age varies in other countries as ‘child’ applies to different legal circumstances
(The Scottish Government, 2014). Moreover, Forke et al (2019) stated that children growing up in a domestic violence, may have a devastating impact on their development causing depression and anti-social behaviour, which may last into adolescence. For this reason, children have a higher risk of developing short- and long-term consequences (Herrera et al, 2001 and Kolbo et al, 1996) such as; anxiety, low self-esteem and many other issues (Office on Women's Health, 2017). According to, Dauvergne and Johnson (2001), children are three times as likely to be involved in bullying and fighting at school. Also, girls may learn that violence is a normal way of being treated by their partner; boys on the other hand, might learn that women are not to be respected hence, use violence and aggression to resolve disagreements or feel in control (Bandura, 1973).

1.2 Research Aims and Objectives
The overarching purpose of this research project seeks to discuss the impact of DV on women and children. It also aims to raise awareness of the detrimental effects on the family. The aim was conceived through readings gained from existing literature on the topic as well as work experiences in the field. The main objectives are to:

(i) Evaluate the relationship between exposure to DV (including childhood abuse) and mental health in children and women;

(ii) Examine the extent to which exposure to DV and poor mental health are associated with children’s development and emotional-behavioural problems;

(iii) Investigate the extent to which experiencing DV can impact parental practice;

(iv) Examine the relationship between race/ethnic involvement and DV.
Chapter 2: Policy context

2.1 Policy Context

The government has established policies to reflect and acknowledge children and women complex needs (Graca, 2017). Domestic violence creates several problems that requires different approaches to be addressed effectively by different laws and policies (Hester and Westmarland, 2005). For this reason, policies and legislation have been put in place to focus on children and women who have suffered or are suffering from domestic violence and how they can be protected and supported. Some of the laws are: Mental Health Capacity Act (2005), Human Rights Act (1998), Working Together to Safeguard Children, Every Child’s Matters (2003), Children Act (1989) and Equality Act (2010).

The Children Act (1989) was established to protect and safeguard children who are not able to protect themselves from harm or abuse. In addition, the Children Act (1989) ensures that professionals thoroughly investigate any signs of abuse and make decisions based on children’s needs and best interest. Nevertheless, some professionals have failed to protect children from harm. For example, the case of Victoria Climbié and Peter Connolly, 11 professionals failed to protect and safeguard the children (Unwin and Hogg, 2012 and Sellgren, 2010). Laming (2003) made recommendations on how the system should be changed. As a result, Every Child Matters (2003) was established to implement changes to children’s well-being and how professionals need to ensure that they follow the policies and legislation in order to achieve better outcomes. Furthermore, the Children’s Act 2004 was amended to improve and promote safeguarding to protect children’s well-being. In addition, the purpose of the Act is to regulate interventions to support the interest of children. Moreover, Working Together to Safeguard Children (2010) outlines policies to guide
professionals to work together to safeguard the well-being of children in accordance with Children Act (1989) and (2004).

Violence against women (VAW) and children is a human right issue in which the Human Right Act (1998) protect women and children with the purpose to prevent and address their issues. For example, when professionals deal with allegations or severe cases human rights should consider principles such as; fairness, respect, equality, dignity and autonomy. Moreover, as a result of the impact of DV, women and children are covered by the Mental Health Act (2005) which provides appropriate mental health services to support women and children. The Equality Act (2010) works in accordance with the Human Right Act (1998) and Mental Health Act (2005) ensuring that the same treatment is provided to women and children with complex needs and from different backgrounds. Therefore, health professionals are required to be regularly updated with and to adhere policies and legislations in order to identify, intervene, and support victims of DV (Sharma et al, 2019). They also ought to have adequate training in order to empathize with victims of DV (Patra et al, 2018).
Chapter 3: Research Approach

As it is assigned in the title, this chapter involves the research approaches used within the dissertation. This chapter will explain the importance of research and its effectiveness within health and social care. In addition, research approaches such as; qualitative and quantitative will be outlined and critically evaluated. Moreover, this part will go in-depth about the methods of data collection, ethical considerations, evidence-based practice, critical analysis skills programme, and philosophical perspectives.

3.1 Research in health and social care

Research is a detailed study in which new knowledge is generated through a systematic research process that gives an in-depth understanding of a concept (Gerrish and Lathlean, 2015). There are various ways in which research can be defined; Clough and Nutbrown (2002) and Hockey (1984) define research as a systematic way of discovering new idea or topic for a purpose in which researchers can extend in-depth knowledge, explore a theory to reach a new idea or a conclusion. Another definition of research by Redman and Mory (1923) emphasise that research is ‘voyage of discovery’ which is a movement from known to the unknown, also known ‘as search for knowledge’. In contrast, Kothari (2004) opposes and believes research to be a power to manipulate “concepts for the purpose of generalizing to extend, correct or verify knowledge” (p,1). Therefore, this shows that primary research or knowledge is extended for its own advancement (Kothari, 2004).

Moreover, using research within a health and social care setting is fundamental because it can set out relevant insight “about disease trends and risk factors, outcomes of treatment or public health interventions, functional abilities, patterns of care, and health care costs and use” (Nass et al, 2009. p, 112). In addition, research
can help examine historical perspectives for example, within a nursing practice research gives insight into contemporary problems whereby effective methods can be developed to tackle the issues and improve the quality of care (Rafferty, 2010).

3.2 Research Methodology – Justification for a Library-Based Dissertation (LBD)

There are two types of methods in which research can be conducted which are primary and secondary research. Primary research is when the researcher first-hand carries out the research creating an original data (Kumar, 2008). Additionally, primary researchers use methods such as; surveys, observations, experiments, questionnaire, interview (Bolderston, 2012). On the other contrary, secondary research is existing data collected by the primary researcher (Johnston, 2014). Furthermore, secondary research is useful in gaining knowledge and addressing a chosen topic in which existing data may address the research question (Creswell, 2009). This can be collected through journal articles, academic books, websites and many other sources (Streefkerk, 2019).

This dissertation will be based on library-based approach using a step-by-step process to gather information such as; identifying and developing a topic in which background information will be provided, use a catalogue to find books and articles and additional internet resources (Engle, 2009). The step-by-step process rather is used to help explore, find relevant information, evaluate, analyse and interpret information from secondary data (Khan et al, 2003). In addition, information is gathered from secondary data which is obtained from published or unpublished authors (Kumar, 2008). A library-based approach is more useful and appropriate for this research project than undertaking an empirical piece of research because existing
data does not consume much time and is inexpensive, whereas, empirical research is the opposite of a library-based approach (Cheng and Philips, 2014).

Moreover, an LBD consist of both strengths and weaknesses. The strengths include that findings can be critically appraised and included within an evidence-based practice because research skills and methods benefit health practitioners in decision-making and to stay up-to date to enhance quality care practice (Thorpe et al, 2008). However, the critical aspect of it is that some researchers may not have provided an appropriate analysis, the information provided may be questionable in terms of the research being reliable or valid, articles or journals used may be incomplete, and some questions may still be left unanswered (Greenhoot and Dowsett, 2012).

3.3 Evidence-Based Practice

Evidence based practice is a scientific research method that aims to enhance practical decisions and health care quality by reporting and critically evaluating research results (Wodarski and Hopson, 2012). Sackett et al (1996) defines EBP as diligent and judicious use of current evidence in making care practice effective based on clinical expertise judgment about appropriate care. However, Bucknall and Rycroft-Malone (2010) refutes this definition as they claim that it is overly simplistic and lacks acknowledgement of complex issues such as; considering patient's health status and resource available to support change. Moreover, EBP was invented because according to, Trinder (2008) practitioners depended on less reliable measurements such as primary training, outcomes of previous cases and because the quality of research available was poor and happened to consist of weak methodologies that was inapplicable within practice.
Archie Cochrane, an epidemiologist, was the first proponents of the EBP movement (Cochrane, 1972) that criticized the professions “for using inappropriate evidence to guide and direct medical practice” and also, argued that the correct treatment needed to be delivered (Barker, 2010 p.5). However, Dale (2005) refutes this suggestion and claims that perspectives from different professions will differ rather, what nurses might view as appropriate evidence in practice may somewhat clash with a medical profession causing interpersonal conflict. EBP is important in health and social care because it focuses on patients’ preferences, health-care services and implementing policies (Muir Gary, 2004). Therefore, this implies that EBP is important to form good practice and improve the quality of care for example, identifying and solving problems and combining effective evidence to improve complex undertaking (French, 1999).

3.4 Philosophical Perspectives
Research philosopher use paradigms to understand the complexities of the “real” world (Patton, 2002). The term ‘paradigm’ refers to philosophical assumptions and beliefs that frame a researcher’s view about the world and social reality of a research problem (Kawulich and Chilisa, 2012). There are several paradigms that help research such as; ontology and epistemology (Lincoln et al. 2011). Ontology philosophers make assumptions about the nature of reality (Creswell 2009). Different approaches are used within the philosophical paradigm for example; a positivist ontology believes that the world only has one objective reality to any situation regardless of researcher’s perspectives (Hudson and Ozanne, 1988). Whereas, subjectivism perceives that social experiences are created by human interactions (Glattfelder, 2019). In addition, various ontological approach view and look at the physical and social world in a
different aspect. For example, constructionist understand or gain knowledge through human construction (Bryman, 2012). Whereas, interpretivist approach primarily focuses on human experiences and actions (Fossey et al, 2002).

Epistemology, on the other hand, is concerned about how knowledge can be acquired and how the world can be studied whereby researchers assess the extent to which their rigour and validity can be measured – also known as the knower and the unknown (Gialdine, 2009). From an objectivist point of view, they “seek to discover the truth about the social world, through the medium of observable, measurable facts, from which law-like generalisations can be drawn about the universal social reality”. Whereas, subjectivist belief that reality can be viewed “through the lenses of language, gender, social class, race, and ethnicity” (Denzin and Lincoln, 2005, p. 21).

Moreover, epistemological philosophers have different believes and approach towards gaining or understanding knowledge for example, a constructionist epistemology believes that knowledge can be constructed and measured through human construction (Ültanır, 2012). Whereas, interpretivist approach primarily involves researchers to interpret the study through social construction (Myers, 2009). Moreover, philosophical perspectives are very useful and important within an LBD as these approaches help develop and/or gain knowledge. Also, by understanding how ontology and epistemology perspectives can help understand their view of the social world in which appropriate methods can be used to put forth the findings into practice.

3.5 Qualitative Research

Qualitative research concentrates on a systematic discovery in which knowledge is generated from social events (Aspers and Corte, 2019). Also, qualitative researchers conduct an ‘insider’ approach which helps participants understand the purpose of the
research and the phenomena being studied (Saidin and Yaacib, 2016). Its purpose is to understand human experiences, exploring and documenting interactions between people, and how individuals perceive their surrounding (Pathak et al, 2013). Furthermore, the hypothesis of qualitative research emerges from an interpretivist and constructivist point of view, using a paradigm to view the world and reality as they believe that knowledge is subjective (Žukauskas et al, 2018).

According to, Salmons (2015, 2016) qualitative research is holistic because the logical used is inductive. In addition, qualitative research is beneficial in understanding complex fundamental behaviour, perspectives and insight health outcomes (Mike, 2005). It is worth noting that qualitative research is not the way out to every situation, but it can help improve human conditions (Pope et al, 2002). For example, finding ways to treat and prevent diseases from causing a pandemic such as; malaria and measles (Hoyert and Xu, 2012). This methodology utilises non-numeric data to understand individuals’ experiences, interactions, attitudes and beliefs, interpreting the findings to understand their social experiences (Hancock et al, 2009). Moreover, qualitative researchers collect data using various methods such as; transferable and interpretive characteristic’s, grounded theory, unstructured or semi–structured interviews, in-depth interview, observation, focus group and many more (Moser and Korstjens, 2016). Qualitative research consists of both strengths and weaknesses. The strengths include; in-depth findings, flexible, adequate to get detailed information about personal and group, and emphasise relevance of topic (Anderson, 2010). The critical aspect, however, consist of difficult to manage, time consuming, evaluate and demonstrate, and findings can be difficult to present (Almeida et al, 2017).
3.6 Quantitative Research

According to, Mathers et al (2009) quantitative researchers believe that science is the only source to gain knowledge hence, truth can only be formed through an objective reality. Majority of quantitative researchers employ positivism as their epistemological study (Crotty, 1998). Also, quantitative research methods are more structured using various methods to collect data such as; sampling, measurements surveys, questionnaires, face-to-face interviews and more (Kabir, 2016). In addition, they generate numerical data through a larger sample population and at times manipulate the results (Peersman, 2014). This may imply that qualitative researchers produce stable and consistent result which is seen to be reliable and valid (Cohen, 2007).

Moreover, quantitative research consists of both strength and weaknesses. The strengths include, larger scale, cost-effective, easy to collect and analyse data, descriptive data, numerical data (Choy, 2014). However, there are some critical aspects which are; difficult to repeat the same study, ethical issues may arise, requires a larger sample size and sometimes lack of resources make it impossible, fails to provide in-depth description, manipulates findings, not in-depth experience description, rigidity of the structure, does not involve emotions or behaviour of participants (Dudwick et al, 2006).

3.7 Data Analysis Methods

The quality of the research or papers used in this thesis were critically evaluated using a Critical Appraisal Skills Programme (CASP). The use of CASP helped evaluate the reliability, validity and relevance of the selected papers as shown in Appendix 3. CASP is a process of systematically examining research to judge its relevance, quality, and validity (Burls, 2009). Not only does this examine and evaluate research evidence but
it also questions its applicability (Gerrish and Lathlean, 2015). For instance, CASP helps judge the quality of evidence by considering the “consistency and directness of the evidence, reporting biases, strength of associations, the balance between benefits and harms of an intervention and translation of the evidence into specific circumstances/contexts” (Karlsson and Takahashi, p. 11). Furthermore, CASP is essential as it can recognise misleading information, low-quality studies and can help provide evidence to develop an EBP within a health and social care setting in which helps apply those evidence in practice (Harrison et al, 2017).

3.8 Ethical Considerations
Ethical consideration is the need to obtain approval in order to undertake and follow appropriate rules to carry out research (Mcleod, 2015). Researchers have a responsibility to protect the participants from harm, thus, need to abide to moral principles and rules of conduct (Fouka and Mantzorou, 2011). These include a consent form, no deception, the right to privacy, protecting vulnerable groups, no withholding treatment for research purpose (Sullivan, 2001). In addition, there are ethical issues that would need to be considered before and during conducting research such as; being open, careful, honest, ensuring them of confidentiality that no information will be linked to them and that the participant will remain anonymous in publications including conducting interviews, transcripts and other methods used to obtain data (Kaiser, 2010).

It is important that, researchers must make sure compliance with the Data Protection Act (1998) and Human Right Act (1998) as it is a legal obligation they must abide to. Women and children who have suffered or are suffering from trauma may find it hard to express and due to the sensitivity and violence within this research,
individuals may not participate or are scared that their information will be exposed to the public. Therefore, researchers should be sensitive to the women and children because they may show distress when talking about their experiences (Eriksson and Näsmann, 2012; Morris et al, 2012). Also, ethics procedure and consent will give them confidence and sense of protection from harm. Moreover, research that involves participants data requires approval and consent as shown in appendix 5; the University of Bolton proceeds an ethic procedure form because “informed consent is grounded in its capacity to promote trust” (Roache, 2014 p. 435). However, within this dissertation an ethical approval is not required as this study is based on a literature-based dissertation which that secondary data is obtained to find information.
Chapter 4: Literature Review

This chapter provides an interpretation and analysis of existing literature to establish knowledge surrounding the topic and to point out and examine the relevance of the research conducted. A literature review (LR) is a descriptive and analytic summary that “presents a logically argued case founded on a comprehensive understanding of the current state of knowledge about a topic of study and establishes a convincing thesis to answer the study’s question” (Machi and McEvoy, 2012). As well as, methodological contribution to underpin relevant knowledge within the study (Ridley, 2012).

Additionally, the use of LR is particularly useful in an undergraduate dissertation to validate the importance of the study and to underline methodologies used (Gentles et al, 2016). LR is also, useful in an undergraduate dissertation because there is only little time before graduation therefore, discovering relevant findings from numerous scholarly books, research articles, and other relevant sources can help gain knowledge, contrast and compare findings and identify inconsistencies, gaps, errors and conflicts to build upon to or refute the study (Bhattacherjee, 2012). In the context of this study, limited time and scope necessitated the use of LR as fieldwork can take longer time to complete.

Moreover, there are different types of literature review; a narrative review tends to be descriptive. While narrative reviews might be informative, they also tend to include an element of biasness (Uman, 2011). A systematic review often utilises a meta-analysis element that is thorough and comprehensive within its study strategy, with the aim to reduce biasness but synthesizing all relevant information on the study (Petticrew and Roberts, 2006). In addition, they make evidence more accessible for
individuals to make decisions by identifying, evaluating and summarising relevant data related to health issues (Gopalakrishnan and Ganeshkumar, 2013).

To identify suitable articles for this dissertation, a search strategy was conducted using Discover@ Bolton, which is a University of Bolton based literature search database. Several electronic databases were used to carry out the research and these included National Center for Biotechnology Information (NCBI), ResearchGate, ScienceDirect, SAGE Journals, PLOS One and many other databases. Also, a comprehensive search was produced by using the Boolean operators and limited the search items with full text online. The following search terms used were ‘AND’ and ‘OR’: domestic violence, intimate partner violence, abuse, mental health, exposure, child exposure, resilience, race, socio-economic, gender and parental practice. For example, initial hits have resulted in 13,128 papers. The Boolean combinations was reversed or altered, and the publication dates of the articles were limited to the past 10 years, added key words (Violence AND Children AND Battered), refined the research to full online text and specified an item type to journal articles which narrowed the initial hits to twenty-one papers. Furthermore, several inclusion and exclusion criteria were applied. For example, only peer reviewed papers on empirical studies were selected. To meet such criteria, other sources, such as Google and Google Scholar were also used to conduct journals articles. Similarly, literature published outside the UK were considered and as part of a wider inclusion criteria adopted for the search. The peer reviewed articles from outside the UK were considered such as; America, Pakistan, Brazil, Spain, Trinidad, The Netherlands and Australia. There was limited research in the UK, therefore, overseas papers were required to gather findings related to chosen topic. After initial searches and applying the inclusion and exclusion criteria outlined above along with the aim of the study,
twenty-one papers were identified as shown in appendix 1. The papers are also briefly summarised in appendix 2.

To make sense of the underlying meanings in the paper, thematic analysis was used. Broadly speaking, thematic analysis is used for pinpointing, examining and interpreting various aspects within a research topic (Braun and Clarke, 2006). In addition, a thematic analysis consists of advantages such as; its “high level of flexibility and simplicity and tangibility”, easy to use, can be useful for different approach such as; theoretical and epistemological approaches, and able to apply it to large data sets by categorising them into broad themes (Javadi and Zarea, 2016 p. 39).

Within this study, the peer reviewed articles were put into a specific sequence for example, the titles of the papers that had the same topic were grouped together. In addition, a step-by-step guide was provided to thematically analyse the papers which consisted of six phases; familiarising yourself with your data, generating initial codes, searching for themes, reviewing themes, refining and naming themes and producing your report (Braun and Clarke, 2006). Overall, 4 themes emerged which were (1) domestic violence and parental practice, (2) domestic violence and exposure (3) domestic violence and mental health and, (4) domestic violence and race. The following section provides a review of each theme and in the light of existing evidence.

4.1 Domestic Violence and Parental Practice
Murray et al (2012) examined the impact of domestic violence (DV) on mothers’ parenting practices. The authors used a mixed methodology involving 1,057 female primary caregiver-young adolescents in low-income urban households. Drawing on the interviews and surveys, Murray et al (2012) found that DV was positively associated with mothers’ use of physical punishment and failures of mother’s
involvement in their children’s education. Furthermore, their finding also showed that DV directly and detrimentally influenced mothers parenting practices. Campbell (2002) and Plitcha (2004), on the other hand, documented the pernicious effects of DV on mothers’ mental and physical health and indicated that DV damages parenting behaviours and parent-child relationship. For instance, DV is associated with harsh and strict parenting techniques, as stress and frustration caused mothers to reciprocate violence into their relationship with their child(ren) (Whitaker et al, 2007; and Kim et al, 2010). This argument is also supported by Taylor et al (2010), who stated that hostility and aggression may affect a mother’s interaction which their child, culminating extreme use of physical punishment as the cause.

Although, experiences of DV on the dyadic mother-child relationship are usually maladjusted, there are emerging evidence that show little impact on the child. For example, Sullivan et al (2000) reported that some abused mothers showed no signs of distress or aggression towards their children but rather engaged in positive parenting. It is suggested that mothers play a crucial role in how DV impacts on their children. Support for evidence highlighting the role of mothers emerge from Holt et al (2008) and Graham-Bermann and Miller-Graff (2015) who suggested that coping mechanisms and resilience can be perceived as a protective factor to conciliate the hardship of DV on the child and to maintain a trusting long-lasting healthy child-mother relationship. Letourneau et al (2007) and Levendosky et al (2003), found that mothers experiencing DV found ways to indemnify for the negative effect of the violence by showing love and warmth to their child. For example, a case study by Levendosky et al (2007), showed that mothers demonstrated coping mechanisms and resilience to protect their child’s well-being and would act as an emotional anchor, hence decreasing the consequences of their child’s poor socioemotional outcomes.
In similar vein, a study by Lapierre (2010) found that mothers had a strong desire to protect their children and meet their developmental needs. Elsewhere it is suggested that “Mothers reflected that the needs and interests of their children were always at the forefront of their minds, and that their children’s well-being was their number one priority” (Fogarty et al, 2019 p. 14). According to, Chemtob and Carlson (2004) 96% mothers indicated that they protected their child from witnessing abuse. Although this may be true, it is important to mention that mothers underestimated the extent to which their children have witnessed or been exposed to DV see appendix 6.

Moreover, Diener et al (2003) found that mothers who showed increased strength in positive parenting were associated to more secure attachment relationships. Writing on attachment relationships, Ammaniti et al (1992) and Slade and Cohen (1996) found out that a mother-child relationship and parental practice where not associated with DV but rather based on the mother’s own attachment and parental experience as a child with their mother. Huth-Blocks et al, (2004), On the other hand, reported that mothers who experienced DV in their childhood would hold negative representations of their child and parenting abilities. Therefore, it is suggested that a mother’s parental practice and their attachment with their child represents their childhood experience.

Although, the studies discussed above have demonstrated mothers to be resilient throughout the period of DV, other studies illustrated that DV has an impact on the parental functioning due to traumatic experiences (Garcia-Moreno et al, 2005; Hedtke et al, 2008; Radford and Hester 2006; Rodriguez et al. 2009). However, studies by Sullivan et al (2000), Letourneau et al (2007) and Levendosky et al (2003), have shown that battered women are emotionally unavailable, negligent and unresponsive to their children (Holden et al, 1998 and Chiesa et al, 2018). To support
this argument, empirical studies by Hungerford et al (2012) and Letourneau et al (2011) pointed out that mothers showed emotional distress, depression and anxiety. It could be argued that, the absence of paternal support and/or power and threatening behaviour from their partner, caused mothers to suffer from physical and mental manipulation resulting in poor parenting practice (Pels et al, 2015). Hence, long-term impact of DV and mothers being unavailable to their children can disrupt children’s education along with developmental issues, so stated by Lloyd (2018).

The overwhelming support offered by data shows that 58% mothers endorsed physical punishment (Heilman et al, 2015). Mainly, because the impact of DV on women mental health functioning (including posttraumatic stress symptoms and anxiety) causes them to take out their frustration by being aggressive towards their children and causing physical harm (Cunha, 2003). Sahin et al (2010) and Lyons-Ruth et al (2002) highlighted that 1 in 5 mothers were psychologically distressed which caused children to witness DV due to mother’s insufficient parental protection. As previously stated, DV significantly affected mother’s therefore, they showed low psychological functioning and as a result were not able to parent their children to standard. It is not surprising that, a mother-child relationship could be significantly affected because mothers are obligated to deal with their own physical, emotional and mental well-being (Moylan et al, 2009). Moreover, previous studies found that ineffective parenting and exposure to DV caused children to display difficulties in their social and emotional adjustment (Sternberg et al, 1993). Researchers have supported these findings as they have recognised increased levels of internalizing, externalizing behaviour, social difficulties and dysregulated emotional patterns in children of battered women (Katz et al, 2007). For this reason, theme 2 will present a discussion
about the impact DV exposure has on children and how it may affect them in adulthood.

4.2 Domestic Violence and Exposure

Louis and Johnson (2017) examined how mothers perceived their own DV victimization and the impact it had on their children. In addition, this study focussed on the effects of children’s exposure to domestic violence. Pointedly, the consequences associated with children’s exposure to domestic violence and coping mechanisms. The authors used qualitative methodology constructed on traditions of grounded theory. Drawing on semi-structured interviews, 35 women were randomly selected however, only 12 women agreed to participate in the interview. Louis and Johnson (2017) found out that DV caused children to internalize and externalize behavioural problems. Furthermore, their finding also showed that children were exposed to indirect or/and direct domestic violence from an early age – at the age of 4 to be precise.

The severity of children being exposed to DV was documented in statistical data, Co-ordinated Action Against Domestic Abuse (CAADA) (2014) stated that 97% of children in their study were exposed to domestic abuse, of which 46% were assessed to have experienced severe domestic abuse. It is important to state that DV were inflicted directly and indirectly upon children in various ways. Krug et al (2002) estimated 57,000 children died as a result of severe abuse. However, some deaths were overlooked and rather classified as accidental or natural cause, thus, leading to incorrect classification (Crume et al, 2002). Moreover, a current study by, Chemtob and Carlson (2017) indicated that 92% of children witnessed extreme verbal abuse,
4% of children experienced sexual abuse and 84% of children witnessed physical abuse whereby 60% of the children experienced physical abuse.

In similar vein, a study by Ali et al. (2011) found that children were exposed to physical, sexual and psychological abuse including kicking, hitting, beating, pushing, performing sexual intercourse or witness their mother performing forced sexual intercourse, threatening and many more. A detailed analysis of the frequency for the types of violence are presented in appendix 7. Graham-Bermann (2000), stated that children exposed to or experienced DV are more likely to internalize and externalize behavioural problems. For example, DV exposure in children has been linked to low self-esteem, social withdrawal (Moffitt and Caspi, 2003), psychological problems (including anxiety and depression) (Lichter and McCloskey, 2004), violence and delinquency (Litrownik et al, 2003). The findings above parallel with the study of Lansford et al (2002) who stated that a child’s development is a critical stage for growth however, the exposure of DV can impede healthy development therefore, this results children to internalize and externalize behaviour.

On the contrary, other studies by Vu et al (2016) and Bair-Merritt et al (2006) have stated that children’s exposure to domestic violence is not considered as “abuse”. In this case, it can be strongly insinuated that these authors (Vu et al, 2016; and Bair-Merritt et al, 2006) failed to take the traumatic events into account and its impact on the child. Besides that, abuse is understood to consist of significant harm or distress to a child or any actions that may disregard an individual’s human rights (South West Yorkshire Partnership NHS Foundation Trust, 2019). To point out, Øverlien (2010) noted that indirect violence is direct, forming into psychological and emotional abuse. Therefore, DV has a wide of different outcomes on children.
This argument was supported by several studies who revealed that children exposed to DV suffered from a range of problems such as being social and emotional incompetent (Rode et al, 2019) adverse psychological outcomes lack of cognitive/neurological development also, increased levels of suicidal tendencies, depression, anxiety, aggression, poor academic performance (Carpenter and Stacks, 2009 Ghasemi, 2009). According to, Graham-Bermann and Perkins (2010) prolonged and cumulative violence may worsen a child’s behaviour and overall adjustment which may result into carrying problems into adulthood. For example, some children “possessed similar characteristic or resembled” their perpetrator (Louis and Johnson, 2017, p 41). This is may indicate that children were not taught how to behave but rather mimicked violent behaviour. This argument was supported by, Ardizzi et al (2015) who stated that exposure to DV caused children to be at greater risk of developing anger issues and becoming violent themselves.

Similarly, it is suggested that the impact of DV varies across genders. Wolfe et al (2003) and Kitzmann et al (2003) conducted a meta-analysis of psychological outcomes to the exposure of DV and found similar consequences in both genders, namely crime, post-traumatic stress disorder, anxiety and aggressive. These findings differ from those brought forward by, Evans et al (2008) and Baldry (2007), which suggested that girls were more likely to internalize in the form of social withdrawal, depression and aggression, boys on the other hand, had extremely higher levels of externalizing behavioural problems in adolescences and were more prone to be violent in their relationship with women. For example, DeVoe and Smith (2002) study showed that mothers witnessed their child having “emotional and behavioural problems including social withdrawal, aggressive and fearfulness” or mimicked their partners abusive behaviour for example, “when I get bigger, I’m gonna hit you like my dad” (p.
According to, McCabe et al (2005) and (Cunningham and Baker, 2004) these abusive behaviour may persist into adolescence, underpinning the intergenerational cycle of domestic violence.

Moreover, the continuing depression and aggression associated with children’s exposure to DV has been associated with poor academic performance (Spilsbury, 2008). This argument was supported by, Louis and Johnson (2017) who highlighted that children were unable to control their emotions which caused them to encounter challenges, drop out of school or lack motivation in their academic performance. In spite of the fact that some children affected by DV will exhibit difficulties in their academic performance, findings in Sterne and Poole (2010) study differ as it indicated that some children were not affected by DV as they achieved highly in school; they rather used school life as an escape. Sullivan et al (2000) pointed out that some children use education as a security and continuity thus, they tend to become resilient to the impact of DV. In this case, one may presume that women and children should not be considered as a homogenous group or incapable for potential posttraumatic development and recuperation as ‘it is wrong to stereotype all children as inevitably and permanently damaged by the exposure of domestic violence’ (Mullender et al, 2002, p. 12).

In the face of significant distress and increasing risk, some children are not affected by the exposure of DV but rather successfully develop in which children have been labelled component, resilient and even invulnerable (Gewirtz and Edleson, 2007). This argument goes in line with previous studies by Luthar et al (2000) who stated that children develop new strengths over time. In addition, studies have shown that children invoke different methods to cope such experimenting with alcohol, relying on support from friends and relatives, becoming emotionally disengaged, listening to
music or locking themselves up in their room (Mullender et al, 2002). An interesting aspect is that, some children would take on the care-taking role to provide for their siblings (Holt et al, 2008). Such role may be concerning because although this may be empowering, “parentification is a lost childhood” which can cause serious emotional distress (Goldblatt, 2003 p. 803).

While the studies discussed above have shown evidence that some children become resilient to the exposure of DV, other studies consistently indicated that the DV exposure on children had a greater impact on their social and emotional well-being. For example, Louis and Johnson (2017); Callaghan et al (2017); and Ardizzi et al (2013) reported that children would rather social isolate themselves from family, friends and peers and were unable to develop healthy relationships due to lacking confidence and feeling embarrassed. The next theme will examine the impact of DV on women’s mental health and how some women may overcome traumatic experience.

4.3 Domestic Violence and Mental Health
Karakurt et al (2014) explored the impact of domestic violence on women’s mental health. This study focussed on mental health needs of women who experienced severe DV and identifying the similarities and differences among their mental health needs. The authors used a mixed methodology consisting of both objective and subjective observation and gathering information about the participants. Drawing on, mixed methodology, Karakurt et al (2014) used questionnaires and interviewed 35 women living in a domestic violence shelter in a Midwestern town. Karakurt et al (2014) found that poor psychological functioning and emotional difficulties in women were linked to violence.
The impact of domestic violence on women’s mental health were documented by Dutton et al (2006) and Lazenbatt et al (2014) who stated that women suffered from post-traumatic stress disorder (PTSD), self-harm and misused harmful substances. This argument goes in line with, the study of Karakurt et al (2014) who indicated that women were more likely to be diagnosed with severe mental health problems such as “bipolar disorder, kleptomania, depression, anxiety problems, suicidal ideation, PTSD, disassociation, borderline personality disorder, self-esteem problems, sleeping difficulties, nightmares, and grief” (p. 698). One of the main adverse detrimental effects of violence against women was the likelihood of depression (Anderson et al, 2003). According to, Dienemann et al (2000) depression caused women to feel unsteady, lack sleep, loss appetite, have poor energy levels. This argument was supported by Campbell (2002) who stated that women had extreme memory or concentration difficulties which indicated signs of depression, post-traumatic stress disorder (PTSD).

Moreover, another common reported mental health issue for women who experienced domestic violence is PTSD. Mohr (2001) carried out a study and found that approximately 60% women suffered from PTSD. A previous study stated, that the degree to which women developed PTSD or other mental disorders depends on the duration of abuse (Follete et al 1996). Some of the traumatic stressors’ women experienced are flashbacks, nightmares, emotional dysregulation and “fear for one’s safety and a sense of helplessness to control the situation” (Karakurt, 2014 p. 694). It is important to know, that traumatic events led women to criticism themselves harshly and even self-denigration (Mertin and Mohr, 2001). This was supported by numerous studies who stated that women are very likely to feel guilty and blame themselves for the violence (Ali et al, 2011 and Lindgren and Renck, 2008). Clements et al (2000) claims that self-hatred can contribute to a vicious cycle of women exiting abusive
relationships. Therefore, this may indicate that women are unable to live a happy life due to the ongoing situation. In fact, adverse mental health conditions caused a lot of suicidal thoughts because women felt worthless, unhappy, confused and many more symptoms (Perales et al, 2012).

Although, studies discussed above have demonstrated that domestic violence impacts women’s mental health, a study by Miranda et al (2013) found no correlation between women’s mental health and domestic violence. Similarly, Levendosky et al (2002) study had similar findings in that the authors found little evidence linking women’s health and DV. This is because mental health services rather traditionally focus on the mental health problem than investigating and addressing the root and complex causes of mental health issues (Lake et al 2017). For instance, mental health services targeted the illness by giving women several prescriptions to tackle the illness but somewhat lacked knowledge of the traumatic experiences (Humphreys and Thiara, 2003). Therefore, seem clear that mental health services have inadequate knowledge to address the issue of DV regarding mental health disorders (McGarry et al, 2016).

It is important to note that, some women were “subjected to domestic abuse is not destined to a life of misery or emotional problems” (Karakurt et al, 2014). Findings in several studies by Norcross et al (2011) and Coker et al (2002) have indicated that women who have experienced DV are still able to recover and show resilience because it is argued that social support is a source of coping that improves women’s mental health functioning. According to, Levendosky et al (2004) social support has a positive impact on women’s mental health. For example, Kernic et al (2003) conducted a longitudinal study on women with depression and found that it was decreased
because of social support and had ended the abusive relationship. Thus, strong social support can protect women’s mental health.

On the contrary, studies have suggested ways in which social support negatively impact women. According to, Sylaska and Edwards (2014) stated that women who are victims of DV received negative reactions from social support in fact, they were blamed for their mental illness. In addition, feelings of shame and fear of being judged by others made women more hesitant about disclosing their traumatic experience including the impacts on their mental health (El-Bassel et al, 2001). As a result, the findings by Brown and Seals (2019) are unsurprising given that women become dependent or addicted on drugs and alcohol, often used as a coping mechanism.

Gadd et al (2019) study, elucidated the dynamics that occur after women come out of DV and indicated that women pursue different relationship to use illicit drugs to avoid feeling trapped. However, previous study by Golding (1999) carried out a meta-analytic study on substance and drug abuse in battered women and found no interrelationship. Yet, findings predominantly showed that DV impacted women mental health hence; women reported illicit drugs and alcohol use (Lipsky et al, 2005 and White and Chen, 2002). Furthermore, Fowler (2007) stated that 60% of women depended on alcohol and 55% depended on drugs. Other studies have replicated findings indicating increased levels of substance abuse and alcohol use (Rivera et al, 2015). Studies by Ilgen and Kleinberg (2011) consistently showed that women who have suffered from traumatic experiences are more likely to commit suicide involving substance use disorders. Theme 5 will explore the levels of DV in different races and factors that may contribute to the traumatic experiences.
4.4 Domestic violence and Race

The study of Caetano et al (2005) carried out a 5-year course of domestic violence among White, Black, and Hispanic couple. The authors used a mixed methodology which was based on a longitudinal study. Drawing on face-to-face interviews, surveys and questionnaires, Caetano et al (2005) randomly selected 1,925 couples, of which 1,635 completed a face-to-face interview. Furthermore, the authors followed up on the couples and 1,392 couples successfully completed the interviews, surveys and questionnaires. The findings indicated that the levels of DV are higher among the Black Minority Ethnic (BME) and Hispanics. It is worth noting that, due to the numbers of sample size the result may have affected the assessment. This is because Caetano et al (2005) study had 406 White, 232 Black and 378 Hispanic, as a result of the high numbers of White participants the findings are inadequate and unreliable as fewer BME and Hispanic participants were included.

According to, Kilpatrick and Acierno (2003) and Hatch and Dohrewend (2008) examined racial/ethnic groups associated with DV and stated that the findings were inconsistent. For example, some studies have indicated that White women are more likely to experience higher rates of DV compared to BME and Hispanic women whereas, other studies have reported that DV is more likely to occur among BME and Hispanic compared to White women (Turner and Lloyd, 2004). However, overwhelming studies have consistently shown approval of the findings by, Caetano et al (2005). Ellison et al (2007) Cunradi et al (2000) showed the rate of DV which was 23% for Black, 17% for Hispanic and 12% for White, thus the levels of DV tend to be higher among BME and Hispanic compared to the White race.

Past evidence established two important factors that are associated with DV which are subculture of violence theory and societal structural conditions (Gelles,
Subculture refers to values and/or attitudes that exit within a certain group in society that permits violence whereas, social structural conditions determines the lifestyle of particular groups such as unemployment, poverty, and poor socio-economic status (Caetano et al, 2005). For example, BME and Hispanics had a higher risk of child maltreatment or witnessing DV than whites (Cunradi et al, 2000 and Roberts et al, 2010). The rationalization for including these anticipations are not only based on empirical studies but also theoretical study by Bandura (1971) who stated that violence can be a learned behaviour from childhood. Caetano et al (2005) interview demonstrated that women endured violence in their childhood such as threatened with a knife or gun or used it against them, observed physical violence, beaten and choked. Several studies by hyder et al (2008) and Calverton (2008) have support this argument who stated violence against women is normalised as it is accepted as part of the cultural norm. In this case, it is strongly insinuated that cultural roots and value may be the reasons as to why BME and Hispanic women tolerate violence more (Websdale, 1999).

Moreover, a debate persists concerning the extent to which socio-economic status increases racial/ethnic differences in rates of DV. This argument was supported by Malley-Morrison and Hines (2007) who claimed that White women experiences differ from immigrants, people of colour and those living in poverty. According to, BME and Latinos women had fewer opportunities compared to White women for instance, BME and Latino women were more likely to live in a disorganized and poor community experiencing financial strain, unemployment, disadvantaged neighbourhood, which causes exposure to violence and crime and many other problems (Benson et al, 2004; Boardman et al, 2001 and Ross et al, 2001). Black women who experienced DV were economically dependent on their partner and less likely to leave the relationship.
compared to White women (Kim and Gray, 2008). This is because Nandi and Platt, (2010) demonstrated that White women had higher income whereas, BME salaries or income were persistently below average therefore, suffered the largest decline in earning (Gould et al, 2018). Levendosky and Graham-Bermann (2001) refutes this suggestion and claims that demographics were not associated with domestic violence. Yet, many studies indicated that the rate of severe domestic violence among BME are twice as high than Whites even when socio-economic factors are excluded, the high rates of domestic violence does not change Caetano et al (2001). For instance, statistics by Harrell (2007) showed that black women experience 35% higher DV than that of the White women.
Chapter 5: The Discussion

The study explored the impact of domestic violence on women and children. The aim was to examine the relationship between exposure to DV (including childhood abuse) and mental health in children and women. Also, the aim was conceived through readings gained from existing literature on the topic as well as work experiences in the field. In addition, the study sought to answer four distinct and yet related objectives: (i) evaluate the relationship between exposure to DV (including childhood abuse) and mental health in children and women; (ii) examine the extent to which exposure to DV and poor mental health are associated with children’s development and emotional-behavioural problems; (iii) to investigate the extent to which experiencing DV can impact parental practice; and (iv) examine the relationship between race/ethnic involvement and DV. The study utilised desktop research (literature review) to examine the impact of domestic violence on women and children. The rationale for adopting literature review was to gather evidence from broader and diverse literature around DV and its wider implication on women and children.

5.1 Interpretation of Findings

Four distinctive and related themes emerged: which were (1) domestic violence and parental practice, (2) domestic violence and exposure (3) domestic violence and mental health and, (4) domestic violence and race. Collectively, the themes shed light on the interplay between DV and several psychosocial factors including mental health problems, child abuse, emotional incompetence, suicidal tendencies, environmental conditions, financial circumstances, alcohol and substance abuse and lack social support. Importantly, the study highlighted that both poor mental health and parenting practice were associated with DV (Murray et al, 2012). In fact, the severity of DV
emerged to be associated with negative parenting as well as ineffective parenting after DV. More specifically, mothers who experienced DV had higher chances of using punitive discipline on their children. Taylor et al. (2010) build upon these findings stating that frustration and aggression were possibilities for mothers to culminate extreme use of physical punishment on their children. It is not surprising that, mothers were faced by difficult challenges in attempting to provide appropriate nurturing. As predicted, these were associated by mothers’ mental health problems including psychological distress and depression.

Despite, the impact of DV on mothers emotional functioning, many parents were able prioritise the needs and well-being of their children (Fogarty et al, 2018). These findings provide further support for the notion that resilience may exert its influence on parenting (Casanueva et al, 2008 and Levendosky et al, 2006). Current studies, reflected mother’s compensation for the severe violence and rather protect their child from witnessing the violence, build a strong attachment, act as an emotional anchor and meet the developmental needs of the child (Levendosky et al, 2003). This emphasised that mothers used coping mechanism as a protective factor to reduce the hardship of DV on their children.

Moreover, the results are notably consistent about mothers’ lack of mental and emotional support to their children. One of the possible interpretations for the contrast in positive parenting is that, factually, mothers suffered from mental health issues including PTSD and depression. For example, regular mental manipulation and lack of partner support cause mothers to show distress, frustration and anxiety thus, resulting in poor parenting practice. Furthermore, the study demonstrated the significant detrimental impact DV has on mother’s mental health (Karakurt et al 2014). Not surprisingly, women suffered from a range of mental health issues including
PTSD, depression, self-harm, suicidal ideation. Previous studies have clearly established DV to be associated with negative mental health outcomes (Mertin and Mohr, 2001; Ali et al, 2011; Lindgren and Rench, 2008; and Perales et al, 2012).

However, several studies findings exert that social support is associated with positive mental health outcomes for mothers (Levendosky, 2004 and Kenric et al, 2003). It was also clear in the studies that women can recover and build resilience through social support. Considering the positive outcomes, negative social support outcomes have also been associated with women’s mental health. For example, mental health services focused on the mental health but did not investigate the root of women’s complex mental health issues. Some mother’s or women had histories of child abuse causing mental health issues yet, were judged and blamed for their illness (Owens and Chard, 2003; Sylaska and Edwards, 2014 and El-Bassel et al 20001). It would be unfair to suggest that all the women had poor outcomes. However, among the reviewed papers, it was obvious that mental health services poorly address the issues or somewhat had inadequate knowledge (Lake et al 2017; McGarry et al, 2016; and Humphreys and Thiara, 2003).

Furthermore, the study indicated that children exposed to DV internalised and externalised behavioural problems (Louis and Johnson, 2017). Both DV and mother’s mental health problems negatively impacted children’s well-being. Consistent with the findings previous studies, confirmed that both factors significantly contributed to the reasons why children had behavioural problems (Collishaw et al, 2007; Street et al, 2003; and Owen et al, 2009). In line with several findings from several studies (Rode et al, 2019; Carpenter and Stacks, 2009; and Ghasemi, 2009), children showed significantly poor psychosocial outcomes compared to children who had not been exposed to DV. It is important to recognise that children had different reactions to the
violence they experienced or were exposed to. As hypothesised children showed a range of subsequent of internalising and externalising behaviours including social and emotional problems, although, not all were affected in the same way. Support was mixed to gender differences on the impacts of children witnessing or experiencing DV.

Evans et al (2008) emphasised that girls internalise behaviours causing higher levels of depression and anxiety and whereas, boys externalise their feeling by being aggressive. Findings of this study contradict those of Sternberg et al (1993) in which girls were found to internalise and externalise behavioural problems. However, numerous studies supported the findings of Evans et al (2008) indicating that boys were more prone to be violent in their relationship with women (Swan et al 2008; and Baldry, 2007). The findings on gender differences regarding exposure to DV consistently contradict one another therefore, there is a need for more further research on the issue because no specific explanation was provided.

Moreover, findings emphasised that even though, children’s exposure to violence indicate problematic behaviour in later life (Gelles and Cavanaugh, 2005), it would be erroneous to assume that outcomes and impacts are similar for all children. Holding this resilient focus, some children develop coping strategies. Yet, studies mention adverse consequences of DV on children academic performance (Tsavoussis et al, 2014). In this study, children show impaired learning skills, poor developmental skills and unable to control their emotions. Cumulatively, these findings support numerous studies indicating that although children show both high levels of resilience and psychological impact (Anderson et al, 2012; Humphreys, 2003; and Saakbitne et al, 1998). Stemming from the above, it is seeming that both psychological functioning and resilience are damaged therefore, this may perhaps explain the prolonged impact of DV on the well-being of children.
The final area concerns the large-scale differences that exists across races in levels of DV. Particularly striking were the interface between DV and race indicating that BME, Hispanic and Latinos have higher levels of DV compared to White women (Caetano et al, 2005). It is worth noting, that numerous studies demonstrated racial/ethnic findings associated with DV to be inconsistent. For instance, some studies indicate white women to have higher levels of DV whereas, other studies report BME, Hispanic and Latinos to be more prone to DV (Kilpatrick and Acierno, 2003; Turner and Lloyd, 2004; and Hatch and Dohrewend, 2008). It is important to consider all the factors associated or that may contribute to the difference between races and DV. Their findings suggested socio-economic status may increase DV. Prior studies have documented that BME and Latinos had greater exposure to discrimination and other forms of hardship for example, they were more likely to live in poor/disadvantaged areas, poverty and experience financial strain (Benson et al, 2004; Boardman et al, 2001 and Ross et al, 2001). These factors contribute to prolonged DV relationship among and BME and Latino women. White women on the other hand, lived in good conditions and had higher income, therefore, were able to be more independent and less likely to be involved or enter an abusive relationship (Gould et al, 2018). One possible interpretation for the contrast of high racial differences in DV is that white women had a head start in living a successful life which were passed on from generation to another whereas, black women need to work their way up and have lesser opportunities such as education and employment (Cheng et al, 2016). Moreover, societal structural conditions also increase the likelihood of DV in which violence can be learned from childhood. Although, studies indicate that some cultures normalise violence against BME and Hispanic women, not enough explanation has been provided to make such statement. Therefore, the lack of results
highlights the significance of exploring and investigating other factors underlying racial differences in DV in future studies.

5.2 Implications for knowledge

The study is based on LR to explore the impact of domestic violence on women and children. The findings suggested that domestic violence somewhat causes negative experiences during and to some extent after domestic violence. Collectively, these findings add important dimension/knowledge around how DV forms and how it impacts on the health and well-being of women and children of all races and ethnicity background. The findings also have implications for:

5.2.1 Practitioners

Previous studies have led to believe that practitioners are not fully equipped to tackle DV cases – most of the DV cases are not addressed appropriately or reported. Some practitioners are not qualified in this area due to lack of knowledge or inadequate training. In fact, researchers have consistently reported that the level of training were insufficient to improve attitudes significantly and knowledge around DV (Ramsay et al 2012). In addition, health care practitioners at times may recognise the signs of abuse. Many studies have highlighted the constant poor performance of health practitioners to the needs of women and children suffering from DV. For instance, findings highlighted that health practitioners rather focus on the mental health problem than investigating and treating the root and complex causes of mental health issues (Lake et al 2017). These findings emphasised, that practitioners lack of support played a significant role in women’s and children’s psychological and mental functioning.
Findings within this study have considered exposure to violence as a child to increase the likelihood of negative impacts, not only the continued cycle of violence but also later life problems including substance abuse, long-lasting illness and many more. In fact, some cases ended up badly. For example, in previous case studies, both Victoria Climbié and Peter Connolly death and were caused by domestic violence by their caregivers (Unwin and Hogg, 2012). It was a serious case review in which health practitioners lacked knowledge, failed to follow policies and legislations, were inexperienced, and many more errors (Thomas, 2011). Therefore, qualifications, training and education are particularly relevant to practitioners as it adds to developing knowledge and understanding of DV and its impact on women and children’s health and well-being including recognising signs and symptoms such as internalised and externalised behavioural problems, aggression and triggers of DV. For this reason, this study benefits health practitioners as future DV guidelines and procedures can help identify women and children who experience DV, increase public knowledge about domestic violence, and provide all types of support to manage the problem to reduce health risk associated with DV.

5.2.2 Policy makers

The process of policy makers should focus on the issue to address the problem. It is the responsibility of the government to create preventative instruments to intervene violence. For instance, human rights law may harmonise in line with maintaining the right of women including protecting women and to enable domestic violence acts that forbid violence against women. Furthermore, these findings can help policy makers as they are able to reinforce laws that emphasise violence as a severe crime in which abusers could be held accountable and face consequences. Findings within this study
indicated that women are financially dependent on their abusive partner to survive and once they leave the relationship financial struggle may occur and perhaps have no access to financial income. Policies should be regularly be updated in line with government laws and legislations. Therefore, this study benefits policy makers because they can push interventions or agendas. The government can take initiative and enforce changes or make amends to recent policy to help empower women and children who have experience domestic violence. For example, the government could offer financial support to help victims become financially stable and to gain control over their own lives again – either long or short term including financial income, access to employment and assist women in welfare benefits.
Chapter 6: Conclusion and recommendations

This chapter will consider future studies for the future and look at research gaps that could perhaps be investigated or examined in the future. Also, recommendations will be made to provide beneficial outcomes and propose a solution. In addition, a conclusion will be provided to sum up and make final comments about this thesis including its limitations.

6.1 Future studies

This study utilised research methods that provided information on DV in women and children and its impact on mental health, exposure on women and children, parental practice and the relationship between race/ethnicity and DV. Both qualitative and quantitative methods were used in this study. The use of qualitative method was beneficial in gaining understanding in complex insight in issues and perspectives in which individuals experiences, beliefs and attitudes can be understood. Whereas, the quantitative method used provided important insight in the form of statistical measurements to reveal how many women and children experience DV.

Although, the study was able to provide information however, there were some challenges and difficulties such as; lack of information in UK LR papers, not enough information in journals, incomplete journals. The study overcame these obstacles by looking and using journals outside the UK. In future studies, a primary research would be more beneficial as it would provide more in-depth knowledge and have better control in addressing issues in relation to topic.

Moreover, this study covers a range of points but not everything could be touched on due to word count. There are still gaps in research that are crucial and should be addressed in the future research. In the future it would be important to discuss DV in men. Also, this study covered the impact of DV on mother’s however,
lesbian, gay, and transsexual people also experience DV and in today's society, they are classified as parents, therefore, the next generation of studies should focus on addressing this issue. In addition, there is lack of evidence on prevention interventions thus, future studies should address types of interventions using a follow-up to compare different effective methods and interventions that can help support women, children and families.

6.2 Recommendation

It is recommended that future research should use more qualitative research to carry out longitudinal research. This is because qualitative research can draw more on a larger sample which can be studied over time. As such, would help develop concepts and visions to different issues in DV and an in-depth observation in which knowledge can be gained regarding psychological functioning and behavioural outcomes in women and children and complex interplay of DV and long-term consequences. Additionally, future research should consider larger and more comprehensive measurements in understanding the social and psychological triggers of DV. Furthermore, new effective ways can be identified to improve service and social support. It is also recommended; that for more valid and reliable results, the numbers of ethnic/racial participants should be evenly recruited as findings in this study hinders that because fewer BME and Hispanic women were recruited and more of white women. Moreover, current studies focus on how mother's parenting impact children however, future studies should explore how father and/or stepfathers parenting may impact a child's adjustment. Also, existing studies focus on women and children living with DV however, future studies should add more policy makers and practitioners’ perspectives to select appropriate strategies by addressing, identifying and evaluating
pertinent DV issues. In addition, more work is needed on social and psychological triggers of DV.

6.3 Conclusion
This study explored a variety of literature and illustrated an important discussion on domestic violence. The investigation on the impact of DV on women and children raised awareness of the damaging effect it has on the family. The findings highlighted that domestic violence has a significant impact on women’s experience of parenting. Evidence also emphasized that the poor mental functioning of women caused them to use harsh punishment on their children. However, some women were able to achieve positive adjustment or become resilient regardless of the adversity of DV. Further studies suggested that although women showed high levels of resilience, they also showed psychological distress. Moreover, children’s exposure of DV has been associated with a higher risk of adverse psychological and poor mental health outcomes such as; increased levels of suicidal tendencies, depression, anxiety and aggression. In addition, mothers mental functioning also served as a mediator between DV and child externalizing and internalizing behaviour. Lastly, this study has shown the different rates of white, black and Hispanic women and the risk factors associated with it. Majority of the researchers have highlighted the rates of DV to be higher amongst black and Hispanic women compared to white women. Two reasonings that explain this finding. Black and Hispanic women were more tolerant due to cultural roots and values. Also, socio-economic financial status, unemployment caused Hispanic and black women to experience more severe DV.

Overall, the findings within the study have the potential to increase awareness on DV and its impact on women and children and the importance of healthcare
professionals acknowledging the signs of DV. This study can benefit both policy makers and practice which the government can amend policies to protect and empower women and children who have experience domestic violence. Health practitioners can use these as a guideline to support and aim to reduce health risk associated with DV. It is important to note that this study has some limitations. First, the concept of this study only focuses on women and children relationship and how women’s parenting and not how the fathers parenting may impact a child’s adjustment. Second, the study focused on the violence perpetrated by men however, the study did not consider that some women reciprocated violence on men and their children.

6.4 Critical Reflection
Getting accepted at the University of Bolton was a huge deal for me and I was very excited when I received an email welcoming me into my first year. I was happy, excited and proud of myself. The first year was very challenging living by myself for the first time but making friends throughout my experience helped me cope. My university journey has made me very independent and stronger. Even though I had my sister with me in the class, I still felt like I was on my own growing and maturing into the person I am today. The change from college to university was drastic, the workload was much more than I was used to and I felt like giving up during the first semester but I had to prove myself that I can do it and remember that I have come so far as it would be a waste to give up. I also fear leaving my friends behind and the fact that I had to make new friends was hard. Even though, I was still in contact with my friends back home, they encourage me to put myself out there and get involved in activities outside university.
Throughout my journey I found it difficult to stay motivated because I was not used to reading so many books and I found it hard doing research. However, with the support of the lecturers and my family I was able to learn how to make a to do list that help me to achieve task. I am very thankful for the good times and the low times. I have gained excellent communication and interpersonal skills that have helped me engage with students. From being a child, I have always been determined to get what I want and giving up was not one of my options. The challenges faced helped me to achieve critically think and look at ways to make situations better. I have also learnt how to effectively work as a team and the importance of communication strengths the team. I will take these transferable skills and move forward into my master’s degree of becoming a midwife as I love to help people and care for others.
Bibliography


43%26rep%3Drep1%26type%3Dpdf&usg=AOvVaw0vnYI-AXZ2U4GXhDFuxJ-hQ. [3 March 2020].


https://books.google.co.uk/books?id=qig7Wf2S4yYC&printsec=frontcover&dq=importance+of+safeguarding+children&hl=en&sa=X&ved=0ahUKEwj5v8SHqLPIAhU3QxUJHfc7B8g4ChDoAQqzMAE#v=onepage&q=importance%20of%20safeguarding%20children&f=false. [4 April 2020].


Appendices

Appendix 1: Reviewed papers


### Appendix 2: Literature Review Table

<table>
<thead>
<tr>
<th>Author / Year/ Country of origin</th>
<th>Place of publication (Journal)</th>
<th>Title</th>
<th>Aims of the study</th>
<th>Types of study / Method</th>
<th>Recruitment / Participants</th>
<th>Main Findings</th>
<th>Strengths and Limitation</th>
</tr>
</thead>
</table>
| Pels, T., Barbera van Rooij, F. and Distelbrink, M. (2015) The Netherlands | Journal of Family Violence | The impact of intimate partner violence (IPV) on parenting by mothers within an ethnically diverse population in the Netherlands. | Aims to focus on the experiences of Dutch mothers of different ethnic background concerning parenting throughout IPV and the after effect, their point of view of the influence of IPV on their parenting, as well as their necessity for and experiences with support services. | Mixed methodology (qualitative and quantitative)  
Qualitative method used:  
- Interview  
- Open-ended questions  
- Semi-structured questionnaire  
- Face-to-face interview  
Quantitative method used:  
- Analyse the socio-demographic background into descriptive statistics. | 100 mothers were interviewed  
Recruitment took place in four largest cities in the Netherlands – 178 individuals helped find potential participants by using leaflets, making a website about the study, radio advertisements, ads on relevant websites, and a social media site about youth and IPV to help with the recruitment. | Experiences with IPV were classified 48% of the cases as light/moderate and 52% as serious/very serious.  
One in five of the mothers reported that they were not able to protect their children from the violence during the period of IPV.  
Due to their own mental health issues 1 out of 6 mothers were not able to provide their children attention and some were unable to raise their children  
Children had problems internalised and externalised. | The study contributes to a critical area such as the longitudinal study provided insight on the issue, therefore enhancing knowledge regarding the issues and mechanisms in order to prevent and treat the impact of IPV on mothers and their children. Another strength on this study is that it increased public awareness and knowledge about IPV thus, breaking the taboo and culture of silence. The limitations of |
this study include that the focus group of the ethnic group were small therefore, the data was not adequately established. Another limitation is that the interview was based on the mother’s experience and used the mother’s information about the children and fathers. However, if the children and fathers were interviewed, the study perhaps could have had a broader perception of the issue.
<table>
<thead>
<tr>
<th>Author / Year/ Country of origin</th>
<th>Place of publication (Journal)</th>
<th>Title</th>
<th>Aims of the study</th>
<th>Types of study / Method</th>
<th>Recruitment / Participants</th>
<th>Main Findings</th>
<th>Strengths and Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louis, S. M. and Johnson, J. E. (2017) Trinidad</td>
<td>Journal of Child Custody</td>
<td>How mothers perceive their own domestic violence victimization and how it impacts their children</td>
<td>The Study aims to explore how mothers perceive their own domestic violence victimization and how it impacts their children. Additionally, this study focussed on the effects of children’s exposure to domestic violence through the lenses of the primary victims of abuse and preventative strategies that can be implemented to address this social problem.</td>
<td>Qualitative methodology constructed on traditions of grounded theory. <strong>Method used:</strong> Semi-structured interviews</td>
<td>A permission letter was submitted to the Director Chairman of the Legal Aid and Advisory Authority, as this institution provides legal advice and representation to individuals. A total of 35 potential participants were selected but only 12 agreed to participate.</td>
<td>The exposure to domestic violence caused children to socially isolate themselves from family, peers and friends and were unable to develop healthy relationships due to feeling embarrassed and lack of confidence. Mothers reported that children exhibited aggressive behaviour and emotional and psychological issues. Children were unable to focus in class and caused their attendance to become poor due to losing motivation to pursue education. However, some children would rather pursue an education</td>
<td>The critical aspect of this study is that society develops a greater understanding of this issue, which is mainly effective to promote more awareness, to establish protect measures (Dalton et al, 2014), and to develop pro-active methods of prevention and intervention. In addition, the study was able to provide an insight into mother’s perspective of the complications related to her children’s exposure to DV. However, there are several limitations in this study. Firstly, the authors faced complications in obtaining the sample. Furthermore, some</td>
</tr>
</tbody>
</table>
According to Bagshaw (2007), children who have been exposed to domestic violence exhibit negative outcomes, such as feelings of sadness, confusion, fear, and anger. Mothers refused to participate in this study, as they did not want to relive past occurrences. Hence, sample size and findings are limited. In addition, the semi-structured was challenging as mothers were resisting to provide in-depth information on certain issues (Darlington and Scott, 2002).
<table>
<thead>
<tr>
<th>Author / Year Country of origin</th>
<th>Place of publication (Journal)</th>
<th>Title</th>
<th>Aims of the study</th>
<th>Types of study / Method</th>
<th>Recruitment / Participants</th>
<th>Main Findings</th>
<th>Strengths and Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Callaghan, J., Fellin, L., Papathanasious, S. and Alexander, J. (2017)</td>
<td>Psychology of Violence</td>
<td>Children and Domestic Violence: Emotional Competencies in Embodies and Relational Contexts.</td>
<td>This study explored children and domestic violence and the emotional competencies in embryos and relational contexts. Aims to critically engage with the claim, present in most psychological literature, that children who live with domestic violence are likely to be emotionally incompetent and dysregulated. We explore how children who experience domestic violence make sense of and experience their emotions.</td>
<td>Qualitative methodology Method used:  - Semi-structure  - Photo elicitation  - Interviews</td>
<td>Most of the children were recruited via DV organizations across four European countries— Greece, Italy, Spain, and the United Kingdom. 107 young people aged 8 – 18 were interviewed.</td>
<td>the findings suggested that children who have experienced are more likely to be emotionally incompetent as they did not learn how to express themselves, therefore, were less likely to express affiliative emotion. In addition, the findings also showed that children were more likely to show dysregulated emotional patterns (Katz et al, 2007; Maughan and Cicchetti, 2002).</td>
<td>this study consists of both strength and limitations. The strength of this study is that the importance was highlighted ensuring that there is an understanding on the emotional impact DV had on children. Also, the authors listened to the children’s articulation of their experiences, rather than inclosing their experiences to an adult’s experience. The limitations in this study, is that it only focused on the embodied dimension of emotional experience. Another limitation is the project was mainly focused on children in services and support organisation.</td>
</tr>
<tr>
<td>lack of development in emotion, caused by unhealthy and negative life events. Hence these are predicted to cause social difficulties, negative peer interactions, and internalizing and externalizing problems (Katz et al, 2007).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therefore, this limited the generalisation of the research because the children who did not have any support from any organisation might have different experiences that are still unknown.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Author / Year / Country of origin</td>
<td>Place of publication (Journal)</td>
<td>Title</td>
<td>Aims of the study</td>
<td>Types of study / Method</td>
<td>Recruitment / Participants</td>
<td>Main Findings</td>
<td>Strengths and Limitation</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>--------------------------------</td>
<td>-------</td>
<td>-------------------</td>
<td>------------------------</td>
<td>--------------------------</td>
<td>--------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Levendosky, A. and Graham-Bermann, S. (2001) United States of America</td>
<td>Journal of Family Violence</td>
<td>Parenting in Battered Women: The effects of Domestic Violence on Women and Their Children.</td>
<td>Aims to explore parenting in battered women and the effects of DV on women and their children. This study integrates an ecological perspective and trauma theory in proposing a model of the effects of domestic violence on women's parenting and children's adjustment.</td>
<td>quantitative methodology Method used: - Questionnaire Interview</td>
<td>The women were recruited in two urban Michigan communities through posters in apartment complexes, schools, churches, and grocery stores; through distribution of flyers in food stamp offices; newspaper advertisements; flyers at the YMCA after-care program; and flyers at domestic violence shelters and community support groups. 120 women and children interviewed</td>
<td>Lack of parenting and exposure to DV caused children to show issues in adjusting their social and emotional development Battered women experience levels of depression, lower self-esteem, and high levels of psychological distress.</td>
<td>this study was able to explain various impacts in parenting and children's adjustment. Another strength is that the study used an ecological model to demonstrate and help understand how children and women have different functioning and also the impact environmental factors has on women and children based on DV. However, the critical aspect of this study is that the interpretation was bias. Another limitation is that the questionnaires were not a reliable source to collect data as researchers have found poor correlations between</td>
</tr>
</tbody>
</table>
children and parents reports which may be as a result of the different experiences the child is exposed to and the emotional and behavioural functioning it causes (Routh, 1990). Finally, the concept of this study only focuses on women’s parenting and not how the father or stepfathers parenting may impact a child’s adjustment.
<table>
<thead>
<tr>
<th>Author / Year/ Country of origin</th>
<th>Place of publication (Journal)</th>
<th>Title</th>
<th>Aims of the study</th>
<th>Types of study / Method</th>
<th>Recruitment / Participants</th>
<th>Main Findings</th>
<th>Strengths and Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levendosky, A. A., Leahy, K. L., Bogat, G. A., Davidson, W. S. and Von Eye, A. (2006) United States of America</td>
<td>Journal of Family Psychology,</td>
<td>Domestic violence, maternal parenting, maternal mental health, and infant externalizing behaviour.</td>
<td>This study examined whether maternal functioning mediated the relationship between domestic violence (DV) and infant externalizing behaviour.</td>
<td>Qualitative methodology Method used: - Interview</td>
<td>Individuals were recruited from three different counties in mid-Michigan such as; the women's health clinics, flyers posted within the community, social service programs, childbirth classes, legal agencies and DV shelters. 206 pregnant women participated.</td>
<td>Children expose to DV will develop externalised behaviour and implications to the well-being Mothers who have been a victim to DV and failure in marriage are associated with poor parenting. The findings within this study suggest that as result of poor parenting infants age 1 behaviour become intrusive. This is due to mothers being mentally and physically abused causing mental problems such as depression, anxiety PTSD and more. Moreover, several studies contributed to this and stated that mothers suffering from psychological problems One of the strengths of this study was that DV was investigated over time – starting and during pregnancy as well as first year postpartum. Another important strength from this study is that it raised awareness that social workers should intervene early, prior to birth of a child would help combat negative effects. However, this study was only based on an assessment of maternal parenting behaviour and did not include the roles fathers had in exposing an infant to DV. Also, an assessment based on a child’s externalising behaviour and DV were limited. This was because an independent...</td>
<td></td>
</tr>
<tr>
<td>tend to be less available and involved with their children hence, not being able to develop emotion regulation. Another study support this and states that as a cause of dysregulated emotions children exhibit eternalised behaviour.</td>
<td>assessment of an infant behaviour was not carried out. Lastly, a small size was tested, thus, was not able to split the sample and cross-validate the model.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Author / Year/ Country of origin</td>
<td>Place of publication (Journal)</td>
<td>Title</td>
<td>Aims of the study</td>
<td>Types of study / Method</td>
<td>Recruitment / Participants</td>
<td>Main Findings</td>
<td>Strengths and Limitation</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>--------------------------------</td>
<td>-------</td>
<td>-------------------</td>
<td>------------------------</td>
<td>---------------------------</td>
<td>---------------</td>
<td>--------------------------</td>
</tr>
</tbody>
</table>
Method used:  
- Longitudinal study  
- Interviews  
- Questionnaire survey | Participants were recruited from several settings in a two-county area of Pennsylvania: child welfare abuse and protective service programs, Head Start classrooms, day care programs, and private (middle income) nursery school programs. The sample included 457 children from 297 families | The findings within this study suggested that females are at higher risk of internalizing symptoms whereas, male are at higher risk of externalizing behaviour. In addition, this study has shown that the exposure of DV has on adolescence. They become anxious, depressed and withdrawn. As hypnotized, children exposed to DV showed higher levels of internalising and externalising behaviour into adolescence. | A strength of this study is that it used a combination of prospective parent reports and retrospective reports from adolescents in relation to their experiences growing up. However, combining two data provided a conservative estimate of the number of children exposed to DV hence, the statistics underestimated the number of children exposed. Another critical aspect within this study is that they were unable to determine how long and often the exposure occurs as it was limited by methods used to group and |
<p>| study exposure effects. Hence, larger samples were needed to further investigate the complex interplay of violence exposure and long-term outcomes. |</p>
<table>
<thead>
<tr>
<th>Author / Year/ Country of origin</th>
<th>Place of publication (Journal)</th>
<th>Title</th>
<th>Aims of the study</th>
<th>Types of study / Method</th>
<th>Recruitment / Participants</th>
<th>Main Findings</th>
<th>Strengths and Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fogarty, A., Woolhouse, H., Giallo, R., Wood, C., Kaufman, J. and Brown, S. (2019) Australia</td>
<td>Journal of Interpersonal Violence</td>
<td>Mothers’ Experiences of Parenting Within the Context of Intimate Partner Violence: Unique Challenges and Resilience</td>
<td>Aims to explore within an Australia community focusing on resilience within women. Explore how the impact of DV created more challenges to the parenting role and understand what women perceive as contributing to resilience and coping through these experiences.</td>
<td>Qualitative Semi-structured interviews and longitudinal study</td>
<td>6,000 women who were registered to give birth across six metropolitan hospitals across Melbourne were invited to participate in the study</td>
<td>All participants identified similar challenges such as partner control over parenting, other disrespectful and controlling behaviour, and emotional exhaustion. Some mothers were able to build resilience throughout the DV experience</td>
<td>Strengths: The study used a strengths-based perspective, which provided insight into the challenges and impact of DV on parental practice, and what may have contributed to resilience. Limitations: The sample size was small and may have only included women who adequate emotional, social, and financial resources to enable their participation.</td>
</tr>
<tr>
<td>Did not consider exploring current DV experiences.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Page 101 of 143
<table>
<thead>
<tr>
<th>Author / Year/ Country of origin</th>
<th>Place of publication (Journal)</th>
<th>Title</th>
<th>Aims of the study</th>
<th>Types of study / Method</th>
<th>Recruitment / Participants</th>
<th>Main Findings</th>
<th>Strengths and Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jaffe, E. A., Cranston, C. C., and Shadow, O. J. (2012) United States of America</td>
<td>Journal of Child Sexual Abuse</td>
<td>Parenting in Females Exposed to Intimate Partner Violence and Childhood Sexual Abuse</td>
<td>Examines the effects of IPV and CSA on parenting style and parenting self-efficacy. Investigate the impact of CSA to lower parenting self-efficacy in relation to DV.</td>
<td>Quantitative: • Interview</td>
<td>94 participants were recruited from a local non-profit domestic violence intervention agency.</td>
<td>Women with histories of childhood sexual abuse (CSA) experienced revictimization in a sexual form of IPV. Men who had experienced childhood sexual abuse were more likely to use sexual coercion on the participants. CSA was related to low parenting self-efficacy and more permissive parenting styles.</td>
<td>Strength: • Provided support for joint usage of measures of parenting self-efficacy and parenting style. • Address CSA and DV impact on parenting. Limitations: • Small sample • Lack of contextual information • Only relying on interview assessment.</td>
</tr>
<tr>
<td>Author / Year/ Country of origin</td>
<td>Place of publication (Journal)</td>
<td>Title</td>
<td>Aims of the study</td>
<td>Types of study / Method</td>
<td>Recruitment / Participants</td>
<td>Main Findings</td>
<td>Strengths and Limitation</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------------------</td>
<td>-------</td>
<td>-------------------</td>
<td>------------------------</td>
<td>--------------------------</td>
<td>---------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>DeVoe, R. E. and Smith, L. E. (2002) New York</td>
<td>Journal of Interpersonal Violence</td>
<td>The Impact of Domestic Violence on Urban Preschool Children Battered Mothers’ Perspectives.</td>
<td>To explore: (a) women’s understanding to the extent they think their children have been exposed to DV or are aware of DV (b) The impact of DV on the relationship or connections between mothers and their children (c) the challenges of parenting in relation to DV</td>
<td>Quantitative: Survey Interview</td>
<td>2000 Women were recruited for participation in the study from three sites within a large social and legal services agency that serves victims of domestic violence throughout New York City</td>
<td>Children were exposed to domestic violence in which some children mimicked the perpetrator’s behaviour. Children were directly and indirectly exposed to DV. Women across groups also identified a number of behavioural, emotional, and self-regulation difficulties among their children such as; aggression and traumatic reactions</td>
<td>Strengths: Women’s perceptions provided helpful direct future search understands young children’s exposure to domestic violence and the parenting challenges victimized mothers face Limitations: Did not segment the groups by race/ethnicity so they were not able to show the common experiences in different cultures hence, women stories could not be generalized beyond the study population, even if women with diverse life experiences shared much common ground</td>
</tr>
<tr>
<td>Author / Year/ Country of origin</td>
<td>Place of publication (Journal)</td>
<td>Title</td>
<td>Aims of the study</td>
<td>Types of study / Method</td>
<td>Recruitment / Participants</td>
<td>Main Findings</td>
<td>Strengths and Limitation</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>--------------------------------</td>
<td>-------</td>
<td>-------------------</td>
<td>-------------------------</td>
<td>--------------------------</td>
<td>--------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Huth-Bocks, A.C., Levendosky, A.A., Theran, S.A., and Bogat, G.A. (2004) United States of America</td>
<td>Domestic Violence and Maternal Representations</td>
<td>The Impact of Domestic Violence on Mothers’ Prenatal Representations of Their Infants</td>
<td>Examines how the influence of DV had an impact on mothers prenatal representations and their infants and of themselves Examined the impact of DV on mother–infant relationship</td>
<td>Qualitative and quantitative: • Interviews • Questionnaires</td>
<td>Participants were 206 pregnant women who were recruited and enrolled in a larger longitudinal study examining risk and protective factors related to domestic violence (DV)</td>
<td>Women who experienced domestic violence during pregnancy had significantly more negative prenatal representations of their infants and of themselves as mothers Women who experienced domestic violence were more likely to have an insecure or disengaged attachment with their infants</td>
<td>Strengths: The sample was large and diverse in terms of educational background, ethnicity, and marital status Maternal representations were measured using a clinical interview that was coded by trained, reliable coders, thus providing valid data Limitations: Unable to conclude definitively that domestic violence caused problematic maternal representations, but rather, can only conclude</td>
</tr>
</tbody>
</table>
empirically that a relationship existed between these variables
Difficult to establish high interrater reliability on some of the subscales
<table>
<thead>
<tr>
<th>Author / Year/ Country of origin</th>
<th>Place of publication (Journal)</th>
<th>Title</th>
<th>Aims of the study</th>
<th>Types of study / Method</th>
<th>Recruitment / Participants</th>
<th>Main Findings</th>
<th>Strengths and Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murray, K.W., Bair-Merritt, M., Roche, K., and Cheng, T.L. (2012) United States of America</td>
<td>Journal of Family Violence</td>
<td>The Impact of Intimate Partner Violence on Mothers' Parenting Practices for Urban, Low-income Adolescents</td>
<td>Examine the potential mediating roles of depression and social support in the relationship between maternal IPV and parenting practices among female primary caregivers</td>
<td>Mixed methodology: • Surveys • Interviews</td>
<td>Families were recruited from census blocks with at least 20% of residents living below the federal poverty line. Participants were 1,057 female primary caregiver-young adolescent pairs</td>
<td>DV was positively associated with mothers' use of physical punishment and failures of mother's involvement in their children's education. IPV was associated with higher levels of depression, depression and social support did not mediate the relationship between maternal IPV and physical punishment or maternal IPV and mothers' involvement in their children's education</td>
<td>Strength: An understanding was gained of how DV in the past 12 months influenced parenting practices 1 year later Limitation: The study did not consider that DV may have occurred sometime before the 12-month time period assessed in this study Limited sample that cannot be generalised to other populations</td>
</tr>
<tr>
<td>Author / Year/ Country of origin</td>
<td>Place of publication (Journal)</td>
<td>Title</td>
<td>Aims of the study</td>
<td>Types of study / Method</td>
<td>Recruitment / Participants</td>
<td>Main Findings</td>
<td>Strengths and Limitation</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>--------------------------------</td>
<td>-------</td>
<td>-------------------</td>
<td>-------------------------</td>
<td>--------------------------</td>
<td>---------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Levendosky, A. A., Huth-Bocks, A., Shapiro, D., and Semel, M. (2003) United States of America</td>
<td>Journal of Family Psychology</td>
<td>The Impact of Domestic Violence on The Maternal Child Relationship and Preschool-Age Children’s Functioning</td>
<td>Examines the role of the mother–child relationship on children’s functioning in families experiencing domestic violence</td>
<td>Quantitative:  - Interview  - Survey  - Questionnaire</td>
<td>The participants were recruited with fliers. The participants consisted of 103 preschool-age children and their mothers.</td>
<td>History of abuse resulted in lower parenting effectiveness and higher levels of psychological distress. The combined negative effects of domestic violence on children’s behaviour were significant. The result showed that direct impact of domestic violence and psychological functioning affected parenting, and mother-child attachment. Both DV and the mothers psychological distress impacted mother and child attachment/relationship.</td>
<td>Strength: The study used of behavioural observation to obtain information on how children are affected by domestic violence. Limitations: The focus on only women’s parenting in these families. The presence of the father may inhibit the woman’s or the child’s responses, and participation could jeopardize the safety of the family. The study did not allow for causal prediction of variables.</td>
</tr>
<tr>
<td>Author / Year / Country of origin</td>
<td>Place of publication (Journal)</td>
<td>Title</td>
<td>Aims of the study</td>
<td>Types of study / Method</td>
<td>Recruitment / Participants</td>
<td>Main Findings</td>
<td>Strengths and Limitation</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>--------------------------------</td>
<td>-------</td>
<td>-------------------</td>
<td>-------------------------</td>
<td>---------------------------</td>
<td>--------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Rode, D., Rode, M., Marganski, J. A. and Januszek, M. (2019) United States of America</td>
<td>Journal of Family Violence</td>
<td>The Impact of Physical Abuse and Exposure to Parental IPV on Young Adolescents in Poland: A Clinical Assessment and Comparison of Psychological Outcomes</td>
<td>explore characteristics of children victims of domestic violence in Poland and to learn about coping strategies and factors related to self-efficacy This study explores to see if there are differences between children who experience physical abuse and children's exposure to parental domestic violence with regard to variables</td>
<td>Quantitative: • Interview • Questionnaire</td>
<td>This study was conducted with 90 participants who resided in Poland from primary and secondary</td>
<td>The traumatic events that involved exposure to or domestic violence impacted on children’s functioning The study found that anxiety and anger were significant emotional consequences of trauma in early adolescence The learned character of anxiety influenced cognitive distortions by attempting to make sense of the violence, leading to a decreased sense of self-efficacy and feelings of helplessness</td>
<td>Strength: Gained knowledge regarding psychological functioning and behavioural outcomes of victimized youth Limitations: Polish youth who were white Small sample size This study looked at exposure to DV and physical abuse but did not investigate other experiences that could impact anxiety, anger, coping.</td>
</tr>
<tr>
<td>Author / Year / Country of origin</td>
<td>Place of publication (Journal)</td>
<td>Title</td>
<td>Aims of the study</td>
<td>Types of study / Method</td>
<td>Recruitment / Participants</td>
<td>Main Findings</td>
<td>Strengths and Limitation</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>--------------------------------</td>
<td>-------</td>
<td>-------------------</td>
<td>-------------------------</td>
<td>---------------------------</td>
<td>--------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Chemtob, M. C. and Carlson, G. J. (2004) New York</td>
<td>International Journal of Stress Management</td>
<td>Psychological Effects of Domestic Violence on Children and Their Mothers</td>
<td>Aims to explore how domestic violence impacts children and mothers psychological functioning</td>
<td>Quantitative • Structured interview • Questionnaire</td>
<td>Participants in this study were mothers and children that experienced domestic violence 50 mothers and children completed structured interviews and psychological assessment.</td>
<td>Mothers suffered from mental disorders such as post-traumatic stress disorder (PTSD). The mothers underestimate the extent to which domestic violence impacted their children causing distress and PTSD Children witnessed extreme verbal and physical abuse</td>
<td>Strengths: The study addressed the impact of directly witnessing or directly experiencing DV The study also, addressed mother's psychological distress due to DV The use of structured interviews and psychological assessment determined the intensity of PTSD Limitations: The study had limited funding and other constraints hence, the number of participants was small Longitudinal study was necessary to</td>
</tr>
<tr>
<td>provide a clearer picture of the impact of DV on psychological difficulties</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Author / Year / Country of origin</td>
<td>Place of publication (Journal)</td>
<td>Title</td>
<td>Aims of the study</td>
<td>Types of study / Method</td>
<td>Recruitment / Participants</td>
<td>Main Findings</td>
<td>Strengths and Limitation</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------------------------------</td>
<td>-------</td>
<td>-------------------</td>
<td>------------------------</td>
<td>---------------------------</td>
<td>--------------</td>
<td>------------------------</td>
</tr>
</tbody>
</table>
  - Structured interview  
  - Survey  
  - Questionnaire | Participants were recruited from Barcelona, Spain. 327 Participants | A mother history of violence, child abuse and current domestic violence experience impacted children which caused externalising problems. Mothers who experienced DV showed a variety of mental health problems, which may have affected their children’s well-being. Children’s externalizing problems were positively associated with psychological distress, hyperactivity, interpersonal, and behaviour problems. | Strength: The study was able to confirm that mother’s history of DV and CA impacted children hence, caused externalised and internalised problems. Limitations: Mothers who reported adverse experiences in childhood, might have entailed recall biases. Mothers DV experiences were not assessed in-depth. The focus was mother on children perceptions of |
violence between their parents

children’s behavioural problems were measured only through mothers’ reports. The fact that mothers suffered from mental problems may have influenced the way they reported their children’s problems
<table>
<thead>
<tr>
<th>Author / Year / Country of origin</th>
<th>Place of publication (Journal)</th>
<th>Title</th>
<th>Aims of the study</th>
<th>Types of study / Method</th>
<th>Recruitment / Participants</th>
<th>Main Findings</th>
<th>Strengths and Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ali, S. T., Mogren, I. And Krantz, G. (2011) Pakistan</td>
<td>International Society Behavioural Medicine</td>
<td>Intimate Partner Violence and Mental Health Effects: A Population-Based Study among Married Women in Karachi, Pakistan</td>
<td>Aimed to investigate how women’s mental health and coping behaviours</td>
<td>Quantitative – Interview – Questionnaire</td>
<td>759 women were included in the study.</td>
<td>The findings in this study highlight that mental health symptoms, including suicidal thoughts were associated with domestic violence. There was also power imbalance between husband and wife which perhaps explained why women showed symptoms of depression and also the high occurrence of suicidal thoughts.</td>
<td>Strength: The study used a questionnaire to compare findings. In addition, not only did the study gain knowledge and understanding on how domestic violence impacts women’s mental health problems but also investigated life circumstances. Limitations: this study only represents low-income and middle-income groups of the general population in urban Karachi.</td>
</tr>
<tr>
<td>Author / Year / Country of origin</td>
<td>Place of publication (Journal)</td>
<td>Title</td>
<td>Aims of the study</td>
<td>Types of study / Method</td>
<td>Recruitment / Participants</td>
<td>Main Findings</td>
<td>Strengths and Limitation</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>--------------------------------</td>
<td>-------</td>
<td>------------------</td>
<td>-------------------------</td>
<td>---------------------------</td>
<td>--------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Karakurt, G., Smith, D. and Whiting, J. (2014) United States of America</td>
<td>Journal of Family Violence,</td>
<td>Impact of Intimate Partner Violence on Women’s Mental Health.</td>
<td>The aim: to explore self-identified mental health needs of women who are victims of severe IPV; identify common patterns of mental health needs for these women; and to identify groups of women that are similar to each other in terms of their mental health needs</td>
<td>Mixed methodology:  - Observation  - Questionnaires  - Interview</td>
<td>from 35 women from a Midwestern domestic violence shelter</td>
<td>poor psychological functioning and emotional difficulties in women were linked to violence  women were more likely to be diagnosed with severe mental health problems such as “bipolar disorder, kleptomania, depression, anxiety problems, suicidal ideation, PTSD, disassociation, borderline personality disorder, self-esteem problems, sleeping difficulties, nightmares, and grief”. women experienced traumatic stressors such as; flashbacks, nightmares, emotional dysregulation and...</td>
<td>Strength: This study was able to successfully gain deeper understanding of self-identified mental health needs  Limitation: Small sample size  The checklist used for the study was not validated and standardized with previous research  The information collected for this study was done by one interviewer</td>
</tr>
</tbody>
</table>
“fear for one’s safety and a sense of helplessness to control the situation.”
<table>
<thead>
<tr>
<th>Author / Year/ Country of origin</th>
<th>Place of publication (Journal)</th>
<th>Title</th>
<th>Aims of the study</th>
<th>Types of study / Method</th>
<th>Recruitment / Participants</th>
<th>Main Findings</th>
<th>Strengths and Limitation</th>
</tr>
</thead>
</table>
| Silva, P. E., Ludermir, B. A., Lima, C. M., Eichmann, H. S. and Emond, A. (2019) Brazil | Child Abuse and Neglect | Mental health of children exposed to intimate partner violence against their mother: A longitudinal study from Brazil. | To investigate the consequences of exposure to IPV for a child’s mental health | Mixed methodology:  
- Interview  
- Questionnaire  
- Surveys | Participants were pregnant women from the primary health-care clinics of health district. First stage 1120 pregnant women were recruited. Second stage 1057 women. | This longitudinal study from a poor urban sample in a low middle-income country has demonstrated that over half of all women experienced IPV, and at least 60% of their children were exposed to their mother’s IPV in utero and during the first six to nine years of life. Behavioural and mental health problems were more common by children of mothers who lacked education and live on low income. Early exposure to DV and poverty-stricken family environment p. The occurrence of DV caused mother to lack | Strengths: population-based cohort study was based on a longitudinal method which allowed the researchers to follow up on the same women and children.  
The study evaluated the children’s mental health. The study was also able to identify different risks to children's exposure to DV which is an important factor to the understanding age-related risk development of age-specific strategies.  
Limitations: the loss to follow-up, and although the differences between women found and those lost were not statistically significant, this loss probably resulted in an under-estimate of the prevalence and impact of IPV |
<table>
<thead>
<tr>
<th>emotional availability and the ability to provide safety, support, protection and basic care for their children. Findings showed that mothers experienced Posttraumatic Stress Disorder (PTSD), which caused children to internalise and externalise symptoms</th>
<th>Information on IPV was self-reported by women, which probably underestimated the frequency of violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many women had changed their address and many others were working all week and did not want to be interviewed at the weekend. Without interviewing the child, the researchers were not able to ask the child about direct experience of physical abuse or neglect which could have had an important influence on the outcome.</td>
<td></td>
</tr>
<tr>
<td>Author / Year/ Country of origin</td>
<td>Place of publication (Journal)</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>--------------------------------</td>
</tr>
</tbody>
</table>
| Caetano, R., Field, A. C., Ramisetty-Mikler, S. and McGrath, C. (2005) | Journal of Interpersonal Violence, United States of America | The 5-Year Course of Intimate Partner Violence Among White, Black, and Hispanic Couples in the United States | The study aimed to examine the 5-year incidence, prevalence, and recurrence of intimate partner violence (IPV) among White, Black, and Hispanic intact couples in the United States | Mixed methodology  
- Face to face interviews  
- Surveys  
- Questionnaire | Randomly selected 1,925 couples, of which 1,635 completed a face-to-face interview. | Recurrence of IPV are higher for Blacks and Hispanics than for Whites. Compared to Whites, Hispanics are 2.5 times more likely to initiate IPV between baseline and follow-up and Blacks are 3.7 times more likely to report IPV at baseline and follow-up. | Strengths:  
It collected information on IPV from both partners, which enhances the probability of identification of spousal violence.  
Longitudinal design allows for the assessment of incidence, recurrence of violence, and change in severity of violence from moderate to severe and vice versa  
Limitations:  
Follow up of the original participant were not available  
Some of the participant refused to participate |
<p>|    |    |    |    |    |    | the analyses did not consider the frequency of assaults and psychological violence |</p>
<table>
<thead>
<tr>
<th>Author / Year/ Country of origin</th>
<th>Place of publication (Journal)</th>
<th>Title</th>
<th>Aims of the study</th>
<th>Types of study / Method</th>
<th>Recruitment / Participants</th>
<th>Main Findings</th>
<th>Strengths and Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ellison, G. C., Trinitapoli, A. J., Anderson, L. K. and Johnson, R. B. (2007) United States of America</td>
<td>Violence, Violence Against Women, Race/Ethnicity, Religious Involvement, and Domestic</td>
<td>This study aimed to explore the relationship between religious involvement and intimate partner violence</td>
<td>Mixed methodology: • Interview • Questionnaire • Survey</td>
<td>13,017 participants were recruited</td>
<td>African American women were more likely to have higher levels of domestic violence compared to non-Hispanic Whites and Latinos. Religious involvement, specifically church attendance, protects against domestic violence and that this protective effect is stronger for African American men and women and for Latino men—groups that, for a wide variety of reasons, are at high risk for this type of violence. Showed the rate of DV which was 23% for Black, 17% for Hispanic and 12% for</td>
<td>Strength: The use of cross-sectional data from a longitudinal national survey helped the authors collect results from different backgrounds. Limitations: Study only focused on African American churches and how they can help black people. Did not consider how white people are also religious in which churches can also support them. This study was rather more about religion than how domestic violence may impact different races</td>
<td></td>
</tr>
<tr>
<td>White, thus the levels of DV tend to be higher among BME and Hispanic compared to the White race</td>
<td>The study did not consider or explore other ways in which women can get support.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Author / Year/ Country of origin</td>
<td>Place of publication (Journal)</td>
<td>Title</td>
<td>Aims of the study</td>
<td>Types of study / Method</td>
<td>Recruitment / Participants</td>
<td>Main Findings</td>
<td>Strengths and Limitation</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>--------------------------------</td>
<td>-------</td>
<td>-------------------</td>
<td>------------------------</td>
<td>---------------------------</td>
<td>---------------</td>
<td>------------------------</td>
</tr>
</tbody>
</table>
| Koenig, M. A., Saifuddin, A., Hossain, M. B. and Mozumder, A. K. (2003) Bangladesh | Demography | Women's status and domestic violence in rural Bangladesh: Individual- and community-level effects | The aim of the study was to explore the determinants of domestic violence in two rural areas of Bangladesh. | Mixed methodology:  
• Survey  
• Interview | | It has shown that higher education for women is strongly inversely related to domestic violence in both study areas, providing yet another forceful argument for the importance of investing in girls' education in areas where a majority of women remain uneducated. | Strengths: Identified a number of household socioeconomic and life cycle factors that are strongly predictive of the risk of domestic violence  

Limitations: Unable to sort out key issues.  

The study did not explore gender inequality, socioeconomic, crime levels, norms concerning domestic violence and risk behaviours  

Violence measure is its lack of specificity concerning which particular actions constitute physical violence, leaving the... |
<table>
<thead>
<tr>
<th>predictor of domestic violence, with Muslim households characterized by significantly higher risks of violence relative to other (predominantly Hindu) households.</th>
</tr>
</thead>
<tbody>
<tr>
<td>interpretation largely up to the individual respondent.</td>
</tr>
</tbody>
</table>
### Appendix 3: Critical Appraisal and Skills Programme (CASP)

<table>
<thead>
<tr>
<th>Author/s</th>
<th>Clear Aims</th>
<th>Methods appropriate</th>
<th>Appropriate recruitment</th>
<th>Appropriate data collection</th>
<th>Rigor of data analyses</th>
<th>Researher influences considered</th>
<th>Clarity of the findings</th>
<th>Interpretations justified</th>
<th>Transferability</th>
<th>Relevance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pels, T., Barbera van Rooij, F. and Distelbrink, M. (2015)</td>
<td>√</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Reference</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>----</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>

✓ yes criteria fully met  
X no criteria were met  
P criteria statements partially met
### Appendix 4: Search Table

<table>
<thead>
<tr>
<th></th>
<th>Database</th>
<th>Keywords used</th>
<th>Limitations Applied?</th>
<th>Results Yielded</th>
<th>Number of Articles Selected (excluding duplicates)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Sage Journals full text</td>
<td>Intimate Partner Violence AND Parenting</td>
<td>Yes – Academic journals and full text online</td>
<td>9</td>
<td>10,2525 results</td>
</tr>
<tr>
<td>2.</td>
<td>Tandfonline</td>
<td>Intimate Partner Violence AND Parenting</td>
<td>Yes – Academic journals and full text online</td>
<td>57</td>
<td>10,252 results</td>
</tr>
<tr>
<td>3.</td>
<td>Wiley Online Library</td>
<td>Domestic Violence AND Mothers' Representations</td>
<td>Academic journals and full text online</td>
<td>1</td>
<td>33,816 results</td>
</tr>
<tr>
<td>4.</td>
<td>Pro Quest Central</td>
<td>Domestic Violence AND Mother AND Child Relationship</td>
<td>Academic journals and full text online</td>
<td>1</td>
<td>63,739 results</td>
</tr>
<tr>
<td></td>
<td>Database</td>
<td>Search Term</td>
<td>Result Type</td>
<td>Results</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>---------------------------------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Pro Quest Central</td>
<td>Domestic Violence AND Externalising Behaviour</td>
<td>Academic journals and full text online</td>
<td>4,829</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>SAGE Journals</td>
<td>Violence AND Children AND Battered</td>
<td>Academic journals and full text online</td>
<td>18,709</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>ResearchGate</td>
<td>Domestic Violence AND Parenting Battered Women</td>
<td>Google Scholar</td>
<td>2,387</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Pro Quest Central</td>
<td>Intimate Partner Violence AND Parenting Practice</td>
<td>Academic journals and full text online</td>
<td>8,120</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Pro Quest Central</td>
<td>Intimate Partner Violence AND Parenting Practice</td>
<td>Academic journals and full text online</td>
<td>8,120</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Database</td>
<td>Search Term</td>
<td>Source Type</td>
<td>Results</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-------------------</td>
<td>--------------------------------------------------</td>
<td>------------------------------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Pro Quest Central</td>
<td>Children AND Emotional AND Domestic Violence</td>
<td>Academic journals and full text online</td>
<td>1</td>
<td>63,462 results</td>
</tr>
<tr>
<td>11.</td>
<td>Pro Quest Central</td>
<td>Psychological Effects AND Domestic Violence</td>
<td>Academic journals and full text online</td>
<td>1</td>
<td>69,427 results</td>
</tr>
<tr>
<td>12.</td>
<td>Tandfonline</td>
<td>Impact of Domestic Violence on Mothers and Children</td>
<td>Academic journals and full text online</td>
<td>2</td>
<td>48,090 results</td>
</tr>
<tr>
<td>13.</td>
<td>Pro Quest Central</td>
<td>Domestic Violence AND Exposure AND Children</td>
<td>Academic journals and full text online</td>
<td>12</td>
<td>39,226 results</td>
</tr>
<tr>
<td>14.</td>
<td>ResearchGate</td>
<td>Physical Abuse AND Exposure AND Young Adolescents</td>
<td>Google</td>
<td>4</td>
<td>45,123 results</td>
</tr>
<tr>
<td></td>
<td>Database</td>
<td>Search Terms</td>
<td>Result Type</td>
<td>Limit</td>
<td>Results</td>
</tr>
<tr>
<td>---</td>
<td>------------</td>
<td>---------------------------------------------------</td>
<td>------------------------------------</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>15.</td>
<td>SAGE Journals</td>
<td>Intimate Partner Violence and White and Black</td>
<td>Academic journals and full text online</td>
<td>3</td>
<td>16,968</td>
</tr>
<tr>
<td>16.</td>
<td>CINAHL</td>
<td>&quot;Intimate Partner Violence&quot; AND &quot;Mental Health&quot;</td>
<td>Academic journals and full text online</td>
<td>3</td>
<td>18,137</td>
</tr>
<tr>
<td>17.</td>
<td>ResearchGate</td>
<td>Impact of Intimate Partner Violence on Women’s Mental Health</td>
<td>Google</td>
<td>1</td>
<td>14,530</td>
</tr>
<tr>
<td>18.</td>
<td>SAGE Journals</td>
<td>Childhood Abuse AND Intimate Partner Violence</td>
<td>Academic journals and full text online</td>
<td>5</td>
<td>16,977</td>
</tr>
<tr>
<td>19.</td>
<td>ScienceDirect</td>
<td>Children AND Mental Health AND Intimate Partner Violence</td>
<td>Academic journals and full text online</td>
<td>5</td>
<td>27,486</td>
</tr>
<tr>
<td></td>
<td>Database</td>
<td>Search Terms</td>
<td>Article Type</td>
<td>Results</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>----------</td>
<td>--------------</td>
<td>--------------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>SAGE Journals</td>
<td>Race/Ethnicity and Domestic Violence</td>
<td>Academic journals and full text online</td>
<td>2</td>
<td>28,802 results</td>
</tr>
<tr>
<td>21.</td>
<td>Pro Quest Central</td>
<td>Women's Status and Domestic Violence</td>
<td>Academic journals and full text online</td>
<td>1</td>
<td>62,570 results</td>
</tr>
</tbody>
</table>
Appendix 5: Ethics form (RE1)

Research Ethics Checklist

This checklist should be completed for every research project which involves human participants. It is used to identify whether a full application for ethics approval needs to be submitted.

Before completing this form, please refer to the University Code of Practice on Ethical Standards for Research Involving Human Participants. The principal investigator, where the principal investigator is a student the supervisor is responsible for exercising appropriate professional judgment in this review.

This checklist must be completed before potential participants are approached to take part in any research.

Section I: Applicant Details

1. Name of Researcher (applicant):
2. Status (please click to select): Undergraduate Student
3. Email Address:
4a. Contact Address:
4b. Telephone Number:

Section II: Project Details

5. Project Title:

Section III: For Students Only:

6. Course title and module name and number where appropriate
   School/Centre:
7. Supervisor’s or module leader’s name:
8. Email address:
9. Telephone extension:

Declaration by Researcher (Please tick the appropriate boxes)

☐ I have read the University’s Code of Practice
☐ The topic merits further research
☐ I have the skills to carry out the research
☐ The participant information sheet, if needed, is appropriate
☐ The procedures for recruitment and obtaining informed consent, if needed, are appropriate
☐ The research is exempt from further ethics review according to current University guidelines
| Comments from Researcher, and/or from Supervisor if Researcher is Undergraduate or Taught Postgraduate student: |
Section IV: Research Checklist

Please answer each question by ticking the appropriate box

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Will the study involve participants who are particularly vulnerable or who may be unable to give informed consent (e.g. children, people with learning disabilities, emotional difficulties, problems with understanding and/or communication, your own students)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Will the study require the co-operation of a gatekeeper for initial access to the groups or individuals to be recruited (e.g. students at school, members of self-help group, residents of nursing home)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Will deception be necessary; i.e. will participants take part without knowing the true purpose of the study or without their knowledge/consent at the time (e.g. covert observation of people in non-public places)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Will the study involve discussion of topics which the participants may find sensitive (e.g. sexual activity, own drug use)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Will drugs, placebos or other substances (e.g. food substances, alcohol, nicotine, vitamins) be administered to or ingested by participants or will the study involve invasive, intrusive or potentially harmful procedures of any kind?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Will blood or tissues samples be obtained from participants?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Will pain or more than mild discomfort be likely to result from the study?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Could the study induce psychological stress or anxiety or cause harm or negative consequences beyond the risks encountered in normal life?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Will the study involve prolonged or repetitive testing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Will financial inducements (other than reasonable expenses and compensation for time) be offered to participants?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Will participants’ right to withdraw from the study at any time be withheld or not made explicit?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Will participants’ anonymity be compromised or their right to anonymity be withheld or information they give be identifiable as theirs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Might permission for the study need to be sought from the researcher’s or from participants’ employer?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Will the study involve recruitment of patients or staff through the NHS?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If ALL items in the Declaration are ticked AND if you have answered NO to ALL questions in Section IV, send the completed and signed (in ‘Declaration’) RE1 to your School/Centre Research Ethics Officer for information. You may proceed with the research but should follow any subsequent guidance or requests from the School/Centre Research Ethics Officer or your supervisor/module leader where
appropriate. Undergraduate and taught postgraduate students should retain a copy of this form and submit it with their research report or dissertation (bound in at the beginning). MPhil/PhD students should submit a copy to the Board of Studies for Research Degrees with their application for Registration (R1). **Work which is submitted without the appropriate ethics form will be returned unassessed.**

If ANY of the items in the Declaration are not ticked AND / OR if you have answered YES to ANY of the questions in **Section IV**, you will need to describe more fully in Section V of the form below how you plan to deal with the ethical issues raised by your research. **This does not mean that you cannot do the research, only that your proposal will need to be approved by the School/Centre Research Ethics Officer or School/Centre Research Ethics Committee or Sub-committee.** When submitting the form as described in the above paragraph you should substitute the original Section V with the version authorized by the School/Centre Research Ethics officer.

If you answered YES to **question 14**, you will also have to submit an application to the appropriate external health authority ethics committee, after you have received approval from the School/Centre Research Ethics Officer/Committee and, where appropriate, the University Research Ethics Committee.
Section V: Addressing Ethical Problems

If you have answered YES to any of questions 1-13 please complete below and submit the form to your School/Centre Research Ethics Officer.

<table>
<thead>
<tr>
<th>Project Title</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Principal Investigator/Researcher/Student</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Supervisor</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Summary of issues and action to be taken to address the ethics problem(s)</th>
</tr>
</thead>
</table>

Declaration

I understand that it is my responsibility to follow the University’s Code of Practice on Ethical Standards and any relevant academic or professional guidelines in the conduct of my project/study. **This includes providing appropriate information sheets and consent forms and ensuring confidentiality in the storage and use of data.** If there is any significant change to the design or conduct of my project/study I will **immediately** notify the School/Centre Research Ethics Officer and I understand that this may require me to submit a new application for ethics approval.

Signed: ____________________________ Principal Investigator/Researcher

Approved: __________________________ DoS / Module Leader

Date: ________________________________

For use by School/Centre Research Ethics Officer:

- No ethical problems are raised by this proposed study on record

- Appropriate action taken to maintain ethical standards

- The research protocol should be revised to eliminate the ethical concerns or reduce them to an acceptable level, using the attached suggestions

- Please submit School/Centre Application for Ethics Approval (Form RE2(D))

- Please submit University Application for Ethics Approval (Form RE2(U))
Research Ethics: Sample Consent Form

Full title of Project:

Name, position and contact address of Researcher:

Please Initial Box

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason.

3. I agree to take part in the above study.

Note for researchers:
Include the following statements if appropriate, or delete from your consent form:

4. I agree to the interview / focus group / consultation being audio recorded.

5. I agree to the interview / focus group / consultation being video recorded.

6. I agree to the use of anonymised quotes in publications.

_________________________  ____________________  ____________________
Name of Participant        Date                   Signature

_________________________  ____________________  ____________________
Name of Researcher         Date                   Signature
Appendix 6: Type of exposure to domestic violence

**Appendix 7:** The type of abuse and prevalence of children's exposure to domestic violence

![Bar chart showing prevalence of abuse](chart.png)


---

### Table 1: Children's Exposure to Violence in the Past Year: Percentage Victimized, by Child's Age, 2014

<table>
<thead>
<tr>
<th>Type of Victimization</th>
<th>0-1</th>
<th>2-5</th>
<th>6-9</th>
<th>10-13</th>
<th>14-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical assault</td>
<td>11</td>
<td>42</td>
<td>41</td>
<td>32</td>
<td>25</td>
</tr>
<tr>
<td>Sexual victimization</td>
<td>11</td>
<td>1</td>
<td>6</td>
<td>13</td>
<td>23</td>
</tr>
<tr>
<td>Harassment</td>
<td>13</td>
<td>1</td>
<td>14</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>Witness violence</td>
<td>19</td>
<td>19</td>
<td>15</td>
<td>31</td>
<td>39</td>
</tr>
</tbody>
</table>