

**Experiences in Adult Relationships after Nonsexual Child Maltreatment: A Systematic
Scoping Review of Qualitative Studies**

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Note on the Cochrane Review Guidelines: Given the scope of this review focuses on qualitative research and does not involve randomization or administration of an intervention in the included studies, the applicable mandatory Cochrane Review guidelines were met.

Abstract

Purpose. Child maltreatment (CM) is a serious public health problem that can have severe repercussions, including negatively affecting the interpersonal functioning of those impacted. Throughout development, individuals with CM histories have been found to be at greater risk of difficulties in their relationships and having less social support than non-maltreated individuals. CM has also been found to show intergenerational continuity. The current scoping review aimed to synthesize the qualitative literature on the relationship experiences of individuals with nonsexual CM histories, to better understand their relationships with their partners, children, extended family and friends. Understanding these experiences may inform the contexts under which unhealthy social environments are formed, potentially leading to intergenerational continuity of CM. **Method.** PsycINFO, MEDLINE, and Web of Science were searched. Peer-reviewed studies with qualitative results on the relationship experiences of adults with nonsexual CM histories were included. Studies with samples of CSA survivors only were excluded, as well as reviews, books/book chapters, or theses/dissertations, and studies written in a language other than English or French. **Results.** A total of 42 articles were included and explored participants' experiences in their relationships with their parents, partners, and children, their general relationship functioning, and their social support. **Conclusions.** This literature summarizes the positive and negative adult relationship experiences of individuals with nonsexual CM histories with their immediate family and partners and highlights their lack of social support. Findings underscore the impacts of nonsexual CM on interpersonal functioning in adulthood and are discussed in light of attachment theory.

Keywords: child maltreatment, adult relationships, intergenerational continuity, attachment theory, qualitative research

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Child maltreatment (CM) is a major public health concern, with an estimated 1 billion children under the age of 18 experiencing past-year CM worldwide (Hillis et al., 2016; Knaul et al., 2020). CM has been found to negatively impact victims' health and social functioning (e.g., Knaul et al., 2020) and to recur in families, indicating an intergenerational cycle (e.g., Langevin et al., 2021). A better understanding of the experiences of individuals with CM histories in their adult relationships with their family of origin, intimate partner, children, and support network more generally may provide insight into how CM experiences impact relational functioning and how the intergenerational cycle of CM is maintained or disrupted.

Relationships in Infancy and Childhood and CM

In attachment theory (Bowlby, 1988), the way a parent responds to their infant's emotions has implications for the development of their emotion regulation skills and social functioning. Children rely on their caregiver to fulfill their needs for protection and nurturance, but for maltreated children, these needs are often left unmet, which may lead them to internalize beliefs about themselves as unworthy and their caregiver as unreliable (Bowlby, 1973). These beliefs become internal working models that guide their behaviour in other social contexts (i.e., with friends, romantic partners, and their children; Hazan & Shaver, 1987). As observed in the Strange Situation Paradigm developed by Ainsworth et al. (1978), a responsive caregiver tends to foster a secure attachment in their child. An unresponsive caregiver is more likely to have an insecure-avoidantly attached child, who avoids the caregiver and attempts to self-regulate. Caregivers who respond irregularly may have children who develop an insecure-anxious attachment style, marked by seeking out the caregiver, then becoming inconsolable. Moreover, children may develop a

disorganized attachment with a disjointed mix of behaviours towards their caregiver, and this is thought to stem from trauma or abuse (e.g., Carlson et al., 1989).

Parent-child interactions can therefore negatively impact the child's developing attachment security, and these impacts on attachment may explain how CM experiences can lead to difficulties in relationships later in life. The impacts of CM on attachment security and parenting have been found for both those with histories of nonsexual (i.e., physical abuse, emotional abuse, neglect, exposure to intimate partner violence [IPV]) and CSA and likely play a role in the intergenerational continuity of CM (Noll et al., 2017). Specifically, the attachment orientations of mothers with CM histories were found to be associated with greater difficulty offering healthy parenting and greater risk of family violence (e.g., Sutton, 2019). However, there may be differences in how CM subtypes impact relationships. All CM subtypes have shown associations with children's difficulties with peers, but CM involving violence in the home, such as physical abuse and exposure to IPV, seem to follow a pathway through anger and aggression, indicating a unique developmental trajectory (Cooley & Tausig, 2022). Perpetrator identity was also found to vary across CM subtypes, with parents representing 72-92% for non-sexual CM types and 37% for CSA (Hurren et al., 2018), suggesting unique home environments for each CM type.

Adolescent and Adult Relationships and CM

Early life attachment can determine adolescent and adult attachment security (e.g., Hazan & Shaver, 1987). Hazan & Shaver (1987) found the same prevalence for the attachment styles identified by Ainsworth (1978) in adults and that these styles aligned with the adults working models of relationships, their experiences with their parents, and their current experiences of romantic love. Securely attached participants reported romantic relationships marked by trust and friendship, while those with an anxious/ambivalent attachment reported more jealousy, difficulty

trusting, and obsessive behaviour toward their partner and those with an avoidant attachment reported fear of closeness. Given the impairments to their internal working models of attachment in early life, individuals with any CM history have been found to be at-risk of poor-quality adult relationships and lower levels of social support (e.g., Sperry & Widom, 2013). In one study, child physical and sexual abuse and neglect were associated with poorer competence in romantic relationships (i.e., ineffective engagement, lack of support, and low satisfaction) and greater perpetration of relational violence (Labella et al., 2018). Differences in the impacts of CM subtypes on adult relationships have also been observed, such as in risky sexual behaviour (for CSA, neglect, and emotional CM), relational conflict (for CSA and physical abuse), and greater companionship (for CSA; Fitzgerald, 2021; Thompson et al., 2017).

Given the unique impacts of different CM subtypes, it is important to expand research beyond the experiences of CSA survivors, and to explore the relationship experiences of those with nonsexual CM histories, which can inform interventions targeted to those with differing CM histories. In the past, the CM literature has focused largely on the outcomes of CSA survivors, neglecting other forms of CM, even though they are also prominent and harmful and may have unique impacts on adjustment. There have been several recent reviews of the qualitative literature on the adult relationships of CSA survivors (e.g., Fatehi et al., 2021; Nielsen et al., 2018; Weetman et al., 2021) but, to our knowledge, there are no reviews focusing on the adult relationship experiences of individuals with nonsexual CM histories', despite the evidence demonstrating they have different implications. While CM subtypes often co-occur, understanding the unique contribution of nonsexual CM history to the social developmental consequences that individuals with CM histories experience will complement the existing literature on CSA and relationship quality and may inform assessment and intervention for individuals with differing CM profiles.

The State of the Literature on CM and Experiences in Relationships

Scoping reviews by Fatehi et al. (2021), Nielsen et al. (2018), and Weetman et al. (2021) highlight the challenges that CSA survivors have in their adult intimate relationships and with parenting. Specifically, Fatehi et al. (2021) translated the results of their scoping review of the qualitative and quantitative research on CSA history and parenting outcomes, and particularly the gaps in the literature, to build a theoretical framework of how a history of CSA influences parenting outcomes. They state that this relationship is mediated by parental mental health, and moderated by parent's age at the time of CSA, parent's gender and social roles/stereotypes, the quality of the relationship between parents, the child's gender and age, CSA severity, and relationship with the perpetrator. In Nielsen et al. (2018), the authors reviewed the quantitative and qualitative literature on the role that CSA experiences play in adult intimate relationships and highlighted three categories of challenges, notably decreased relationship satisfaction, decreased sexual satisfaction, and communication and trust. In Weetman et al. (2021), a qualitative scoping review on the experience of partner relationships for adult males with CSA history, themes emerged relating to difficulties with sexual and emotional intimacy, navigating agency and assertiveness in relationships, and healing from trauma. These findings give voice to CSA survivors and provide insights into both their relational difficulties and strengths.

Exploring these questions in individuals with nonsexual CM histories can provide further insight into whether these strengths and difficulties are similarly experienced, and the prevention and intervention services needed by each group. It is evident in the results of the scoping reviews by Nielsen et al. (2018) and Weetman et al. (2021) that this literature has been largely focused on parenting and intimate relationships. While these relationships may have been the focus given that intimate and parenting relationships can directly impact CM continuity, other relationships such

as those with friends and extended family can be important sources of support that increase resources to cope (e.g., Schelbe et al., 2017). A review exploring all adult relationship experiences in this population is thus warranted.

While quantitative research is necessary to quantify relationships among variables, qualitative research is necessary to understand with more depth how and why these relationships occur (Creswell & Plano Clark, 2018). Qualitative and mixed-method research has explored the meaning individuals with CM histories ascribe to their CM experiences and how these impact their current relationships. As mentioned previously, to date, scoping reviews of the qualitative literature have focused on the experiences of CSA survivors. The current scoping review fills this gap by reviewing the qualitative literature on the adult relationships of individuals with nonsexual CM histories. The open-ended nature of qualitative methods allows participants to share their understanding of their experiences and the meaning they attribute to it, which provides insight into their values and their social context but can also highlight the nuances in their experiences that would be impossible to identify quantitatively (Merriam & Grenier, 2019).

The Current Systematic Scoping Review

While CM can have negative implications for relational functioning, attachment security, and may lead to the recreation of harmful environments for the children of individuals with CM histories, understanding their experiences in adult relationships may shed light on the underlying processes. The objective of this scoping review is to synthesize and assess the qualitative literature on the experiences in adult relationships of individuals with nonsexual CM histories. A systematic scoping review was chosen to determine the depth and breadth of coverage of the literature published on this topic, and to provide an overview of the patterns that emerge. Scoping reviews aim to inform where future reviews may be needed and to identify limitations and gaps in the

current literature that future empirical research can address (Munn et al., 2018). The key themes identified will be interpreted in the broader context of attachment theory and the intergenerational continuity of CM. Understanding the adult relationships of individuals with nonsexual CM histories has implications for not only the well-being of these individuals but also their ability to offer healthy parenting to their children and to disrupt the intergenerational cycle of CM. Moreover, considering the important role of early life attachment security on the development of adult social functioning and how it can be impacted by CM, it is expected that the qualitative findings identified in this review will uncover the attachment-related processes that underlie the relationship experiences of individuals with nonsexual CM histories.

Method

The five-stage framework suggested by Arksey and O'Malley (2005) was used: 1) identifying the research question, 2) identifying relevant studies, 3) study selection, 4) charting the data, 5) summarizing and reporting the results.

Article Search and Selection

A search strategy was constructed in collaboration with a librarian, involving a search of relevant subject headings and keywords in PsycINFO (Ovid; 1806 - present), MEDLINE (Ovid; 1946 - present), and Web of Science Core Collection. Search terms were combined and included terms such as child abuse, family conflict, family relations, intergenerational relations, parenting style, couples, and marital relations (see Appendix for the full search strategy). Searches were saved in the databases and articles were downloaded to Endnote and then uploaded to Rayyan, which is an online screening tool which allows collaborators to independently rate article abstracts and titles and highlights discrepancies between raters that need to be discussed further (Ouzzani, 2016). Two raters conducted the title/abstract screening, and disagreements were to be resolved in

discussion with a third author. The PsycINFO search and MEDLINE searches were conducted on May 12th 2021 and the Web of Science search was conducted on May 26th 2021.

Inclusion and Exclusion Criteria

Studies were included if they were peer-reviewed studies or conference proceedings reporting qualitative findings on the personal relationship experiences of adults (aged 18 years of age or older) who reported undergoing nonsexual CM histories. Qualitative findings included those from interpretive, phenomenology, ethnography, grounded theory, narrative inquiry, arts-based research, qualitative action research, and mixed methods. In mixed-methods studies, only qualitative results were extracted (Merriam & Grenier, 2019). Nonsexual CM includes physical abuse, emotional maltreatment (i.e., emotional or psychological abuse, emotional neglect), physical neglect, and exposure to IPV. Studies focusing solely on the experiences of victims of CSA were excluded ($n = 7$), as were studies that did not provide sufficient information regarding CM types to differentiate individuals with experiences of sexual and nonsexual CM ($n = 14$). If articles differentiated between sexual and nonsexual CM, only results pertaining to nonsexual CM were included in the review. Records were excluded if they were other reviews, books/book chapters, or non-peer reviewed literature such as theses/dissertations ($n = 12$). Studies written in a language other than English or French were excluded ($n = 7$). There are no limitations concerning where or when the study was conducted. See Figure 1 for PRISMA flow diagram.

Definitions

The World Health Organization's definitions for CM and its subtypes were used (see Cyr et al., 2013). The definition of child exposure to IPV determined by the Centers for Disease Control and Prevention (2015) was used, defining it as exposure to an adult experiencing "physical violence, sexual violence, stalking, or psychological harm by a current or former partner or

spouse”. Adult relationships were defined as experiences in personal relationships in adulthood, i.e., the relationship with one’s parents/primary caregivers, children, siblings, romantic partners, grandparents, other extended family, and friends. Professional relationships and those with service providers were not included (e.g., work supervisors, teachers, therapists).

Data Extraction

Data were extracted from each full-text article to provide a description of the qualitative methods implemented and the main results, such as the study aims/objectives, the qualitative methodology, sample characteristics, data collection/analysis methods, and the relevant findings.

Assessment of Methodological Quality

The Critical Appraisal Skills Programme (CASP; 2018) was used to appraise the strengths and limitations of the included studies. Items assessed appropriateness and rigor of the method, research design, recruitment, data collection, and data analysis. The tool also examined ethical considerations including biases in the relationship between researchers and participants. Each item was rated as having been fully met (1-point), partially met or unclear (0.5-points) and not at all met (0-points). Overall quality ratings were indicated by a qualitative label of High (9-10), Moderate (7.5-8.5) and Low (< 7). Two researchers conducted the quality assessment and discrepancies were discussed until 100% agreement was obtained.

Results

The initial search yielded 11,773 records. After duplicates were removed, there were 11,135 records to screen for eligibility. After applying the inclusion/exclusion criteria, title and abstract screening excluded 11,031 records. Of the remaining 104 records, four full-text articles could not be retrieved. The full-text assessment of the 100 remaining articles led to the exclusion of 58 articles. The final sample included 42 articles. See Figure 1 for the PRISMA flow diagram.

Quality Assessment and Summary of Study Methods

Nine of the 42 studies were rated as having high methodological quality, 22 moderate, and 11 low. Articles typically received a moderate or low rating because they lacked adequate consideration to the relationship between the researcher and the participant ($n = 28$), provided limited to no discussion on ethical considerations ($n = 15$), or provided few details on their data analysis procedures and rigor ($n = 18$). Many, but not all, articles described a specific qualitative approach, including phenomenology ($n = 10$), grounded theory ($n = 12$), ethnography ($n = 1$), mixed methods ($n = 4$), and case study ($n = 1$). Articles that specified their data analysis method implemented thematic analysis ($n = 12$), the constant comparative method (grounded theory; $n = 12$), descriptive/qualitative content analysis ($n = 6$), stepwise analysis of narratives ($n = 1$), a hybrid of inductive and deductive coding ($n = 1$), or the strategic social type qualitative approach ($n = 1$). Articles that specified a particular lens for interpreting their findings used attachment theory ($n = 6$), social-ecological theory ($n = 2$), feminist theory ($n = 2$), social construction ($n = 1$), life course theory ($n = 1$), strengths-based framework ($n = 1$), and positive deviance ($n = 1$). A summary of the total CASP scores and qualitative methods can be found in Table 1.

Characteristics of the Samples and Experiences in Adult Relationships

Participants in the included studies reported the following nonsexual CM subtypes: physical abuse (most prevalent; $n = 30$), physical neglect/abandonment ($n = 27$), exposure to IPV ($n = 18$), and emotional maltreatment ($n = 14$). Participants were recruited based on clinical characteristics such as: CM history ($n = 16$), IPV victimization/perpetration ($n = 9$), receipt of intervention services ($n = 6$), CM perpetration ($n = 5$), specific ethnic background ($n = 4$), or other ($n = 8$; see Table 1 for more details). Articles explored participants' experiences in specific adult

relationships: with their family-of-origin (n = 22), intimate partner (n = 20), and children (n = 20). Some explored their general relationship functioning (n = 8) and support networks (n = 10).

General Relationship Functioning

Many participants described difficulties maintaining relationships in adulthood due to a lack of trust in others (Bain & Durbach, 2018; DeRobertis, 2004; Dumont & Lessard, 2020; Fozard & Gubi, 2020; Hall, 2011; Tedgard et al., 2018, 2019; Valdez et al., 2013). For instance, in Fozard and Gubi (2020), participants reported feeling defensive in relationships, isolating themselves from others, and finding other people's anger difficult to handle. Similarly, in DeRobertis (2004), participants who experienced psychological maltreatment from their mother also avoided others for fear of being revictimized and had difficulty trusting kindness in others. These participants also tended to dominate others to feel stronger, thus repeating the same behaviour as their mothers did to them. In Bain and Durbach (2018), participants who witnessed IPV reported avoidance of conflict and difficulty engaging with others. One participant stated, "it comes up in the fact that I don't even like confrontation, when someone does something to me personally, I would rather just avoid the person instead of being in conflict with them (p.17)".

Relationships with their Family-of-Origin

In the articles that discussed the participants' relationships with their family-of-origin in adulthood, many participants were no longer in contact with their families, which was sometimes a direct result of the CM (e.g., they were abandoned during childhood/adolescence; Agllias, 2015; Chilton et al., 2014; Dekel et al., 2018; Fozard & Gubi, 2020; Schmitz & Tyler, 2015; 2016) and was sometimes the participants' own decision (e.g., they did not feel a bond with their family or wished to protect themselves from further abuse; Bain & Durbach, 2018; Fozard & Gubi, 2020; Hanks & Rosenbaum, 1977; Meyers, 2016). Other participants reported remaining in or returning

to the abusive family environment because they longed for connection or felt the need to forgive their abusive parent, even though they had to put up with continued abuse/neglect (Agllias, 2015; Bain & Durbach, 2018; Fozard & Gubi, 2020; Laughon et al. 2008; Hanks & Rosenbaum, 1977; Meyers, 2016). Whether or not participants remained in contact with their family-of-origin, several studies reported participants having negative feelings toward their family, such as anger toward their mothers for failing to protect them and feeling as though their family members treated them like outsiders (Agllias, 2015; Bailey & Eisikovits, 2015; Buchanan et al., 2015; Flemke, 2009; Schmitz & Tyler, 2015). In Flemke (2009), one participant said; “[During moments of rage] I think of my mom. They were the same feelings when I was betrayed by my husband. I told her [mom] she did not protect me when I was young. You expect someone to be there (p.133)”. On the other hand, some participants reported idealizing their parents, especially their mother, despite the pain they caused (Dekel et al., 2018; Hanks & Rosenbaum, 1977; Lafortune et al., 2017; Stover & Kahn, 2013). Often this idealization involved viewing their parents as strong people and good providers, and for some, this idealization was short-lived and transitioned into a more realistic image of their parents (Bain & Durbach, 2018; Lafortune et al., 2017). A participant describes this realization stating; “Since you came [the first time], I had flashbacks. [I realized that] it was not so pretty after all. There were no little butterflies in my film, [in fact] there were slaps (Lafortune et al., 2017 p. 206)”.

Intimate Relationships

In several articles, participants described various difficulties in their intimate relationships (Bailey & Eisikovits, 2015; Basile, 2008; Buchbinder & Goldblatt, 2011; Dekel et al., 2019; DeRobertis, 2004; Dumont & Lessard, 2020; Flemke, 2009; Fozard & Gubi, 2020; Frederick & Goddard, 2008; Hanks & Rosenbaum, 1977; Koh et al., 2020; Kulig, 1998; Paixão et al., 2015;

Romito et al., 2003; Tilley & Brackley, 2009; Valdez et al., 2013; Wei & Brackley, 2010; Welland & Ribner, 2010; Worley et al., 2004; Zanoni et al., 2014). Specifically, participants reported violence in their intimate relationships (violence they endured, perpetrated, and sometimes both) and some participants identified a pattern of violence in their relationships that began with their childhood experiences (Bailey & Eisikovits, 2015; Buchbinder & Goldblatt, 2011; DeRobertis, 2004; Frederick & Goddard, 2008; Hanks & Rosenbaum, 1977; Romito et al., 2003; Tilley & Brackley, 2009; Welland & Ribner, 2010; Valdez et al., 2013). In Valdez et al. (2013), participants who experienced child physical abuse reported being desensitized to violence and therefore violence against them by their partner had less of an emotional impact on them. In DeRobertis (2004), participants described expecting to be abused in relationships and even feeling more secure in abusive relationships with men, as one participant mentioned in the following statement; “My relationships with guys were also affected by my abuse. I think it was more subconscious, but I felt more secure in abusive relationships (p.45)”. Some participants described feeling as though they lacked knowledge of how to have a healthy relationship and build intimacy with a partner because they lacked a role model for positive relationships growing up. They also reported feeling that they could not distinguish between a healthy and unhealthy relationship (Bailey & Eisikovits, 2015; Fozard & Gubi, 2020; Valdez et al., 2013). Several articles involved participants reporting insecurity and anxiety in their relationships, and longing for closeness to the point that they would enter relationships very quickly without much consideration or engage in violent behaviours to feel closer to their partner (Buchbinder & Goldblatt, 2011; Flemke et al., 2009; Koh et al., 2020; Valdez et al., 2013).

In addition, some participants reported positive consequences of their experiences of CM on their intimate relationships, such as teaching them to recognize and stay away from abuse, to

understand their needs in a relationship, to openly communicate, and to resolve conflict rather than escalate it (Fozard & Gubi, 2020). In Basile (2008) involving interviews with women who had experienced coercive sex by their intimate partners and who had CM histories, participants expressed learning from the abusive romantic relationship and avoiding such a relationship in the future, however those who were still in the relationship at the time of the interview reported that the abuse did not have a significant impact on them. Similarly, in Worley et al., (2004), which involved interviews of men who perpetrated IPV, participants reported not seeing a connection between their experiences of CM and the domestic abuse and felt that their behaviour did not need to change stating; “It’s fine the way it is, it works for both of us” and “Nothing at all [to change]. I’m happy, I’d like to lose some aggression but I can’t see that happening (p.46)”.

Relationships with their Children

Participants brought up fears of repeating the cycle of CM with their own children and a desire to parent differently (Chilton et al., 2014; Dekel et al., 2018; Dumont & Lessard, 2020; Fleckman et al., 2018; Gee et al., 2021; Hall, 2011; McWey et al., 2013; Mohaupt et al., 2021; Murphy et al., 2010; Schmitz & Tyler, 2016; Stover & Kahn, 2013; Tedgard et al., 2018, 2019; Yoo & Abiera, 2020; Zanoni et al., 2014). Participants discussed the long-term impacts that CM had on their lives and their relationships and explained that they do not wish this for their children (e.g., Chilton et al., 2014; Dumont & Lessard, 2020; Schmitz & Tyler, 2016). Conversely, in a handful of studies, participants reported wanting to parent like their caregivers even though they experienced CM themselves (Kulig, 1998; McWey et al., 2013; Taylor et al., 2011; Worley et al., 2004). In the studies in which participants feared repeating the behaviours of their parents, many of the parents also reported reflection on their experiences and experiencing difficulties with parenting. In Tedgard et al. (2018), the participants described several challenges to parenting, such

as high stress, difficulty managing their emotions related to their children, and difficulty being separated from their children. In Flemke (2009), participants described experiencing uncontrollable rage when they or their children are threatened, and that it often results in acts of violence against others.

When I'm mad at a man I think of the time my mom abused me. When she abused me I felt bad. I want to fight when I'm mad. When I was stabbing him [ex- boyfriend] I was really angry at my mom because she was standing there and not jumping in to help me. The rage I feel about other people is really rage towards my mom. I've been abused all my life (p.133).

In Mohaupt et al. (2021), fathers reported difficulty being caring because they felt that they did not have any lived experience of being cared for. Similarly, in a study of parents incarcerated for child homicide, several participants explained that they lacked knowledge of what a parent should be and reported difficulty bonding with their children (Dekel et al., 2018). On the contrary, in two studies in which participants were charged with or facing allegations of CM, the parents reported viewing their own parenting as healthy and lacking an understanding of why others believed their parenting was harmful (Worley et al., 2004; Yoo & Abiera, 2020).

Social Support in Adulthood

Several studies touched on the notion of social support, especially for parents and for individuals experiencing violence in the context of an intimate relationship (n = 10; Bain & Durbach, 2018; Chilton et al., 2014; Dekel et al., 2018, 2019; Gee et al., 2021; Hall, 2011; Hanks & Rosenbaum, 1977; Murphy et al., 2010; Schmitz & Tyler, 2015; Yoo & Abiera, 2020). Due to their relationship difficulties, participants often discussed lacking social supports in adulthood. In Hall (2011), participants said that while social support was directly related to their parenting

quality, they faced challenges in getting close to others, stating they felt “all closed off” and “disconnected”, especially when sharing their difficult experiences with friends (p.34). Other participants described feeling unable to rely on others with childcare (Tedgard et al., 2019), and lacking the social resources that other people might benefit from in times of financial struggle or crisis (Chilton et al., 2014). In Dekel et al. (2018; 2019), participants expressed a lack of support which left them feeling overwhelmed and isolated prior to committing homicide against their children, and some turned to their parents for help before the crime but were turned away. In a handful of studies, participants mentioned the presence of social support that served as a buffer for some of the harmful effects of CM and other childhood trauma on their relationships in adulthood and their parenting (Bain & Durbach, 2018; Gee et al., 2021). In Bain and Durbach (2018), participants were able to rely on attachment substitutes in childhood and adulthood, like close friends and other family members, to repair their negative beliefs about relationships. In Gee et al. (2021), participants described relying on community elders to help them teach their children about their culture and ultimately foster strength in them and their community.

Discussion

The goal of the current scoping review was to synthesize and assess the qualitative literature on the adult relationship experiences of individuals with nonsexual CM histories. The review of 42 qualitative studies revealed participants’ perceptions of their general relationship functioning, and their relationship experiences with their family-of-origin, intimate partners, and children. Participants described diverse experiences in these relationships, which likely reflect their attachment orientation, notably anxious attachment or hyperactivation for those who described idealizing their parents and seeking connection while enduring further abuse, and avoidant attachment or deactivation for those who became socially isolated from their families and

others. This is in line with the research that suggests that internal working models of attachment which develop in childhood drive children's social behaviour and lead them to adopt insecure attachment orientations and related strategies of hyperactivation/deactivation in adulthood, especially following CM (Bowlby, 1988; Hazan & Shaver, 1987). Also, some participants described both idealizing their parents and feeling anger or resentment toward them, which may reflect a disorganized attachment, or high levels of both deactivation and hyperactivation. The insecurity/disorganization they described in their relationships with their family-of-origin may also reflect how they feel in their intimate relationships, as some participants reported violent interactions and anxiety with their intimate partners but also a strong longing for closeness with them. Without opportunities to re-evaluate their working models of relationships, participants may have held onto the attachment insecurity established in childhood, which initially allowed them to adapt to their early unsafe environment through self-protection, hypervigilance, avoidance, and/or distrust, but that, in adulthood, contributes to their impaired relational functioning and parenting difficulties. These attachment difficulties for adults with CM histories are illustrated by the intergenerational continuity of CM, as the literature has shown that due to their own experiences of CM, maltreated parents struggle to create safe and nurturing environments for their children, who, as a result, tend to be at a greater risk of CM themselves (e.g., Langevin et al., 2021; Noll et al., 2017).

In several studies, participants discussed social support networks, including an absence of such networks. This lack of support seemed to be a consequence of the disconnection with their family-of-origin or from the difficulty that many participants had with building healthy relationships in adulthood. The lack of support often contributed to participants' feelings of distrust towards others and negatively impacted their relational functioning, in some cases leading to

violence in their relationships (e.g., Dekel et al., 2018, 2019; Schmitz & Tyler, 2015). The findings are consistent with literature showing that those with CM histories report less social support and that their level of social support moderates their mental health (Sperry & Widom, 2013).

In this review, in the few cases where participants discussed profiting from support systems, they reported social, emotional, and cultural benefits from these supports (e.g., reconnecting with their culture, renewed self-confidence, positive beliefs about relationships) and described these supports as helping them offer healthier parenting (Bain & Durbach, 2018; Gee et al., 2021). These and other benefits have been highlighted in the literature on social support following CM, as perceived social support has been identified as a protective factor preventing the development of trauma symptoms and other mental health problems in this population and for preventing CM continuity (e.g., Wright & Folger, 2017). However, perceptions of social support may not match actual available social support or its quality. The samples described perceiving a lack of social support, but also described avoidance of relationships and difficulty opening up to others, notable deactivation strategies. Their difficulties relying on available supports and the quality of the support available may limit the beneficial impacts of social support for individuals with CM histories, especially considering that those with a history of CM may have family members who offer both support and abuse (Wright & Folger, 2017). Those with CM histories are more likely to have mental health struggles that limit their capacity to seek support. Such mental health factors (e.g., anger, depression) mediate the impacts of CM on relationships, highlighting the need for research in this area (Fitzgerald, 2021).

Strengths and Limitations

The qualitative nature of this body of literature is beneficial for developing an understanding of the lived relationship experiences of individuals with CM histories, as it provides

participants with greater freedom to describe how they make meaning out of these experiences (Merriam & Grenier, 2019). Qualitative research can also capture the nuances in the experiences of individuals of CM histories in their different adult relationships, which could not be captured in quantitative research. For instance, the ambivalence that participants reported feeling for their parents cannot be captured in close-ended surveys, nor could the details of their efforts to improve their situation but also their lack of knowledge how. In addition, parents who experience difficulties with their parenting practices may not report them in a questionnaire as they may feel fearful of sharing this information, or the questionnaire may not fully capture the kinds of difficulties they are experiencing. In qualitative research participants have a chance to build a relationship with the interviewer and are able to share the complexities of their experiences, which may give them more confidence to share. Another strength is the diversity of the samples in the included studies, which provides insight into adult relationship experiences across a broad population with diverse cultures, ethnicities, and socio-economic statuses.

The current findings are not without limitations. Many studies involved samples in the process of or who recently received therapeutic/supportive services for a variety of reasons (i.e., for victims/perpetrators of IPV or CM, other supportive services; see Table 1). Therapeutic guidance may have played a role in the insights and experiences reported. Another limitation of the review is that some articles had to be excluded because it was not possible to differentiate the relationship experiences of individuals who experienced sexual vs. nonsexual abuse. The experiences of participants with a history of nonsexual CM in excluded studies may have been different from those included here. Participants in the included studies may not have disclosed experiences of CSA in their interviews, and this may have influenced whether these results reflect the experiences of individuals who experienced solely nonsexual CM. Also, most of the included

studies received a quality rating of moderate or low, and this was often due to a lack of clarity regarding the authors' considerations to rigor and epistemological assumptions underlying the inquiry. It is therefore difficult to assure that all of the included studies presented reliable and trustworthy findings and highlights the need for increased methodological transparency in qualitative research (Merriam & Grenier, 2019). Finally, excluding grey literature may limit the findings, but inclusion of only peer-reviewed articles ensures their quality.

Implications

The included studies focused on participants' relationships with their family-of-origin (often their parents), intimate partners, and children, with some discussion of general relationship functioning and social support. The articles rarely discussed relationships with friends or extended family and, if discussed, it was in relation to participants' childhood experiences (see Meyers, 2016; Schmitz & Tyler, 2015; Wuest et al., 2010). Adult friendships were also rarely discussed, with only one study mentioning participants' reliance on close adult friendships as attachment substitutes (Bain & Durbach, 2018). Adult relationships with extended family and friends may not have been the focus in these studies because researchers may have underestimated their value and potential benefits. Future research should explore these adult relationships further, as this may provide insight into whether they are maintained in adulthood, and the role they play in alleviating the isolation of individuals with CM histories and fostering healthier beliefs about relationships.

The findings of this review have important similarities and differences with the findings of scoping reviews on CSA (i.e., Nielsen et al., 2018; Weetman et al., 2021). Firstly, individuals with nonsexual CM histories report both positive and negative relationship experiences relating to their CM. Participants reported learning from their experiences, but also lacking necessary parenting and/or social skills to maintain healthy relationships in adulthood. One major difference is that

there seems to be more of a focus on difficulties with intimacy and sexuality in reviews on individuals with CSA histories. There also seems to be more of a misunderstanding of how their parenting is unhealthy among parents who experienced nonsexual CM and are replicating the practices of their parents. This may be because sexual acts with children are taboo in most cultures as compared to neglect or physical/emotional maltreatment while these other forms of CM are not always considered as abusive. As the articles came from more than 13 countries and definitions of CM vary across cultures, the perceived consequences of CM likely varied across samples. The findings should therefore be considered in light of cultural differences in the definition of CM.

Given these findings, adults with nonsexual CM histories need more social support than is currently available to them, particularly for those who are parents and struggling to implement healthy parenting practices. This finding has multiple implications for clinical practice, including underscoring the importance of screening for CM and highlighting the need to offer support groups for this population, which could encourage them to share their experiences of CM and parenting with others with similar experiences of adversity (Hall, 2011). The findings also suggest that it may be beneficial for mental health professionals to explore their client's adult relationships, other than those with their parents, children, and partners, as these may present opportunities for support that may not have been considered. Attachment-based interventions, such as Interpersonal Psychotherapy (IPT; Weissman, 2020), aimed at improving clients' relational functioning, may be useful for this population, as well as interventions effective for the treatment of trauma symptoms (e.g., trauma-focused cognitive behavioural therapy, dialectical behaviour therapy; Melton et al., 2020). Pairing such interventions with skills training on healthy relational/parenting practices and support building a social network may provide these clients an opportunity to change their circumstances and prevent further CM in their families.

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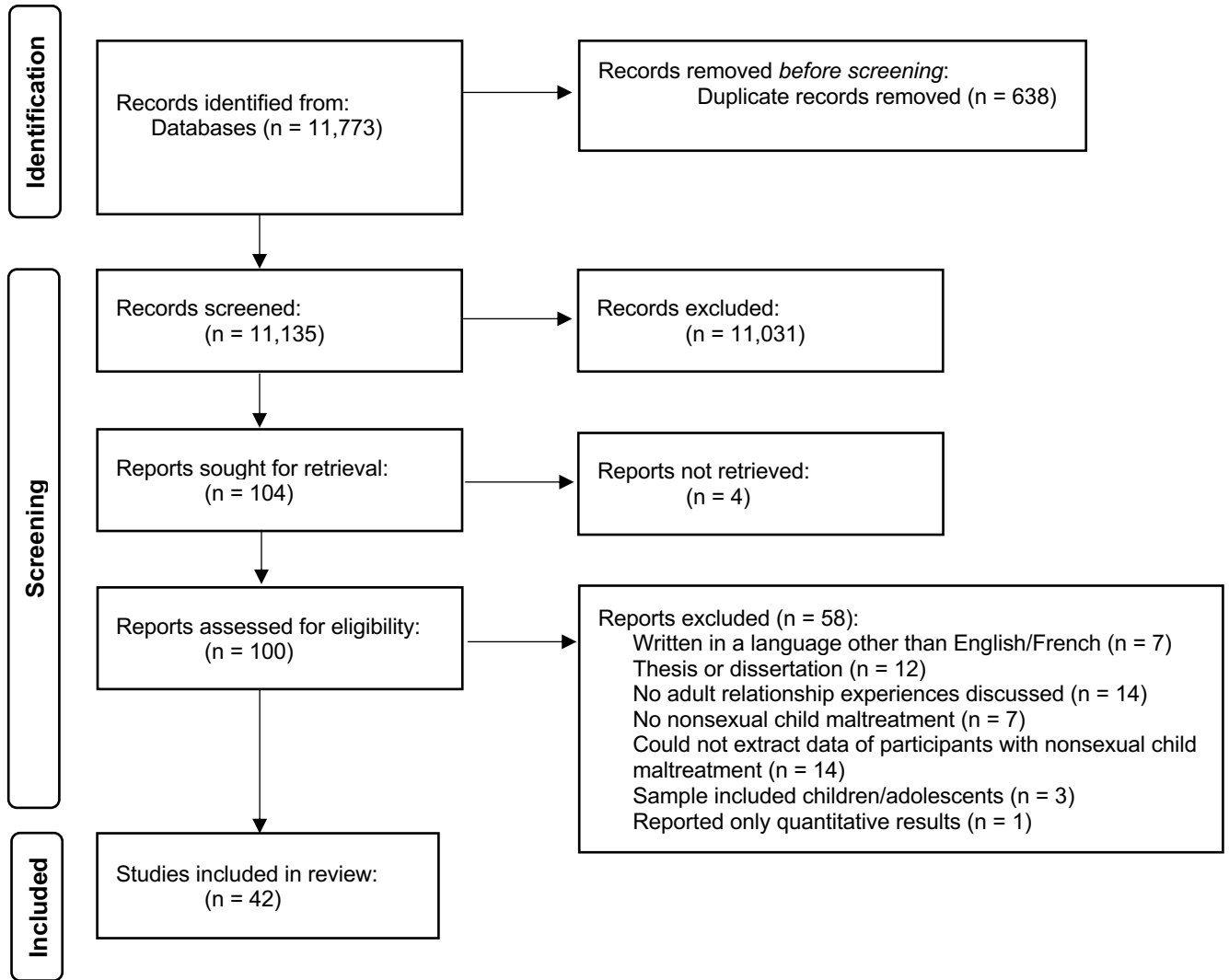


Figure 1. PRISMA flow diagram demonstrating identification and screening process

Table 1.

Study characteristics

Author, year, Quality rating (CASP)	Study aims	Sample, age and gender	Data collection	Data analysis and qualitative methodology	Types of CM	Adult relationships discussed	Main relevant themes
Agllias 2015 CASP: Moderate	To examine the experiences of adult children estranged from a parent	20 women, 6 men, aged 30 to 55 ($M_{age} = 44$), estranged from a parent	In-depth, semi-structured interviews	Interpretive phenomenological analysis	Physical, sexual, and emotional abuse	With parents	-Estrangement due to abuse, poor parenting, and betrayal.
Bailey & Eisikovits 2015 CASP: Moderate	To explore the experiences of women who were violent with their male partner	30 women, aged 26 to 30, involved in IPV	In-depth, semi-structured interviews	Thematic analysis, phenomenology/ social construction	Emotional and physical abuse and neglect	With parents, intimate partners	-The maltreatment and lack of support from family led them to be isolated and have relationship difficulties (i.e., poor choices in relationships, taking out anger on partner, clinging to partner) -Lack knowledge of building/maintaining healthy relationships
Bain & Durbach 2018 CASP: Moderate	To examine resilience in young adults exposed to IPV	6 women, aged 20 to 25, exposed to IPV during childhood	Adult attachment interview, follow-up interview	Interpretive thematic analysis, with attachment theory lens	Exposure to IPV	With parents	-Idealization of parents, with a shift over time for some -Difficulty with conflict and withdrawal from family and friends, distancing from parents and painful memories -Fear of repeating the cycle of maltreatment. -Support from attachment substitutes in childhood/adulthood
Basile 2008 CASP: Moderate	To explore the experiences of women coerced to have sex by their partner	41 women, aged 21 to 74 ($M_{age} = 43$), who were coerced to have sex with partner	In-depth, semi-structured interviews	Descriptive summaries of women's experiences	Verbal, physical, sexual abuse, IPV exposure	With parents, intimate partners	-Violence in both their early life and adult relationships. -Repetition of the cycle of CM with their children.
Buchanan et al 2015 	To explore mother-child relationships in	14 women, 2 men, aged 30 to 81, who	In-depth, semi-structured interviews	Thematic analysis, feminist perspective	Exposure to IPV	With mothers	-Ambivalent feelings toward mothers and holding mother

CASP: High	the context of domestic violence	were exposed to IPV in childhood					responsible for the domestic violence
Buchbinder et al 2011 CASP: High	To understand relationship disenchantment of females with CM histories	20 Israeli women, aged 20 to 56, who experienced CM	In-depth, semi-structured interviews	Thematic analysis	Physical, sexual, and emotional abuse	With intimate partners	-Desire to build a different relationship in adulthood than their family-of-origin. This vision was shattered when their partner abused them. -Cycle of violence from early life to adulthood.
Chilton et al 2014 CASP: Low	To understand how childhood adversity is associated with food security in adult caregivers of young children	31 caregivers ($M_{age} = 26.6, SD = 15.1$) of children under age 6, with low food security,	Mixed methods with in-depth interviews	Thematic analysis, grounded theory approach	Emotional, physical, and sexual abuse, neglect	With parents, children	-Lack of support from family in adulthood.
Dekel et al 2018* CASP: Moderate	To explore the participants' relationships with their children and partners, as well as what they perceived to have led to the homicide	8 men, 14 women, aged 20 to 53, who were charged with child homicide	In-depth, semi-structured interviews	Grounded theory approach	Physical and sexual abuse, neglect, abandonment	With parents, intimate partners, children	-Idealization of mothers -Difficulty forming bonds with children, lack of skills -Desire to parent differently than parents prior to homicide -Poor parental support prior to the homicide -Homicide as revenge against partner
Dekel et al 2019* CASP: Moderate	To explore the perspectives of parents convicted of child homicide on the overlap of violence against women and children in South Africa	8 men, 14 women, aged 20 to 53, who were charged with child homicide	In-depth, semi-structured interviews	Grounded theory approach	Physical and sexual abuse, neglect, abandonment	With intimate partners, children	-Women report lack of social support and experiencing IPV from partners
DeRobertis 2004 CASP: Moderate	To understand participants' experiences of psychological maltreatment in childhood	3 women, 2 men, aged 18 to 25, who reported a history of childhood psychological abuse	Written responses and in-person interviews	Thematic analysis of narratives, phenomenology	Psychological maltreatment	With parents, intimate partners, general relationship functioning	-Avoidance of interpersonal contact -Lack of trust of others -Domination of others

Dumont & Lessard 2020 CASP: Moderate	To understand how young adults give meaning to their childhood exposure to IPV	27 women, 8 men, aged 18 to 25, exposed to parental IPV	In-depth, semi-structured interviews	A hybrid of inductive and deductive coding, Life Course Theory	Exposure to IPV	With children, general relationship functioning	-Lack of trust in others -Maturation into adulthood lead to a better understanding of experiences -Desire to not reproduce cycle of maltreatment with their children
Fleckman et al. 2018 CASP: Moderate	To explore factors relating to positive parenting practices in parents exposed to CP and childhood physical abuse	17 mothers (<i>M_{age}</i> = 33) who experienced CP, and never used it against their children	In-depth, semi-structured interviews	Thematic content analysis, positive deviance approach	CP	With children	-Did not want children to experience the same consequences of CP they did - Seeking out positive parenting resources and choosing to parent differently
Flemke 2009 CASP: Moderate	To explore how childhood trauma influences the experiences of rage in incarcerated women involved in IPV	37 women, aged 19 to 47, in a medium-security prison who experienced IPV and CM	In-depth, semi-structured interviews	Thematic analysis, feminist perspective	Physical and sexual abuse, neglect, IPV exposure, abandonment	With parents, children, intimate partner	-These women described experiencing rage when they felt that they needed to protect themselves or their loved ones (e.g., when their partner abuses their child) -Their experiences of rage stem from early abuse
Fozard & Gubi 2020 CASP: Low	To understand the impact of destructive parental conflict on young adults	4 female trainees/counselors, aged 26-51, exposed to destructive parental conflict as children	In-depth, semi-structured interviews	Interpretive phenomenological analysis	Exposure to IPV	With parents, intimate partners	-Impacts on adult relationships, such as difficulty opening up, conflict in relationships, defensiveness and impacts to self-esteem and mental health -Experience has taught them what not to do in their relationships when upset and have become more open
Frederick & Goddard 2008 CASP: Moderate	To explore the relationship experiences of individuals who experienced abuse and adversity early in life	20 interviewees, aged 19 to 51, with early life experiences of abuse and adversity	In-depth, semi-structured interviews	Grounded theory approach with an attachment theory lens	Physical abuse, time in foster care, and abandonment	With family-of-origin, intimate partners, general functioning	-Little to no contact with family-of-origin -Difficulties in interpersonal relationships, including violence and instability
Gee et al. 2021 CASP: High	To understand what parenting behaviors are used by Aboriginal parents with histories	6 Aboriginal parents (5 mothers and 1 father), aged 35 to 55	Yarning circles	Interpretive phenomenological analysis	physical abuse, sexual abuse, child neglect, cultural trauma	With children	-Protecting children by building safe environments - Developing healthy parenting strategies

	of trauma to break the intergenerational cycle						-Renewing cultural connection and dealing with violence in the community
Hall 2011 CASP: High	To explore strategies used by women who experienced child abuse and did not abuse their own children	3 women, aged 50 to 65, who experienced abuse in childhood and vowed to not abuse their children	In-depth, semi-structured interviews	Grounded theory approach, strengths-based framework	Physical abuse	With children, general relationship functioning	-Decision to end the cycle of maltreatment and creating a safe environment for children -Seeking social support and information about parenting to improve skills
Hanks & Rosenbaum 1977 CASP: Low	To understand the experiences of women involved with violence-prone alcohol abusing men.	22 women, aged 20 to 52, with male partners receiving services from the Alcohol and Violence Clinic	In-depth, semi-structured interviews	Descriptions of the participants lived experience	Neglect, physical abuse, emotional abuse, IPV exposure	With intimate partners, family-of-origin	-Three family of origins were identified for the women, involving different types of neglectful and abusive experiences. -Early life experiences of abuse were brought into the present, but the women lacked awareness of how they contributed to the violence and how it continued with their children
Koh et al 2020 CASP: Moderate	A case study conducted to understand a client's experience of a break-up with an intimate partner and their experience of an attachment-based intervention.	1 unmarried man, age 31, with traumatic experiences of abuse and neglect in childhood	In-depth, semi-structured interviews, in a family therapy intervention	Descriptive case study, based on attachment theory framework	Emotional and physical abuse	With intimate partners	-Anxious attachment style resulting in part from CM and lack of a secure base - From this internal working model, his adult romantic relationship was marked by insecurity, difficulty discussing feelings, and then an outburst of anger.
Kulig 1998 CASP: Low	To explore the family life context of El Salvadorans, Guatemalans, and Nicaraguans prior to and after their resettlement to Canada	21 El Salvadorans (11 males/10 females), 14 Guatemalans (7 males/7 females), and 9 Nicaraguans (4 males/5 females), 29 to 67	In-depth, semi-structured interviews	Thematic analysis, ethnography	Physical abuse and exposure to IPV	With intimate partners, children	-Domestic abuse in the family back home -Men tended to view women as submissive and violence towards women and children was considered normal

<p>Lafortune et al 2017 CASP: Moderate</p>	<p>To explore psychological mechanisms involved in the intergenerational continuity of family dysfunction using the family genogram</p>	<p>8 mothers, aged 21 to 29, with psychosocial vulnerabilities receiving community organization services</p>	<p>In-depth semi-structured interviews and the free genogram</p>	<p>Interpretive phenomenological analysis</p>	<p>Emotional maltreatment, physical abuse, neglect, exposure to IPV</p>	<p>With family-of-origin, children, general relationship functioning</p>	<p>-Dissonant narratives of their family and parenting -Difficulties parenting and in other relationships (e.g., difficulty providing affection, lack of trust in others, fear that other people will leave) -Idealization of early life experiences but also holding on to a painful identity from childhood (i.e., feeling unworthy)</p>
<p>Laughon et al 2008 CASP: Moderate</p>	<p>To understand the lives of people with fathers who killed their mothers</p>	<p>31 women (<i>M_{age}</i> = 39) whose biological fathers killed their mothers</p>	<p>In-depth, semi-structured interviews</p>	<p>Stepwise analysis of narratives</p>	<p>Exposure to IPV</p>	<p>With fathers</p>	<p>-Seeking understanding of why their father killed their mother -Forgiveness of their father having different meanings, with some forgiving for religious reasons or other social obligation, and others doing so to move on</p>
<p>McWey et al 2013 CASP: High</p>	<p>To understand the association between childhood experiences of maltreatment and later perpetration of CM</p>	<p>24 parents identified by CPS, aged 18-62, with allegations of child abuse or neglect</p>	<p>In-depth, semi-structured interviews</p>	<p>Grounded theory analysis</p>	<p>Physical abuse, sexual abuse, neglect</p>	<p>With family-of-origin, children</p>	<p>-Awareness and lack of awareness of intergenerational patterns of CM -Desire to parent differently or to parent the same</p>
<p>Meyers 2016 CASP: High</p>	<p>To explore how victims of sibling abuse understand their abusive experiences and their perception of its effects in adulthood</p>	<p>19 (16 female, 3 male), aged 25-65, individuals with traumatic childhood and adolescent sibling abuse</p>	<p>In-depth, semi-structured interviews</p>	<p>Hermeneutic phenomenological analysis</p>	<p>Physical and emotional abuse</p>	<p>With family-of-origin</p>	<p>-Coping strategies such as compliance or distancing self from family become unhelpful in adulthood -Difficulty managing relationships with family in adulthood</p>
<p>Mohaupt et al 2021 CASP: High</p>	<p>To explore how men in treatment for IPV experience the impact of their childhood trauma on parenting</p>	<p>11 fathers, aged 22 to 46, in treatment for IPV</p>	<p>In-depth, semi-structured interviews</p>	<p>Mixed methods, descriptive phenomenological analysis</p>	<p>Physical abuse and neglect</p>	<p>With children</p>	<p>-Acknowledgement of violence but also distancing from it -Questioning whether the violence was normal -Intending not to repeat cycle of violence</p>

							-Motivation to do better and seek information
Murphy et al 2010 CASP: High	To understand the impact of maternal substance abuse on daughters	10 young mothers, aged 20 to 36	In-depth, semi-structured interviews	Grounded theory analysis	Physical, sexual abuse, neglect	With family-of-origin, children	-Motherhood as a turning point for many -Vow to be better mothers than theirs -Ambivalence toward their mothers -Mixed expectations of their own mother as a grandmother
Paixao et al 2015 CASP: Moderate	To analyze the family relationships of women involved in IPV	9 women, aged 19 to 58, involved in IPV	In-depth, semi-structured interviews	Strategic social type qualitative approach	Exposure to IPV	With parents, intimate partners	-Anger and other negative consequences of being exposed to IPV in childhood in the women -Understanding that their relationships are like their mothers' relationships
Romito et al 2003 CASP: Low	To analyze the impact of violence perpetrated by parents on adult outcomes and explore the role of partner's violence	148 women, aged 18 to 42, who had been abused in childhood	In-depth, structured interviews	Mixed methods, reconstruction of the case histories of participants	Physical and psychological abuse	With intimate partners, general relationship functioning	-Women that tended to be isolated in adulthood -Women tended to be involved in IPV
Schmitz & Tyler 2015* CASP: Moderate	To understand homeless young adults' experiences of rejection from their caregivers	40 (16 males, 24 females), aged 19 to 21, homeless young adults	In-depth, semi-structured interviews	Thematic analysis	Neglect, abandonment, exposure to IPV	With family-of-origin	-Rejection from family, kicked out, feeling like an outsider, and betrayal from family members -Difficulty trusting others -Fractured relationships due to rejection, desire for connection
Schmitz & Tyler 2016* CASP: Low	To explore the types of early adultification experienced by homeless young adults	40 (16 males, 24 females), aged 19 to 21, homeless young adults	In-depth, semi-structured interviews	Thematic analysis	Neglect, abandonment, exposure to IPV	With family-of-origin, children	-Early adultification involved early independence, premature caregiving, and parenthood -Mention of wanting to do better and take care of their children
Stover & Kahn 2013 CASP: Moderate	To explore how fathers with IPV and substance abuse describe their parents' caregiving and	40 fathers ($M_{age} = 33.78, SD = 9.40$) with IPV and substance abuse	In-depth, semi-structured interviews	Grounded theory	Physical and emotional abuse, neglect, IPV exposure	With family-of-origin, children	-Idealization of fathers and mothers, views of them as caring providers

	compare it to their own parenting practices						-Poor images of parents, and desire to parent differently
Taylor et al 2011 CASP: Moderate	To understand parents' perspectives on CP and factors influencing its use.	18 Black women, aged 18 to 49, ($M_{age} = 30$)	Focus groups	The social ecological model	CP	With children	-Cultural and familial view of CP as necessary for discipline -View that CP made them better people -Understanding of some downsides of CP, such as teaching children to accept violence and risks of CPS involvement
Tedgard et al 2018* CASP: Low	To understand elements involved in the experience of growing up parents who abuse substances and how it impacts parenthood.	19 parents (13 mothers and 6 fathers), aged 21 to 40, with parents who abused substances	In-depth, semi-structured interviews	Qualitative content analysis, with an attachment theory lens	Physical abuse and neglect	With children, general relationship functioning	-Challenges in becoming a parent oneself (i.e., high stress, wishing to parent differently, attachment insecurity) -Difficulty trusting others and lack of support
Tedgard et al 2019* CASP: High	To understand the consequences of having parents who abuse substances, and how this impacts later parenting.	19 parents (13 mothers, 6 fathers), aged 21 to 40, with parents who abused substances	In-depth, semi-structured interviews	Qualitative content analysis, attachment theory lens	Physical abuse and neglect	With children, general relationship functioning	-Reflections on their upbringing and their parenting -Challenges with parenting and trying to improve -Lack of trust in others and lack of help with children
Tilley & Brackley 2009 CASP: Moderate	To develop a grounded theory of the development of IPV from the perspective of the "male batterer"	16 men, aged 24 to 56 ($M_{age} = 37$), in a batterers' intervention and prevention program	In-depth, semi-structured interviews	Grounded theory, constant comparative method	Exposure to IPV	With intimate partners	-Violent Families Paradigm: Those involved in IPV come from chaotic families and bring the chaos into adulthood -Ineffective anger management, abuse of substances as an excuse for the violence, and social/familial influences on violent behaviour
Valdez et al 2013 CASP: Moderate	To explore the trajectories of childhood environments of victims of IPV and to understand how these	50 women, aged 18 to 56 ($M_{age} = 32$, $SD = 11.2$) identified for IPV victimization	In-depth, semi-structured interviews	Grounded theory approach, constant comparative method	Physical and emotional abuse, neglect	With intimate partners	-Two trajectories were identified: emotional and physical trauma - For emotional trauma, women had a desire for closeness and lacked a romantic relationship

	processes increase the risk for victimization.						model. Many endured and rationalized abuse IPV -For physical trauma, women felt desensitized from trauma and lacking trust of others, and often endured the abuse
Wei & Brackley 2010 CASP: Low	To gain insight into the lived experience of male IPV perpetrators	7 men, aged 29 to 47, taking part in a batterer intervention program	In-depth, semi-structured interviews	Interpretive hermeneutic phenomenology	Physical abuse and neglect	With intimate partners	-Discussion of a family culture that promotes violence and a non-family culture that promotes violence -Connecting early life experiences to the IPV
Welland & Ribner 2010 CASP: Low	To develop an intervention program for Latino men who perpetrate IPV	12 Mexican immigrants who completed 40 weeks of the 52-week treatment.	In-depth, semi-structured interviews	Grounded theory, constant comparative method, ecological lens	Physical abuse, exposure to IPV	With intimate partners	-Strengths of the Latino culture encouraging them to be respectful to family -Some difficulties associated with gender roles viewed in Latino culture and relationship dynamics of dominance-submission
Worley et al 2004 CASP: Low	To examine the early parenting experiences of men who perpetrate IPV	7 men ($M_{age} = 35.2$) on probation orders for IPV perpetration	The Adult Attachment Interview, questions about IPV	The Adult Attachment Interview coding system	Physical abuse, neglect, exposure to IPV	With intimate partners	-Participants blamed partners or alcohol use for the violence, or explained unknown reasons for the violence -Did not make connections between their early life experiences and their perpetration of IPV -They did not feel that they needed to change their behavior
Wuest et al 2010 CASP: Low	To understand women's obligation to care for their maltreating parent	16 women ($M_{age} = 52.9, SD = 8$), caring for an adult family member who maltreated them as a child	In-depth, semi-structured interviews	Grounded theory, constant comparative analysis	Physical, verbal, sexual abuse, neglect	With parents	-Felt a social obligation and sometimes pressure from family members to care for their maltreating parent - While this was not always wanted by the participant, they found ways to benefit (financial, relational, and psychological benefits)

<p>Yoo & Abiera 2020 CASP: Moderate</p>	<p>To understand how parents reflect on their childhood experiences, evaluate their parenting, and identify their parenting strengths</p>	<p>7 mothers, aged 19 to 39, with child neglect allegations</p>	<p>In-depth, semi-structured interviews</p>	<p>Interpretative phenomenological analysis</p>	<p>Physical abuse and neglect</p>	<p>With children</p>	<p>-Emphasis that they were caring for their children and meeting their physical and emotional needs, despite CPS involvement -Belief that their parenting is better than their parents' -Lacking guidance and discipline in childhood, giving this to their children</p>
<p>Zanoni et al 2014 CASP: Moderate</p>	<p>To explore whether fathers involved with CPS had similar experiences with childhood, IPV and parenting, as CPS mothers</p>	<p>Subsample of 9 men, aged 19 to 53, in a parenting intervention program and involved with CPS for IPV.</p>	<p>In-depth, semi-structured interviews</p>	<p>Mixed method study, Thematic analysis</p>	<p>Physical abuse, sexual abuse, exposure to IPV</p>	<p>With children, with intimate partners</p>	<p>-Some men had been victims of IPV themselves but were not helped -Some reported being falsely accused of IPV/CM while others admitted to it -The fathers felt a need to protect the children from the mothers, and many wanted to parent differently than their parents</p>

Note. CASP = Critical Appraisal Skills Programme, CP = Corporal punishment, CPS = Child Protective Services, IPV = Intimate partner violence, *Results from a duplicate sample.

Appendix

Search statement in PsycInfo (Ovid 1806 – present), conducted on May 12th 2021.

#	Search Statement	Results
1	exp Child Abuse/	30896
2	exp Child Neglect/	4338
3	exp School Attendance/	3454
4	exp Emotional Abuse/	2744
5	psychological violence.mp.	482
6	psychological maltreatment.mp.	644
7	emotional maltreatment.mp.	353
8	psychological victimization.mp.	62
9	exp Verbal Abuse/	548
10	exp Physical Abuse/	6030
11	physical assault.mp.	1202
12	physical aggression.mp.	3937
13	physical victimization.mp.	411
14	exp Domestic Violence/	11895
15	exp Exposure to Violence/	1144
16	*Family Conflict/	1988
17	exp Intimate Partner Violence/	12293
18	*Partner Abuse/	10773
19	exp Battered Females/	3216
20	battered women.mp.	3258
21	battered woman.mp.	286
22	exp VICTIMIZATION/	22550
23	*Child Discipline/	1485
24	exp Physical Discipline/	111
25	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24	83069
26	*Family Relations/	27856
27	exp Home Environment/	14639
28	*Parent Child Relations/	23313
29	*Parent Child Communication/	3950

30	exp Father Child Relations/	4837
31	exp Father Child Communication/	258
32	exp Mother Child Relations/	22191
33	exp Mother Child Communication/	2572
34	exp Parental Role/	5515
35	exp Parental Involvement/	8410
36	exp Parental Expectations/	705
37	exp Sibling Relations/	2838
38	exp Intergenerational Relations/	4216
39	exp Generational Differences/	2394
40	*PARENTING/	8835
41	exp Parenting Style/	6609
42	exp Romance/	5795
43	*interpersonal relationships/	14149
44	exp Caregivers/	30439
45	exp Human Courtship/	4917
46	exp Intimacy/	7839
47	exp Love/	6745
48	exp Marriage/	12246
49	exp couples/	14964
50	*Family Relations/	27856
51	exp Friendship/	9922
52	*Kinship/	1963
53	exp Marital Relations/	16538
54	exp Partners/	8400
55	exp Significant Others/	1394
56	26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55	227076
57	25 and 56	10815
58	limit 57 to 1600 qualitative study	838