

# Protective Factors to Moderate the Intergenerational Cycle of Maltreatment; the Review of Literature and Suggestions for Potential Intervention.

Arisa Yamaguchi

Department of health care community, Soka University, Japan

\*Corresponding author: Arisa Yamaguchi, Department of health care community, Soka University, Japan, Email: yamaguchi-ar@ncchd.go.jp

Received date: August 26, 2021; Accepted date: November 11, 2021; Published date: November 22, 2021

Citation: Yamaguchi A (2021) Protective Factors to Moderate the Intergenerational Cycle of Maltreatment; the Review of Literature and Suggestions for Potential Intervention. Health Sys Policy Res. Vol: 8 No: 6.

## Abstract

Child maltreatment is a significant public health problem. The history of maltreatment poses negative effects not only on the victims but also the future generations through the continuity of maltreatment. While the majority of the individuals who experienced maltreatment break the cycle, the mechanisms for discontinuity, especially the whole picture of moderating effects of protective factors have not been well documented. This paper aims to review and summarize the previous studies for protective factors and propose some recommendations for potential intervention and future research. 19 articles analyzing at least one protective factor in the context of intergenerational continuity of child maltreatment were reviewed. The protective factors were found across the individual, relationship, and contextual levels, while the majority of studies focused on individual and relational factors. Since fewer experiences of maltreatment and fewer traumatic or psychological symptoms were associated with the discontinuity, early detection and intervention, as well as treatment with the life course perspectives are essential. Also, the role of supportive relationships with partners was highlighted in numerous studies. Parental intervention such as home visitation or other preventive measures for maltreatment should involve partners more effectively, since partners can show good models for parenting, can provide emotional support, and can be a source of social support. Future studies should explore more contextual protective factors to end the cycle of maltreatment.

maltreatment refers to situations where a parent with a history of maltreatment has a maltreated child, regardless of the perpetrator, whereas intergenerational transmission has been defined as situations where such parent maltreats their own child (Berlin; Langevin). Since the negative consequences of the history of maltreatment, including poverty, early pregnancy, depression, trauma symptoms, and substance use, all may make children more vulnerable to multiple types of victimization, not only maltreatment by their own parents (Testa), this paper focuses on the intergenerational continuity of maltreatment. The magnitude of the continuity of maltreatment cannot be ignored; for example, 1 in 3 of women with experiences of physical, sexual and emotional abuse were victims of adult domestic violence, compared to 1 in 20 of those without such history (World Health Organization. Regional Office for Europe & The University of Birmingham & Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH). The prevalence rate of child maltreatment among parents with a history of maltreatment varies across studies, ranging from 7% to 88% (Langevin; Thornberry). Criticism about the hypothesis of cycles of violence does exist since the research addressing the continuity have inconsistent results and there may be some methodological failures (Ertem). However, some researchers try to address the methodological challenges and found positive associations between parental history of maltreatment and child maltreatment (Bartlett; Madigan). Also, it should be noted that even when obvious abuse does not occur, the outcome could be harsher parenting, more physical punishment, and the absence of parent-child nurturing interactions (Mielke; Testa).

## The aim of this paper

Many studies evaluated risk factors to mediate the continuity of violence, across individual, relational, and contextual levels (Jaffee; Langevin; Leifer). For individual level, factors such as parental age, psychological symptoms, substance use, difficulty in parenting, modeling the behavior of abusive adults may be associated with the continuity of maltreatment; the relational risk factors include partner [1-5].

characteristics and problematic relationships, and poor relationship with caregivers; for contextual level, parents with a history of maltreatment tend to have less social support and to be more socially isolated, and may have more financial hardships (Jaffee; Langevin; Leifer).

## Introduction

Child maltreatment is a significant public health problem. Worldwide, nearly 3 in 4 children aged 2-4 years suffer physical punishment and/or psychological violence by parents and caregivers, and 1 in 5 girls and 1 in 13 boys are reported to be sexually abused (World Health Organization). The history of maltreatment is detrimental to the healthy development of children and has a life-long impact on their physical and mental health (Gilbert). The cost of maltreatment is also substantial. For instance, the estimated economic burden of maltreatment in the United States is US\$124 billion (Fang).

Furthermore, the negative effect of maltreatment does not end in one generation. Intergenerational continuity of

However, little is known about the specific protective factors that buffer risks of the continuity of maltreatment (Leifer; Thornberry), and few systematic reviews conducted to draw a comprehensive picture of protective factors (Langevin). Indeed, when searched with PubMed, 14 articles were obtained, whereas more than 100 articles were found for risk factors.

Nevertheless, revealing protective factors and their mechanism to buffer the cycle is a promising way to inform effective intervention and prevention of child maltreatment. This paper aims to provide a comprehensive review of research regarding protective factors to moderate the continuity of maltreatment. Inspired by Bronfenbrenner's bioecological model (Urie Bronfenbrenner), the paper presents an ecological model for protective factors and makes suggestions for potential interventions and implications for future research [6-8].

### Methods

The initial search was conducted using PubMed database. Key search terms were "protective factors" AND ("child maltreatment" OR "child abuse") AND intergenerational.

Studies involving human participants, written in English, and of any type of design were included. The samples of 14 papers were retained. Studies were included if they analyze at least one protective factor in the context of intergenerational continuity of child maltreatment. No specific exclusion was made of the context of the study, such as demographic characteristics of participants, country, or the year the studies were conducted. Out of the 14 aforementioned articles, 1 was excluded because it is about more broad violent offending (Wright), 1 was excluded because it was a call for research on protective factors (Madigan), 1 was excluded because it was about protective factors for child maltreatment in general (Molnar), 3 were excluded because they were literature reviews (Atzl; Langevin; Perepletchikova & Kaufman). To identify pieces of literature not obtained by the aforementioned search, an additional hand search for reference lists of included studies was conducted, which added 11 articles. Finally, 19 articles were reviewed, as shown in Table 1.

## Results

Protective factors were identified across individual, relational, and contextual levels.

The majority of studies focused on individual and relational factors.

### Individual factors

Having fewer victimization experiences is related to a lower prevalence of the continuity factors of the sexual abuse among the African American mothers with a history of sexual abuse (Leifer). Interestingly, mothers without continuity reported more negative memories of relationships with their mothers in their childhood (Leifer). It is consistent with another research that showed the ability to remember and talk about negative past experiences with parents were associated with the mother's less rejection of her own infant (Main & Goldwyn). On the other hand, research suggest that elaborated

childhood memories of loving by a caregiver are associated with discontinuity (Narayan; Narayan).

Fewer traumatic or psychiatric symptoms were associated with discontinuity of maltreatment (Leifer). Sexually abused mothers of sexually abused children had more trauma-related symptoms than the mothers of non-sexually abused children on the dissociation, anxiety, depression, sexual abuse trauma, sleep disturbance, and sexual problems subscales in TSC-40, and the scores among mothers who ended the cycle were even lower than scores of mothers without a history of abuse (Leifer). Participation in individual, group, or family therapy for at least 1 year was a predictor of discontinuity of maltreatment among mothers aged 15-30 with low socioeconomic status (Egeland).

As for intergenerational continuity of harsh parenting, children of harsh parents are less likely to continue the cycle if they have self-control (reported by their parents) and belief in parenting investments of time and attention to shape child development (Schofield) [9,10].

### Relational factors

Abused mothers who have received emotional support from non-abusive adults were significantly more able to break the abusive cycle (Egeland), whereas the research of buffering effect of such support has mixed results (Dym Bartlett & Easterbrooks). Probably because particular indicators of positive relationships experienced in childhood may be more specific than others (Dym Bartlett & Easterbrooks). Research showed a positive effect of father's supportive care (not mother's nor sibling's) in ending the cycle, irrespective of whether he was a perpetrator or not (Herrenkohl).

Similarly, nurturing, positive parenting by primary caretakers is reported to buffer the cycle of maltreatment (Bartlett & Easterbrooks, Egeland; Milan; Testa). The likelihood of neglect was decreased when neglected mothers had a history of positive care in childhood (Bartlett & Easterbrooks). The similar effect was observed for the continuity of sexual abuse; perceived mother's communication effectiveness buffered daughter's sexual victimization (Testa). Among adolescent mothers with a history of physical abuse, their evaluations of the relationship with their primary caretaker and the feelings about motherhood were associated with early difficulty in the mother-infant relationship (Milan). A research suggested the race-specific effect of such relationships; authoritarian parenting attitudes were protective to intergenerational continuity

only for the African American families (Valentino). For intimate partner violence (IPV), higher quality of parent-child relationships including perceived satisfaction, healthy communication, warmth, moderated the association between childhood exposure to violence and experiencing IPV as adults (Genç) [11-13].

Numbers of articles reported the role of supportive and healthy partner/spouse relationship (Conger; Egeland; Jaffee; Leifer; Milan; Schofield; Thornberry). Thornberry and colleagues measured relationship satisfaction on whether respondents get along well with their partner and concluded that positive relationships provide preventive benefits (Thornberry). This is

consistent with previous research which states that a non-abusive, stable, emotionally supportive, and satisfying relationship with a mate is positively associated with intergenerational discontinuity of the maltreatment (Egeland). A similar result was found for sexual abuse; mothers who were able to end the cycle of sexual maltreatment had fewer negative outcomes with romantic partners (Leifer). For the continuity of harsh parenting, romantic partner warmth, and positive communication appear to be important in ending the cycle (Conger). Notably, when partner/co-parent has a positive relationship not only with abused parents but also with the child, such relationship contributed to a discontinuity (Schofield).

Positive parenting, including less negative attribution, unrealistic perceptions, and poor quality of caregiving was protective against continuity of maltreatment towards children under 5 months of age (Dixon). In a prospective study of mothers of twins, high levels of maternal warmth toward children measured with maternally expressed emotion scale were significantly more prevalent in cycle breaker (Jaffee). Thornberry reported parental satisfaction on parenting, behavior of the child, and attachment to children, as positive factors. For infant neglect among mothers with a history of maltreatment, nurturing parenting as a protective factor was moderated by maternal age and social support; neglected mothers had higher levels of empathy as a parent when they had frequent social support (Dym Bartlett & Easterbrooks). Notably, such moderating effect of social support was less apparent than mothers without a history of maltreatment (Dym Bartlett & Easterbrooks).

### Contextual factors

Some, although not many, studies explored contextual factors. For familial socioeconomic status, not having serious financial problems appeared protective in one study (Dixon). For the abused parents, the combination of having financial solvency and presence of social support, and two-parent family buffer against the continuity of maltreatment in the first year after birth (Dixon). Graduation from high school or higher degrees of maltreated parents may reduce the risk for later perpetration even after controlling maltreatment type, child and family characteristics, adolescent behavior/service contacts, and adult well-being concern (Ben-David) [14-16].

Social support is a range of support from healthy relationships, family members, informal social networks, or service providers and programs. As noted above, social support was protective for the cycle of neglect through moderating maternal empathy (Dym Bartlett & Easterbrooks). The study measured social support by asking the extent young mothers could identify the source of supports available such as partners, neighbors, friends, therapists, doctors, social service agencies, the frequency of contact, and whether they could depend on them (Dym Bartlett & Easterbrooks). Another report suggested that social support combined with financial stability can be a strong buffer against the continuity of maltreatment for the first year after birth (Dixon). For IPV, social support in adolescence acted as a predictor of lower levels of violence in an adult relationship (Genç). A study suggested the importance of the presence of IPV to moderate the effect of social support (Tracy). They measured social support using the nine-item social support

scale included questions like “there are other mothers with whom I can share my experiences” and “I believe in moments of difficulty my neighbors would help me (Tracy).” Interestingly, while maternal social support in the postpartum period was associated with reduced odds of the continuity of maltreatment at ages 0–8 years, this protective association disappeared when mothers had a history of postpartum intimate partner violence (Tracy) [17,18].

## Discussion

This paper explored the protective factors to buffer the intergenerational continuity of maltreatment, across multiple ecological levels. The literature review revealed that no single protective factor alone can moderate the negative intergenerational cycle of maltreatment. Also, the factors identified were not necessarily specific to the continuity of maltreatment, but rather common in any maltreatment in general. This does not mean approaching protective factors of the continuity of maltreatment does not help. Research indicates that risk factors for maltreatment occur at above-average rates in parents with a history of abuse (Dixon). Thus, the history of maltreatment is a consequence of highly complex deprivation, and chronic stress in the household, without enough amounts of protective factors. Promoting protective factors not only ends the cycle of violence but also can contribute to improving the well-being of children and parents as a whole.

### Recommendation for future intervention and research

Identifying victims of maltreatment and connecting them to effective support for recovery. The result of this study indicates that fewer experiences of victimization and fewer symptoms of traumatic or other psychological symptoms are associated with breaking the cycle. Since the maltreated individuals are more likely to experience multiple violence, early detection and intervention of maltreatment are necessary to prevent further victimization (World Health Organization. Regional Office for Europe & The University of Birmingham & Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH). Considering the impact of psychological symptoms in childcare, the therapy of traumatic symptoms has to be implemented ideally throughout the life course, or at least to the end of childcare in the next generation.

### Enhance relationships of parents with partners

Numbers of studies provided evidence for the protective effect of positive and supportive partner relationships. Targeting the family system as a whole to foster positive relationships and reduce violence appears promising to prevent the occurrence of intergenerational continuity (Langevin). Supportive partners can be protective in three ways; firstly, they can demonstrate good models for parenting such as care and concern; secondly, supportive partnerships would provide emotional support and thus reduce psychological symptoms; and lastly, they can be a source of social support, where they can provide many other protective factors to a parent with a history of maltreatment (Conger). However, most home visitation and other parenting programs have a singular focus on one parent's behavior,

typically the mother's behavior. The result of this literature review suggests involving partners (not necessarily the biological fathers) may have great benefits. This approach potentially has an indirect benefit for children at risk of victimization, by providing them positive experiences to buffer adversities, even if they had to face any (Bellis; Bethell). One should note, however, that individuals with a history of maltreatment may have difficulty in developing the skills for maintaining healthy relationships (Dixon). While selecting a supportive partner and being in a good relationship is essential, the history of maltreatment can be a barrier for individuals to do so due to traumatic symptoms, behavioral issues, or other socioeconomic factors such as poverty, which are all associated with maltreatment. Intervention on contextual factors to form healthy relationships, including sex educational intervention for adolescents, treatment for psychological symptoms may be useful.

- Promoting research for the social determinants for the continuity of maltreatment

When the buffering factors identified were categorized into multiple ecological levels, the majority of literature focused on factors at the individual and relational level, that is, the inter- and intra-personal factors such as the characteristics of individuals and relationships between parents with a history of maltreatment and their caregivers, their children, and partners. Conversely, less was studied about contextual factors. Nevertheless, the social determinants of health including financial security, parental socioeconomic status, housing stability, food security, and health insurance, are important predictors for child maltreatment (Hunter & Flores). Indeed, the cycle of maltreatment can also be seen as the cycle of the context in which the family lives in. Future studies should focus on the positive social determinants to better understand the whole picture of intergenerational continuity of maltreatment.

#### Limitations of the study

This paper has several limitations. First, the study design of the works of literature investigated had limitations in their internal and external validity, including study design, sample size, and measurement validity of both incidence of maltreatment and protective factors. As for generalizability, the articles were mostly from Western wealthy nations, with samples of low socioeconomic populations or teenage parents. Also, most of the studies focused on the history of maltreatment and subsequent child care in mothers, not fathers. Second, while the effect of protective factors may vary depending on the context, timing, and type of abuse, some research lacked such considerations [19-23].

## Conclusion

Child maltreatment is a significant public health problem. The history of maltreatment poses a negative effect not only on the victims but also the future generations through the continuity of maltreatment. This paper offered a literature review of the protective factors which can buffer such continuity. The factors were found across the individual, relationship, and contextual levels, while the majority of studies focused on individual and

relational factors. Since fewer experiences of maltreatment and fewer traumatic or psychological symptoms were associated with the discontinuity, early detection and intervention, as well as treatment with the life course perspectives are essential. Parental intervention such as home visitation or other preventive measures for maltreatment should involve partners more effectively, because partners can show good models for parenting, can provide emotional support, and can be a source of social support. Future studies should explore more contextual protective factors to end the cycle of maltreatment [24,25].

**Table 1:** The list of articles for protective factors to moderate intergenerational continuity of maltreatment.

Author(s), Year	Aim of the study	Study design	Sample	Protective factors
Bartlett & Easterbrooks, 2012	Investigate the etiology of neglect among very young mothers	Cross-sectional	92 adolescent mothers enrolled in an evaluation of a universal statewide prevention home visiting program	Childhood history of positive care
Ben-David et al., 2015	Assess the association between childhood maltreatment and later perpetration of maltreatment in young adulthood controlling for proximal young adult functioning, prior youth risk behaviors, and childhood poverty	Secondary analysis	6,935 low-income children with/without maltreatment reports before age 18 followed from ages 1.5 years through early adulthood (ages 18–26)	Greater caregiver education
Conger et al., 2013	Evaluate whether nurturing and supportive behaviors of spouses or cohabiting romantic partners strengthen co-parent relationships and help break the intergenerational cycle of harsh parenting.	Secondary analysis	290 participants of Family Transitions Project, an ongoing, longitudinal study of youth, their parents and children (three generations)	Romantic partner warmth and positive communication
Dixon et al., 2005	Explore the mediational properties of parenting styles and	Prospective longitudinal	4,351 families, Age of children: 4–6 weeks	Positive parenting

	their relation to risk factors in the intergenerational cycle of child maltreatment		and 3–5 months			the role of safe, stable, and nurturing relationships		Age of children: school-aged	stable, and nurturing relationships
Dixon et al., 2009	Investigate the continuation and discontinuation of the intergenerational transmission of child maltreatment within the first 13 months of the child's life.	Prospective longitudinal	4,351 families, Age of children: 4–6 weeks and 3–5 months	Financial solvency, social support		Explore differences between sexually abused mothers of non-sexually abused children and sexually abused children	Cross-sectional	196 African American mothers and their children	Attachment relationships
Dym Bartlett & Easterbrooks, 2015	Investigate the effect of relationships and maternal age on intergenerational risk for neglect	Prospective longitudinal	447 female adolescents with at least one child	Maternal age, social support, positive parenting		Examine how pregnant adolescents' experiences of physical maltreatment during childhood influence the subsequent mother-infant relationship	Secondary analysis	203 pregnant adolescent females in a prospective study on HIV/STD risk behavior in pregnant and nulliparous adolescent Children were followed from the 3rd trimester of pregnancy through the first year	Adolescents' evaluations of the relationship with their primary caretaker, the feelings associated with motherhood, a supportive romantic relationship during pregnancy
Egeland et al., 1988	Identify factors that distinguish mothers who break the cycle of abuse	Prospective longitudinal	The mean age of infants: 1.81–29.03 30 mothers (18 in abuse continuity group; 12 in abuse discontinuity group) Measurements administered from infant age of 7 days to 64 months	A supportive relationship with an adult during mother's childhood, participation in therapy, positive, satisfying, and stable relationship with partner, emotional support from partner		Examine whether childhood memories of benevolent caregiving experiences protect against heightened levels of psychopathology in high-risk mothers.	Cross-sectional	185 mothers from low socioeconomic status The mean age of children: 42.51 months	Childhood memories of benevolent caregiving experiences (angel memories). The protective effects were significant only for female children
Genç et al., 2021	Test protective factors to see if and to what extent they disrupted the association from early childhood maltreatment to experiencing violence later on in adult relationships	Secondary analysis	3,193 participants in the National Longitudinal Study of Adolescent Health Survey adolescents in Grades 7 to 12	Social support in adolescence		Identify contextual and interpersonal factors involved in the intergenerational transmission of maltreatment	Prospective longitudinal	1,116 families in the United Kingdom who participated in the Environmental Risk (E-Risk) Longitudinal Twin Study	Supportive and trusting relationships with intimate partners, maternal warmth toward children, low levels of partner violence
Herrenkohl et al., 2013	Investigate whether the intergenerational transmission of physical abuse and	Secondary analysis	357 parent-child dyads from the Lehigh Longitudinal Study	Care and support from one's father No moderation by safe,		Identify protective factors related to parenting characteristics that may disrupt the	Prospective longitudinal	290 parent-child dyads (three generations) Mean age of second-generation children:	High self-control of second-generation child, positive communication of

	intergenerational cycle of harsh parenting		25.6 years Mean age of the third-generation children: 2.31 years	partner, positive relationship between partner and child
Testa et al., 2011	Investigate whether mother's sexual victimization experiences in childhood and after age 14, were associated with the sexual victimization experiences reported by their adolescent daughters, and if so, whether the effects were mediated via parenting behavior.	Cross-sectional	913 mothers Victimization Sexual abuse and their college-bound daughters, recruited by telephone at the time of the daughter's high school graduation.	Perceived mother's communication effectiveness
Thornberry et al., 2013	Study whether a history of maltreatment increases the risk of perpetration of maltreatment and whether safe, stable, and nurturing relationships provide a protective effect	Secondary analysis	711 participants with maltreatment data in the Rochester Youth Development Study	Positive adult intimate partners and adult-child relationship, satisfaction with parenthood, better attachment to a child
Tracy et al., 2018	Assess whether maternal social support in early childhood and also paternal involvement in middle childhood could prevent the intergenerational transmission of violence	Secondary analysis	11,384 children from the data from the Paternal involvement Avon Longitudinal Study of Parents and Children, including pregnant women residing in the former county of Avon	Maternal social support
Valentino et al., 2012	Investigate whether exposure to community violence and authoritarian parenting attitudes are	Secondary analysis	70 mother-child dyads drawn from the Notre Dame Adolescent Parenting Project Children	Protective effects of authoritarian parenting were limited to the African American families only

	predictors of the intergenerational continuity of abuse, and the moderating effect of African American race		were followed from the last trimester of pregnancy through children's adolescence	
--	-------------------------------------------------------------------------------------------------------------	--	-----------------------------------------------------------------------------------	--

## References

- Bartlett, J. D., & Easterbrooks, M. A. (2012). Links between physical abuse in childhood and child neglect among adolescent mothers. *Child Youth Serv Rev*, 34(11), 2164-2169.
- Bartlett, J. D., Kotake, C., Fauth, R., & Easterbrooks, M. A. (2017). Intergenerational transmission of child abuse and neglect: Do maltreatment type, perpetrator, and substantiation status matter? *Child Abuse & Neglect*, 63, 84-94.
- Bellis, M. A., Hardcastle, K., Ford, K., Hughes, K., Ashton, K., Quigg, Z., & Butler, N. (2017). Does continuous trusted adult support in childhood impart life-course resilience against adverse childhood experiences - a retrospective study on adult health-harming behaviors and mental well-being. *BMC Psychiatry*, 17(1), 110-z.
- Ben-David, V., Jonson-Reid, M., Drake, B., & Kohl, P. L. (2015). The association between childhood maltreatment experiences and the onset of maltreatment perpetration in young adulthood controlling for proximal and distal risk factors. *Child Abuse & Neglect*, 46, 132-141. 10.
- Berlin, L. J., Appleyard, K., & Dodge, K. A. (2011). Intergenerational continuity in child maltreatment: mediating mechanisms and implications for prevention. *Child Development*, 82(1), 162-176.
- Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. *JAMA Pediatrics*, 173(11), e193007.
- Conger, R. D., Schofield, T. J., Neppl, T. K., & Merrick, M. T. (2013). Disrupting intergenerational continuity in harsh and abusive parenting: the importance of a nurturing relationship with a romantic partner. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, 53(4 Suppl), 11.
- Dixon, L., Dixon, L., Browne, K., Browne, K., Hamilton-Giachritsis, C., & Hamilton-Giachritsis, C. (2009). Patterns of Risk and Protective Factors in the Intergenerational Cycle of Maltreatment. *J Fam Violence*, 24(2), 111-122.
- Dixon, L., Hamilton-Giachritsis, C., & Browne, K. (2005). Attributions and behaviors of parents abused as children: a mediational analysis of the intergenerational continuity of child maltreatment (Part II). *J Child Psychol Psychiatry*, 46(1), 58-68.
- Dym Bartlett, J., & Easterbrooks, M. A. (2015). The moderating effect of relationships on intergenerational risk for infant neglect by young mothers. *Child Abuse & Neglect*, 45, 21-34.
- Egeland, B., Jacobvitz, D., & Sroufe, L. A. (1988). Breaking the Cycle of Abuse. *Child Development*, 59(4), 1080-1088.
- Ertem, I. O., Leventhal, J. M., & Dobbs, S. (2000). Intergenerational continuity of child physical abuse: how good is the evidence? *The Lancet*, 356(9232), 814-819.

13. Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. A. (2012). The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse and Neglect*,
14. Genç, E., Su, Y., & Durtshi, J. (2021). Moderating Factors Associated With Interrupting the Transmission of Domestic Violence Among Adolescents. *J Interpers Violence*, 36(9-10), NP5427-NP5446.
15. Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. *Lancet (London, England)*, 373(9657), 68-81.
16. Herrenkohl, T. I., Klika, J. B., Brown, E. C., Herrenkohl, R. C., & Leeb, R. T. (2013). Tests of the mitigating effects of caring and supportive relationships in the study of abusive disciplining over two generations. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, 53(4 Suppl), 18.
17. Hunter, A. A., & Flores, G. (2021). Social determinants of health and child maltreatment: a systematic review. *Pediatric Research*, 89(2), 269-274.
18. Jaffee, S. R., Bowes, L., Ouellet-Morin, I., Fisher, H. L., Moffitt, T. E., Merrick, M. T., & Arseneault, L. (2013). Safe, stable, nurturing relationships break the intergenerational cycle of abuse: a prospective nationally representative cohort of children in the United Kingdom. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, 53(4 Suppl), 4.
19. Langevin, R., Marshall, C., & Kingsland, E. (2019). Intergenerational Cycles of Maltreatment: A Scoping Review of Psychosocial Risk and Protective Factors: Trauma, Violence, & Abuse,
20. Leifer, M., Kilbane, T., Kallick, S., & Kalick, S. (2004). Vulnerability or resilience to intergenerational sexual abuse: the role of maternal factors. *Child Maltreatment*, 9(1), 78-91.
21. Madigan, S., Cyr, C., Eirich, R., Fearon, R. M. P., Ly, A., Rash, C., Poole, J. C., & Alink, L. R. A. (2019). Testing the cycle of maltreatment hypothesis: Meta-analytic evidence of intergenerational transmission of child maltreatment. *Development and Psychopathology*, 31(1), 23-51.
22. Michl-Petzing, L. C., Handley, E. D., Sturge-Apple, M., Cicchetti, D., & Toth, S. L. (2019).
23. Re-examining the "cycle of abuse": Parenting determinants among previously maltreated, low-income mothers. *Journal of Family Psychology: JFP: Journal of the Division of Family Psychology of the American Psychological Association (Division 43)*, 33(6), 742-752.
24. Mielke, E. L., Neukel, C., Fuchs, A., Hillmann, K., Zietlow, A., Bertsch, K., Reck, C., Möhler, E., & Herpertz, S. C. (2020). The Cycle of Abuse: Emotional Availability in Resilient and Non-Resilient Mothers with Early Life Maltreatment. *Psychopathology*, 53(5-6), 298-305.
25. Milan, S., Lewis, J., Ethier, K., Kershaw, T., & Ickovics, J. R. (2004). The impact of physical maltreatment history on the adolescent mother-infant relationship: mediating and moderating effects during the transition to early parenthood. *J Abnorm Child Psychol*, 32(3), 249-261.