**Abstract**

Preconceived ideas by practitioners about service users present a risk to prejudice and labelling and may ultimately lead to biased services. This paper reports on a UK based qualitative research study exploring the views and experiences of practitioners working with adult victims and perpetrators of domestic violence. It examines whether or not they believe that childhood experiences of witnessing domestic violence indicate the likelihood of domestic violence in adulthood. . It further explores practitioners’ perception of factors contributing to the experiences of domestic violence amongst their service users. 12 semi structured interviews were conducted with practitioners working in the domestic violence field, and thematic analysis was used to analyse their responses. The data did not indicate a general consensus on the matter of children becoming victims or perpetrator based on their childhood experience of domestic violence. Participants’ responses indicated that they felt the issue was more complex. Common themes that participants consider important to children’s development of healthy/unhealthy relationships in this context were identified in the data. This included an awareness of service users’ individuality, an importance of meaningful support networks and an understanding of a risk amongst their service users to normalise abusive behaviour.

**Key Practitioner Messages**

1. Not all children witnessing domestic violence will inevitably become victims or perpetrators of abuse in adulthood
2. Domestic violence in adulthood is often a combination of various factors and circumstances and can rarely be attributed to just one past experience
3. Holistic and judgement free services and assessments from practitioners are vital to children developing positive and healthy future relationships.

**Key Words**: domestic abuse; domestic violence; childhood experiences; intergenerational transmission of violence;

**Background**

 The impact on children of witnessing domestic abuse has been widely documented (Goddard & Gillinder, 2010), and research on the nature of this impact is evident. The majority of the research into the intergenerational transmission of violence is of quantitative design and as such may overlook some key themes better explored through qualitative methods. Most of the available research comes from the USA (e.g. Renner and Slack, 2006; Kolar & Davey, 2007; Murell, Christoff & Henning, 2007; Busby, Holman, & Walker, 2008; Sprigs et al, 2009; White & Smith, 2009; Howell et al, 2010; Payne et al, 2011; Sousa et al, 2011 and Watt & Scrandis, 2013), and there is a need to understand the state of affairs in other countries including the UK, highlighting a further need for future research.

In the UK, the cross-government definition of domestic abuse is:

“any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial and emotional (HM Government).

The majority of studies examining the historical experiences of child victims of domestic violence involve participants with personal experience of domestic violence and thus the voice of practitioners’ experiences and observations of working with victims and perpetrators is largely overlooked. In the personal practice experience of one of the authors of this paper, practitioners working with children in various settings often refer to children witnessing domestic violence as being pre destined to become perpetrators and/or victims in adulthood Informed by Bandura’s social learning theory (1977), they believe that children “live what they learn”. A preconceived idea such as this within practice can have detrimental effects on service provisions and thus outcomes for children. Preconceived ideas can lead to prejudice and consequently to discrimination; practitioners’ preconceived ideas may, even unconsciously, affect their thinking, their assessment and finally the service they may “gate keep” or offer. Exploring the practitioners’ experience may identify issues such as needs in training and education, but could also highlight good practice for sharing and thus ultimately impact on practice overall. Furthermore, whilst research may explore some of the issues arising for victims or perpetrators of domestic abuse, the lived experience of practitioners and their observation might add an additional dimension to the discussion.

Some of the literature indeed refers to the intergenerational transmission of violence as being based on social learning and modelling theory (Renner and Slack, 2006; Corvo, 2006). In their study, Renner and Slack (2006) found that children who witness domestic violence are more likely to be involved in a violent relationship as an adult, referring to both victims and perpetrators. Additionally, if children see violent behaviour being tolerated, such abusive behaviours will be positively reinforced (Dutton and Holtzworth-Munroe, 1997). However, contrary to this idea, social learning theory has been described as being too simplistic to adequately explain the process of domestic violence (Dekeseredy, 2011; White and Smith, 2009). White and Smith (2009) report that witnessing parental violence increased the likelihood of physical aggression only up until adolescence; the effects of witnessing parental violence decreased for the participants after adolescence. This suggests that social learning theory offers only a partial explanation for the phenomenon: it does not explain all violence in adult relationships. Dekeseredy (2011) states that children should not be viewed as just passive witnesses; they actively seek to make sense of the situation, and then decide which behaviours and attitudes to model , indicating an element of conscious choice and decision-making. Equally, social learning theory does not consider and include the changes in influences which occur as children become adults; people learn new behaviours throughout life and therefore less emphasis should be placed on learned behaviours from childhood when investigating adult behaviour (Busby, Holman and Walker, 2008). This would indeed highlight the need for recognition of uniqueness and individuality in relation to the context and circumstances children may find themselves in, and as such may present as a variable in assessments of future risks. There is a risk that practitioners’ reference to an unquestioned belief in Bandura’s social learning theory may prejudice their views and thus potentially bias assessments of need and consequent offers of services to the detriment of the service user.

Although practitioners may make assumptions based on their own experiences, several studies focusing on the intergenerational transmission of domestic violence (Corvo, 2006; Renner and Slack, 2006; Delsol and Margolin, 2004) indeed maintain that children who are exposed to domestic violence are more likely to be victims or perpetrators of domestic abuse as adults (Gil-Gonzales, Vives-Cases, Ruiz, Carrasco- Portino & Alvarez-Dardet, 2008; Adams, 2007; Payne and Triplett, 2009). For example, Adams (2007) conducted interviews with 31 males who killed their female partners; this study comprehensively examined the life histories of the male perpetrators and concluded that in their childhoods they were exposed to risk factors, including violence in their childhood homes. Equally, Delsol and Margolin (2004) reported that 60% of participants in their study, who were perpetrators of domestic violence, had also witnessed and as such experienced it as a child. These findings suggest some link between childhood abuse and adulthood violence by males particularly and may also indicate a potential difference of risk factors between male and female children that could be further explored.

Contrastingly, Busby, Holman & Walker (2008) argue that witnessing domestic violence as a child is not necessarily a prerequisite to its experience in adulthood. In a study conducted by Payne, Triplett and Higgins (2011), 375 participants completed a telephone survey to explore the relationship between witnessing domestic violence and levels of self-control. It was concluded that adults who witnessed domestic violence as children were actually less likely to engage in future partner violence. However, the authors acknowledge that the study did not note potentially vital factors such as the age of the child and the severity of abuse. Busby, Holman & Walker (2008) considered 30,600 responses to a questionnaire, evaluating the influence of violence and relationship between intimate partners. They found that being exposed to violence as a child is just one of many factors which lead to children experiencing domestic violence as an adult. Indeed, Busby, Holman & Walker (2008) report that other factors such as gender differences have just as much effect as perpetration of violence in the family home and that indeed family of origin violence had little effect on violence in adult relationships. Some of the inconsistencies have been explained through the heterogeneity of childhood experiences and the different ways children may experience abuse, depending on a number of factors such as age, gender, and type of violence; these factors are important considerations in the context of the intergenerational transmission of violence (Howell et al, 2010). This is further supported by Bellis et al (2014) in whose study a cumulative effect of childhood adverse experiences was reported. To conclude, the reviewed literature indicates that domestic violence is likely a combination of factors and is unlikely to be attributed to just one childhood experience. As such, a general consensus on the issues of intergenerational transmission of violence could not be found.

Whilst there is body of literature on the intergenerational transmission of violence and the impact witnessing domestic violence has on children, research exploring the views and experiences of practitioners working in the domestic violence field, appears to be absent. Such views, and potentially beliefs on such transmission, are important as they may influence practitioners’ value base and also therefore, service provisions. The study reported on here explores practitioners’ actual experiences of working with victims and perpetrators and their observation of their service users’ childhood experiences. The study expanded on exploring practitioners’ perceptions to explain domestic abuse in adulthood and intergenerational transmission of violence where that was observed.

**Method**

***Research Design and Participants***

The study was conducted using a qualitative research design to allow for flexibility and depth in the discussions. Local and national organisations providing services to victims and perpetrators of domestic violence were invited in writing and via telephone/email to participate following consent of the organisations’ management. A total of 12 participants were recruited from domestic abuse charities (n= 9), an independent domestic abuse service (n=1) and from policing services (n=2). The lengths of the times participants spent in their respective roles ranged from seven months to 22 years. The participants’ age range was 20-50 years, three were aged 20-30, five were aged 30-40 and four were aged 40-50. There were two males and 10 females. All participants were active practitioners providing services to victims and perpetrators of domestic abuse. 9 participants worked with victims, 3 provided services to both victim and perpetrator. It is important to highlight that the majority of participants in this study were female. This reflects that some organisations providing services to predominantly females victims may specify the recruitment of female staff. Furthermore, it reflects that services for female victims are more readily available than services for male perpetrators (or victims).

***Data Collection***

Semi-structured interviews are best suited for in depth exploration of experiences and beliefs (Braun & Clarke, 2013). Therefore, participants took part in audio recorded, one to one, semi structured interviews lasting between 35 and 60 minutes. All but one participant chose to be interviewed within the premises of their organisation and private rooms were made available. The date and times of interviews were mutually agreed by researcher and participant. Interviews explored participants’ experiences of working with victims and perpetrators of domestic violence. The focus of the questions was based on participants’ knowledge of their services users’ childhood experiences and their overall perception on whether or not such childhood experiences influenced future relationships, particularly in relation to violence. For example, question included: ‘As a result of your own professional experiences can you draw a link between childhood experiences of domestic abuse to adulthood experiences? Can you give examples? ‘. Interviews also explored any other explanations and observations participants had made that they felt could explain domestic violence in adulthood (For example, question included: ‘Can you think of any other factors or risks that may contribute to someone becoming a victim or perpetrator of domestic abuse? ’). Participants were encouraged to draw on their knowledge of their service users’ past and experiences and give examples where appropriate. The focus was on participants’ beliefs, based on their experiences, in order to examine their understanding of their service users

***Data Analysis***

The first stage of analysis involved transcribing all 12 interviews. Thematic analysis, the most common analysis in health and social care (Braun and Clarke, 2006; Pope and Mays, 2006) was used as a guiding analytic framework; this enabled the participants’ thoughts and experiences to be explored in depth. Two researchers independently read and re-read the transcripts in order to identify precursory and potentially interesting themes. Informal discussions took place between the researchers to identify reoccurring themes throughout the interviewing stage. Coding was used to reduce data and to identify the most dominant and relevant themes (Braun & Clarke, 2013), encapsulating similar ideas and thoughts in different interviews, before identifying some themes, which included external and family relationships, psychological and personal impact, and reasoning. Two researchers then agreed the most relevant themes, and sub themes in terms of relationships and connectedness (Pope and Mays, 2006).

***Ethics***

The research was approved by [blinded for review] University Faculty of Health Sciences Research Ethics Committee on 11th June 2014. Participants received written information and volunteered to take part by signing a consent form. Given the sensitive nature of the topic, the participants were offered a debrief to check wellbeing and welfare; where domestic abuse was disclosed, information for access to services was made available.

**Findings**

Consensus on the fundamental question of whether or not participants’ perceive childhood experiences of witnessing domestic abuse as an indication of such abuse in adulthood was not evident amongst the participants. Some of those questioned felt unable to judge their experience of victims and perpetrators either way. Not all participants viewed childhood witnesses of domestic abuse as predestined to become perpetrators or victims in adulthood.

However, a number of themes that may be relevant as to why domestic violence occurs in adulthood emerged, although there is recognition that such themes may not be true for every child.

***Theme One: Adverse Childhood Experiences***

Many participants identified similar issues amongst victims and perpetrators that related to childhood experiences, and consequently to the development of healthy adult relationships.

The majority of participants, particularly those identifying a connection between childhood experiences and adult relationships, felt that witnessing domestic violence scars children in psychological ways and can manifest itself with low confidence, low self-esteem and attachment issues. This then impacts on an individual’s ability to form own relationships, manage conflict and emotions through childhood and into adulthood. Some participants felt that domestic abuse was “learnt behaviour”, reflecting Bandura’s social learning theory (1977). Importantly, participants also stated that in their experience, the majority of service users have suffered adverse childhood experiences which included, albeit not exclusively, witnessing domestic violence:

“*Out of my current caseload of twelve families, nine of the mums have experienced domestic abuse as children themselves; I think that is a very high percentage” (PL)*

*I undertook own research on MARAC cases and found that “there were 70% of victims and perpetrators who had experienced domestic violence in the childhood” (PH)*

*Most of our service uses have suffered abuse as children in one form or the other. The ones that haven’t are in the minority” (PK)*

However, some participants opposed this view and felt that there are no comparable characteristics of childhood experiences that could explain the occurrence of domestic violence in adulthood. Instead, it was felt that there is an individual element of innate strengths, personality and resilience that determines how children deal with witnessing domestic violence both as children and then as adults. These views were particularly strong from two practitioners who disclosed their own experiences of childhood domestic violence and felt that they made clear and conscious choices not to repeat this behaviour in their own relationships. They used themselves as examples to justify their views that domestic violence in adulthood is not predestined through childhood experiences and should thus not be viewed as a sole indicator for adults to be judged upon. Both participants received no support from services at the time, but instead felt that positive family relationships had been vital in their own development and their future choices. This suggests a need for further studies into the factors of childhood experiences that lead to conscious positive decision making in adult relationships.

In addition, there was also recognition that adult experiences of domestic violence can be due to timing and personal circumstances, and not related to past experiences. Some participants reflected on meeting victims of domestic violence who had no such experience in their childhood and had merely met “the wrong person, at the wrong time”. This was also strengthened by examples given from participants that involved women as victims of domestic abuse who had no such experience, indeed no known adverse experience, in childhood. As such some participants felt that people need to be viewed within their individual circumstantial sets and not be judged on past experiences

*I don’t think that there is an obvious link. I do believe it is the person you are and how you deal with relationships as you are older. …..I think it is about what makes you happy; if you are happy at your grandparents and scared at home, you know. (PD)*

Although not unanimously agreed, some participants felt that there are differences relating to gender, and that male perpetrators are more likely to have suffered violence in childhood, as opposed to female victims, who were perceived to have had varied childhood experiences.

*Almost every instance in relation to (male) perpetrators, there is something in their childhood, Domestic Violence is most likely … With (female) victims it seems less likely to be a link, anyone from any background can suffer it. (PH)*

***Theme Two: Normalisation of Behaviour***

The majority of participants however believed that where inter-generational domestic violence is an issue in adulthood, it relates to the normalisation of abusive behaviour and consequently a lack of ability to recognise and identify behaviour as abusive. Participants outlined that perhaps the comparison of whether or not the behaviour experienced is acceptable in contrast with what service users have witnessed as children may be flawed. Thus, thresholds of unacceptable behaviour and views on what constitutes a healthy relationship may be distorted:

*“Service users normalise this kind of behaviour and are more accepting… it is interesting that some service users have clearly suffered abuse but don’t recognise it, so they have normalised this behaviour”. (PK)*

*There is a tolerance threshold which is probably higher in lots of cases in those who have witness Domestic Violence as a child, because they compare what happened to them as adults to what they have seen their mother put up with, and then decide from there if what is happening to them is actually a problem or not. They may not even recognise it (abuse). (PB)*

*Some perpetrator did have Domestic Violence at home but do not collate the two as the same thing. (PA)*

***Theme Three: Family relationships***

The majority of participants agreed on the role of positive family relationships and/or role models to counterbalance children becoming involved in unhealthy relationships as adults. A strong consensus was evident on the family support available to children, particularly through extended family members, who may act as significant, positive and meaningful role models, condemning the violence witnessed or role modelling healthy relationships which children experience as safe and happy. Some participants reinforced the need for those positive relationships to be meaningful; two referred to strong role models within the family itself as a meaningful relationship beyond those children may experience in schools or youth clubs:

*“Positive male role models and somebody to point out what is different. …Or someone who children look up to… I mean a distinct role model” (PB)*

*“If you don’t have a good support network, who tells you what is right or wrong? Whether that is a teachers or grandparents, if you don’t have them to give you what is right, how do you know what is wrong?” (PD)*

***Theme Four: External Influences***

In addition to positive role models within the family, participants also emphasised external support networks and factors as significant in outcomes for children. These relate to positive school experiences and good relationships with teachers in particular, but also hobbies and activities that children are engaged in and can access. These support networks may counter balance negative experiences and support the development of positive resilience that can enable children to continue to achieve in times of adversities in their home life and reach a sense of worth and pride. It also offers children a sense of normality and exposes them to further examples of harmony, working together and conflict resolution in a more constructive manner, allowing them to learn different strategies on maintaining healthy relationships. Furthermore, participants felt that external networks can provide encouragement for achievements and ambitions, all of which in turn may offer resilience to adverse childhood experiences.

*“It is all interlinked .. if you do not have that supportive home life, you are not going to do so well, so you may end up with no job, no self-esteem etc.. so people may give up quite early in life” (PC)*

Participants agreed that schools and education, especially specific programmes raising awareness on domestic violence, play a vital role in addressing domestic violence and are key in raising awareness, and thus working against children growing up accepting of abusive behaviour. However, participants also outlined that they felt that when children realised what is right or wrong on their own through for example observing modelling behaviour, particularly within extended families and meaningful relationships, the impact of such learning and self-realisation is greater than being told through formal setting such as school programmes. Some participants expressed this element as crucial in terms of learning and making changes, for both children and adults alike.

**Discussion**

The study investigated participating practitioners’ views on the likelihood of children witnessing domestic violence entering abusive relationships as adults and the links that these experiences may present. A consensus amongst participants on this matter was not observed. This finding is consistent with previous studies such as Busby, Holman and walker (2008) and Payne, Triplett and Higgins (2011). Participants were divided on this matter; some felt that there was a link between childhood experiences and adult relationships, albeit admittedly not solely in relation to domestic abuse, others were clear that no such link can be presumed. Some participants felt that they could not form an opinion on the matter. This was partially due the variety of experiences participants brought to the interviews, which related to examples of either scenario. However the interview data offers an insight into participants’ views on issues arising for children who witness domestic abuse and on adults who may have entered abusive relationships, as well as raising some key points in terms of the need for constructive service provisions.

Participants identified that although their service users often had adverse childhood experiences, these experiences were not solely in relation to witnessing domestic violence and offered a more complex scenario.This mirrors the observations of Busby, Holman & Walker (2008) that witnessing domestic abuse in childhood is not a sole factor leading to domestic abuse in adulthood, and it represents that there are often a combination of many factors at the same time. It furthermore reflects a deeper understanding of the complexity of domestic abuse from the participant, which is encouraging.

Busy, Holman and Walker’s (2008) observe that intergenerational domestic abuse is more complex and dependent on a number of factors. Good practice requires practitioners to remain open minded and person centred without relying exclusively on knowledge of past childhood experiences, whilst acknowledging past experiences as a potential risk or indicator only. This means that witnessing abuse in childhood should neither be used as an excuse, nor as an inevitable outcome, when working with those in abusive relationships. Parrot (2010) argues that values influence practice. It may therefore be argued that simplistic beliefs on the transmission of violence may negatively impact on practitioners’ practice and the services they provide by clouding their judgment with preconceived ideas and stereotypes. This risks labelling children as future victims/perpetrators and justifying adult behaviour on childhood experiences. This may impact on the services being provided or children being dismissed.

In this study, not all participants linked the witnessing of domestic violence in childhood with the development of abusive relationships in adulthood. Participants who had themselves witnessed domestic violence in childhood held some very strong views that domestic violence depends on timing and circumstances and is not exclusive to certain individuals. These strong views by those affected by childhood domestic abuse offer a different perspective into the issues arising and may raise further research questions on the development of beliefs and choices not explored in this study. Participants added several layers to their understanding of domestic abuse including the perception that other additional abusive factors in childhood contribute to the development of abuse in adult relationships. This indicates that they perceive that adult behaviour cannot be simply attributed to a single experience in childhood and is in fact far more complex. This suggests that they are indeed already open minded and able to be person centred, thus positively impacting on service provisions. Furthermore, it reflects participants’ good understanding of their service users, demonstrates a positive and person centred approach overall, and an understanding of the complexity of domestic abuse.

The findings also highlight that participants do not necessarily adopt social learning theory as offering a full explanation for domestic abuse in adulthood, as outlined by Renner & Slack (2006), but rather offer a perspective informed by the normalisation of behaviour and a distorted understanding of what is and is not abusive. By identifying the issues as more complex than through just social learning , participants may be more able to view their service users hollistically and offer more complex understanding to their future needs such as working on understanding healthy relationships away from the distortion. This may help participants to offer a more flexible and comprehensive service to those who require it by considering their individuality and experiences and thus be more person centred in their approach, which in turn is encouraging for positive service provisions.

Furthermore, some participants objected strongly to the idea of common factors in childhood, indicating that domestic violence is an individual experience, sometimes unaffected by childhood experiences, and can have a variety of elements and outcomes, and may not necessarily be detrimental in the long term for every child. This perception is supported by research findings such as for example the study by White & Smith (2009) which outlined that such abusive behaviour may be most likely until adolescence, and Dekeseredy (2011) who outlines that after that conscious choices may avert the forming of unhealthy relationships in adulthood.

 This firstly suggests that services offered to children witnessing domestic violence must not be generalised, but personalised and person centred and assessments must be based on individual circumstances without assumption or prejudice. Practitioners working in the field should consider the notion that domestic violence can be circumstantial and depend on personal situations; not all abusive relationships will host extensive negative childhood experiences and thus a negative work attitude towards those children could result in support being superficial or tokenistic. It is encouraging to evidence that the practitioners in this study are aware of this and are demonstrating good practice.

Secondly, this finding could also be further compounded by aligning it to the findings around the importance of external support networks to avert domestic abuse in the future. Whilst participants believed that schools play a significant role in offering support and awareness raising, they also identified a crucial need for meaningful support networks and role models that extent beyond school interventions. This is further highlighted by Refuge, which is one of the organisations that promote the prevention of domestic abuse through school based learning programmes. One of their surveys concluded that despite these efforts, only 13% of girls were aware of domestic abuse through learning of it in schools (Refuge, 2008). There has since been a drive in these programmes with the government announcing in 2009 that all children will be taught at school about domestic abuse through Personal, Social and Health Education (PSHE) (HM Government, 2009), however Ofsted (2013) found that this was still not good enough. Furthermore, Stanley et al (2015) outlined that whilst it is difficult to evaluate such preventative programmes, most programmes focus on awareness raising, which have some effect on increasing knowledge, but are only moderately effective on preventing abuse. Refuge (2008) found that learning stems more from media, newspapers and indeed soap operas. Given these findings, and the perception by participants in this study, it could be argued that whilst the current interventions may raise some awareness, it is acknowledged that there is not yet enough available to make significant changes to children’s lives and practitioners may need to be creative in developing significant support networks outside of school programmes that enable children to witness and experience positive relationships that in turn may influence their perceptions and thus future choices. However, research on these matters remains limited and needs further investigation.

Some participants perceived that male children are more likely to become perpetrators of violence than female children were to become victims. Existing research does to some extent support these beliefs (see for example, Delsol & Margolin (2004) and Adam (2007)). However, research into this gender difference has not yet offered a comparative perspective on whether there are equal links to female children becoming victims. Thus this may therefore present a risk of stereotyping and judging young males on their behaviour when offering assessment. In addition, Delsol and Margolin (2004) and Adam (2007) found that domestic abuse was but one aspect of childhood experiences, thus indicating that there may be a variety of factors determining the outcomes for young males in adult relationships. This reinforces the need for practitioners to offer evidence based practice through holistic assessments and considerations, and not to be guided or influenced by generalised beliefs and perceptions as this may have detrimental effects on the service provisions and thus the outcomes for the service users.

**Conclusion**

 Not all participants in this study believed that witnessing domestic abuse in childhood will inevitably lead to such behaviour in adult relationships. Participants offered their thoughts on their views on how such childhood experiences may impact on adult relationships. However a single consensus on issues could not be found, albeit all agreed that there is some varying impact on children. It is encouraging to see that participating practitioners were able to consider the complexity of domestic abuse and are able to voice the need for service users to be viewed individually and within their personal set of circumstances. Participants outlined that their service users often experienced a variety of childhood adversities and this provides an interesting area for future research. There is also scope to research potential gender differences within intergenerational transmission of violence.

**Limitations:**

All participants were already working in the domestic abuse sector and were therefore likely to have some understanding and specialist training around the issues of domestic abuse. As such, the study can only reflect the views and perceptions of those practitioners within the specific sector, and not generic practitioners who may come in contact with such service users,.

All researchers were working for a University at the time of the research. Some participants were recruited through existing previous practice links by the researcher, and were thus familiar with the researcher in a previous professional capacity. These practice links were no longer active at the time of the research and refer to previously held job roles. However, the potential for bias, including social desirability bias that this engenders is thus acknowledged (Padgett, 2008). However, the study offered no incentive to participants; it used predominantly open questions and no hypothesis to consider and thus only offered an opportunity for participants’ views to be heard. The encouragement of the use of examples may have helped to negate any social desirability as it required participants to focus on their own experience. All participants offered to take part freely and out of their own interest in the subject and signed consent forms to that effect.

**References**

Adams D. 2007. *Why do they kill? ​Men who murder their intimate partners.* Vanderbilt University Press: Nashville, TN, USA

Bandura A. 1977. *Social Learning Theory*. Englewood Cliffs: London, UK

Bellis MA, Lowey H, Leckenby N, Hughes K, & Harrison D. 2014. Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population. *Journal of Public Health*, ***36****:*1 81-91. DOI:10.1093/pubmed/fdt038

Braun V & Clarke V. 2013. *Successful Qualitative Research: A practical Guide for Beginners.* Sage Publications: London, UK

Busby DM, Holman TB, & Walker E. 2008. Pathways to Relationship Aggression Between Adult Partners. *Family Relations*​, **57***:*1 72-83. DOI:10.1111/j.1741-3729.2007.00484

Corvo K. 2006. Violence, separation and loss in families of origin of domestically violent men. *Journal of Family Violence* **21**:2 117-125. DOI: 10.1007/s10896-005-9011-1

Dekeseredy WS. 2011. ​*Violence against women: Myths, Facts, Controversies.* University of Toronto Press: Toronto, CA

Delsol C & Margolin G. 2004. The role of family­of­origin violence in men's marital violence perpetration. ​*Clinical Psychology Review*​ **24**​​:1 99-122. DOI: 10.1016/j.cpr.2003.12.001

Department of Health. 2002 *Women’s Mental Health: Into the Mainstream: Strategic Development of mental health care for women.* Department of Health: London, UK

Dutton DG & Holtzworth­Munroe A. 1997. The role of early trauma in males who assault their wives. In: *Developmental perspectives on trauma: theory, research and intervention*, Cichetti D & Toth L (eds). Rochester Symposium on Developmental Psychopathology. **8** 379 - 401

Gil-Gonzales D, Vives-Cases C, Ruiz MT, Carrasco- Portino M, & Alvarez-Dardet C. 2008 Childhood experiences of violence in perpetrators as a risk factor of intimate partner violence: a systematic review. *Journal of Public Health* **30**:1 14-22. DOI: 10.1093/pubmed/fdm071

Goddard C & Gillinder B. 2010. Intimate partner violence and child abuse: a child centred perspective. *Child Abuse Review* **19**:5 5-20. DOI: 10.1002/car.1084

Great Britain. *Children and Adoption Act* (2002). The Stationery Office: London. (online) available on <http://www.legislation.gov.uk/ukpga/2002/38/contents>

Herrenkohl TI, Sousa C, Tajima EA, Herrenkohl RC, & Moylan CA. 2008. Intersection of child abuse and children’s exposure to domestic violence. *Trauma, Violence & Abuse* **9**​:2 84­99. DOI:10.1177/1524838008314797

HM Government 2009. Together we can end violence against women and girls strategy. Home Office: London. (online) available on [http://webarchive.nationalarchives.gov.uk/20100419081706/http://homeoffice.gov.uk/documents/vawg-strategy-2009/end-violence-against-women2835.pdf?view=Binary](http://webarchive.nationalarchives.gov.uk/20100419081706/http%3A//homeoffice.gov.uk/documents/vawg-strategy-2009/end-violence-against-women2835.pdf?view=Binary) (accessed 23/09/2016)

HM Government 2015. Domestic Violence and Abuse – Guidance. Home Office: London (online) available on <https://www.gov.uk/domestic-violence-and-abuse> (accessed 7/7/2015)

Holt S, Buckley H & Whelan S. 2008. The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect* **32**:8 797–810. DOI: 10.1016/j.chiabu.2008.02.004

Howell KH, Graham-Bermann S, Czyz E, & Lilly M. 2010. Assessing resilience in preschool children exposed to intimate partner violence. *Violence and Victims* **25**:2 150-164. DOI: 10.1891/0886-6708.25.2.150

Kolar KR, & Davey D. 2007. Silent victims: Children exposed to family violence. ​*The Journal of School Nursing*​ **23***:*2 86-91.

Murrell AR, Christoff KA, & Henning KR. 2007. Characteristics of domestic violence offenders: Association with childhood exposure to violence. ​*Journal of Family Violence* ***22***​​:7. 523-532. DOI: 10.1007/s10896-007-9100-4

Ofsted. 2013. *Not yet good enough: personal, social, health and economic education in schools*. London: Ofsted

Padgett D. 2008. *Qualitative Methods in Social Work Research.* Sage Publications: London.

Parrot L. 2010. *Values and Ethics in Social Work Practice*. Learning Matters: London

Payne BK, Triplett R, & Higgins GE. 2011. The relationship between self-control, witnessing domestic violence, and subsequent violence. *Deviant Behaviour* **32**​​769-789. DOI:[10.1080/01639625.2010.538317](http://dx.doi.org/10.1080/01639625.2010.538317)

Payne BK & Triplett R. 2009. Assessing the domestic violence training needs of benefits workers. ​*Journal of Family Violence* **24**​243­253. DOI: 10.1007/s10896-009-9225-8

Pope C & Mays N. 2006 *Qualitative Research in Health Care. Blackwell Publishing Ltd:* Oxford

Refuge. 2008. *Starting in School to end domestic violence: Findings of a YouGov survey to explore young women's understanding and recognition of domestic violence*. (online) available on <http://www.refuge.org.uk/files/Starting-in-schools.pdf> (accessed 23/09/2016)

Renner LM, & Slack KS. 2006. Intimate partner violence and child maltreatment: Understanding intra and intergenerational connections. ​*Child Abuse & Neglect*​ **30***:*6 599-617. DOI: 10.1016/j.chiabu.2005.12.005

Sousa C, Herrenkohl TI, Moylan CA, Tajima E, Klika JB, Herrenkohl RC, & Russo MJ. 2011. Longitudinal study on the effects of child abuse and children’s exposure to domestic violence, parent-child attachments, and antisocial behaviour in adolescence. *Journal of Interpersonal Violence 26* ​111-136. DOI:10.1177/0886260510362883

Sprigs AL, Halpern CT, Herring AH, & Schoenbach VJ. 2009. Family and school socioeconomic disadvantages: Interactive influences on adolescent dating violence victimization. *Social Science and Medicine* **68** 1956-1965. DOI:[10.1016/j.socscimed.2009.03.015](http://dx.doi.org/10.1016/j.socscimed.2009.03.015)

Watt ME, & Scrandis DA. 2013. Traumatic childhood exposures in the lives of male perpetrators of female intimate partner violence. ​*Journal of Interpersonal Violence* **28**:14 2813-2830. DOI: 10.1177/0886260513488694

White JW, & Smith PH. 2009. Covariation in the use of physical and sexual intimate partner aggression amongst adolescent and college-age men. *Violence Against Women* **15**24-43.

DOI: 10.1177/1077801208328345

 **References: 32**

**Word Count: 5376**