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Breaking the Cycle of Family Violence: A Critique of Family Violence Interventions

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Abstract

As the intergenerational transmission of family violence is associated with numerous negative outcomes, interventions are needed to interrupt this cycle. Our aim is to review the family violence intervention literature and to assess whether and how interventions interrupt the intergenerational transmission of family violence. Papers about interventions were identified through database searches (PubMed, JSTOR, CINAHL, PsycINFO), supplemented by review of references and relevant review papers. Eligibility criteria included: empirical studies detailing interventions to interrupt or prevent child abuse/maltreatment and/or intimate partner violence, published between January 2000 and August 2020, and written in English. Of the 14 papers included in this narrative review, only 3 explicitly stated that they aimed to break the cycle of family violence; 12 papers came from high-income countries, and 10 focused on individuals, with half focusing on mothers. We identify effective intervention approaches, including long-term one-on-one coaching and home visits to improve parenting. Results demonstrate a dose–response relationship, suggesting the lasting value of increased intervention frequency and duration. We highlight gaps in the literature, including the need for interventions in low-income countries, and those geared toward fathers and neighborhoods/communities. We also examine the many methodological challenges of this work, such as possible biases related to the use of retrospective data, lack of objective outcome measures, and absence of long-term follow-up. Our recommendations for future research include incorporating trauma-informed frameworks, developing standardized definitions and measures to facilitate the comparison of intervention results, and designing more interventions specifically for fathers/husbands and for the prevention of intimate partner violence.

Keywords

intergenerational transmission of family violence, cycle of family violence, intimate partner violence, child abuse/maltreatment, violence prevention, violence intervention

It is well established that survivors of family violence—including intimate partner violence (IPV) and child abuse/maltreatment (CAM)—have higher prevalence of physical and mental health problems (e.g., injuries, chronic diseases, obesity, substance abuse, chronic mental illness) compared to the general population (Coker et al., 2002; Gilbert et al., 2009). Considerable research has also examined the factors that might lead to family violence (Anderson et al., 2018; Hellmann et al., 2018), including the mechanisms by which family violence is transmitted across generations (Contreras et al., 2020; Guille, 2004) and potential ways to break the cycle of family violence (Callaghan et al., 2019; Domoney et al., 2019; Fellin et al., 2018). In this review, we explore the family violence intervention literature, specifically those interventions that focus on or mention the intergenerational transmission of family violence. We assess whether each intervention explicitly stated the goal of breaking the cycle of family violence and, if so, whether each intervention was successful in that goal. We also identify important gaps in the literature.

Background

The Cycle of Family Violence

Separate bodies of literature examine the intergenerational transmission of IPV and CAM. Considering the IPV literature, numerous studies have referenced higher prevalence of IPV perpetration and victimization among individuals

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who witnessed IPV in childhood (Guille, 2004; Kimber et al., 2018; Lichter & McCloskey, 2004; Stith et al., 2000; Wood & Sommers, 2011). Witnessing IPV in childhood has been shown to be a significant predictor of husband-to-wife violence, both physical and psychological (Black et al., 2009; Eriksson & Mazerolle, 2015; Guille, 2004; Kimber et al., 2018; Smith-Marek et al., 2015, p.; Stith et al., 2000). Additionally, many children exposed to IPV, especially girls, have increased likelihoods of becoming victims of IPV and of staying in abusive relationships (Guille, 2004). Considering the CAM literature, mothers who were abused and/or maltreated as children have a higher likelihood of CAM perpetration (Bartlett et al., 2017; Lünnemann et al., 2019). Experiencing parental violence in childhood is an important risk factor for being violent as a parent; other contributing factors include the number of children being cared for, parental age and mental health, childhood adversity, social support, and knowledge of legal views on physical punishment (Hellmann et al., 2018; Langevin et al., 2021).

Discussions about the cycle of family violence have also considered the association between witnessing IPV in childhood and later becoming a perpetrator of CAM (Heyman & Slep, 2002). Further, a substantial body of research considers the influence of CAM experience on adulthood IPV. Many studies demonstrate that experiencing CAM, including physical abuse, psychological abuse, sexual abuse, and neglect, is associated with later IPV victimization or perpetration (Godbout et al., 2019; Li et al., 2019; Lünnemann et al., 2019). Few studies consider witnessing IPV in childhood as a form of CAM (Godbout et al., 2019), whereas many studies do not consider whether the dual exposure of experiencing CAM and witnessing IPV further increases the risk of later IPV victimization or perpetration. However, both the sole exposure of CAM experience and the dual exposure of CAM and witnessing IPV are associated with later IPV victimization or perpetration in a broad literature. On the other hand, there is some evidence that the relationship between CAM experience and IPV victimization or perpetration may not be causal (Jennings et al., 2014; Tomsich et al., 2017), and several studies have found no significant relationship, particularly among male victims of CAM (Abdala et al., 2016; Widom et al., 2014).

Further, gender views play a role, with highly equitable gender views having protective effects (Machisa et al., 2016). The importance of gender attitudes was also highlighted by Rada (2014), who found that violence in childhood and adolescence (both experiencing CAM and witnessing IPV) was correlated with perceiving the family of origin as a hostile environment, as well as acceptance of violence against women. The effects of IPV exposure as a child may also lead to gender-dependent outcomes, with girls tending to demonstrate internalizing behaviors (e.g., anxiety and depression) and boys demonstrating more behavioral problems (Guille, 2004).

Factors & Frameworks to Support Breaking the Cycle of Family Violence

Several factors have been identified that may help individuals and families to break the cycle of violence. In a longitudinal study of families in which mothers had experienced CAM, supportive and trusting relationships, high levels of maternal warmth toward children, and low levels of IPV were associated with the absence of CAM (Jaffee et al., 2013). Of note, among those families in which the cycle of violence was broken, women who reported supportive relationships with family members, rather than with individuals outside the family, were more likely to have broken the cycle. Guille (2004) also found that positive parent-child, sibling, and peer relationships are protective factors.

Numerous theories and frameworks have been suggested to frame and support research studying the intergenerational transmission of family violence. Bowlby's Attachment Theory (Bowlby, 1980) posits that the initial relationship between infant and caregiver serves as the foundation for the infant's mental health as well as future relationships, and thus victims of CAM may expect others to be hostile or absent and, in turn, behave in ways consistent with these expectations. Bandura's Social Learning Theory (Bandura, 1977) proposes that behaviors are often learned from one's environment and children mimic and learn interpersonal skills from their parents. As such, children growing up with exposure to IPV may come to believe that violence is normal, appropriate, and even inevitable. In terms of designing and framing family violence interventions, Bandura's Self-Efficacy Theory (Bandura, 1977) calls on an individual's self-efficacy (i.e., self-confidence, self-belief) to help them execute specific steps to achieve a goal. Utilizing Self-Efficacy Theory as a theoretical framework may encourage a strengths-based approach toward violence prevention and intervention, as participants may learn to rely on their own strengths to approach parenting and/or conflict resolution in a non-violent way.

Interventions and the Current Study

Several interventions have been created to interrupt this intergenerational cycle of family violence. However, there is great variation in this work in terms of setting, target population, level of intervention (individual, household, or community level), theoretical frameworks used, and intervention duration. These differences make it difficult to draw conclusions about the efficacy of the interventions. Previous review papers have examined interventions designed to interrupt and prevent the perpetration of CAM (Casillas et al., 2016; MacLeod & Nelson, 2000; van der Put et al., 2018; van IJzendoorn et al., 2020); these meta-analyses all include a focus on proactive/preventive CAM interventions, such as home visiting programs, and two of these meta-analyses additionally review reactive/curative interventions, such as cognitive behavioral therapy (MacLeod & Nelson, 2000; van

der Put et al., 2018). Such interventions may also effectively break the cycle of family violence, particularly programs that help participants heal from past trauma and focus on positive parenting behaviors; however, none of these previous reviews have directly considered the value and effectiveness of violence interventions from an intergenerational perspective. Further, the literature lacks a thorough review of interventions targeting the intergenerational transmission of family violence—including both CAM and IPV. This consideration is necessary as interventions designed to break the cycle of family violence may require a different approach than previous successful CAM interventions, many of which are targeted toward families with young children. For example, interventions designed for adolescents and young adults who have been exposed to family violence—CAM and/or parental IPV—may be effective in breaking the cycle of violence, yet would have been excluded from previous review papers about CAM interventions. Thus, in this literature review, we identify interventions that either focused on or mentioned the intergenerational transmission of family violence. We provide an analysis and critique of methods used in these interventions. We assess whether each intervention included the explicitly stated goal of interrupting the intergenerational transmission of violence and whether the authors evaluated the effectiveness of their intervention in an intergenerational context. We also highlight trends, successes, and gaps in the literature, and offer recommendations for future interventions and research.

Methods

We conducted a PubMed search using the following MeSH terms: "intergenerational relations AND (domestic violence OR family violence OR intimate partner violence OR gender-based violence OR adverse childhood experiences)." We also conducted searches in three other databases to account for the interdisciplinary nature of family violence research: JSTOR, CINAHL, and PsycINFO. Identical search terms were utilized in each database: "(intervention OR program OR evaluation) AND (intergenerational transmission OR intergenerational transfer OR intergenerational cycle) AND violence." An additional search using similar search terms was conducted across all databases available via the University of Southern California Libraries (e.g., more than 1800 databases). Several relevant publications identified in this search were not identified in the other searches described above.

Database searches were supplemented by perusing the reference lists of papers identified for inclusion. We included several relevant publications that were found from these reference lists. We also identified several previous meta-analyses and reviews on related topics (e.g., home visiting programs intended to stop CAM). Gray literature was also investigated, using several similar Google searches: "interventions for intergenerational…" followed by "domestic violence," then "child maltreatment," then "violence."

Studies were selected based on five inclusion criteria: (1) written in English; (2) published between January 2000 and August 2020 in peer-reviewed scientific journals; (3) original empirical studies (meta-analyses and review papers were perused for relevant empirical studies about interventions, but ultimately excluded); (4) focus on or mention of intervening in the intergenerational transmission or "breaking the cycle" of family violence; and (5) include results from implementation of an intervention (rather than a theoretical description of an intervention or a secondary data analysis). Using the Covidence platform, one reviewer conducted a preliminary scan of each title and abstract. Abstracts selected for further review were read by two independent reviewers and discussed. If abstracts were deemed acceptable for further review, each paper was read in its entirety and voted for inclusion or exclusion by both reviewers. Data extraction of included papers was completed separately by the two reviewers.

We extracted the following information from each paper: name of the intervention; theoretical framework; overall intervention strategy; whether and how the intervention interrupts the intergenerational transmission of family violence; the country and context in which the intervention was applied; the target audience of the intervention; the number of participants and the intervention dose; significant and meaningful results; and challenges and next steps discussed by the study authors. While we searched for literature based on a clearly defined research question, and we systematically attempted to identify all relevant literature, we elected to proceed with a narrative review methodology rather than a systematic review methodology in order to include publications identified through non-systematic searches (described above). The results of our narrative review consist of a qualitative synthesis and summary, rather than a meta-analysis, and our evaluation of study methodology is also qualitative.

Results

Intervention Characteristics

Fourteen papers were selected for this review (see Table 1 for individual study characteristics and Table 2 for aggregated characteristics). Only three of these interventions included an explicit aim of breaking the cycle of family violence, including long-term follow-up to assess success. These interventions ranged in length from 3 to 18 months, with follow-up periods ranging from 10 months (Ashburn et al., 2017) to 15 or 16 years (Huefner et al., 2007; Mahrer et al., 2014). One additional paper focused on interrupting the intergenerational transmission of trauma (Goodkind et al., 2012), with a duration of 6 months and a follow-up period of 12 months.

Of the total sample of 14 studies, most of these studies occurred in high-income countries (12 of 14): nine in the United States, two in the Netherlands, and one in the United Kingdom, Greece, Italy, and Spain. Only two studies were conducted in low-income countries. Target population varied

Table 1. Overview of Included Papers.

First Author (Year)	Name of Intervention	Theoretical Framework	Location	Intervention Level, Sample Size, Characteristics	Strategy	Total Dose	Results
Ashburn (2017)	Responsible, Engaged, and Loving (REAL) Fathers Initiative	Social Cognitive Theory	Amuru district, Uganda	Individuals (fathers); 500 fathers (16–25 years old) with children (1–3 years old) who are married/cohabiting with wife/partner	12-session mentoring program for young fathers to reduce violence at home, plus a 6-month community poster campaign	8–18 hours over 6 months	At intervention conclusion, participants reported more positive parenting behaviors (aOR = 1.6, 95% CI 1.01–1.63, $p<0.05$) and decreased IPV perpetration (aOR = 0.48, 95% CI 0.31–0.76, $p<0.001$); at 10-month follow-up, participants reported decreases in both CAM (aOR = 0.52, 95% CI 0.32–0.82, $p<0.01$) and IPV perpetration (aOR = 0.48, 95% CI 0.31–0.77, $p<0.001$)
Barnhart (2020)	Sugira Muryango (Strengthen the Family)	None	Rwanda	Families/households; 38 families, with measures at the child level, caregiver level, and household level	Assets-based family home-visiting intervention to promote child development among children aged 6–26 months and prevent family violence using a task-shifting model of active coaching delivered by community-based lay workers	1–1.5 hours over 3–4 months	Proportion of parents who reported decreased CAM at the end of the intervention (32%, 95% CI 11–64%) was lower than at the beginning of the intervention (63%, 95% CI 33–86%) but was increased at 6-month follow-up though still lower than at baseline (40%, 95% CI 16–70%)
Baydar (2003)	The Incredible Years Parent Training Program	None	Puget Sound, United States	Individuals (mothers); 882 mothers with children enrolled at Head Start centers	School-based parenting group training, with daycare, dinners, flexible evening hours	Study 1: 16–18 hours over 2 months Study 2: 24 hours over 3 months	1 *SD* increase in program engagement coincided with 0.1 *SD* increase in supportive/positive parenting behaviors, 0.1 *SD* decrease in harsh/negative parenting behaviors, and 0.25 *SD* decrease in inconsistent/ineffective parenting behaviors
Callaghan (2019)	MPOWER	None	United Kingdom, Greece, Italy, and Spain	Individuals (youth); 58 youth (11–19 years old) who had experienced family violence	Group counseling	15–20 hours over 3 months	Participants reported improvements in personal wellbeing ($Z = -3.426$, $p = 0.001$), social relationships ($Z = -2.777$, $p = 0.005$), and family and close relationships ($Z = -3.012$, $p = 0.003$)
Goodkind (2012)	Our Life	None	New Mexico, United States	Families/households; 13 American Indian families living on a reservation, including youth (7–17 years old) and their mothers	Group intervention for parents and children focused on communication and healing intergenerational trauma	27 sessions over 6 months	Parents reported a marginal increase in parent-child communication ($F(1,9) = 2.59$, $p = 0.14$) and decreased authoritarian and permissive parenting ($F(1,9) = 16.69$, $p<0.01$) during the intervention, and increased authoritative parenting through a 12-month follow-up period ($F(1,9) = 5.41$, $p<0.05$)
Huefner (2007)	Family Home Program	Behavioral theory	Midwestern United States	Individuals (youth); 222 adolescent-aged youth	Long-term, treatment-based, residential group-home for at-risk youth, based on the Teaching Family Model	More than 12,000 hours over 18 months	Participants with a history of CAM reported a significantly lower rate of IPV compared to national estimates (14.5% vs 36.4%); IPV rates among all former participants were not significantly different from the national average
Mahrer (2014)	New Beginnings Program	Social Learning Theory, Attachment Theory	Phoenix, Arizona, United States	Families/households; 240 families, including both divorced mothers and children (at ages 9–12 years, and again in adolescence/young adulthood)	Group parenting-focused intervention for divorced families, aimed at improving children's post-divorce adjustment and improving mothers' parenting behaviors	22 hours over 3 months	Intervention had a significant impact on maternal warmth ($B = 0.15$, $p<0.01$); no results relating to family violence

(continued)

Table 1. (continued)

First Author (Year)	Name of Intervention	Theoretical Framework	Location	Intervention Level, Sample Size, Characteristics	Strategy	Total Dose	Results
McDonell (2015)	Strong Communities for Children	None	South Carolina, United States	Communities/neighborhoods, including 470 parents at Wave 1 and 619 parents at Wave 2	A multi-year, community-based initiative to prevent CAM and improve children's safety, using outreach workers to organize communities, services for families with young children using volunteer resources and existing community facilities	Difficult to quantify intervention dose as it was applied at the community level across numerous years	Physical abuse of children of all ages decreased more drastically over time in participating communities (*MD* = 0.17, *d* = 0.04); child neglect saw a smaller increase over time in participating communities (*MD* = 0.22, *d* = 0.04)
Mejdoubi (2015)	VoorZorg	Self-Efficacy Theory, Attachment Theory, Ecological Model	The Netherlands	Individuals (mothers); 460 high-risk mothers (<26 years old; low educational attainment; first pregnancy)	Nurse home visiting, based on the Nurse-Family Partnership, starting in pregnancy and continuing until child's 2nd birthday	50–75 hours over 30 months	Nurse-visited children displayed lower internalizing symptoms than controls (RR = 0.56, 95% CI 0.24–0.94); nurse-visited families had lower prevalence of Child Protective Services reports than controls (RR = 0.58, 95% CI 0.28–0.96)
Olds (2002)	Nurse-Family Partnership	Self-Efficacy Theory, Attachment Theory, Bronfenbrenner's Ecological Model	Denver, Colorado, United States	Individuals (mothers); 735 low-income mothers (i.e., women who qualified for Medicaid or had no private health insurance)	Home visiting by nurses and paraprofessionals, starting in pregnancy and continuing until the child's 2nd birthday; goals included improving maternal and fetal health during pregnancy, improving children's health and development, and enhancing mothers' personal development	0–99 hours over 30 months	Nurse-visited children displayed less emotional vulnerability (OR 0.57, 95% CI 0.32–1.00, $p<0.05$) and less language delays (OR 0.48, 95% CI 0.23–1.01, $p<0.05$) compared to controls
Olds (2004)							At 2-year follow-up, nurse-visited women reported lower rates of domestic violence (OR 0.47, $p = 0.05$) compared to controls
Pasalich (2019)	Promoting First Relationships intervention – using data from the Supporting Parents Program	Attachment Theory	Washington state, United States	Individuals (parents); 247 parents (91% were mothers)	Home-based intervention similar to nurse home-visiting, using video-based feedback to help caregivers reflect on how they and their child may be responding during interactions	10–12.5 hours over 2.5 months	Intervention led to improved child attachment behaviors at 6 months via greater parental sensitivity (*B*(*SE*) = 0.023 (0.019), 95% CI 0.004–0.068)
Schechter (2015)	Clinician Assisted Videofeedback Exposure Session (CAVES)	Porges' Polyvagal Theory, mentalization and reflective functioning	New York, United States	Individuals (mothers); 77 mothers with children aged 12–48 months	Video feedback using four selected 30-second video excerpts of parent-child interaction for joint parent-clinician review	Unable to quantify due to lack of details in paper about duration of interactions	Mothers self-reported decreases in negative attributes toward their children ($F(1,57) = 6.0$, $p = 0.018$)
Van Rosmalen-Nooijens (2017)	Feel the ViBe	None	The Netherlands	Individuals (youth); 17 youth (12–25 years old) exposed to family violence	Free Internet-based self-support to provide peer support and information, including a forum, a chat and "ask the expert" function, and information pages; and a community manager moderator	On average, 22–22.5 hours total time spent on the website during first 12 week period; 4.5–7.5 hours during second 12 week period	Participants reported significant improvements in mental health compared to a control group (depression: $p = 0.04$, anxiety: $p = 0.049$)

Note. CAM = child abuse/maltreatment; IPV = intimate partner violence; aOR = adjusted odds ratio; *SD* = standard deviation; OR = odds ratio; CI = confidence interval; RR = risk ratio; *MD* = mean difference; *SE* = standard error.

by intervention: Most interventions (10 of 14) focused on individuals, with half of these focusing on mothers, three on youth, one on fathers, and one on parents; three interventions focused on families or households; and just one intervention was intended for neighborhoods or communities. The number of participants ranged from 13 families (Goodkind et al., 2012) to 882 mothers (Baydar et al., 2003).

Many interventions (6 of 14) did not include a theoretical framework. Among the eight studies that did, five studies drew on two or more theoretical frameworks. The most commonly cited theory was Bowlby's Attachment Theory (5 studies), followed by Bandura's Self-Efficacy Theory (3 studies) and Bronfenbrenner's Ecological Model (3 studies). Additional details about theoretical frameworks are included in Table 2.

Various types of interventions were implemented. The most popular intervention type was the home-visiting program, used in five of 14 studies. Group parent training and group counseling were used in two studies each. There was also a mentoring program, a residential group home program, an Internet-based self-support program, and a community organizing program. Additionally, two interventions utilized video feedback for the purpose of individual parent training. Most studies (11 of 14) used strictly quantitative results to investigate intervention effectiveness; only three studies used mixed methods to evaluate intervention effectiveness.

Interventions for Individuals – Mothers

Three of the five papers exploring interventions intended for mothers were nurse home-visiting programs based on a previously-tested program model known as the Nurse-Family Partnership (Olds et al., 1997). Two publications by Olds and colleagues (2002, 2004) focused on a three-armed randomized controlled trial featuring home visits by both nurses and paraprofessionals. While not specifically aiming to break the cycle of family violence, Olds et al. (2002) aimed to prevent CAM through intensive one-on-one training in competent caregiving and positive parenting to prevent participants from perpetrating CAM. Nurses and paraprofessionals, supported through training and supervision, visited mothers during and after pregnancy until the child's second birthday. Pregnant women were invited to participate in the program if they had not previously had a live birth and were eligible for Medicaid or had no private health insurance; participation was voluntary. At baseline and 2 years post-intervention, mothers self-reported any recent IPV victimization. The intervention was successful in improving mother-infant interactions in families receiving home-visits from nurses. Further, 2 years after the intervention, mothers and children visited by paraprofessionals showed greater sensitivity and responsiveness toward each other compared to controls, and nurse-visited women reported lower prevalence of IPV in the past 6 months compared to controls (Olds et al., 2004).

A nurse home-visiting intervention by Mejdoubi et al. (2015), called the "Dutch Nurse-Family Partnership" (or "VoorZorg" in the Netherlands), was also based on the Nurse-Family Partnership (Olds et al., 1997). Like the previously described intervention, VoorZorg was not designed to specifically break the cycle of family violence, but rather intended to prevent CAM through voluntary, long-term, one-on-one parent skills training. Women who were pregnant for the first time, under 26 years of age, with low educational attainment were recruited by their general practitioners, gynecologists, and midwives. Recruited women were eligible to participate if they reported at least one of nine additional risk factors for CAM perpetration (e.g., history of or current IPV, unwanted pregnancy, no employment, alcohol and/or drug abuse). Based on maternal self-reports, children in the intervention group had significantly lower internalizing symptoms (e.g., emotionally reactive, anxious/depressed, withdrawn) at their second birthday compared to controls. The intervention group also had a significantly smaller proportion of families with a Child Protective Services report during pregnancy and in the child's first 3 years of life compared with the control group.

Two additional interventions were intended specifically for mothers. The Incredible Years Parent Training Program (Baydar et al., 2003) used parenting discussion groups to reduce harsh/negative and inconsistent/ineffective parenting practices and to promote and increase supportive/positive parenting. Head Start centers were sampled in the study region; classrooms from each center were randomly assigned to the intervention and control conditions; and mothers whose children were enrolled at the sampled centers were invited to participate. To account for parenting risk factors, mothers were asked whether they had experienced CAM as children, but the intervention did not specifically aim to break the cycle of family violence. The researchers observed that increased program engagement coincided with a significant increase in supportive/positive parenting behaviors at the end of the program, a significant decrease in harsh/negative parenting behaviors, and a mild decrease in inconsistent/ineffective parenting behaviors. All three effects were less pronounced for participants who attended fewer sessions, indicating a dose–response relationship.

Lastly, Schechter et al. (2015) conducted the Clinician Assisted Videofeedback Exposure Session (CAVES) intervention, which used integrated infant-parent psychotherapy principles and clinician-led video feedback to change maternal behaviors and attitudes toward their child. This intervention did not specifically target the intergenerational transmission of family violence. Mothers were recruited from community pediatric clinics; they were asked about IPV victimization and related poor mental health. Before the feedback session, mothers with IPV-related posttraumatic stress disorder were more negative about their children and themselves; after the feedback session, participating mothers self-reported significant decreases in negative attitudes toward their children.

Table 2. Characteristics of Included Papers.

Study Characteristics	Interventions (*N* = 14), *n* (%)
Explicitly stated goal of breaking the cycle of family violence (e.g., stated goal of intervention)	3(21)
Context:	
- Low-income countries	2(41)
- High-income countries	12(86)
Country:	
- United States	9(64)
- The Netherlands	2(14)
- Uganda	1(7)
- Rwanda	1(7)
- United Kingdom, Greece, Italy, and Spain	1(7)
Target Audience:	
- Individual Level:	
- Mothers	5(36)
- Fathers	1(7)
- All parents	1(7)
- Youth	3(21)
- Household Level (Families)	3(21)
- Neighborhood Level (Communities)	1(7)
Intervention Type:	
- Home-visiting program	5(36)
- Group parent training program	2(14)
- Group counseling program	2(14)
- Mentoring program	2(14)
- Residential group-home program	1(7)
- Internet-based self-support program	1(7)
- Community organizing program	1(7)
- Individual parent training with video feedback	2(14)
Intervention Focus:	
- Intimate partner violence	3(21)
- Child abuse/maltreatment	9(64)
- Intimate partner violence and child abuse/maltreatment	1(7)
- Historical trauma	1(7)
Theoretical Framework:	
- None	6(42)
- Attachment Theory	5(36)
- Self-Efficacy Theory	3(21)
- Bronfenbrenner's Ecological Model	3(21)
- Social Cognitive Theory	1(7)
- Social Learning Theory	1(7)
- Behavioral Theory	1(7)
- Polyvagal Theory	1(7)
- Mentalization/Reflective functioning	1(7)

Interventions for Individuals – Youth

Three interventions targeted youth who had experienced or witnessed family violence. Callaghan et al. (2019) used the MPOWER intervention, a therapeutic group counseling program with 107 young people who had lived with family violence. Through activities and discussion, the intervention team aimed to provide information to the youth, and to increase awareness of and reduce youths' beliefs in intergenerational violence myths, although the intervention focused more on individual resilience and not on explicitly breaking the cycle of family violence. Participants self-reported significant improvement in personal and social wellbeing and family and close relationships over the course of the 3-month intervention.

Huefner et al. (2007) created the Family Home Program, a long-term residential "group home" intervention based on the Teaching Family Model (Fixsen & Blase, 2019), specifically intending to break the cycle of family violence. The Family

Table 3. Summary of Key Findings.

Successful Components	Gaps in the Literature	Methodological Challenges
•Educational campaigns and parenting skills training about conflict resolution strategies	•A lack of interventions focused on fathers, communities	•Most studies used different measurement scales and different outcome measures, making comparison difficult
•Mentorship and one-on-one coaching, particularly within home environments	•Most interventions focused on child abuse/ maltreatment, few focused on intimate partner violence	•Many studies used only self-reported measures
•Longer intervention duration and greater frequency	•Few studies from low-income contexts	
•Strengths-based approach	•Few studies measured long-term outcomes of interventions	
•Theoretical frameworks, particularly Attachment Theory		

Home Program placed at-risk youth in family-style homes (6–8 youth per home, ages 10–18, led by a married couple and full-time assistant) with the aim of developing healthy relationships, interpersonal skills, and self-efficacy. Members of the surrounding community were also trained in the Family Home Program model, ensuring consistent reinforcement of appropriate behaviors, and ideally minimizing the likelihood of family violence after leaving the group home. Following up approximately 16 years after the intervention, the authors compared former participants' adult history of IPV with the results of five large national surveys. Those with a history of CAM reported less than half the rate of IPV compared to national IPV estimates among individuals with a history of CAM. However, IPV rates among all former participants were not significantly different from the national average (Huefner et al., 2007).

Lastly, van Rosmalen-Nooijens et al. (2017) created Feel the ViBe, a free Internet-based self-support method for youth who had experienced family violence. While not specifically designed to break the cycle of family violence, this intervention aimed to lower the threshold to traditional healthcare services by supporting participants to find healthcare suited to their specific needs. Additionally, this Internet resource provided information and peer support to help youth become ready for change, hopefully helping to break the cycle of family violence. While participants self-reported significant improvements in mental health (i.e., depression, anxiety) compared to a control group after 12 weeks, the small sample size makes these results difficult to interpret.

Interventions for Individuals – Fathers

One program specifically targeted fathers: the Responsible, Engaged, and Loving (REAL) Fathers Initiative (Ashburn et al., 2017). The goal of the program was to reduce child exposure to family violence and thus break the intergenerational cycle. Young men were eligible if they had a toddler and were married or cohabiting with their partner; while a history of violence perpetration was not required, prior to the intervention, almost half of the participants reported perpetrating CAM, and almost one-fourth reported perpetrating IPV. Program mentors aimed to improve fathers' parenting and communication skills and reduce violent behavior by modeling nonviolent discipline and conflict resolution approaches. A community poster campaign about fatherhood and nonviolence was also incorporated. At the end of the intervention, participants reported more positive parenting behaviors and decreased perpetration of IPV; however, changes in parenting behaviors were not maintained at 10-month follow-up. Participants did not report significant changes in perpetration of CAM at the end of the intervention, but reported decreased perpetration at 10-month follow-up.

Interventions for Individuals – Parents

The one program that was targeted toward all parents was Promoting First Relationships (Pasalich et al., 2019). This home-visiting intervention was like the Nurse-Family Partnership, but was shorter in duration and included video feedback with a focus on parent sensitivity and parent-child relationships. While not specifically aiming to break the cycle of family violence, this program was designed to prevent CAM perpetration by encouraging positive, sensitive parenting behaviors. Eligibility criteria included an open case with Child Protective Services with an allegation of CAM. Parent participants were asked whether they had experienced CAM as children, although having a history of CAM did not impact the outcomes of the intervention. Results demonstrated that the intervention indirectly led to improvements in child attachment behaviors at 6 months via greater parental sensitivity.

Interventions for Families/Households

Two of the three interventions targeting households or families were group interventions intended for both parents and children. First, the Our Life program was a group intervention focused on healing intergenerational trauma and improving

Table 4. Implications for Practice, Policy, and Research.

- Future studies should rely less on self-reported outcome measures and include more objective measures; standardized outcome measures will also be important for the sake of comparing results across interventions
- More research should work toward identifying the components of theoretical frameworks and the pathways of strengths-based approaches that lead to successful violence interventions
- New interventions should incorporate trauma-informed care principles in addition to parenting skills and should be targeted to whole families (or even whole communities) instead of primarily targeting mothers
- Interventions specifically aiming to break the cycle of family violence will require a long follow-up period to determine whether the effects carry through to the next generation

and increasing communication between Native American parents (particularly mothers) and their children to prevent children from experiencing trauma in the same way as their parents (Goodkind et al., 2012). Trauma was defined as frequent thoughts and emotions about historical losses (e.g., loss of land, language, culture), but all of the mothers who participated in the intervention additionally had a history of rape, IPV, and/or witnessing violence, and many were close to someone who had died by suicide. Based on parent self-reported data, the intervention impacted parent-child communication and parenting behaviors over the course of 18 months, potentially protecting children from both the trauma of historical loss and the trauma of exposure to violence. However, with no mention of the intervention's effects on family violence and a small sample size (13 families), the results were difficult to interpret.

The New Beginnings Program was also a group intervention, focused on mothers and children after divorce. Mahrer et al. (2014) aimed to improve divorced mothers' parenting behaviors by teaching warm and positive parenting skills, and to improve children's post-divorce adjustment by teaching healthy coping skills. Interrupting the intergenerational transmission of harsh and negative parenting behaviors—the goal of this program—was seen as a way to potentially break the cycle of CAM. While data on parenting behaviors were collected at baseline, negative parenting behaviors (e.g., harsh discipline) were not a prerequisite for study involvement and were not displayed by all mothers in the study. Overall, the intervention had a significant impact on maternal warmth; additionally, maternal warmth mediated the intervention's effect on young adult parenting attitudes at 15-year follow-up.

The third intervention designed for households or families was the Sugira Muryango ("Strengthen the Family") intervention which focused on families living in poverty (Barnhart et al., 2020). Adapted from the Family Strengthening Intervention for HIV, it aimed to reduce poverty; improve parenting behaviors, conflict resolution skills, and social support; and increase access to resources; breaking the cycle of family violence was not an explicit goal. The proportion of participants who reported perpetration of CAM decreased over the intervention period; this proportion had increased at 6-month follow-up but remained below baseline levels. However, the findings were not statistically significant, possibly related to the small sample size of 38 families.

Interventions for Communities

The final intervention, Strong Communities for Children, took a two-pronged approach to community-level change (McDonell et al., 2015). The first piece involved local outreach workers and community organizations developing and implementing plans to keep kids safe within the community. The second piece involved community-organized services for families with young children (e.g., play groups, family activities, discussions with family advocates, parents' nights out). Although not directly intending to break the cycle of family violence, this program aimed to reduce CAM by increasing neighborhood cohesion, echoing previous research that perceived neighborhood cohesion buffers the effects of harsh parenting on children's behavior (Silk et al., 2004). After 6 years of implementation, residents of participating communities rated their neighbors as having increased positive parenting as well as decreased inadequate parenting and physical/verbal abuse. Additionally, local physical abuse reports for children of all ages decreased more in participating communities. Rates of child neglect, obtained from state Child Protective Services records, increased in both participating and comparison communities, but this increase was smaller in participating communities.

Discussion

The results of this review suggest several promising avenues to interrupt the cycle of family violence, as well as identifying gaps in the literature and potential next steps. Key findings are summarized in Table 3; implications for policy, research, and practice are presented in Table 4.

Components of Effective Interventions

Several interventions demonstrated the efficacy of educational campaigns that increased awareness about conflict resolution strategies (Ashburn et al., 2017; McDonell et al., 2015) and parenting skills training that led to decreased violence and/or increased competency and confidence in communication and parenting (Baydar et al., 2003; Mahrer et al., 2014; Mejdoubi et al., 2015; Olds et al., 2002, 2004; Pasalich et al., 2019).

This review also revealed the importance of the incorporation of interpersonal contact in interventions to reduce the

intergenerational transmission of family violence. Ongoing support through coaching and home visiting was shown to be effective in several interventions (Huefner et al., 2007; Mejdoubi et al., 2015; Olds et al., 2002, 2004), perhaps reducing participants' feelings of having to confront adversity and stressors on their own. It is important to note that there is a history of compulsory participation in home-visiting interventions, disproportionately impacting poor families and/or families of color and thus perpetuating social biases (Fong, 2020). However, the interventions included in this review paper were all voluntary, and individuals and families chose to participate. These effective interventions all involved outside support within home environments, including group homes (Huefner et al., 2007) and nurse and paraprofessional home visiting (Mejdoubi et al., 2015; Olds et al., 2002, 2004), suggesting that individuals may be particularly receptive to receiving information and implementing behavioral changes within their home environments. Additionally, parent training and home visiting interventions for CAM have been the focus of several previous review papers (Casillas et al., 2016; MacLeod & Nelson, 2000; van der Put et al., 2018). This consistent focus on parent training and home visiting interventions for CAM speaks to their importance and predominance in the field, and also implies that similar approaches can be successful interventions for CAM as well as intergenerational family violence. However, relatively extreme preventive measures (e.g., social distancing, stay-at-home orders) became necessary at the onset of the COVID-19 pandemic, likely limiting in-home coaching and home visiting for an extended time. Such in-home interventions may be adapted to a virtual environment, which would be beneficial for families during future extreme situations, as well as those living in areas lacking convenient access to coaches, home-visiting nurses, and other professionals. Specific research is needed to determine whether virtual coaching or virtual "home visiting" is as effective as in-home, in-person interventions, and to evaluate whether technological limitations (e.g., access to computers and/or smartphones and high-speed Internet) could be overcome.

Mentorship also showed promise for breaking the cycle of family violence. A recent review by Plourde et al. (2020) highlighted the REAL Fathers Initiative by Ashburn et al. (2017), also included in this review. This intervention provides an example of mentorship specifically geared toward family violence. Fathers who received mentorship through the REAL Fathers Initiative reported decreased rates of CAM and IPV compared to a control group. While not directly examining the cycle of family violence, Hsiao et al. (2019) also underscored the value of mentorship and one-on-one coaching from the perspective of at-risk teenage boys in Taiwan.

Some results demonstrated a dose–response relationship, suggesting the value of increased intervention frequency and duration when seeking to ensure long-term outcomes. For example, even though the intervention lasted only 3 months, Baydar et al. (2003) explicitly discussed a dose–response relationship, in which mothers with greater session attendance reported greater benefits. In addition, results suggest that sustained personal contact by coaches or mentors increased the likelihood of intervention success. Although many interventions did not provide long-term follow-up results, two of the longest interventions demonstrated lasting positive benefits of one-on-one coaching. Two years after the 30-month Nurse-Family Partnership intervention ended, mothers who had worked with nurses and paraprofessionals continued to show greater sensitivity and responsiveness to their children compared to mothers in the control group, as well as reporting lower rates of IPV (Olds et al., 2004). Further, 16 years after the end of the 18-month Family Home Program, participants with a history of CAM had significantly lower rates of IPV compared to the national average (Huefner et al., 2007). The potential success of long-term coaching should be explored further, and in various contexts.

A strengths-based approach was also shown to be a useful framework for several interventions (Barnhart et al., 2020; Callaghan et al., 2019; Pasalich et al., 2019). This approach focuses on individuals' own strengths and assets, indicating that individuals who are provided with adequate support and knowledge can make changes to improve their own lives. For example, the MPOWER intervention used a strengths-based approach to promote resilience in children and young people who had experienced family violence, leading to improvements in participants' personal and social wellbeing and family and close relationships (Callaghan et al., 2019). However, while each strengths-based intervention showed benefits, it is unclear whether these benefits were direct results of the intervention or whether they were due to individuals' innate traits. Further, the success of these three interventions varied widely. More research is needed to demonstrate the mechanisms by which strengths-based interventions work.

Gaps in the Literature

Addressing the intergenerational transmission of family violence requires a multidisciplinary and multilevel approach that is context dependent. Theoretical frameworks can be applied to describe the reasons for ongoing cycles of violence and to inform potential intervention design. In this review, numerous effective interventions were based on Attachment Theory (Mejdoubi et al., 2015; Olds et al., 2002, 2004; Pasalich et al., 2019), suggesting that parents who form strong bonds with their children are less likely to perpetrate CAM. On the other hand, it is worth noting that almost one-half of the interventions included in this review did not mention a theoretical framework. Further research could help elucidate the pathways or components of theoretical frameworks that might lead to higher success rates.

One of our primary goals was to assess whether and how family violence interventions addressed the intergenerational transmission of family violence. However, numerous papers included in this review seemed to only mention "breaking the

cycle" or "intergenerational transmission" as a buzzword in the introduction or as an afterthought in the conclusion. Indeed, only three of the papers reviewed included explicit aims of breaking the cycle of family violence, and only two of these included a follow-up period that tracked children and adolescents into young adulthood. While acquiring funding for long-term or follow-up studies can be challenging, such studies are critical to understanding intervention approaches to disrupt the intergenerational transmission of family violence. The inclusion of longer-term measurement is needed in order to fully evaluate the effectiveness of such interventions.

Considering all interventions included in this review, as seen in Tables 1 and 2, the largest proportion of interventions were targeted toward mothers with the aim of preventing CAM. The emphasis on mothers may be due to mothers' general proximity and responsibility for their children. Several interventions targeted mothers who were pregnant for the first time, who had low socioeconomic status and/or low educational attainment, and who reported risk factors for CAM perpetration, such as past or present IPV victimization, unwanted pregnancy, or alcohol and/or drug abuse. Only one intervention focused on fathers, with the goal of decreasing perpetration of both IPV and CAM (Ashburn et al., 2017). Nonetheless, because perpetrators of family violence are often male, interventions that aim to improve men's coping and relationship skills are recommended. While there are numerous "batterer intervention programs" targeted toward abusive men, such interventions do not have an intergenerational focus and thus were not considered in the current review. Voith and colleagues (2020) point out that batterer intervention programs are generally the primary intervention for men who perpetrate family violence; however, the effectiveness of these interventions is limited, due, in part, to behaviors learned in childhood in response to adverse childhood events and trauma. More focus on trauma-informed care principles and trauma interventions should be incorporated into such programming. In addition, interventions that focus on improved parenting skills should incorporate all parents. This aligns with the work of Tremblay and Côté (2019), who highlighted the importance of a long-term, biopsychosocial developmental approach that includes all members of the family.

Interestingly, only three of the interventions in this review were solely focused on the primary prevention of IPV, and all three of these interventions were targeted toward youth who had previously been exposed to family violence. As stated above, future research on IPV prevention may explore batterer intervention programs that have the explicit goal of interrupting the intergenerational transmission of family violence. Further, previous review papers have focused on the intergenerational cycle of trauma (Howell et al., 2021; Isobel et al., 2019); thus, additional interventions targeting intergenerational trauma were not included in this review.

Although IPV and CAM are often addressed at the individual and family levels, interventions cannot ignore the systemic factors that contribute to the cycles of violence at a community and neighborhood level. In this review, only one intervention—Strong Communities for Children—was focused on communities (McDonell et al., 2015). A previous review paper showed that multi-component community-level CAM prevention programs (e.g., parent training, children's programs, support services for families) reduce the risk of CAM (MacLeod & Nelson, 2000), suggesting that family violence interventions designed for communities may indeed be effective. More efforts are needed to identify community-based solutions that may build interpersonal ties and provide better support systems for families at risk of family violence.

We discovered several other gaps in the literature, as well as methodological challenges. First, most studies came from high-income settings, highlighting a lack of diversity in this area of research and a lack of research in other contexts. Further, several studies targeted mothers below a certain age, income, or educational attainment; indeed, young age, low socioeconomic status, and low educational attainment are documented risk factors for CAM perpetration. However, by focusing exclusively on mothers who are younger than a certain age, who have less than a specific amount of education, and who make less than a certain income, the samples selected for these studies were socioeconomically limited, and bias may have been introduced into the results. A stereotype about CAM perpetrators may also have been unintentionally reinforced. Further, these socioeconomic considerations are not the only risk factors for CAM perpetration. In future studies, a broader set of eligibility criteria will be necessary to minimize bias and combat the likely harmful stereotype about young, low-income, less-educated mothers as CAM perpetrators.

Second, almost all studies utilized different scales of measurement, often measuring completely different outcomes, making it difficult to directly compare results between studies. The development of (or broad agreement upon) standardized measures within the field of family violence research would smooth the comparison of interventions and ultimately help researchers to identify the most effective strategies for violence prevention and intervention.

Third, many studies relied solely on self-reported measures, which are subject to bias. For example, Lichter and McCloskey (2004) found higher associations of IPV across generations within clinical samples, compared to community samples, and highlighted the need to consider whether reported transmission of IPV is in fact due to biases in sampling (e.g., those in clinical settings have situations/symptoms serious enough that they have sought treatment) or self-reporting (e.g., minimization, self-blame, denial, blaming parents). Further, Thornberry et al. (2012) found that many studies reported findings consistent with the cycle of maltreatment hypothesis, but that the positive association was often based on methodologically weak designs, highlighting the need for robust studies to confirm the validity of the cycle of maltreatment hypothesis. Numerous studies have found associations between family violence exposure and similar

behaviors later in life. Unfortunately, methodological limitations (e.g., lack of complexity, too much variability, recall bias, retrospective data) impair the ability to examine the intergenerational pathways or mechanisms through which transmission occurs and to provide evidence-based recommendations about family violence prevention (Gil-Gonzalez et al., 2008; Haselschwerdt et al., 2019). More objective outcome measures, such as trained observers and Child Protective Services reports, were used in seven interventions in this review (Baydar et al., 2003; McDonell et al., 2015; Mejdoubi et al., 2015; Olds et al., 2002, 2004; Pasalich et al., 2019; Schechter et al., 2015). Our results suggest that increased use of such objective measures could minimize potential bias and improve the validity of results of future interventions.

Fourth, there are many types of family violence. While interventions have been designed to address various types of CAM (e.g., physical abuse, sexual abuse, neglect), IPV interventions typically focus on physical violence, while ignoring other types of IPV (e.g., verbal abuse, coercive control). However, some evidence shows that victims experiencing different types or combinations of IPV may have worse outcomes. For example, physical violence coupled with coercive control may be more harmful to a victim's mental health compared to physical violence in isolation (Haselschwerdt et al., 2019). Future studies should recognize a broader definition of IPV, examine the effects of different types of IPV alone and in combination, explore whether some cycles (e.g., cycle of physical violence vs. cycle of coercive control) are easier to break, and thus inform new interventions that comprehensively address IPV.

Finally, as mentioned above, several interventions included in our review incorporated Attachment Theory in their theoretical frameworks and aimed to increase mothers' knowledge of nonphysical discipline alternatives (Mejdoubi et al., 2015; Olds et al., 2002, 2004; Pasalich et al., 2019). Several other interventions aimed to overcome maladaptive cognitive schemas, specifically that violence is an acceptable form of conflict resolution (Ashburn et al., 2017) and that adults are not trustworthy (Callaghan et al., 2019). But other intermediary factors identified in previous literature as contributors to the intergenerational transmission of violence were not directly addressed in any of the interventions in this review. Future work should consider how interventions aimed at breaking the cycle of family violence can also combat destructive disagreement beliefs and parental approving attitudes toward aggressive behavior, as suggested by the findings of Sutton et al. (2014), Rodriguez et al. (2018), and Guille (2004). Additionally, as previous studies have shown that gender views play a substantial role in the cycle of family violence (Lichter & McCloskey, 2004; Machisa et al., 2016; Rada, 2014; Stith et al., 2000), future research should examine the impact of violence interventions on men and boys compared to women and girls, with a focus on individual gender views and family gender roles.

Limitations

This review identifies strengths and limitations of interventions that focus on or mention breaking the intergenerational cycle of family violence. However, this review has several limitations as well. First, our search terms accounted for various aspects of family violence, but our selected search terms were limited. Specifically, we did not include related search terms such as abuse, aggression, or cycle of violence, and we did not explicitly include CAM as a search term. Thus, there is a chance that we missed relevant interventions because of these oversights. Second, we did not conduct a quality analysis of studies included in this review. Finally, we only included studies published in English.

Future Directions

More research is needed to identify other creative approaches that may have utility in breaking the cycle of family violence. Additional promising interventions to interrupt the intergenerational transmission of family violence were identified, but were not included because of a lack of published results. First, For Baby's Sake is a strengths-based and trauma-informed intervention intended for new parents (Domoney et al., 2019), with the aim of decreasing violence via therapeutic techniques to help parents recover from adverse childhood experiences and past trauma, utilize positive communication and parenting, and decrease violent behaviors. The second is an animal-assisted therapy program for children who have experienced CAM (Parish-Plass, 2008), incorporating animals into a psychotherapy setting to help children gain awareness and insight into their thoughts and feelings. Interactions with animals are shown to help therapy clients to change their inner dialogues and strategies (e.g., children recognizing that they themselves are capable of empathy and beneficial behavior through their interactions with animals; therapists using the bonds between children and animals to help the children work on safe ways to express anger), potentially breaking the cycle of family violence by helping children who have experienced CAM to grow up to be empathetic, non-violent adults.

Other promising interventions include Preventing and Addressing Intimate Violence when Engaging Dads (PAIVED), which involves screening fathers for domestic violence risk factors, educating fathers about the intergenerational cycle of violence, and providing free or low-cost battering intervention services (Wilson et al., 2020); and the Violence Intervention Program, which incorporates therapy to help children work through trauma and aims to break the cycle of family violence (Bao, 2021). These interventions, along with interventions that we've considered in more detail (e.g., MPOWER), include an important component to target the intergenerational transmission of family violence, which is lacking from many programs designed specifically for CAM or IPV prevention: addressing and helping individuals recover from childhood trauma.

Trauma-informed care and education about the intergenerational cycle of violence may help individuals who have experienced CAM or witnessed IPV to heal, to gain a more empathetic perspective, and to be aware of the generational consequences of violence.

Considering systemic and policy changes that could positively impact families, Van IJzendoorn et al. (2020) suggested exploring large-scale socioeconomic experiments as future research avenues, such as cash transfer trials and experiments with vouchers to move to lower-poverty neighborhoods. Interventions similar to Moving to Opportunity—a housing relocation program that helped families move out of high-poverty neighborhoods (Goering et al., 1999)—may also be effective in terms of breaking the cycle of family violence by helping families relocate to cohesive and supportive neighborhoods (such as those in the Strong Communities for Children intervention), or by helping families move to be closer to their own social networks. Additionally, policy changes such as restructuring the welfare system, introducing a universal basic income, and providing resources (e.g., subsidized or free childcare, free and flexible course schedules) to help mothers complete their high school diplomas and/or college degrees could help to eliminate much of the risk of family violence associated with income and education. Research on such large-scale interventions will be needed to determine feasibility and effectiveness in terms of interrupting the cycle of family violence.

Conclusion

Interrupting the intergenerational transmission of family violence is an important goal for the sake of current and future parents and children. Our results found that successful interventions most often involved long-term support of parents and families, such as coaching and home visiting, and a strengths-based approach focusing on individuals' own strengths and assets. Numerous gaps in the literature were also identified, including lack of long-term follow-up, a lack of interventions geared toward fathers, a lack of larger-scale interventions intended for neighborhoods or communities, and operationalization inconsistencies. More research is needed to address the systemic factors that contribute to the cycles of violence at a community and neighborhood level. Additionally, few interventions were solely focused on the primary prevention of IPV; most interventions focused on the primary prevention of CAM. Future interventions geared toward interrupting the intergenerational transmission of family violence should incorporate a trauma-informed framework, incorporate objective outcome measures versus participant self-reported outcome measures, include long-term follow-up, and target fathers. More research is also needed to investigate non-environmental factors such as genetics. Finally, intervention comparison and the identification of effective strategies for prevention and intervention will be more straightforward if standardized definitions and measures can be agreed upon within the field of family violence research.

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