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The United Nations Secretary-General's report on violence against children has heightened awareness in Member States of the victimization of children worldwide. In this context, the WHO Regional Office for Europe has produced a policy briefing on the public health approach to preventing child Maltreatment in the WHO European Region. The interest generated by this document has indicated the need to look at the consequences of child abuse and neglect in more detail, especially in relation to the risk of further victimization and later antisocial behaviour. The present document highlights the recurring nature of the cycles of violence across generations and the evidence-based interventions needed to break the cycle of violence.

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The cycles of violence
The relationship between childhood maltreatment and the risk of later becoming a victim or perpetrator of violence

Key facts





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**Violence and Injury Prevention Programme
WHO Regional Office for Europe**



ABSTRACT

The United Nations Secretary-General's report on violence against children has heightened awareness in Member States of the victimization of children worldwide. In this context, the WHO Regional Office for Europe has produced a policy briefing on the public health approach to preventing child Maltreatment in the WHO European Region. The interest generated by this document has indicated the need to look at the consequences of child abuse and neglect in more detail, especially in relation to the risk of further victimization and later antisocial behaviour. The present document highlights the recurring nature of the cycles of violence across generations and the evidence-based interventions needed to break the cycle of violence.

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1. Introduction

The United Nations Secretary-General's report on violence against children (1) has heightened awareness in Member States of the victimization of children worldwide. In this context, the WHO Regional Office for Europe has produced a policy briefing on the public health approach to preventing child maltreatment in the WHO European Region. The interest generated by this document has indicated the need to look at the consequences of child abuse and neglect in more detail, especially in relation to the risk of further victimization and later antisocial behaviour.

Prevalence studies on child abuse and neglect involving victim surveys indicate that the number of people who have been maltreated in childhood is ten times greater than that reported (2). For example, an international overview of the prevalence of child sexual abuse in 21 countries worldwide indicates that between 7% and 36% of women and between 3% and 29% of men report childhood sexual victimization (3). The differences in prevalence rates among countries can partly be explained by variations in methods, samples used and response rates.

Child maltreatment is typically divided into four types: physical abuse, sexual abuse, emotional and psychological abuse, and neglect (4,5). Often children suffer more than one type of maltreatment at the same time and/or over a period of time (6). Furthermore, children who are maltreated by more than one person (e.g. both the mother and the father) subsequently suffer more problems than those maltreated by one person (7). Research has shown that 2 in 5 maltreated children are maltreated by more than one person at different times in their life, and the majority of these perpetrators are family members (8).

The negative impact of abuse and neglect on children and adolescents should not be underestimated, especially in relation to its long-term burden on physical and mental health and development (9).

2. Consequences of child maltreatment

For many years, research has demonstrated a number of potentially negative outcomes for victims of child maltreatment (9–11), including:

- death
- physical and mental disability
- stress and physical health problems
- low self-esteem and poor self-worth
- educational failure
- emotional and behavioural problems
- sleep disorders and post-traumatic stress disorder
- mental health problems
- eating disorders and self-injury
- alcohol and drug abuse
- increased risk of further victimization
- victims becoming offenders
- antisocial and criminal acts

Generally, maltreated children show less self-confidence, joie de vivre and hope for the future. These consequences may continue into adulthood and reduce the person's quality of life. Risk-taking behaviour also leads to far-reaching physical and psychological ill effects, sometimes resulting in early death or suicide. Evidence from the Adverse Childhood Experiences (ACE) study in the United States demonstrated a strong relationship between maltreatment in childhood and self-reporting by adults of smoking, obesity, alcohol and drug abuse, sexually transmitted diseases, depression and suicide (11). In addition, childhood victims who reported a high number of adverse experiences were more likely to have heart disease, cancer, stroke, diabetes, liver disease and generally poor health as an adult (11).

3. Cycles of violence

Similar risk factors underlie these different types of violence, including, for example, a previous history of violence, mental illness, alcohol and drug misuse, social isolation, poverty, high unemployment and economic inequalities (5,6). The presence of risk factors perpetuates cycles of violence; and their absence, together with protective factors such as financial security and social support, help break these cycles. Much of this research, however, comes from Australia, North America and western Europe (1). Outside these regions, the concept of victims becoming perpetrators has been poorly studied and not fully recognized.

The research evidence available considers the links between being a victim of childhood maltreatment and going on to experience violence in later life, either as a victim or a perpetrator of collective, self-directed or interpersonal violence (4,5).

- Collective violence refers to violence committed by groups of people and can be subdivided into social, political and economic violence. Gang membership in adolescence is often associated with adverse experiences as a child (12) and this may lead to involvement in social, political or economic violence and/or a criminal career (10).
- Self-directed violence refers to violence whereby the perpetrator and the victim are the same person. It is subdivided into self-abuse and suicide. Two decades of research has consistently shown a relationship between child maltreatment and self-harm. For example, the following links have been reported: eating disorders and depression (13); prostitution, cutting and self-strangulation (14), and suicide (11).
- Interpersonal violence can be subdivided into family violence (towards partners, siblings, children, parents and older family members) and community violence (violence by teenage and adult acquaintances and strangers, violence related to property crimes, and violence in workplaces and other institutions).

4. Cycles of interpersonal violence

The cycle of interpersonal violence has attracted more research than other areas and can occur in the following ways:

- from victim to further victim of violence in the home and community;
- from victim to child abuser in the home (i.e. a maltreated child becoming an abusive parent);
- from victim to perpetrator of violence against an intimate partner in the home; and/or
- from victim to perpetrator in the community, often as an antisocial offender.

These contexts are not mutually exclusive and often interact; for example, some 50% of violent men are both violent in the home and in the community (15).

From victim to further victim of violence in the home and community

Experiencing victimization as a young child increases the risk of further victimization in later childhood (16,17) and adulthood (18,19). For example, a survey of 5908 French women in stable relationships found that 1 in 7 of those with a childhood history of maltreatment reported serious abuse by their spouse, compared with 1 in 20 of those with no such experience in childhood (20). A decade earlier, remarkably similar findings were found in a survey of women in the United States (21). Again, 1 in 20 of women with no history of maltreatment were victims of adult domestic violence, compared to 1 in 10 of those who had experienced one type of abuse in childhood and 1 in 3 of those who had experienced physical, sexual and emotional abuse. In addition, a recent British study of 1207 women attending primary care services (22) showed a significant co-occurrence of sexual and physical abuse in both childhood and adulthood. The chances of being a victim of such abuse as an adult were significantly higher in those women who had experienced childhood victimization.

The extent of continued victimization has been assessed in only those few countries where registers and databases are routinely kept. In the United States and the United Kingdom, after child maltreatment has been detected and referred to official child protection agencies, rates of re-referral range between 5% and 24% with a 1–4-year follow-up (8,23–24). Furthermore, British research has demonstrated that once a child has been referred at least twice, the risk of it being maltreated and subsequently re-referred within the following 27 months more than doubles (8).

From victim to perpetrator of violence in the home

The consensus from research is that individuals with a history of abuse in childhood are at increased risk of maltreating their own children and/or partners (6,25). Indeed, the links between spouse abuse and child abuse are well recognized and where both types co-occur, the severity and frequency of violence increases (26).

However, this intergenerational pathway of maltreatment is not inevitable and is the result of a complex interaction between risk, protective and mediating factors (1,27).

Parental and family risk factors for child maltreatment occur at above-average rates in individuals with a history of abuse (28,29).

<p>Parental factors include anxiety, depression, poor self-esteem, emotional problems, substance abuse, mental illness, poor interpersonal skills, and involvement with violent partners.</p>	<p>Family factors include poverty or low income, living with step-parents, isolation or a perceived lack of social support, early separation from the mother, and young parental age.</p>
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The characteristics of a child can also be associated with increased risk of maltreatment. Some characteristics are particularly stressful for parents with a history of abuse, who may not have the personal resources to cope with the stress of:

- complications of pregnancy or birth
- infants and young children
- a child with special needs, such as physical disability.

Nevertheless, the majority of individuals who experienced maltreatment as a child are not violent towards their own children. Estimates from prospective studies range from 8% in the United Kingdom to 40% in the United States (6,30–33). The reported rates vary because of the different study methods, but they are consistent in finding that only a minority of parents with a history of childhood abuse go on to abuse their own children. Although this is “good news”, the role of victimization cannot be down played as a risk factor for becoming a perpetrator of violence.

Research evidence shows that people who were abused as children have a higher probability of living with a violent spouse. These parents often abuse their own children and/or fail to protect them from their violent encounters. Nevertheless, with social and emotional support, this cycle of violence may be broken, helping individuals to avoid violent relationships and promoting positive parenting of their children (34,35). This intervention is most effective in long-term, stable relationships and in a secure home environment. Nevertheless, some parents may also need psychotherapy and counselling to overcome their adverse childhood experiences (25).

From victim to perpetrator in the community

Research suggests that experiencing abuse and/or neglect increases the likelihood of an individual being susceptible to the effects of violence in the media (36) and to engaging in antisocial behaviour and activity (10,14,32,37–39). This has been examined in terms of:

- whether a particular type of maltreatment (e.g. sexual abuse) will result in the same type of offending behaviour (e.g. sexually assaulting others) (40,41); and
- whether a particular type of maltreatment (e.g. physical abuse and/or neglect) increases the general probability of becoming a perpetrator of violence (42,43).

For both of these questions, the research evidence is inconclusive. However, it is important to consider that longitudinal studies in the United Kingdom and the United States have shown that the majority of abused and/or neglected children do not go on to commit offences (37,44). Prospective research estimates that:

- 1 in 6 maltreated boys and girls go on to become violent offenders (32); and
- 1 in 8 sexually abused boys go on to become sexual offenders (45).

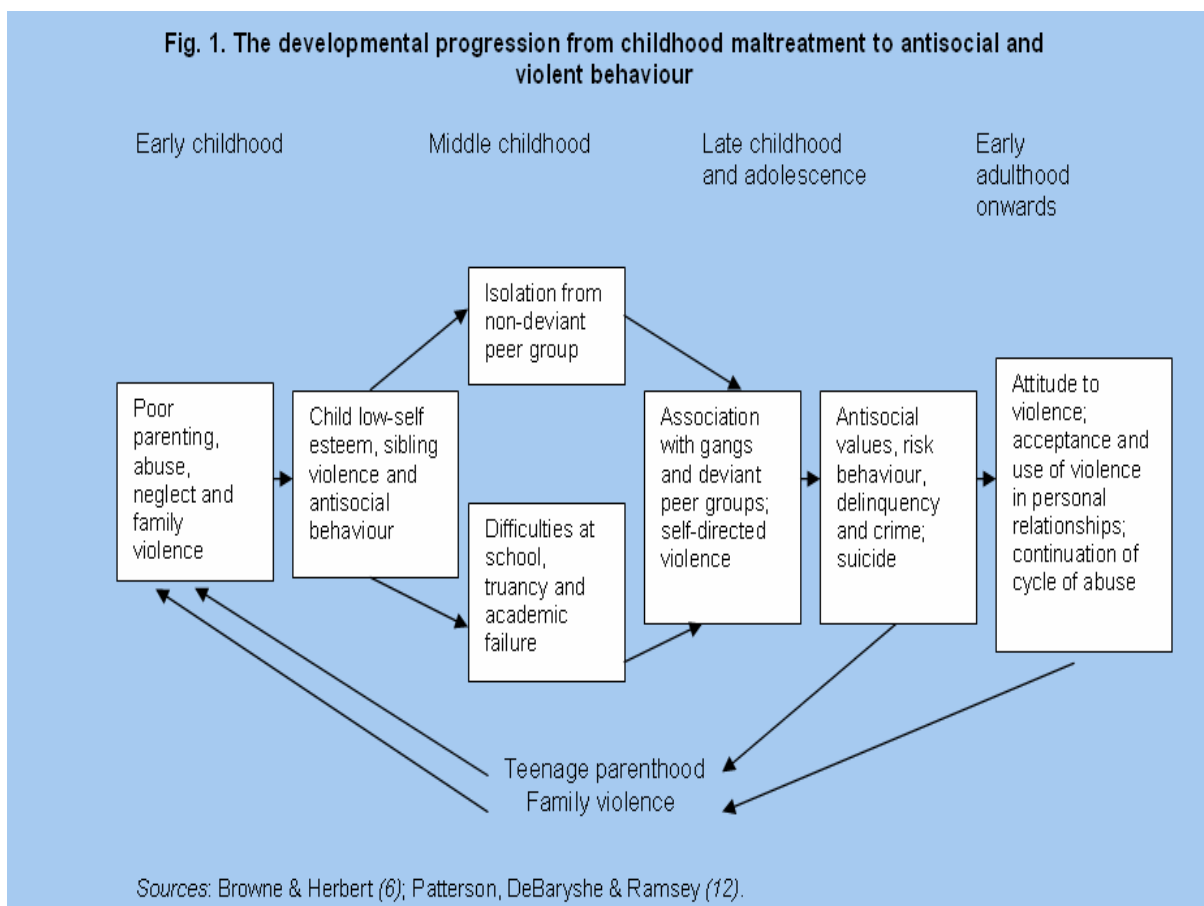
In terms of breaking the victim-to-perpetrator cycle in the community, a recent study has identified a number of associated risk factors (46):

- gender differences (males are at greater risk)
- temperament and personality of the victim
- early age of onset of maltreatment
- type of maltreatment and use of force
- frequency and duration of maltreatment
- severity of maltreatment
- relationship to perpetrator
- multiple perpetrators
- recurrent victimization
- response to disclosure.

It is possible to prevent cycles of violence in the community through the early identification of childhood victims, who can be offered help and support before they develop antisocial behaviour. Fig. 1 illustrates the developmental progression of antisocial behaviour. The model is based on the theory that growing up in a violent family has several negative consequences for the child, such as becoming socially unresponsive, emotionally blunted, passive, apathetic and inattentive (6,12).

Fig. 1 indicates that preventing cycles of violence (5) can be achieved by:

- promoting positive parenting to families with children under five years of age;
- identifying and offering support to young children with preschool behavioural problems such as low self-esteem, poor emotional regulation and antisocial behaviour;
- school inclusion and support for children who are failing academically, have behavioural difficulties or who may be missing school or isolated from their peers;
- incentives to complete schooling;
- positive interventions for adolescents and their families involved in alcohol and drug misuse, antisocial acts or self-harming behaviour, either singly or in peer groups;
- appropriate criminal justice interventions for delinquent teenagers, with family and community involvement, aimed at changing antisocial values and risk behaviour in a positive way (custodial sentences have been shown to be less effective in creating change); and
- education for all teenagers and positive interventions for delinquent teenagers regarding positive relationships, reproductive and sexual health, pregnancy and parenthood; this also reduces the risk of intergenerational transmission of maltreatment.



5. Conclusions

Health, education, justice and social service professionals can be more effective in preventing cycles of violence, both in the home and in the community, by adopting a life-cycle approach to providing support and services to children and families in need at different stages in the child's development (1). Early interventions provide a better prognosis and more cost-effective solutions (35). Such interventions would be an investment in reducing the recurring cycles of violence, thereby reducing the public health and societal burden of violence.

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