

# The Role of Corporal Punishment of Children in the Perpetuation of Intimate Partner Violence in Australia

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Intimate partner violence (IPV) has been widely acknowledged as a prominent problem throughout Australia. A growing body of research has linked corporal punishment of children in the home with numerous adverse outcomes both in childhood and adulthood. Some of these adverse outcomes in childhood, such as aggression and antisocial behaviour, may be antecedents for involvement in violence as an adult. Adverse longitudinal outcomes of corporal punishment in childhood include involvement in intimate partner violence as an adult, both as victim and as perpetrator. Corporal punishment is a type of family violence that is legal in Australia, yet its role in the family violence scenario is not yet fully appreciated. This article presents extant scientific literature on the link between corporal punishment in childhood and involvement in intimate partner violence in adulthood, and argues for the employment of this knowledge in the implementation of policy making around corporal punishment of children.

■ **Keywords:** corporal punishment, domestic violence, family violence, intimate partner violence, inter-generational transmission of violence

## Introduction

Two kinds of family violence will be discussed in this article: intimate partner violence (IPV) and corporal punishment (CP). The term ‘CP’ is used to refer to the disciplining of children using physical force. It is a term universally accepted and recognised, and used widely by organisations and in scientific literature in general. ‘IPV’ is the term used to refer to what is otherwise also frequently described as ‘domestic violence’. IPV is the more appropriate term because it conveys, with a greater degree of accuracy, specifically acts of violence occurring between partners (Goddard & Bedi, 2010), and makes the distinction between other violence occurring within the parameters of the domestic milieu. Family violence, also discussed in this article, ‘is largely an umbrella term used to include all forms of interpersonal violence that occur between family members’ (Chung & Wendt, 2015).

Research findings have linked the use of CP of children with involvement in IPV later in life, both as victim and as perpetrator. In Australia there is an emerging understanding of the many different factors that may impact on an individual’s involvement in family violence, which has led the focus toward a holistic approach to tackling it. The potential impacts of CP of children have not yet been addressed in this dialogue, but doing so may present an opportunity to intervene at the primary prevention level of IPV and help

reduce family violence of all kinds in Australia. This article presents the major trends in the research on CP in the context of intergenerational transmission of violence and proposes to start a dialogue about the CP of children in Australia. In light of this research, and the ramifications that it has had internationally, and considering the great challenges that Australia faces in the field of family violence and IPV, Australia’s current allowance of a legal defence for CP may be counter to its vigilance on combating family violence and IPV in all settings (Rowland, Gerry, & Stanton, 2017).

## The Challenge with CP

Long-term adversity associated with physical, emotional or sexual abuse of children is well established and these types of abuse are prohibited in Australian legislation. The link between CP in childhood and IPV in adulthood is less well recognised in Australia, and legislation still allows for ‘this less’ severe type of violence to occur. Some researchers have argued for the inclusion of CP as an Adverse Childhood

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Experience (ACE) alongside physical and emotional abuse, due to the similar and significant impacts CP may have on the child in the short and long term, (Afifi et al., 2017a). One problem that has faced researchers and law enforcers is the question of where CP ends and child abuse begins, as CP is a broad term that includes various types of physical punishment (Ferguson, 2013). Australian legislation does not make a clear distinction between what is severe and what is less so, for example, by allowing for the use of implements to punish children. In determining what is CP, parents must take into account the age and capacity of reasoning of the child, the method of punishment, and the harm caused to the child (Holzer & Lamont, 2010). Legislation distinguishing between CP and abuse states that harm must not be caused for more than a 'short time', as this could result in the abuse of the child. Imprecise and subjective terminology such as a 'short time' and 'reasonable' in the legislation has the potential to confuse both parents and law enforcers and is reflective of the subjectiveness of the act of CP itself. People, however, favour 'the use of legislation to define acceptable and non-acceptable ways of punishing children' (Tucci, Saunders, & Goddard, 2002). Just as there are overlaps in the effects of child abuse and CP on a child, it also seems possible that an overlap between CP and child abuse is thus both practicable and legally defensible under current legislation.

### Intimate Partner Violence in Australia

IPV affects physical and mental health, children, causes homelessness, has significant economic impacts and may result in homicide (Phillips & Vandenbroek, 2014). In Australia, a woman is more likely to be a victim of violence from her intimate partner than from anybody else (ABS, 2013; Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). The International Violence against Women Survey (2010–2014 wave) estimated that 25% of women in Australia will experience IPV in their lifetime (Mouzos & Makkai, 2004). The 2012 Personal Safety Survey (ABS, 2013) found that 1 in 6 women had experienced physical or sexual violence from a current or former partner, and 1 in 3 had experienced physical violence. Twenty to twenty-five percent of all homicides in Australia are perpetrated by spouses (Mulrone, 2003) and in 2015, more than 70 women were killed by a partner or former partner. IPV has been reported to equally affect both male and female partners, yet women are more likely to be the victim of more severe violence (Straus, 2014). Seventy-five percent of IPV victims requiring hospitalisation are women, and women are 10 times more likely than men to suffer injuries resulting from IPV (Sherrard, Ozanne-Smith, Brumen, Routley, & Williams, 1994). Internationally, the World Health Organisation (WHO) has identified the problem of IPV as being 'of epidemic proportions, requiring urgent action' (WHO, 2015).

The National Council to Reduce Violence against Women and their Children has estimated that violence against women and their children costs the Australian econ-

omy over \$13 billion in 2009 (Phillips & Vandenbroek, 2014). The Federal Government has dedicated \$100 million as part of the Women's Safety Package to combat family violence across Australia. The Council of Australian Governments (COAG) six-point *National Plan to Reduce Violence against Women and their Children 2010–2022* (the Plan) is a long-term framework established to reduce family, domestic and sexual violence in Australia. The Plan acknowledges the link between child abuse and child neglect, and IPV and family violence and states that 'No form of violence in our community is acceptable' and the Plan's vision is that 'Australian women and their children live free from violence in safe communities'. Parallel to the Plan, each state and territory has developed their own plan to combat family violence and IPV (Council of Australian Governments, 2015). This great investment in addressing IPV reflects the Australian government's concern about the challenges that IPV present at both individual and governmental levels.

### Corporal Punishment of Children in Australia

According to the United Nations Committee on the Rights of the Child (UNCRC), CP of children is 'any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. Most involves hitting (smacking, slapping and spanking) children with the hand or with an implement – whip, stick, belt, shoe, wooden spoon, etc.' (UNCRC, 2006). Fifty-three countries around the world have banned CP in all settings, including the home (Global Initiative to End All Corporal Punishment of Children, 2017), largely motivated by the UNCRC (Lansford, 2014), to which Australia is also a signatory. However, Australian legislation affords parents a defence for this type of violence as it falls into the category of 'reasonable chastisement' under Australian Common Law (for a summary, see Holzer & Lamont, 2010). Approval rates of CP decreased between 2002 and 2006, from 75% (Tucci et al., 2002) to 69% (Tucci, Mitchell, & Goddard, 2006), respectively, but remain high in Australia. An analysis of the International Dating Violence Study by Douglas and Straus (2006) found that, among university students in Adelaide, Australia, 52.8% 'did not strongly disagree' that they were spanked or hit a lot before age 12. Douglas and Straus (2006) state that this cutting point was based on the assumption that respondents who did not experience CP were more likely to disagree strongly with being 'spanked or hit a lot', indicating that they agreed with the statement somewhat. CP of children is widely accepted in most parts of the world where it is still legal as representing a valid method of discipline and a part of growing up (Pinheiro, 2006).

### Links Between Corporal Punishment in Childhood and Intimate Partner; Violence in Adulthood

Research has historically provided strong evidence for a link between being physically abused in childhood with involvement in IPV in adulthood, particularly perpetration (see, for example, Smith-Marek et al., 2015; Stith et al.,

2000). Research has shown a similar link between CP and IPV. While being corporally punished as a child does not mean that one will commit IPV as an adult (Straus, 1996), the intergenerational transmission rate of violence has been estimated at 30% (Gelles & Cavanaugh, 2005; Kaufman & Zigler, 1987). Research shows that corporally punished children are more likely to approve of IPV (Straus & Yodanis, 1996) and has consistently found that children who have been corporally punished are more likely to be involved in IPV in adulthood, either as victim or perpetrator (Afifi, Mota, Sareen, & MacMillan, 2017b; Douglas & Straus, 2006; Ehrensaft et al., 2003; Hotaling & Sugarman, 1986; Simons, Wu, Johnson & Conger, 1995; Straus, 1983, 1991, 2009; Straus, Gelles, & Steinmetz, 1980; Straus & Kaufman, 1994; Straus & Yodanis, 1996; Temple et al., 2017).

Caesar (1988) interviewed wife batterers and non-batterers and found that 60% of batterers overall were corporally punished, compared with 31% of non-batterers who were corporally punished. A more recent study by Markowitz (2001) echoes these findings. This study used a sample of ex-offenders of IPV, and found that experiencing violence growing up was linked to favourable attitudes towards violence against spouses, concluding that violence when growing up explains about 14% of the variance in violence against spouses. A representative survey carried out in six countries found that men who were asked whether they were 'spanked or slapped' or threatened with physical punishment by their parents were much more likely to have perpetrated IPV than those who had not experienced these things (Contreras et al., 2012). Most recently, Afifi et al. (2017b), from a survey of over 34,000 people, found that CP involving pushing, shoving, grabbing, hitting and slapping is associated with an increased likelihood of IPV perpetration, victimisation and reciprocation in adulthood and concluded that 'insufficient attention has been paid to the overlap between harsh physical punishment in childhood and IPV in adulthood and how this relationship can inform prevention strategies' (p.499). In the formative years when attitudes are being formed and behaviours learnt, it is of high importance that aggression is not imparted as a normative means of dealing with frustration or conflict, as there is a potential for its perpetuation.

Five meta-analyses have thus far been conducted on the CP literature and Gershoff's (2002) meta-analysis is the only one that has addressed the link between CP of children and involvement in IPV as an adult (for other meta-analyses see Ferguson, 2013; Gershoff & Grogan-Kaylor, 2016; Larzalere & Kuhn, 2005; Paolucci & Violato, 2004). Gershoff (2002) analysed five studies (Caesar, 1988; Carroll, 1977; Simons, Johnson, Beaman, & Conger, 1993; Straus, 1990, 1994) with a total number 7019 participants, and found a connection between experiencing 'average and extreme' CP as a child and a subsequent increase in the likelihood of aggression towards an intimate partner as an adult. 'Average' CP was defined as 'spanking', while 'extreme' CP was defined as 'kicking, biting, burning and beating up', indicating that

average forms of CP can have the same long-term effects as what is, arguably, physical abuse on the child. Gershoff's (2002) meta-analysis included only a relatively small sample size of studies, and did not analyse moderating factors or take into account socio-economic status due to low incidence of these factors in the studies analysed, however. Socio-economic status is a common factor in involvement in IPV (WHO, 2004). Gershoff and Grogan-Kaylor's (2016) meta-analysis did not analyse the link between CP and IPV directly, but found that being subjected to CP in childhood is associated with antisocial behaviour in adulthood and mental health problems, variables which may be factors that act as antecedents. Both severe and less severe forms of violence may be included under the umbrella of 'violence', however, and caution must therefore be exercised when allowing for any kind of violence to occur in the home.

Currently, the literature shows no direct, causative link between CP and involvement in IPV. Randomised experiments to test CP are unethical and correlational studies may omit selection factors (Gershoff, Sattler, & Ansari, 2017). As Gershoff (2002, p.551) posits, 'The parent-child relationship is complex, and the mere fact that parents use CP is unlikely to be entirely responsible for how a child develops and behaves'. A meta-analysis of the parental acceptance-rejection theory (Khaleque & Rohner, 2002) has found that approximately 21% of adults' adjustment is accounted for by their perception of whether they were accepted or rejected by their parents which may, in part, be determined by whether they were corporally punished. It is also possible that CP is a symptom of ineffective parenting, and that the family environment is one that may be characterised by other types of violence as well, such as IPV between the care takers (Simons, Lin, & Gordon, 1998), as parent education level has been shown to correlate with involvement in IPV (Temple et al., 2017). Despite the absence of a causative link between CP in childhood and IPV in adulthood, it is becoming clearer that CP is likely a contributing factor in perpetuating IPV.

### Effects of CP as Antecedents of IPV

In the shorter term, the effects of CP in childhood may act as antecedents to involvement in IPV in adulthood. For example, meta-analyses have linked CP to increased levels of antisocial and aggressive behaviour displayed by children (Ferguson, 2013; Gershoff & Grogan-Kaylor, 2016; Paolucci & Violato, 2004) and it has been found that children who have experienced CP are more likely to approve of solving conflict using physical aggression (Simons & Wurtele, 2010). Antisocial behaviour in childhood may continue to manifest into adulthood (Lussier, Farrington, & Moffitt, 2009). Simons et al. (1995, p.145) found that 'harsh treatment as a child was associated with general antisocial orientation, which in turn, predicted chronic aggression towards one's children' and 'parents with this antisocial behaviour trait were likely to engage in violence toward their spouse'. CP is also linked with long-term antecedents for involvement

in IPV. Gershoff and Grogan-Kaylor's (2016) meta-analysis found that adult antisocial behaviour, mental health problems and support for CP are linked with exposure to CP in childhood. Antisocial behaviour (Costa et al., 2015), mental health problems (Oram, Khalifeh, Trevillion, Feder, & Howard, 2014), and approval of CP (Gracia, Rodriguez, Martin-Fernandez, & Lila, 2017) are also factors which are linked to involvement in IPV. Further, a study by Merrick et al. (2017), through an analysis of an expanded ACE scale which included CP, found that CP was linked with drug use and heavy drinking in adulthood, factors which have also been found to increase the likelihood of involvement in IPV in adulthood (WHO, 2006). It is indicated that CP may contribute to placing a child on a trajectory towards aggression and involvement in violence in adolescence and adulthood, including towards intimate partners.

### Corporal Punishment as a Precedent for Intimate Partner Violence

Women who were corporally punished as children are more likely to become victims of IPV in adulthood (Affi et al., 2017b). When women grow up around violence, being corporally punished themselves, they can justify violence as a means of 'correcting' undesired behaviour (UNICEF, 2014), and are more likely to support the use of CP (Gershoff & Grogan-Kaylor, 2016) and engage in and accept IPV as adults (Affi et al., 2017b). It follows that a society that advocates for a no-tolerance approach to all forms of violence is also a society in which reporting of violence will increase – currently, it is estimated that 80% of women do not report violence by a current partner to the police (ABS, 2013). Introducing legislation that removes the defence of 'reasonable chastisement' is aligned with the Plan's position that 'no form of violence in our community is acceptable' (COAG, 2015, p.1) and contributes to a precedent on violence in society. Legal reform has a 'symbolic significance', which communicates to society that violence is unacceptable (Bussmann, 2004), and 'beliefs about what is legally admissible do not just influence behaviour directly but also indirectly over the definition of violence and corresponding attitudes' (Bussmann, Erthal, & Schroth, 2009, p.18).

### Intergenerational Transmission of Violence

Studies on the intergenerational transmission of attitudes about CP have indicated that one of the most important determinants of whether an adult uses CP on their own child is their own experiences and perceptions of CP in their own childhood (Deater-Deckard, Lansford, Dodge, Pettit, & Bates, 2003; Herzberger & Tennen, 1985), indicating that children who are subjected to CP are more likely to use CP on their own children (Bussmann et al., 2009; Dietz, 2000). Myths about CP, such as that it is not harmful, may further contribute to the perpetuation of CP (Kish & Newcombe, 2015). Research has shown, however, that it is possible to change the behaviour of parents who use CP through education (Holden, Brown, Baldwin, & Cadearo,

2014), and illegalising CP has been shown to be an important and effective percipient to making CP socially unacceptable (Durrant, 2000). Attitudes about the acceptability of using aggression to resolve conflict or display frustration acquired as a child – such as that which occurs when a child is corporally punished – places greater pressure on other constituents of society to un-teach the aggressive attitudes and behaviour to ensure that it does not manifest in later life and towards a wider range of victims.

### CP and IPV Share Many Commonalities

The basis for the connections between IPV and violence against children might lie in their 'common risk factors, root causes and harmful outcomes' (Levtov, van der Gaag, Greene, Kaufman, & Barker, 2015, p.189), as well as their 'causal mechanisms' (Guedes & Mikton, 2013, p.377). At the root of IPV is the belief by the perpetrator that their partner has transgressed a rule and that the perpetrator has the right to correct this behaviour (Heise, Ellsberg, & Gottemoeller, 1999); this is also the case for perpetrators of CP of children. This is emphasised by the tendency of men who commit IPV towards generally displaying higher levels of controlling behaviours (Kishor & Johnson, 2005) which, in the context of childhood, translates to an authoritarian father who is more likely to use physical punishment and 'smack hard' (Fox & Benson, 2004). This is echoed by a Norwegian study, which found that father-dominated homes were three times more likely to include violence towards women and children than more equitable homes (Holter, Svare, & Egeland, 2009).

A belief about violence may contribute to the subsequent behaviour by both the perpetrator and the victim. Lansford, Deater-Deckard, Bornstein, Putnick and Bradley (2014, p.1211) found that in 16 of the 25 countries studied there was a significant correlation between women's belief that husbands are justified in hitting their wives and their belief that it is necessary to use CP in the rearing of their children, and they concluded that 'More acceptance of violence toward wives from husbands was related to more acceptance of using CP to rear children'. Vittrup and Holden (2010) postulate that the reason for the link between CP and IPV may be that children whose parents use physical aggression in conflict are more likely to perceive such violence as being normative. Another explanation may be that CP teaches a child that aggression is a legitimate way to deal with someone who misbehaves (Gershoff, 2002), increasing the likelihood that the child, as an adult, will use this way to deal with a 'misbehaving' partner (Straus & Yodanis, 1996). On a societal level, it has been found that the use of CP may establish a cultural norm for violence, and that this can be observed through the prevalence and endorsement of adult violence (Lansford & Dodge, 2008; Straus, 1996). Lansford (2014, p.450) posits 'All of the children in the society may internalise cultural norms regarding the appropriateness of CP and generalise them to the acceptability of using aggression to solve problems in other domains of life, resulting in higher levels of societal violence'. Whether eliminating

CP has the potential to reduce violence in Australian society overall is not established, however, understanding Australians' attitudes towards CP may increase understanding of how these attitudes manifest behaviourally in other parts of society.

### Theoretical Perspectives on Intergenerational Violence

Many theories exist that attempt to explain the aetiology of violence in individuals and families. Cultural spillover theory (Baron & Straus, 1989) and social learning theory (Bandura, 1973) have been most prominently put forth to hypothesise the sequelae of violence that often start in childhood and may manifest into aggression in adulthood (Anderson & Kras, 2007). The principles of social learning theory (Bandura, 1973) can be applied to both perpetrators of CP and of IPV. This theory postulates that a violent behaviour is justified on the basis of a higher authority; the behaviour is compared with more seriously violent behaviour; placing the responsibility for the behaviour on drugs/alcohol; justifying the behaviour in the context of other socially acceptable behaviour; using labels to depersonalise the victim; and minimising the perceived consequences of the behaviour. Research has consistently found that data for IPV and CP are reflective of this theory (see Ehrensaft et al., 2003; Feldman, 1997; Heise, 2011; Kalmuss, 1984; Tajima, 2000; Taylor, Lee, Guterman, & Rice, 2010). Critics of this theory (see, for example, Jasinski, 2001), however, state that it is insufficient in explaining the relationship between being corporally punished and becoming aggressive, as not everyone follows this path.

Neutralisation theory (Sykes & Matza, 1957) may also play a part in explaining some of the phenomena that take place when men and women commit IPV towards each other, and CP towards their children (Feldman, 1997; Heinonen, 2015). This theory incorporates five elements and is represented here with quotes from a study conducted in Finland of parents who use CP: (a) denial of responsibility (I just snapped); (b) denial of injury (no harm was done); (c) denial of the victim (they were being provocative); (d) condemnation of the condemners (you do it, too); (e) and appeal to higher loyalties (that's how I was raised) (Heinonen, 2015, p.281). Heinonen (2015, p.276) adds that, in the context of IPV, 'Men often tend to neutralise and rationalise their use of violence by denying the nature of the act as violence, denying the consequences of violence, or talking down their partner and focusing on the reasons behind the violence'. It seems reasonable to apply aspects of neutralisation theory to explain the factors at play when CP is administered, as well as when IPV is perpetrated.

Heise (1998) has used an ecological approach to explain the diversity of the experience, attitudes and beliefs that develop in childhood and represent the causal mechanisms in some men who commit family violence as adults, which continues to be relevant. Four 'layers' of experience influence the likelihood of engaging in family violence: personal history,

microsystem, exosystem and macrosystem. The presence of variables at each level forms a component upon which variables at the subsequent levels depend, and makes a man more or less likely to engage in violence as an adult (Heise, 1998). Dutton's (1994) profile of the 'abusive personality' suggests that childhood experiences such as paternal rejection, abusiveness and coldness correlated with spousal abusiveness, and the element of parental warmth has been found to be an important one in determining outcomes for children (Deater-Deckard, Ivy, & Petrill, 2006). Rohner's parental acceptance–rejection theory (Rohner, 1990) echoes the importance of the quality of the parent–child relationship withstand adversity, which may be harmed through the use of CP (Gershoff, 2002; Gershoff & Grogan-Kaylor, 2016). It is likely that a similar such etiological framework is applicable in the context of violence against children. Indeed, there is an overlap in the components that we know form causative factors between violence against women and violence against children: at the personal history level it is witnessing marital violence and being subjected to violence as a child; at the *microsystem* level it is use of alcohol and marital/verbal conflict; at the *exosystem* level it is stressors such as low socio-economic status/unemployment and peer associations; and at the *macrosystem* level it is acceptance of interpersonal violence and CP, as well as masculinity linked to aggression and dominance.

Straus (2010) developed a fundamentally similar ecological approach. His emphasis is on the inherent impact that societal causes have on the individual at three stages: *proximal*, *mezzo* and *distal*; and incorporates paths for feedback. Proximal causes include the age of the parent, socio-economic factors and alcohol abuse. In addition to the parallels previously shown between socio-economic factors and alcohol abuse with CP and IPV, studies also show that younger parents are more likely to use CP (Straus & Stewart, 1999), and IPV is also more likely to be committed among younger partners (WHO, 2012). Among the mezzo-level causes is the provision for parental use of CP in the home in Australian legislation. The more provision in the law for CP the higher the percentage of children who are 'spanked or hit a lot' (Straus, 2010, p.15). The distal level causes feed into Straus's aforementioned cultural spillover theory, and Baron and Straus (1989) posit that the more violence is used for socially legitimate purposes [such as CP], the greater the probability to criminal violence [such as IPV] CP and IPV are thus firmly embedded in the feedback loop of this theory, as Straus (2010, p.11) states, 'one of the root causes of CP may be social norms approving types of violence *other* than parents hitting children'.

The intergenerational transmission of violence literature has been criticised for too much variability and too little complexity (Haseslswerdt, Savasuk-Luxton, & Hlavaty, 2017). Empirically, the lack of consistency among the methodologies employed to demonstrate a link between experiencing violence as a child and going on to becoming violent in adulthood may be responsible for our inability

to use a single theory to explain this phenomenon. It is likely that many theories, such as those discussed above and others, have a role in attempting to explain the intergenerational transmission of violence. However, none purport to definitively and absolutely explain the phenomenon in its entirety. As stated above, the intergenerational transmission rate of violence has been estimated at 30% (Gelles & Cavanaugh, 2005; Kaufman & Zigler, 1987), indicating that the majority of children who experienced violence in childhood do not go on to become involved in violence in adulthood, and the theories mentioned above therefore cannot adequately explain why this is so, but they do go some way in explaining why the 30% who enter the cycle of violence do so. Corporal punishment cannot be solely attributable to involvement in IPV in adulthood, but it likely constitutes a risk factor which, when combined with other such factors, increases the likelihood of involvement in IPV in adulthood. An ecological and cross-disciplinary approach to the study of CP is therefore essential to an understanding of how IPV may be mitigated in future. An ecological framework, it is argued, forms a more unified theory to better understand these many variables (Bevan & Higgins, 2002). This is echoed by Ehrensaft et al. (2003, p.742) who hypothesise that 'the continuity of oppositional, aggressive behaviour across the lifespan may account for the relationship among child maltreatment, punishment, exposure to domestic violence and partner abuse'. The unique ability of such an approach can be employed to objectively draw comparisons, such as those discussed above, between tendencies towards violence against children and partners. An ecological approach also enables a unique perspective across different types of violence in society, suggesting that the cessation of one type of violence may contribute to the decrease of another.

## Practical Implications

Due to CP's potential contributing factor to IPV, recommended implications for policy and practice are as follows:

- Further research on CP practices in Australia to gauge the current status of the practice, including its links with other types of violence in Australian families.
- Review of current legislation allowing CP to be used as a disciplinary method in Australian homes and its implications for children.
- Detailed data collection by child protection workers investigating cases of alleged child abuse. These data should focus on the nature, chronicity and severity of CP taking place in families, and the co-occurrence of CP and 'traditional' types of abuse, such as physical, sexual, emotional and neglect. Recording of data to differentiate CP and physical abuse is recommended.
- Longitudinal research in the Australian context replicating international research on the link between experiencing CP in childhood and involvement in IPV in adulthood.
- Cross-sectional research in the Australian context to ascertain exposure to CP in childhood by adult perpetrators and victims of IPV.

## Conclusion

Intergenerational transmission of attitudes and behaviours can have harmful effects when they involve violence. International research indicates that CP is a contributing factor to becoming involved, as victim or perpetrator, in IPV in adulthood. This link is relevant in the Australian context where CP is legal, and IPV is a problem. Adopting an ecological approach to violence minimisation is important, and this involves recognising the correlations between and co-existence of CP and IPV. Through the recognition that CP is a contributing risk factor to IPV, policy makers can act accordingly, and consider implementing a ban on CP in Australia. By treating violence of all kinds with the same no-tolerance approach, it is possible to intercept at the primary stage in order to maximise the potential for improved outcomes for children, women and families in the short and long term.

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