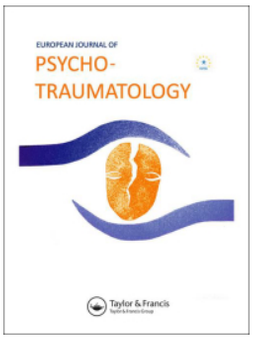

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Lived-experience perspectives on the psychological factors linking childhood maltreatment to later intimate partner violence victimization

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ABSTRACT

Background: Childhood maltreatment is a known risk factor for later intimate partner violence (IPV) victimization, yet the psychological factors connecting these experiences are poorly understood, as are effective strategies for promoting safe intimate relationships after maltreatment.

Objective: This co-produced qualitative study sought to address these gaps by exploring the perspectives of individuals affected by these experiences.

Method: We conducted remote 1:1 semi-structured interviews with 16 adults residing in the United Kingdom with a past history of both childhood maltreatment and IPV victimization, and we analysed interviews using reflexive thematic analysis.

Results: Participants reported that childhood maltreatment may increase vulnerability to IPV victimization through several pathways: an increased reliance on relationships to fulfil previously unmet needs (e.g. love, affection), difficulty in recognizing abuse, changes to threat management strategies (developed as adaptive responses in childhood), and difficulties with self-concept that hinder the ability to prioritize one's own needs within intimate relationships (e.g. diminished self-worth). Strategies identified to promote safe relationships included fostering self-esteem, learning about healthy relationship dynamics, and reframing past trauma to break cycles of unhealthy relationship patterns.

Conclusions: Participants recognized connections between their childhood experiences and the ways they navigate intimate relationships. They emphasized the importance of understanding and addressing these patterns to prevent recurring abuse, highlighting the need for targeted preventative interventions which address their specific vulnerabilities.

Perspectivas basadas en la experiencia vivida sobre los factores psicológicos que vinculan el maltrato infantil con la victimización posterior por violencia de pareja

Antecedentes: El maltrato infantil es un factor de riesgo conocido para la victimización posterior por violencia de pareja (VdP); sin embargo, los factores psicológicos que conectan estas experiencias están poco comprendidos, al igual que las estrategias efectivas para fomentar relaciones de pareja seguras tras haber sufrido maltrato.

Objetivo: Este estudio cualitativo coproducido buscó abordar estas lagunas, explorando las perspectivas de personas afectadas por estas experiencias.

Método: Se realizaron entrevistas remotas individuales semiestructuradas con adultos residentes en el Reino Unido que tenían antecedentes de maltrato infantil y victimización por VdP. Las entrevistas se analizaron mediante análisis temático reflexivo.

Resultados: Los participantes señalaron que el maltrato infantil podría aumentar la vulnerabilidad a la victimización por VdP a través de varios mecanismos: una mayor dependencia de las relaciones para satisfacer necesidades previamente insatisfechas (p. ej., amor, afecto), dificultades para reconocer el abuso, cambios en las estrategias de manejo de amenazas (desarrolladas como respuestas adaptativas en la infancia) y dificultades con el autoconcepto, lo que obstaculiza la capacidad de priorizar las propias necesidades dentro de la relación íntima (p. ej., baja autoestima). Entre las estrategias identificadas para promover relaciones seguras se incluyeron el fomento de la autoestima, el aprendizaje sobre dinámicas de relaciones saludables y la resignificación del trauma pasado para romper ciclos de patrones relacionales no saludables.

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KEYWORDS

Relationships; qualitative; coproduction; childhood maltreatment; intimate partner violence; prevention; intervention; intergenerational abuse; child abuse; domestic abuse

PALABRAS CLAVE

Relaciones; cualitativo; coproducción; maltrato infantil; violencia de pareja; prevención; intervención; abuso intergeneracional; abuso infantil; violencia doméstica

HIGHLIGHTS

- First co-produced qualitative study exploring the views of adults who experienced both childhood maltreatment and IPV victimization on how these experiences are linked.
- Findings advance understanding of IPV etiology by highlighting psychological vulnerabilities stemming from maltreatment that may increase IPV risk.
- Results underscore the urgent need for targeted IPV prevention for maltreated youth, focusing on these psychological vulnerabilities.
- Lived-experience involvement strengthened methods and interpretation, with co-researchers expressing that participation allowed them to channel difficult experiences into potential positive impacts for others.

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Conclusiones: Los participantes reconocieron conexiones entre sus experiencias infantiles y la forma en que gestionan sus relaciones de pareja. Subrayaron la importancia de comprender y abordar estos patrones para prevenir la recurrencia del abuso, destacando la necesidad de intervenciones preventivas dirigidas que aborden sus vulnerabilidades específicas.

1. Introduction

Individuals who experience childhood maltreatment – including abuse and neglect – face a 3–6-fold increased risk of intimate partner violence (IPV) victimization compared to their peers (Li et al., 2019; Pezzoli et al., 2024). Childhood maltreatment is very prevalent, affecting approximately 16–20% of children globally, typically at the hands of parents or caregivers (Stoltenborgh et al., 2015; Whitten et al., 2024). While about 20–30% of adults experience IPV victimization throughout their lives (Desmarais et al., 2012; Sardinha et al., 2022), this prevalence can rise to 77% among those with a history of childhood maltreatment (Office for National Statistics, 2017). Both childhood maltreatment and IPV are related to significant societal and individual burden, including increased risk of mental health problems, substance misuse, employment absenteeism and costs to criminal justice and healthcare systems (Alisic et al., 2014; Bacchus et al., 2018; Dice et al., 2024; Fares-Otero et al., 2023; Peterson et al., 2018; Smith et al., 2014; Xiao et al., 2022). Furthermore, experiencing interpersonal trauma in both childhood and adulthood, often referred to as 'revictimization' or 'repeat victimization', is associated with cumulative detrimental effects upon physical and mental health across the lifespan (Hughes et al., 2017; Schumm et al., 2006).

The well-established association between childhood maltreatment and later IPV victimization underscores the need for preventative interventions tailored to individuals who have experienced childhood maltreatment (Benjet et al., 2016; Costa et al., 2015). Developing such interventions requires a comprehensive understanding of the factors influencing revictimization. Much of the research exploring mediators and moderators of the association between childhood maltreatment and IPV victimization is quantitative and focused upon basic demographic factors (e.g. gender, age), type of childhood maltreatment experienced, or mental health symptoms (Fereidooni et al., 2024; Li et al., 2019). Longitudinal studies have shown that symptoms of PTSD, depression, general psychological distress, and dissociation can mediate the association between childhood maltreatment and later IPV victimization (Fereidooni et al., 2024; Li et al., 2019). Other plausible factors include disruptions in social-cognitive processes like social competence, social functioning, and mentalizing (Bender et al., 2022; Fares-Otero et al., 2023). For example, partners of individuals exposed to childhood maltreatment perceive them as less empathetic, more defensive, and more prone to conflict in communication (Vaillancourt-Morel et al. 2024).

Despite these findings, our understanding of the psychological factors that may place individuals at risk of abusive relationships following childhood maltreatment is still relatively limited. Qualitative research, which allows for rich descriptions of individual experiences and perspectives, offers a valuable approach for complementing and contextualizing quantitative findings, revealing new factors, and pointing to how known risk factors operate (Braun & Clarke, 2006). Syntheses of qualitative evidence reveal several common relationship challenges faced by individuals who have experienced childhood maltreatment, including difficulties with intimacy, normalization of violence, challenges with trust, and emotional numbing (Nielsen et al., 2018). However, research directly asking individuals with a history of childhood maltreatment and IPV victimization what factor may put them at risk or protect them from IPV victimization is lacking.

It is important to investigate ways to support individuals in this population to develop safe relationships. Global systematic reviews of IPV prevention programmes reveal a striking lack of programmes tailored to individuals exposed to childhood maltreatment (indicated secondary prevention; Bacchus et al., 2024; McNaughton-Reyes et al. 2021). For instance, McNaughton Reyes et al., (2021) identified four indicated secondary programmes, and only one of these targeted maltreated young people specifically (Wolfe et al., 2003). Others targeted youth who had experienced broader adverse childhood experiences (e.g. community violence, some of whom may have experienced maltreatment; Foshee et al., 2015; Levesque et al., 2016; Reidy et al., 2017). Three of these programmes demonstrated small to moderate reductions in IPV victimization, but they differed in study design (one pre-post-trial, two randomized controlled trials), theoretical basis, programme content, programme duration (i.e. a few weeks to several months), structure (i.e. group format or dyadic), and extent of caregiver and peer

involvement. This makes it difficult to discern what the active ingredients were for the programmes, and what works for young people who have experienced maltreatment specifically. Research on interventions aimed to prevent IPV before it happens (primary prevention), which largely consists of universal school-based relationship education programmes, is often limited by methodological weaknesses and shows limited efficacy and little or no involvement of young people in intervention design (Benham-Clarke et al., 2023; McNaughton Reyes et al., 2021). Insights from individuals with lived experience of both childhood maltreatment and IPV victimization could provide critical insights upon the development of interventions that are accessible and relevant to this population (Skivington et al., 2021).

1.1. The current study

We conducted the first qualitative study to ask individuals exposed to both childhood maltreatment and IPV victimization what psychological factors they think connect these experiences, and what preventative approaches can be used to reduce IPV risk. Using remote semi-structured qualitative interviews, we explored two research questions: (1) How do psychological processes that are associated with childhood maltreatment contribute to heightened vulnerability to IPV victimization? (2) What strategies can be employed to promote safe intimate relationships following childhood maltreatment, considering the psychological processes involved?

2. Methodology

2.1. Co-production methods

This study was co-produced with seven adults with lived experience of childhood maltreatment, regardless of whether they had also experienced IPV victimization, recognizing that those exposed to childhood maltreatment alone could offer valuable perspectives, particularly on preventative strategies. The groups were compensated for their time at the rate recommended by the National Institute for Health and Care Research (NIHR); none were involved in the study as a participant. In line with research guidelines for patient and public involvement (NIHR, 2024), the group advised project design, implementation and dissemination (e.g. recruitment procedures, interview questions, interpretation of the findings). Input from the group is incorporated throughout this paper, with specific reflections upon the findings from two members who co-authored this paper (see Box 1).

Box 1. Reflections on the research findings by lived-experience co-authors.

Our message for researchers

We believe that it is valuable for researchers to invite individuals with lived experience to participate in academic research. It not only enriches the research by providing lived-perspectives but also offers opportunities for people to engage meaningfully in research of relevance to them. R.W. said: 'As a peer researcher, being a part of this study has helped me positively channel my own lived experiences in the topic areas explored and use them to assist the development of preventative and proactive strategies. This has been a meaningful experience which I am very proud of'.

Our message for practitioners

We think this study highlights the importance of prevention and early intervention. Many individuals who have experienced childhood maltreatment carry a sense of self-blame for these experiences, and a sense of responsibility toward their parental figures. Without opportunities to identify and deal with these feelings, they may develop unhealthy coping mechanisms. The absence of love, care, affection, and resources in childhood can foster a longing for these things in romantic relationships. Sometimes individuals will settle for unsatisfying or harmful relationships because they are better than their prior experiences. We think interventions should address self-blame and misplaced responsibility for victimization, while providing guidance on sources of emotional and practical stability beyond intimate partners.

We learned that individuals who have experienced maltreatment may never have been taught or shown that a healthy intimate relationship involves having a voice, autonomy, and the right to express feelings and choices. Participants highlighted how childhood maltreatment interrupts development of healthy boundaries and leads to learned behaviours, such as people pleasing, that may serve as survival mechanisms in some contexts but prove dangerous in others. Education on healthy relationships should consider these specific needs, offering support in building confidence, self-worth, emotional intelligence and a sense of purpose.

In our view, greater investment is needed in schools and extra-curricular settings to help adolescents develop self-awareness and recognize signs of an unhealthy relationship. This education should go beyond addressing stereotypical red flags, such as physical abuse, to acknowledge more subtle forms of coercive and controlling behaviour. Interactive approaches, such as role play, could be effective in building confidence and relationship skills. Public health campaigns and thoughtful use of social media could serve as valuable tools to counter misleading or damaging content and offer accessible guidance which might save the life of those who are isolated or unable to seek help.

Our message for survivors

We believe it is important not to live in the past, but to be aware of its impact on shaping our identity. Although it might be painful, reflecting on past experiences can provide perspective and insight. For example, understanding past experiences is key to understanding our coping mechanisms, behaviour, and feelings. It is about saying: 'I accept what has happened, but I will not allow it to dominate my life in the present or future'.

Before entering a relationship, take the time to learn about your strengths, weaknesses, and beliefs. Nurture your intuition, as it can be a strength in times of difficulty. As a child, you might have been made to feel like your voice did not matter, but it is important to recognize that you have a voice, and you can use it. Unsafe relationships can take away your sense of identity, goals and aspirations – these are all natural things for you to have. Your boundaries and values make you who you are; they should not be challenged or compromised. You deserve to be heard, listened to, and respected. Love should feel safe, predictable, and consistent.

2.2. Recruitment and screening

The study was approved by University College London's Central Ethics Committee (ref: 26821.001). Participants were recruited through social media, relevant websites and newsletters of third-sector organizations and charities in the UK. Individuals first completed a sign-up form on the online platform RedCap (Harris et al., 2009) and were contacted for screening according to the following inclusion/exclusion criteria: (1) Age 18+; (2) currently living in the UK; (3) past history of childhood maltreatment, defined as any incident or pattern of incidents of emotional, physical, sexual abuse, emotional and physical neglect by parents or caregivers; (4) past history of IPV victimization, defined as any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse by an intimate partner, including psychological, physical, sexual, financial or emotional abuse; (5) not currently experiencing IPV; (6) not currently experiencing suicidal thoughts or ideation.

Recruitment occurred purposively prioritizing diversity on the following domains: gender, ethnicity, sexual orientation, and age. Women may disproportionally experience IPV victimization compared to men (2–3-fold higher risk; Benjet et al., 2016) and research on IPV has focused predominantly on female victims (e.g. Pisano et al., 2024). However, to ensure our findings are representative of all genders, we included a mixed-gender sample. Although IPV victimization and perpetration sometimes co-occur, we did not specifically recruit IPV perpetrators or ask participants about perpetration. IPV in which both partners are involved as both victims and perpetrators remains poorly researched. This is often referred to as mutual or bidirectional IPV, but terminology in the literature is inconsistent and prevalence estimates vary widely (e.g. 2–98% in a recent global systematic review; Machado et al., 2023). Examining co-occurring perpetration and victimization would have required a different theoretical framing, as well as engagement with a population with distinct lived-experiences and safeguarding needs. Therefore, we only recruited individuals who consider themselves to have been victims of IPV, in line with the primary aim of this study, which was to explore pathways to victimization. Based on methodological studies of sample size determination in qualitative research we aimed to recruit 16–22 adults, but the final number of participants was determined based on the richness of the data, which we monitored by regularly reviewing data and field notes (Vasileiou et al., 2018).

Participants completed informed consent procedures and brief questionnaires on RedCap (Supplementary Materials A), which recorded demographics (age, gender, sexuality, and highest education qualification) and experiences of childhood maltreatment and IPV victimization. We used the shortened version of the Childhood Trauma Screener (CTS; Witt et al., 2022), which consists of five questions covering neglect (emotional and physical) and abuse (emotional, physical, and sexual). To measure IPV victimization, we used the Domestic Abuse scale of the Adult Trauma Screener (Khalifeh et al., 2015), which recorded experiences of relationship insecurity, physical, emotional abuse, and sexual abuse. Both have been used in population-based research in the UK and have shown good psychometric properties (see, e.g. Pezzoli et al., 2024).

Participants were renumerated with a £15 voucher. Following interviews, the interviewer debriefed with a senior member of the team to discuss any safeguarding concerns which could be escalated with the clinically trained research team where needed; none emerged.

2.3. Sample characteristics

Demographic characteristics are reported in Table 1. The sample comprised 16 participants, including 10 women and 6 men with a mean age of 49 years old (SD = 14 years), most of which obtained at least higher education qualifications or postgraduate degrees ($n = 14$, 88%). Most participants identified as White British ($n = 13$, 81%), two as mixed ethnicity (12%), one as Black (6%). Eleven identified as straight/heterosexual ($n = 11$, 69%) and the rest as gay, lesbian, bisexual or another sexual orientation ($n = 4$, 25%; $n = 1$ preferred not to say, 6%), but during interviews reported experiencing IPV victimization in the context of heterosexual relationships.

All participants reported several different types of maltreatment in childhood (mean types of maltreatment = 3; SD = 1.1; range = 2–5), comprising of both abuse (physical, sexual, or emotional) and neglect, ($n = 1$ neglect only, 13%; $n = 1$ abuse only, 6%). Most participants had experienced several types of IPV victimization (M = 3, SD = 1.1; range = 2–4). During interviews participants often spoke of other adverse childhood experiences, such as witnessing IPV amongst their caregivers, parental substance misuse, or growing up under the care of UK Children's Social Services, but we did not probe information about these experiences systematically.

2.4. Interview schedule and data analysis

Remote one-to-one semi-structured qualitative interviews were conducted using video conferencing software or, in one instance, over the phone. Interviews lasted approximately one hour, and were audio-recorded and transcribed verbatim. The interview schedule (supplementary materials B) included questions regarding participants' views on intimate

Table 1. Participant demographics and experiences.

	N	%
Gender		
Man	6	38%
Woman	10	63%
Age, m (sd)	49 (14)	
18–24	1	6%
25–34	3	19%
35–44	3	19%
45–54	5	31%
55–64	3	19%
65+	1	6%
Ethnicity		
Black, Black British, Caribbean or African	1	6%
Mixed or multiple ethnic groups	2	13%
White	13	81%
Highest level of education		
Did not complete school	1	6%
Further education (e.g. vocational courses, A-Levels)		
Higer education (e.g. undergraduate degree)	7	44%
Postgraduate qualification	7	44%
Prefer not to say	1	6%
Sexual orientation		
Straight/heterosexual	11	69%
Gay, lesbian, bisexual or another sexual orientation	4	25%
Prefer not to say	1	6%
Maltreatment history		
Emotional abuse (yes)	15	94%
Physical abuse (yes)	11	69%
Sexual abuse (yes)	8	50%
Neglect (yes)	8	50%
Intimate partner violence		
Emotional abuse (yes)	15	94%
Physical abuse (yes)	13	81%
Sexual abuse (yes)	12	75%
Relationship insecurity (yes)	10	63%

relationships, partner preferences, vulnerability and resilience factors for IPV, as well as experience with and preferences for preventative support. We used reflexive thematic analysis as described by Braun and Clarke (2006, 2020) to capture rich, in-depth insights and experiences from the perspectives of participants. Analysis involved several stages: familiarizing with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and writing up. This process was conducted twice, first with research question one in mind, and then with research question two. Analyses were conducted in NVivo (QSR International, 2023) by one member of the research team who was experienced in qualitative analysis methods (A.P). To ensure our data had not been 'cherry picked', and that quotes adequately evidenced our themes, the research team met regularly throughout analysis to remain open to alternative interpretations of the data. We also consulted our co-production team to ensure that the themes which we constructed effectively addressed our research questions and closely reflected their experiences, and their interpretation of participants quotes.

3. Results

Thematic analysis of the interviews revealed four themes related to research question one, and three themes related to research question two, which are visually represented in Figure 1 (additional exemplar quotes in supplementary table 1).

Research question 1: How can psychological processes that are associated with childhood maltreatment contribute to heightened vulnerability to intimate partner violence victimization?

3.1. Theme 1: The pursuit of intimate relationships as a means of compensating for previously unmet needs

Across all interviews, participants explained that their intimate relationships, while harmful, provided something they desired or lacked, whether love, affection or validation, or a physical or mental escape from the family of origin.

> So when I was a child, I wasn't validated. Growing up as an adult I wanted to be validated. I wanted somebody to tell me I was OK, I was doing alright in the world and that I was good at things […] so there is this kind of a combination of giving me all this validation that I've never had and make me feel amazing and then kind of taking it like completely reversing it or taking it away. (P2, woman aged 18–25)

Which related to intense fears around not being in an intimate relationship, or fears of leaving the relationship.

> I was fearful of what would happen if I split up with [partner] because … well lots of reasons and it all got bought back a lot of "this is the only home you'll ever have" type reasons. (P5, man aged 45–54)

A smaller proportion of participants (5/16) explained that intimate relationships offered distraction or escape from the maltreatment they experienced in the family of origin, or that their partner fulfilled basic physical needs (e.g. provided clothing). This meant the intimate relationship was preferable to their circumstances growing up, and was a motivating factor to find or stay in intimate relationships, even when harmful.

> I finally had permission to date, it was like I can't get out of the house. I could … you know sort of forget my life for a minute. (P18, woman aged 34–45)

Participants felt that people who perpetrate violence in relationships have a 'sixth sense' *(P2, woman aged 18–25)* for this strong desire for love and connection, and resultantly perused them intensely with big displays of affection (e.g. gifts, compliments). Four participants spoke about how they became accustomed to relationships marked by a high level of intensity, or to relationships characterized by both affection and conflict. As a result, healthier relationships that lacked conflict felt unfamiliar to them. For example, participant 22

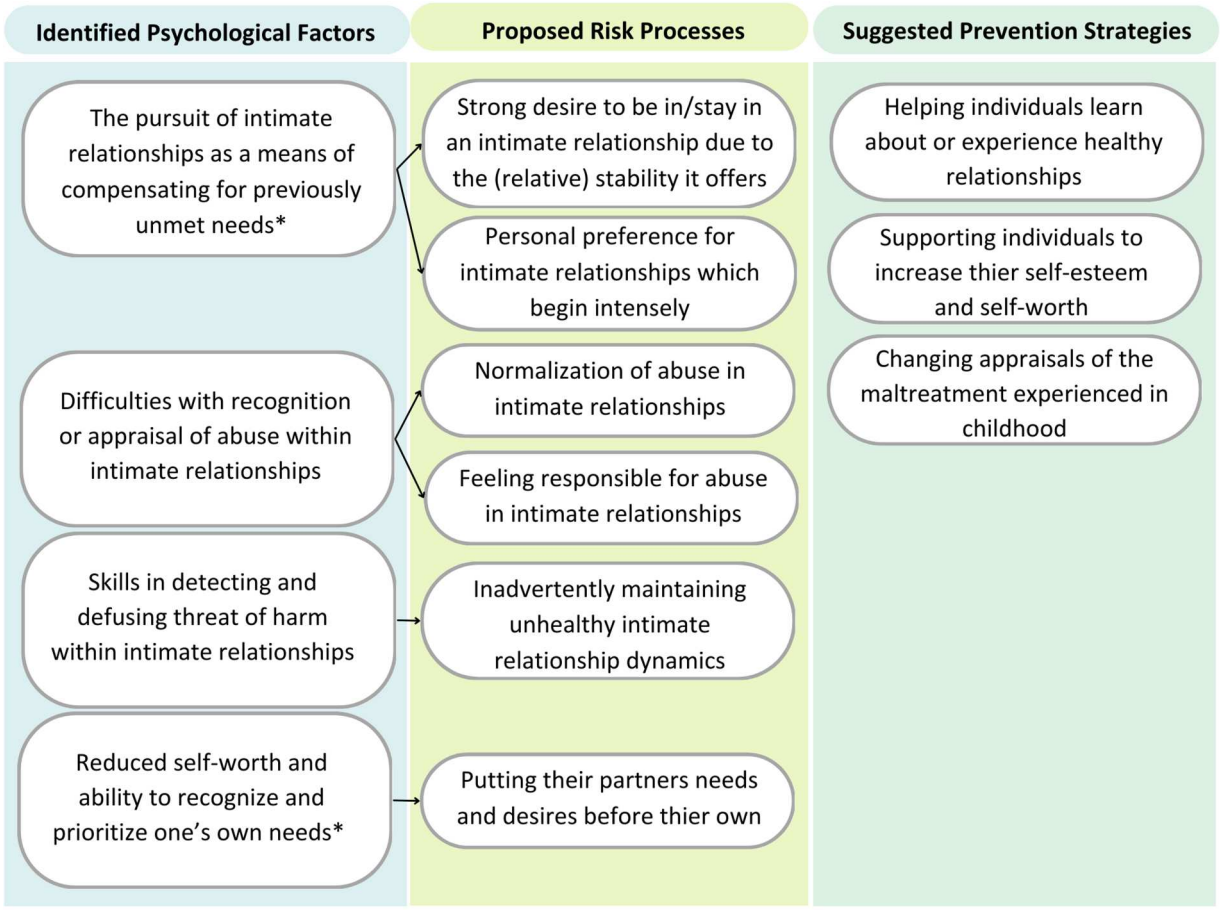

Figure 1. Thematic map of factors linking childhood maltreatment to intimate partner violence.

(woman aged 45–54) spoke about how she 'expected to be suffocated'.

3.2. Theme 2: difficulties with recognition or appraisal of abuse within intimate relationships

There were divergent perspectives across the sample regarding how childhood maltreatment impacts a person's ability to recognize IPV as it occurs.

3.2.1 Subtheme 2a: challenges with recognizing IPV

Most (11/16) participants recalled times when they could not recognize that their relationship was abusive or minimized the extent of the abuse to themselves. They felt that childhood maltreatment had normalized experiences of abuse and maltreatment, which made it difficult to recognize that something was wrong in the relationship, including in the early stages of the relationship (e.g. excessive control, isolated them from their social networks, or exhibited unexplained emotional outbursts).

> I didn't know that you could be in a relationship with somebody or you could be loved by somebody who just validated you, you know? (P2, woman aged 18–25)

Difficulties with recognizing abuse were coupled with cultural or societal norms, or messaging from other individuals in their lives (e.g. friends, family members) which reinforced the idea that relationships were supposed to be 'hard' (P10) or normalized early signs of abusive behaviour.

> I always had that reminder [from a parental figure] that like all those things like relationships are hard, and marriage is hard, and having kids is hard, […] because "hard" can have so many different definitions for different people and you can almost like push it so far in its definition where you are in an unhealthy abusive relationship, but you think it's fine because relationships are "hard". (P10, woman aged 25–34)

3.2.2 Subtheme 2b: taking personal responsibility for both childhood maltreatment and subsequent IPV victimization

Seven participants spoke about how they could recognize abuse, but received repeated messaging in childhood, and subsequently within intimate relationships, which reinforced the belief that they were responsible for the maltreatment they experienced. According to these participants, this belief made them more likely to experience self-blame and

guilt in response to abuse, and therefore stay in the relationship.

> The really negative messages I had from the experiences I had as a child certainly made it very easy for somebody to make me feel like if it was going wrong, it was my fault and, you know, I just wasn't doing things well enough. (P20, woman aged 65+)

3.3. Theme 3: skills in detecting and defusing threat of harm in intimate relationships

Some participants (5/16) reported an enhanced sensitivity to the emotional states of others, including a sensitivity to detect signs of threat cues. This heightened sensitivity helped them avoid harm in childhood and subsequently in their relationships by predicting and responding to unsafe situations when they arose. For some, this included adopting passive or submissive strategies in response to threatening circumstances, such as "fawning' or 'freezing' *(P2, woman aged 18–25)*. Others described as 'risky' instances when they did not adopt such strategies (P20), underscoring their reliance on them for safety.

> Whenever dad was stressed, I learned to pick up on the warning signs and tried to de-stress him, so that it would make him happy […] It was a bit easier to spot with dad than with [partner's name]. (P15, man aged 34–45)

Some participants described their ability to detect and defuse potential harm as a positive personal skill which helped them 'connect with people' and 'makes you good with people' (P15, man aged 34–45). However, they also reported that whilst this kept them safe within the relationship it also meant that it maintained an unhealthy dynamic which escalated over time.

> We let things fly, we let things go without challenge, without making the person responsible for their behavior, without making them feel accountable for how they made you feel at the time, you validate it. […] most people like a quiet life, I think for the sake of a quiet life or what you think is going to be a quiet life, you allow a lot of things to pass until it builds up and becomes intolerable (P3, man aged 55–64)

Participants reported that when they employed similar strategies to manage threat or aggression within other contexts (e.g. at work, with friends), it did not elicit further aggression, meaning there is something unique about the dynamics within the intimate relationship, or something different about their romantic partner which leads to abuse and aggression.

3.4. Theme 4: reduced self-worth and ability to recognize and prioritize one's own needs

Nearly all participants reported that their experience of childhood maltreatment impacted their self-worth and their ability to recognize their own needs, which related to their tendency to prioritize the needs of others.

3.4.1 Subtheme 4a: challenges with self-worth, identity formation and recognizing personal needs

Six participants described how their experiences of childhood maltreatment, and subsequent IPV victimization, undermined their self-esteem and self-worth.

> I was allowing myself still [to be in the relationship] due to a lack of self-worth. In my 40s to still get into these relationships, I think I thought I couldn't get anything better necessarily. (P13, man aged 55–64)

Others described challenges with recognizing their own needs, feeling 'dissociated' (*P20, woman aged 65+*) or 'alienated' (*P17, man aged 54–65*) from their own feelings. Sometimes this was related to broader notions of not having a strong sense of self, or feeling like their identity was intertwined with the expectations or demands of others (e.g. 'I just lived as what someone else needed me or wanted me to be'; P2, woman aged 18-25). According to some participants, individuals who perpetrate abuse choose to target those who have internalized beliefs that their needs are unimportant or invalid.

3.4.2 Subtheme 4b: catering to the needs of others before one's own

Several participants explained that challenges with recognizing their own needs and low self-worth led them to put their partners' needs or desires above their own, or they took on a caring role for their partner at the expense of their needs, which was similar to the role they had during their childhood.

> I guess I didn't ever think I could say no. So, I thought, if someone likes me, a male, and there were big presents … it wasn't my attraction to them that mattered, it was their attraction to me. (P22, woman aged 45–54)

Again, for some of these participants, this was reported as a positive skill, which meant they were a 'very empathetic' person and that 'when someone else is hurting I don't care what is going on with me, I want to help them' (P6, man aged 45–54).

Research question 2: What strategies can be employed to promote safe intimate relationships following childhood maltreatment, considering the psychological processes involved?

3.5. Theme 1: supporting individuals to increase their self-esteem and self-worth

Eleven participants spoke about the importance of building self-esteem or self-worth following childhood

maltreatment, for example: 'knowing my worth' (P12, woman aged 35–45), 'developing a foundation of self-esteem' (P14, woman, aged 18–25), 'building up confidence' (P18, woman aged 34–45) and 'feeling secure' (P2, woman aged 18–25). A subset of participants spoke about the importance of becoming more in tune with their desires and needs or 'building a sense of self' (P2, woman aged 18–25), sometimes through hobbies or personal goals to concentrate on.

> I look at it now and I think what really helped, sort of changed my life, it wasn't even services or anything like that. I had a great refuge worker, but it was actually- I found a hobby. (P21, woman aged 25–34)

3.6. Theme 2: helping individuals learn about or experience healthy relationships

Participants spoke about the potential positive effects of relationship education in two different ways: (1) learning about what healthy intimate relationships could look like, and (2) having actual experiences of healthy friendships or relationships.

3.6.1 Subtheme 2a: learning about what constitutes a healthy intimate relationship

Twelve participants spoke about the importance of educating people about the characteristics of healthy intimate relationships (e.g. 'what it means to be loved by somebody': P2, woman aged 18–25), and the signs of IPV including early warning signs. Participants also noted that such education would need to be delivered in a way that's 'actually meaningful to them' (P21, woman aged 25–34). Some participants shared examples of times when other people had provided them with this kind of guidance, or when they learned about IPV from online sources (e.g. YouTube) or public health campaigns.

> But I found this thing and it just said: 'if you are in a relationship where you're in fear or you're being belittled or controlled, that is not normal'. And that was like 'my God', I could cry just reading it. (P6, man aged 45–54)

3.6.2 Subtheme 2b: Experiencing healthy friendships or intimate relationships

Six participants spoke about times when they experienced kindness from others (e.g. friendships, at school or work), or when they witnessed or were in a healthy intimate relationship. They felt that these experiences provided them with a new perspective on how they deserved to be treated, shaping their expectations for future intimate relationships.

> Because how are you supposed to know what's normal, or accept what people tell you is normal, if you've never experienced it? Until then, it's just a theoretical concept, until it's part of your life. (P18, woman aged 34–45)

3.7. Theme 3: changing appraisals of the maltreatment experienced in childhood

Ten participants spoke about how reframing their childhood experiences (often with support of a therapist after their abusive relationship had ended), helped them avoid further IPV. When they drew connections between their experience of childhood maltreatment and their intimate relationships, it helped them recognize that their intimate relationships were also harmful.

> For years I always said: 'Well, you know, I got [childhood maltreatment description] as a kid, but it was okay'. Like I said, this relationship last year when I realized that this is not healthy and it's really affecting me, it reminded me actually my relationship with my dad was, being completely loved and adored and looking up to this person, but then feeling not good enough and not worthy because he could hurt me. (P6, man aged 45–54)

Other participants spoke more broadly about the positive impact of trauma psychoeducation, including learning about how childhood maltreatment can impact a person's thoughts and behaviour.

> but reading more about, like, why we might do things or behave when, like, traumatic things have happened in childhood, and I found that helpful, to help me understand what was happening in my own life, and I saw I was repeating it. (P21, woman aged 25–34)

4. Discussion

Participants' accounts allowed us to identify how psychological factors that may be impacted by childhood maltreatment can contribute to placing individuals at risk of harm in intimate relationships. Participants described factors that can shape motivations for entering risky relationships (e.g. need for validation) as well as staying in abusive relationships (e.g. difficulty recognizing the signs of abuse). Given the dearth of secondary interventions aimed at preventing IPV victimization following childhood maltreatment (Hielscher et al., 2021; McNaughton Reyes et al., 2021), we also explored what participants believed such interventions should include.

4.1. How low self-esteem and maladaptive coping following childhood maltreatment may lead individuals to enter, remain in, or become targets of abusive relationships

Participants told us that their experiences of childhood maltreatment led them to pursue intimate relationships as a means of compensating for previously unmet needs (e.g. affection, closeness), or to cope

with difficulties with self-esteem, self-worth, and identify formation. Our co-production group and participants emphasized that this creates a dangerous reliance upon relationships for relative safety, stability and escapism, which perpetuates vulnerability due to risk of being strategically pursued by perpetrators. There is substantial research linking childhood maltreatment to poor self-esteem, self-acceptance, and impaired identity formation (Penner et al., 2019; Zhang et al., 2023). For example, attachment theory posits that early caregiver relationships (including maltreatment) shape emotion regulation strategies, influencing how individuals manage distress, which may lead to external validation seeking, or an overdependence upon interpersonal relationships for emotion regulation (Cassidy, 1994; Sroufe, 2005). Recent cross-sectional quantitative studies show that adults who have experienced maltreatment, and who report using sex and dating to regulate their emotions and negative self-esteem, are more likely to experience in-person and cyber sexual victimization (Fereidooni et al., 2024; Miron & Orcutt, 2014). Additionally, our participants reported a tendency to prioritize others' needs in both friendships and intimate relationships, often at the expense of their own well-being, which may reflect maladaptive coping with rejection sensitivity (Gao et al., 2024). Participants and our co-production group felt that enhancing self-worth could therefore be a crucial element in interventions aimed at preventing IPV after maltreatment.

4.2. The distinction between detection of immediate threat cues and appraisals of longer-term abusive behaviour

Participants reported that childhood maltreatment impacted their socio-cognitive skills and social functioning (e.g. sensitivity to threat cues). This is consistent with neurocognitive studies showing that youth with a history of maltreatment may exhibit hypersensitivity to social threat cues as an adaptation to the circumstances they had faced during childhood (McCrory et al., 2022). Participants also underscored that, whilst the recognition and subsequent appeasement response to threat can be adaptive and protective in the short term, it may inadvertently maintain or even escalate unsafe relationship dynamics in the long term. This helps contextualize research suggesting that individuals displaying manipulative or antisocial behaviour often select partners who exhibit high agreeableness, perceiving them as exploitable (Book et al., 2021; Lucas et al., 2025). As participants noted, appeasement does not inherently provoke abusive behaviour, but abusive situations may arise due to the conflict resolution skills of both partners. Given these insights, prevention programmes could support individuals to respond to relational conflict in ways that de-escalate tension without resorting to appeasement as a default.

Despite a perceived ability to detect threat cues, participants reported difficulties in recognizing broader patterns of abusive behaviours. Previous studies have shown that individuals who have experienced repeated IPV victimization demonstrate a latency in reporting when the encounter has 'gone too far' in audio and video vignettes depicting an escalating interpersonal conflict (e.g. controlling comments and insults, escalating to being grabbed and hit; Marx & Gross, 1995; Witte & Kendra, 2010). Our participants reported that this difference in appraisal of abuse was related to processes of normalization, and this prevented them from seeking support. There are several theoretical frameworks which offer explanations for how such normalization might occur (e.g. attachment theory: Waters & Waters, 2006; social learning theory: Akers, 2009; Cochran et al., 2011; cognitive theory: Young et al., 2003). In addition, individuals exposed to maltreatment may also inherit from their abusive parents emotional and cognitive proclivities that contribute to such patterns (Pezzoli et al., 2019; Pezzoli et al., 2024). Altogether, our findings shed light on a potential distinction between skills in detecting immediate threat cues versus appraisals of longer-term abusive behaviour. Our co-production group felt it is important to address socio-cognitive difficulties in interventions (e.g. supporting individuals who have experienced maltreatment to not appraise it as normal and acceptable).

4.3. Moving from universal education to tailored approaches to IPV prevention

There remains a lack of intervention research specifically focused on promoting safe intimate relationships among individuals with experiences of childhood maltreatment, limiting the extent to which our findings can be contextualized within the existing evidence base (Benham-Clarke et al., 2023; McNaughton Reyes et al., 2021). However, our participants highlighted three core components for prevention programmes, relating to relationship education, cognitive reappraisal of childhood experiences, and self-esteem/identity formation. It may be effective to integrate relationship education with trauma-focused and self-esteem focused components from existing evidence-based interventions. Key to developing tailored programmes, is that individuals with lived experience of both childhood maltreatment and IPV victimization are consulted to ensure that programmes are appealing and accessible to this population (Skivington et al., 2021). It should be noted that some of the factors identified by participants

were conceptualized as positive personal qualities (e.g. sensitivity to others' emotions and prioritizing others' needs), which highlights the potential for including strengths-based approaches to prevention.

Participants discussed the potential utility of relationship education as a preventative method, but they also emphasized that this education should be meaningful to them and targeted to their specific challenges, rather than universal. For example, simply knowing that violence is unacceptable does not necessarily translate into rejecting it in one's own relationships, especially if perceptions of violence have been affected by childhood maltreatment. Similarly, education which emphasizes boundary-setting without accounting for the fact that maltreatment experiences might complicate perceptions of how love and care are expressed may be insufficient. Participants also pointed out that the signs of manipulative and abusive behaviours may initially resemble merely suboptimal relationship dynamics, meaning education should address the more subtle cues that can indicate emerging abusive patterns. Furthermore, participants reported that experiences of healthy friendships and relationships had been particularly potent in helping them recognize and change their unsafe intimate relationship patterns. Therefore, prevention efforts may be particularly beneficial if they also provide opportunities for individuals to learn from positive relationship models, alongside education. Our co-production group highlighted that both school and community environments could serve as key contexts for fostering such learning, depending on which setting enables a tailored approach.

Our findings also underscore that childhood maltreatment can lead to vulnerabilities for IPV victimization, but this should not be construed as implying responsibility for the victimization. On the contrary, as articulated by our participants, it is essential to recognize that shame and self-blame are often profound legacies of abuse (Li et al., 2020; Zhang et al., 2023). Similar cognitive distortions are a core symptom of post-traumatic stress disorder (Kip et al., 2022) and might represent one pathway to greater tolerance of abusive behaviours, explaining why PTSD symptoms are often found to partly mediate the association between childhood maltreatment and later IPV victimization (Fereidooni et al., 2024; Li et al., 2019). Reflecting on the connection between childhood maltreatment, self-blame, and the tolerance of unhealthy relationship dynamics was deemed critical to our co-production group to identify and break patterns of victimization, and was a key recommendation for prevention programmes. Some of the factors identified by participants were also conceptualized as positive personal qualities (e.g. sensitivity to others' emotions and prioritizing others' needs), which highlights the potential for including strengths-based approaches to prevention efforts. Altogether, our findings support the argument that interventions aimed to prevent IPV in this population should not only focus on educational elements but also target underlying cognitive, emotional, and behavioural predispositions associated with increased risk for IPV.

In our research study, the psychological mechanisms which were identified did not appear to depend upon any specific demographic factors (e.g. gender, sexuality or ethnicity). However, our co-production team and some participants highlighted that some of the mechanisms identified may be exacerbated by social or cultural norms. For example, the co-production group discussed cultural expectations around obedience and not bringing shame to the family, which may apply to women and girls within some cultures (e.g. Güler et al., 2023). Participants also discussed expectations of emotional stoicism and self-reliance that prevented them from seeking help, which may particularly affect men in environments which prescribe to traditional gender roles (Curtis et al., 2023). While our findings suggest that the psychological mechanisms underpinning IPV victimization may impact people across demographic groups and cultures, the influence of cultural and social norms may amplify risk, and this should be explored further. Additionally, interventions used to reduce risk should be sensitive to cultural and social norms to address intersecting factors.

4.4. Limitations

Our findings should be interpreted in the context of several limitations. We used self-selection sampling, and whilst it was representative of the UK population (Office for National Statistics, 2021), it also comprised of mostly highly educated White British individuals, and individuals who had experienced IPV within different-gender relationships, meaning our findings may not represent the full diversity of experiences. Our co-production group highlighted the potential interplay between cultural norms with psychological process, and this should be explored further. Broader contextual factors may also play a role in increasing risk for IPV victimization. For example, four of our participants mentioned that they had experiences with the children's social care system (e.g. foster care, kinship care), but we did not probe how this may have influenced their risk specifically.

5. Conclusion

In summary, this study highlighted key psychological factors linking childhood maltreatment to IPV victimization, including unmet needs driving dependency,

altered threat recognition, and difficulties with self-worth and identity formation. These findings align with existing cognitive and attachment theory, and emphasize the need for tailored early interventions targeting self-esteem, coping strategies, socio-cognitive processes, and appraisals of childhood experiences. Future research should explore these factors in more diverse populations, considering cultural norms and social contexts, and examine the interplay between victim and perpetrator characteristics. Incorporating lived experience perspectives into prevention and therapeutic approaches is crucial for addressing the complex pathways connecting childhood maltreatment to IPV.

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Author contributions

Conceptualization: Pezzoli, Phillips, Viding, Hiller, McCrory, Williams, Okuoimose; Methodology: Phillips, Pezzoli, Williams, Okuoimose, Hiller, McCrory, Viding; Formal Analysis: Phillips; Data Curation: Phillips, Pezzoli; Writing-original draft: Phillips, Pezzoli; Writing-review and editing: Phillips, Pezzoli, Williams, Okuoimose, Viding, McCrory, Hiller; Visualization: Phillips, Pezzoli; Supervision: Pezzoli, Viding; project administration: Phillips; Funding acquisition: Pezzoli, Viding.

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