

**Supplementary Material**

**The long-term consequences of family violence victimisation: An umbrella review of longitudinal meta-analyses**

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**Table S1.** Used prevalence rates (global and US-specific) for the estimation of population attributable fractions

Outcome	Global prevalence rates	US prevalence rates
Childhood maltreatment (lifetime)	19.87% <sup>a</sup>	20.38% <sup>a</sup>
Childhood maltreatment (lifetime) – physical abuse / spanking	22.60% <sup>a</sup>	24.00% <sup>a</sup>
Childhood maltreatment (lifetime) – physical/sexual abuse	16.07% <sup>a</sup>	17.37% <sup>a</sup>
Childhood maltreatment (lifetime) – excluding neglect	21.13% <sup>a</sup>	22.15% <sup>a</sup>
Intimate partner violence (lifetime)	27.00% <sup>b</sup>	26.00% <sup>b</sup>
Intimate partner violence within past 12 months	13.00% <sup>b</sup>	6.00% <sup>b</sup>
Childrens' exposure to intimate partner violence (lifetime)	NA	17.30% <sup>c</sup>

<sup>a</sup> Stoltenborgh et al. (2015)

<sup>b</sup> Sardinha et al. (2022)

<sup>c</sup> McTavish et al. (2016)

**Table S2.** Excluded meta-analyses due to overlapping primary studies and their results

Study	Form of violence	Outcome	OR [95% CI]
Fitton et al. (2020)	CM	Violent behaviour	1.80 [1.40, 2.30]
Howard et al. (2013)	IPV	Postpartum depression	2.87 [2.07, 3.98]
McKay et al. (2021)	CM	Mental disorder	1.60 [1.28, 1.99]
Wilson et al. (2009)	CM	Antisocial behaviour	1.76 [1.31, 2.30]
Zatti et al. (2017)	CM	Suicide attempts	4.14 [2.60, 6.57]
McIntosh et al. (2021)	IPV	Offspring attachment relationship	0.81 [0.52, 1.27]
Wei et al. (2023)	IPV	Postpartum depression	2.01 [1.51, 2.69]

*Note.* CI = confidence interval; CM = childhood maltreatment; IPV = intimate partner violence; OR = odds ratio.

**Table S3.** Detailed quality of evidence rating for each outcome

Outcome	N > 1,000	Prediction interval	Excess statistical significance	I <sup>2</sup>	Publication bias	QoE
<b>Childhood Maltreatment</b>						
<b>Psychosocial outcomes</b>						
Illicit drug abuse	Yes	1.03, 3.19	No	42%	No	5
Sleep problems in adulthood	Yes	0.98, 1.32	No	78%	No	3
Poor cognitive performance	Yes	1.08, 2.39	Yes	86%	No	3
Antisocial behaviour in adulthood	Yes	0.70, 5.87	No	92%	No	3
Antisocial behaviour in adolescence	Yes	0.84, 2.82	Yes	80%	No	2
Suicide attempts	Yes	0.66, 10.48	No	96%	Yes	2
<b>Psychiatric outcomes</b>						
Anxiety	Yes	1.73, 4.23	No	55%	No	4
Postpartum depression	Yes	1.05, 2.52	Yes	44%	No	4
Depression	Yes	0.91, 4.54	Yes	63%	No	2
Mental disorder in adulthood	Yes	0.66, 6.81	Yes	70%	No	2
Psychosis	Yes	0.67, 9.77	Yes	81%	Yes	1
<b>Physical health outcomes</b>						
Chronic pain	Yes	0.99, 1.10	No	0%	No	4
Adult mortality	Yes	0.89, 5.55	No	78%	? (too few studies)	2

**Intimate Partner Violence**

**Psychosocial outcomes**

Suicide attempts	Yes	1.40, 1.94	Yes	0%	No	4
Alcohol use in women	Yes	1.02, 1.52	Yes	0%	No	4
Insecure child attachment	Yes	0.78, 4.44	Yes	57%	No	2
Cannabis use	Yes	0.99, 2.32	Yes	5%	? (too few studies)	2
Hard drug use	No	1.19, 3.52	Yes	0%	? (too few studies)	2
Externalising problems	?	?	?	>50%	No	1
Internalising problems	?	?	?	>50%	No	1
General adjustment problems	?	?	?	>50%	No	1

**Psychiatric outcomes**

Depression	Yes	1.32, 2.79	No	43%	No	5
Postpartum depression	Yes	0.68, 5.79	Yes	97%	No	2

**Physical health outcomes**

Preterm births	Yes	1.05, 3.91	Yes	46%	No	4
Sexually transmitted infections	Yes	0.44, 2.78	No	35%	? (too few studies)	3
Low birth weight births	Yes	0.72, 3.96	Yes	65%	No	2
Small for gestational age births	?	?	?	?	?	0

Note. *N* = number of individuals; *I*<sup>2</sup> = between-study heterogeneity; QoE = quality of evidence.

The quality of evidence is based on the assessment of five factors: (1) *N* > 1,000: meta-analyses with more than 1,000 individuals were rated as being of higher quality than meta-analyses with fewer individuals due to greater statistical power. (2) Prediction interval: 95% prediction intervals that include the null effect (i.e., OR = 1) indicate potentially nonsignificant findings in a new population and were therefore rated as lower quality. (3) Excess statistical significance: the ratio between the pooled overall effect size of a meta-analysis

and the effect size of its largest included study (which can be considered the most accurate estimate) was used as an indication for excess of statistically significant findings, with a ratio  $>1$  indicating the presence of excess statistical significance. (4)  $I^2$ : between-study heterogeneity within each meta-analysis was quantified using  $I^2$ , with values  $<50\%$  being considered low and thus of high quality. (5) Publication bias: Egger's regression asymmetry test was used to assess small study effects and used as an indication for the presence of publication bias. Finally, each quality test was scored as either 0 (low quality – highlighted in red) or 1 (high quality – highlighted in green) and added to a total score (ranging from 0 to 5). Missing information (highlighted in yellow) was scored as 0.

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