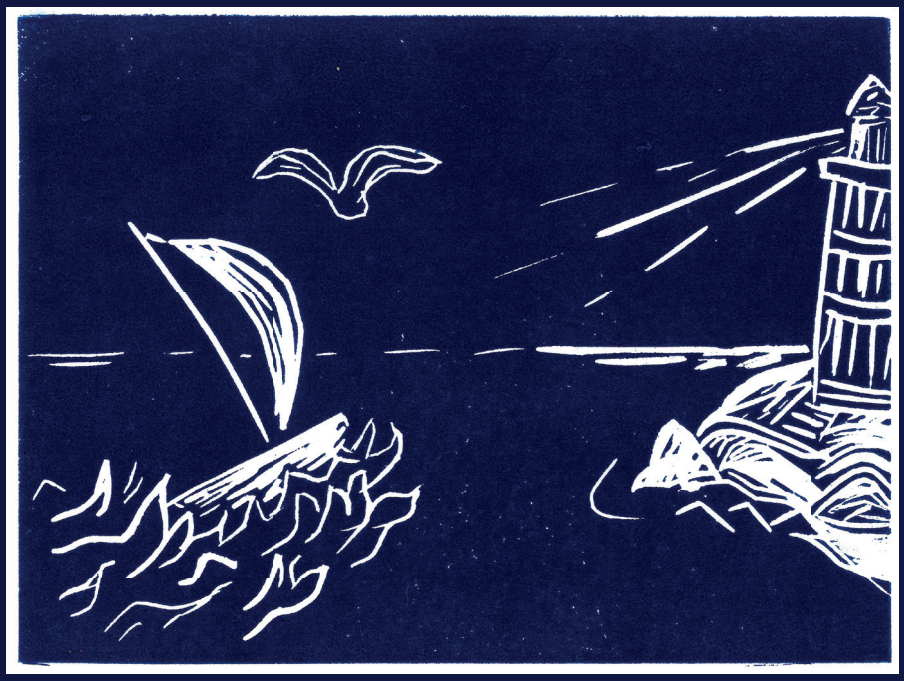
From Harm to Hope

Unraveling the intergenerational transmission of family violence



Milou Lünnemann

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From Harm to Hope:

Unraveling the intergenerational transmission of family violence

Van storm naar licht:

ontrafelen van intergenerationele overdracht van geweld in gezinnen

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Chapter 1

General introduction

General introduction

"I compare my childhood to the sea, because the sea can be very calm and very still, but it can also be very compelling and devastating. It can even become a tsunami and it can take everything with it… In some places the water surface is so close to the bottom, you can see right through and you know what is out there. But it can also be incredibly deep and black and… It's just a very unpredictable thing and although… very difficult, you can't live without it… You can't live without water. You can't do without the sea and you can't do… without your family. That's how I experienced my childhood."

The above narrative is from a 17-year-old girl who I interviewed for three of the studies in this dissertation. She describes her ambivalent experiences of growing up with an abusive father; unpredictable, devastating, but also indispensable. Growing up in a conflicting family environment is related to a wide range of long-term consequences in three broad developmental domains, both during childhood and adulthood: (1) poor mental health (e.g., posttraumatic stress, anxiety, depression, eating disorders, or personality disorders); (2) poor physical health (e.g., metabolic or sleep disorders, and reduced brain areas); and (3) adverse psychosocial outcomes (e.g., insecure attachment, antisocial and aggressive behavior, or suicide attempts; Carr et al., 2020; WHO, 2022). Children exposed to family violence have, furthermore, an increased risk of becoming a victim or perpetrator of violence within their romantic relationship or against offspring (i.e., physical, psychological, or sexual violence; Assink et al., 2018; Dardis et al., 2015; Montalvo-Liendo et al., 2015; Smith-Marek et al., 2015). This is usually referred to as the intergenerational tranmission of family violence. Adolescent dating violence is often an early precursor of intimate partner violence or abusing later offspring (Greenman et al., 2016). This stresses the importance of exploring underlying mechanisms of 'making or breaking' the intergenerational transmission of familiy violence in a sample of at-risk youth. Examining the relation between family violence and dating violence may particularly be of value to increase our knowledge on what may be important factors to tap into in terms of early interventions.

Unraveling the underlying mechanisms of intergenerational transmission has potential impact for all (future) families who experience family violence. Family violence is a global problem, with about a billion children aged between two and seventeen years being victims of family violence every year (Hillis et al., 2016). In the Netherlands, about three percent of the children between 0 and 17 years have experienced at least one type of family violence (Alink et al., 2018). There are no unambiguous numbers on how many children who experienced family violence become a victim or perpetrator of violence later in life. It is commonly believed that about two-thirds of children growing up in a violent home succeed in breaking the intergenerational transmission of violence (Steketee et al., 2017). This means that about one-third will experience

violence later in life. Consequently, later offspring of children and adolescents who currently experience family violence are also more likely to experience family violence themselves, with many adverse consequences. So it is important to prevent this transfer of violence to the next generation, starting with the children and adolescents who are currently exposed to family violence.

Knowledge gaps

A history of family violence is often an important risk factor of victimization or perpetration of later violence. Being a victim of child maltreatment is sadly often linked to being a victim or perpetrator of intimate partner violence during adulthood (Montalvo-Liendo et al., 2015; Smith-Marek et al., 2015; Stith et al., 2000). In some studies, being a victim of child maltreatment was found to be a risk factor of adolescent dating violence (Dardis et al., 2015; Kaukinen, 2014; Vagi et al., 2013) or perpetration of child maltreatment (Assink et al., 2018). However, several gaps in the literature hamper our understanding of the intergenerational transmission of violence. First of all, studies on the intergenerational transmission of violence often examined specific types of family violence during childhood, and only used a single informant to measure (this type of) family violence (Haselschwerdt et al., 2019). A multi-informant approach to study family violence allows for a more accurate estimate of family violence (Buisman et al., 2020; Petersen et al., 2013; Sternberg et al., 1998). Respondents are, for example, more likely to underreport rather than overreport family violence, and level of agreement across family members is relatively low. Secondly, empirical evidence suggests that some children are able to break the cycle of violence (Renner & Slack, 2006; Richardson et al., 2021; Suzuki et al., 2008), although knowledge is limited with regard to the mechanisms that may explain why some children exposed to family violence continue whereas others are able to break the intergenerational transmission. Finally, although dating violence – often a precursor of intimate partner violence – has become an important topic of research, there is a lack of studies on the link between family violence during childhood and experiencing dating violence in clinical samples. In most research on victimization and perpetration of dating violence witin romantic relationships samples consisted mainly of high-school or university students (Cascardi & Jouriles, 2018; Evans et al., 2021). Investigating the intergenerational transmission of violence in a clinical sample of young people exposed to family violence is essential in understanding why some young people exposed to family violence are able to break the intergenerational transmission of violence, whereas others are not.

Goal of this thesis

To address these knowledge gaps in the scientific literature, the main goal of this dissertation is to extend our knowledge of the underlying mechanisms of 'making or breaking' the intergenerational transmission of family violence, with a focus on the link between family violence during childhood and adolescent dating violence. In this dissertation I use multi-informant data of family violence, a multi-source approach (both quantitative and qualitative data), and a clinical sample of families (both fathers, mothers, and children) who experienced family violence and were followed for eighteen months. This dissertation is based on five studies, with the ambition of answering two overarching research questions. Based on empirical and theoretical literature, three important theoretical frameworks may help to explain intergenerational transmission of family violence: (1) social learning theory; (2) attachment theory; and (3) trauma theory. The first research question pertains to *the role of social learning, attachment, and trauma in explaining the intergenerational transmission of family violence*. The second research question is *to investigate important factors that foster breaking the intergenerational transmission of family violence.* Understanding the mechanisms of breaking the intergenerational transmission, and exploring protective factors is a prerequisite to further develop interventions that prevent adolescent dating violence, intimate partner violence, and child maltreatment, as well as persistent problems for future generations of children. Based on this knowledge, policymakers and practitioners working with families who experience family violence can be informed allowing more tailored prevention strategies and interventions. Finally, new hypotheses on breaking the intergenerational transmission of family violence can be generated, guiding future research. But before I turn to a full description of the research questions addressed in this thesis, it is necessary to give a clear definition of family violence as a central concept in the studies reported here.

Definition of family violence

The generally accepted definition of family violence or child abuse and neglect includes physical, emotional or sexual abuse, physical or emotional neglect, and witnessing intimate partner violence, and results in "actual or potential harm to the child's health, development or dignity in the context of a relationship of responsibility, trust or power" (World Health Organization, 2014, p. 82). This definition includes both direct maltreatment from (step)parents[1] to children and witnessing intimate partner violence, which refers to physical, sexual or psychological abuse from

[1] To increase the readability, from now on I will use the term parent, but this could also refer to stepparents (or other caregivers).

one or between both current or former intimate partners (Center for Disease Control and Prevention, 2015).

Witnessing intimate partner violence has not always been part of the definition of child maltreatment. In the Dutch situation, the definition of child maltreatment was extended to witnessing intimate partner violence in the Dutch Child and Youth Act in 2015. In the years leading up to this Act, it became evident that witnessing violence between parents has devastating consequences similar to being abused or neglected by a parent as a child (Chan & Yeung, 2009; McTavish et al., 2016). Simultaneously, organizations for victims of domestic violence (*Steunpunten Huiselijk Geweld*) and organizations for child protection services (*Advies- en Meldpunt Kindermishandeling*) merged into *Veilig Thuis*, an advice and support centre where cases of domestic violence and child maltreatment are reported. In the past, intimate partner violence and child maltreatment were seen as two distinct problems, whereas it is now recognized that both are equally important and are intertwined. However, the literature on the intergenerational transmission of family violence often focuses on direct maltreatment, or witnessing intimate partner violence, or even only on physical violence (Haselschwerdt et al., 2019). In this dissertation the broad definition of family violence is used, including psychological, physical or sexual intimate partner violence as well as psychological and physical abuse and neglect from parents on children. Only sexual child abuse was not included, due to the limited access to validated questionnaires. In this dissertation the term family violence is mainly used to refer to the violence children experienced during childhood, due to our sample consisting of families with children. Sometimes these terms are used interchangeably with child maltreatment or child abuse and neglect, depending on the focus in a chapter.

Research question 1: What is the role of social learning, attachment, and trauma within the mechanisms of intergenerational transmission of family violence?

Several mechanisms underlie the intergenerational transmission of family violence. On the one hand, insecure attachment, anxious feelings, toxic stress, limited coping mechanisms to reduce stress, positive attitude towards the use of aggression and violence, and limited communications skills are adverse consequences related to family violence during childhood (Carr et al., 2020; Cicchetti, 2016). On the other hand, these adverse outcomes have been linked to dating violence and intimate partner violence (Capaldi et al., 2012; Dardis et al., 2015; Edwards et al., 2016; Vagi et al., 2013). Hence, as a consequence of the problems children develop from their experience with family violence, children are more likely to become a victim or a perpetrator of violence later in life. This implies that these factors are important in explaining the intergenerational transmission of violence. Three important theoretical frameworks, which are

in line with the aforementioned factors and often used in explaining this intergenerational transmission of family violence, are social learning theory, attachment theory, and trauma theory. Below, I will further describe these three theoretical frameworks.

The first theoretical framework is social learning theory (Bandura, 1977; Burgess & Akers, 1966), which posits that children learn by observing and imitating the behavior and interactions of others (often family members). Children exposed to family violence observe and experience aggressive and violent behavior from or between their parents and might imitate this behavior resulting in aggressive and violent behavior. When growing up in a context of violence, children are often unable to learn positive conflict resolution skills, such as negotiation, verbal reasoning, or active listening (Black et al., 2010; Foshee et al., 1999). Instead, according to social learning theory, children exposed to violence develop positive beliefs about or attitudes towards (the use of) aggressive and violent behavior because they see that violence is an acceptable and appropriate way to solve problems or conflicts in a relationship or to gain control over others (Savage et al., 2014; Van der Kolk, 2000; Shorey et al., 2008; Wolfe et al., 2004). Also, the development of emotion regulation is based on learning processes; children observe and learn from others to understand and cope with their emotions, as well as to interpret the emotions of others (Huesmann et al., 2011). Hence, on the one hand, being exposed to family violence increases the risk of using aggressive and violent behavior in general, but also in later (romantic) relationships or on offspring, and therefore to become a perpetrator of dating or intimate partner violence or child maltreatment. On the other hand, children exposed to family violence are more likely to justify aggressive and violent behavior of others, and therefore have an increased risk of becoming a victim of dating or intimate partner violence later in life (Tyler et al., 2011).

A second theoretical framework, attachment theory (Bowlby, 1969), proposes that a secure attachment with primary caregivers is important for normal development of information processing and emotion regulation (Cassidy & Shaver, 2016). According to attachment theory, children develop an internal working model with beliefs and expectations about self and others, based on (early) interactions between them and their parents (George, 1996; Muller et al., 2012). These working models are used to evaluate information and experiences, to predict and react to the behavior of others, but also to learn to cope with stress and to regulate emotions (George, 1996; Muller et al., 2012). Children with sensitively responding parents will generally develop secure attachment, which means that these children explore the world, but also ask for comfort and protection from their parent(s) when they are afraid or stressed (Cassidy & Shaver, 2016). Securely attached adolescents are able to adapt to challenging situations and to mentalize about their thoughts, emotions, and memories and those of others in a coherent way (George, 1996; Muller et al., 2006). Children exposed to family violence may develop insecure or disorganised

attachment with their parent(s) because the parent is both their (only) source of comfort and protection but at the same time unavailable or a threat (George, 1996). Insecure attached children develop a working model that anticipates disapproval, rejection, or abandonment, and results in feelings of distrust and insecurity towards others, and low self-esteem (Cascardi & Jouriles, 2016; George, 1996; Muller et al., 2006). As a result, some may experience separation anxiety, that their partner will end the relationship, and therefore they may cling to their partner and justify the (violent and aggressive) behavior of their romantic partner. Others may experience problems in connecting with their partners and suppress their feelings and needs. Some may misinterpret situations and, therefore, may be more likely to react defensively or aggressively (George, 1996; Muller et al., 2006).

A third mechanism to explain the intergenerational transmission of violence is trauma. From the perspective of trauma theory (Neller et al., 2005; Van der Kolk, 2000), experiencing family violence is related to toxic stress in children, which means that their stress system is activated for a prolonged period without any protective support (Coppens & Van Kregten, 2018). Toxic stress has an impact on the release of hormones (Anda et al, 2006). For example, children exposed to family violence have increased levels of the stress hormone cortisol, which is related to a hypersensitive stress system. This shows that, due to family violence, the biological stress response of these children is dysregulated. Traumatized children, during childhood or later during adulthood, can be triggered by certain stimuli, such as sounds, smells or places, which cause extensive feelings of anger or anxiety, and this activates their survival mode (fight, flight, or freeze; Kunst et al., 2011; Neller et al., 2005; Van der Kolk, 2000). Even when children experience mild stress, their survival mode is activated, which leads to more stress because the capability of children to process new information is restrained, they misinterpret the situations and are unable to solve the problem. Moreover, toxic stress disrupts normal development of the brain, and can cause permanent changes (Anda et al, 2006). Therefore, traumatized children often experience problems in different domains, such as difficulty with trusting people, emotional dysregulation, or impulse control problems, which may result in problems with managing their anger and they are therefore more likely to react in an aggressive or violent way (Carr et al., 2020; Chapman et al., 2017; Kunst et al., 2011).

The above-mentioned three mechanisms are often used in explaining intergenerational transmission of violence. However, studies often focused on intimate partner violence with a sample of only women or child-mother dyads, leaving the role of fathers understudied. Moreover, most studies on the link between family violence and dating violence were conducted in community samples. In addition, qualitative studies on the intergenerational transmission of violence are scarce. Therefore, this dissertation fills these methodological gaps by using both

quantitative and qualitative data, and a clinical sample of young people and both (step)fathers and -mothers who were reported to *Veilig Thuis*[2] for family violence.

Study concepts of research question 1

The above theoretical frameworks may provide explanations as to why children exposed to family violence have an increased risk of becoming either a victim or perpetrator of adolescent dating violence or intimate partner violence. Based on these theoretical frameworks, several study concepts were derived and examined in various chapters in this dissertation.

With regard to social learning, children exposed to family violence are more likely to become violent and to be engaged in delinquent behavior (Braga et al., 2017; Doelman et al., 2021; Kerig & Becker, 2015; Park et al., 2012), which in turn is related to dating violence or intimate partner violence later in life (Herrenkohl et al., 2007; Wolfe et al., 2004). Therefore, we examined *violent and criminal behavior of the youth* (**chapter 3**). Other important factors, based on social learning theory and related to both family violence and dating violence, are problems with conflict resolution skills or an unhealthy development of emotion regulation. Studies tapping into these factors are mainly quantitative. Therefore, for this dissertation, young people were interviewed about challenges they face within their romantic relationship – such as emotional dysregulation and conflict resolution skills – and their perspective on the role of previous family violence (**chapter 4**).

With regard to attachment theory, children exposed to family violence often develop an insecure or disorganized attachment style (Bear et al., 2006; Tussey et al., 2021), and insecure attachment in turn is related to dating violence in college students (Choi et al., 2022; Dardis et al., 2015). Moreover, insecure attachment is found to be a mediator in the link between child maltreatment and dating violence (Cascardi & Jouriles, 2016). However, these studies examined one specific type of child abuse, and in community samples. Hence, more studies with a sample of children all exposed to family violence are needed, as this may yield a more complete understanding of why some young people break the cycle of violence. Therefore, we examined *attachment with both father and mother* and *the parent-child relationship quality* (**chapter 5**). Furthermore, the youth themselves were asked about challenges they experience within their romantic relationship – such as finding a balance between connectedness and autonomy – and the link to their childhood (**chapter 4**).

With regard to trauma theory, being exposed to family violence is seen as a complex trauma, which refers to 'the experience of multiple, chronic and prolonged, developmentally

[2] An advice and support center for all reports of domestic violence and child maltreatment

adverse traumatic events, most often of an interpersonal nature and early-life onset' (Van der Kolk, 2017, p. 402). An estimated 30 to 38 percent of victims of family violence develop a posttraumatic stress disorder (PTSD; Messman-Moore & Bhuptani, 2017). Therefore, we examined *posttraumatic stress of children* (**chapters 2, 3, and 6**), and *trauma symptoms of fathers and mothers* (**chapter 2**). Due to the multiple and chronic context of family violence, and all related adverse consequences, clinical practitioners often use the term complex PTSD with regard to victims of family violence. This means that besides having trauma symptoms within the definition of PTSD in the DSM-5, such as having repeated memories and scary thoughts of the traumatic events, avoiding reminiscence, and experiencing over-arousal symptoms such as irritability, hypervigilance, and sleeping problems (APA, 2014; Margolin & Vickerman, 2011; Van der Kolk, 2000), one also has other trauma-related problems such as emotional dysregulation, low self-esteem, and difficulties connecting to others and maintaining relationships (WHO, 2019). This is why it is important to not only study posttraumatic stress, but also other trauma- (and trauma-related) symptoms, which we will address in **chapters 4 and 6**.

Research question 2: What are important factors to foster breaking the intergenerational transmission of family violence?

In the Netherlands, practitioners working with families exposed to family violence work on several aspects. The focus lies on short-term safety (e.g., designing a safety plan), long-term safety (e.g., taking care of the underlying problems), and recovery of all family member (e.g., trauma therapy; Van Arum & Vogtlander, 2016). This addresses the importance of taking into account different perspectives to examine factors breaking the intergenerational transmission of family violence. Firstly, single (as opposed to chronic) exposure to intimate partner violence was related to resilience (Martinez et al., 2009), indicating that cessation of family violence is possibly a factor thay may foster resilience in children exposed to family violence. Cessation or diminishing of family violence is, therefore, an important factor to examine with regard to breaking the intergenerational transmission of violence. Secondly, maternal warmth and emotional support from family members, friends or other important persons in a person's life, may yield important protective factors for breaking the intergenerational transmission of violence (Holt et al., 2008; Jaffee et al., 2013; Richardson et al., 2021). Other protective factors, described by adults who witnessed violence between their parents as a child, include the ability to regulate emotions, and to learn from previous experiences (Suzuki et al., 2008). However, studies examining factors often focused only on victims of intimate partner violence, instead of the broad definition of family violence, in a sample of mother-child diads, or only asked about the relationship with mothers, therefore leaving the role of fathers understudied. To address these gaps, this dissertation

examined factors that may foster breaking the cycle of violence in a clinical sample of young people and both (step)parents exposed to family violence.

Study design and sample

This dissertation is part of a project on violence within the home and its impact on parents' and children's lives, conducted by the *Verwey-Jonker Instituut* (Steketee et al., 2020). From 2016 to 2020, Dutch families who were reported to *Veilig Thuis* organizations due to family violence were studied for eighteen months. At three time points, parents and children aged eight years and older filled in questionnaires about their wellbeing and their experiences with family violence. In total, 1150 parents (26% fathers), and 370 children (50% boys) participated. Of these families, 576 families participated at all three measurements. This dissertation makes use of data collected at the first measurement (**chapter 2**), and data collected at multiple measurement waves (**chapters 3 and 5**).

Additionally, especially for this dissertation, a qualitative study was carried out among eighteen young people (8 boys, 10 girls) aged between 16 and 20 years. All eighteen participated in the project described above, and were asked for an additional interview in 2020. During the interviews, I asked them about their romantic relationship experiences, their relationships with both parents, and family violence during their childhood. **Chapters 4, 5, and 6** are (partly) based on their narratives.

In this dissertation, I focus on children and adolescents, as they form the future generation, and it is of crucial importance that they receive the best possible chances to develop into healthy adults. This dissertation especially focuses on adolescents, because this is an important developmental stage for identity development, as well as the first romantic relationships that may emerge (Collins et al., 2009; Haselschwerdt et al., 2019). Hence, studies in which children and adolescents who experience family violence at the moment of the study are followed are scarce. To yield a contextual picture of family violence, a multi-informant approach was applied (assessing both father, mother, and child) in **chapters 2 and 3**. To measure trauma of parents and children, mother and father reports were used in **chapter 2** for their own trauma symptoms as well as for trauma symptoms of children. In **chapter 3**, child self-reports were used to measure their trauma symptoms, as well as violent and delinquent behavior. **Chapter 4** is based on interviews with the youth themselves about family violence and their romantic relationship(s). In **chapter 5,** we used the child's perspective on family violence and attachment with both father and mother to make it possible to compare the qualitative and quantitative data.

Outline of this dissertation

The current dissertation is based on four empirical quantitative and qualitative studies that, taken together, shed more light on explanations and factors for (eventually) breaking the intergenerational transmission of violence. See figure 1 for an overview of the combined study designs of the chapters of this dissertation. The first question of this dissertation examines the role of three important mechanisms explaining the intergenerational transmission of family violence. These mechanisms are: (1) social learning (discussed in **chapters 3 and 4**); (2) parent-child attachment (discussed in **chapters 4 and 5**); and (3) trauma (discussed in **chapters 2, 3, 4 and 6**). The second question aims to give insight in important factors that might foster breaking this intergenerational transmission (discussed in **chapters 3, 4 and 5**). Below, I will give a short overview of the different studies which are described in detail in the following chapters.

In **chapter 2** the intergenerational transmission of family violence and trauma was examined in a sample of both mothers, fathers, and their children aged between three and twelve years. To do this, two mediation models were investigated and compared between fathers and mothers. In the first model, the mediating role of intimate partner violence was examined between historical family violence of parents and their trauma symptoms. The second model investigated whether current family violence mediated the relation between parental trauma symptoms and trauma symptoms of children. In this chapter, the main focus is on the mechanism of trauma (question 1).

In **chapter 3**, we investigated the impact of cessation or continuation of family violence on child development. In this longitudinal study, trauma symptoms and criminal behavior of children aged between eight and eighteen were compared between children of families in which severe family violence continued and children of families in which the violence has decreased or even ceased eighteen months later. The results of this study contribute to more knowledge on the mechanism of social learning and trauma (question 1), as well as insight in protective factors (question 2).

In **chapter 4**, we qualitatively explored challenges of the youth (aged between 16 and 20 years) exposed to family violence within their romantic relationships. Additionally, the perceived role of previous family violence in the challenges within the romantic relationship of the youth is examined. The findings add to the understanding of the mechanism of social learning, attachment between child and parents, and trauma (question 1). In this study we also asked young people about positive experiences within their romantic relationship, therewith identifying protective factors (question 2).

Chapter 5 adopts a mixed-method approach to examine family violence experiences and parent-youth relationship quality of young people (aged between 14 and 20 years) who do report

dating violence compared to young people who do not. This study has as its main focus the mechanism of parent-child attachment (question 1), but also gives insight in factors that could be protective (question 2).

Chapter 6 is, given the importance of the results of this dissertation for Dutch professionals, a Dutch peer-reviewed article that was published in a special issue on trauma of the Dutch journal of Orthopedagogics. This chapter partly consists of insights from previous chapters. However, it also contains new insights based on parts of the interviews with the youth from the additional qualitative study, as well as some results from the broader longitudinal project. With this chapter, I want to underscore the strong informative potential of our studies regarding their clinical implications. In this way, this chapter aims to form an important bridge between scientific research and clinical practice.

Finally, **chapter 7** provides a discussion of the findings of these five studies by answering the two main research questions. This chapter also addresses clinical implications and suggestions for future research.

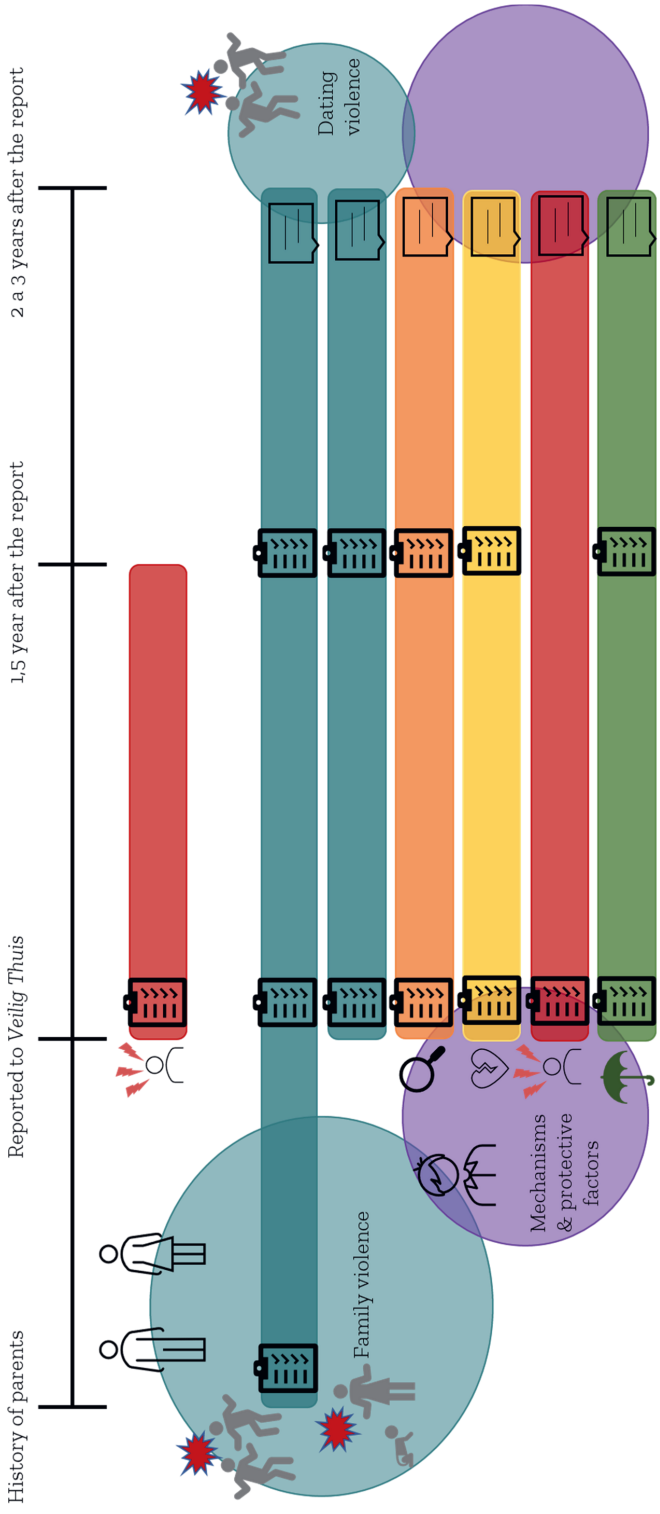

Figure 1. Overview of the combined study designs of the chapters of this dissertation
Meaning of the colors: = family violence or dating violence; = social learning; = attachment; = trauma; = protective factors.

Chapter 2

The Intergenerational Impact of Trauma and Family Violence on Parents and their Children

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Author contributions
M.K.M. Lünnemann: Conceptualization, Methodology, Formal analysis, Investigation, Writing – original draft. **F.C.P. Van der Horst**: Conceptualization, Writing – review & editing, Supervision. **P. Prinzie**: Review & editing. **M.P.C.M. Luijk**: Conceptualization, Review & editing, Supervision. **M. Steketee**: Conceptualization, Investigation, Review & editing, Supervision, Project administration, Funding acquisition.

Abstract

Background. Children who experience Child Abuse and Neglect (CAN) are at an increased risk of becoming a victim of Intimate Partner Violence (IPV) or a perpetrator of IPV or CAN. Moreover, maltreated children are at risk for developing long-lasting trauma symptoms, which can subsequently affect their own children's lives. Understanding the mechanisms of the intergenerational transmission of violence and trauma is a prerequisite for the development of interventions. **Objective**. We examine whether the relation between historical CAN and current trauma symptoms of mothers is mediated by current IPV. Furthermore, we investigate whether current CAN mediates the relation between current maternal trauma symptoms and child Post-Traumatic Stress Disorder (PTSD) symptoms. These mechanisms are compared for mothers and fathers. **Participants.** We have recruited 101 fathers and 360 mothers (426 children, 50% boys, mean age 7 years) through child protection services. **Methods**. Respondents completed questionnaires about IPV, (historical) CAN and trauma symptoms. **Results**. Structural equation models showed that historical CAN of father and mothers was related to trauma symptoms. Only for mothers, this association was mediated by IPV. Trauma symptoms of both fathers and mothers were related to child PTSD symptoms. This effect was not mediated by current CAN. **Conclusion**. In violent families, maternal and paternal trauma can be transmitted over generations. However, intergenerational transmission of violence is found for mothers only. When family violence is reported, professionals should take the violence into account, as well as the history of parents and trauma symptoms of all family members.

Key words: Child abuse and neglect, child maltreatment, intergenerational transmission, intimate partner violence, trauma.

Introduction

Children who grow up in violent homes are at an increased risk of developing long-lasting trauma symptoms, which can subsequently affect their own children's lives (Fredland et al., 2015). When children are exposed to family violence, they may experience a state of hyperarousal, an increased psychological and physiological tension (Adams, 2006). These children have a high risk of developing internalizing problems and trauma-related symptoms that last across the lifespan (Adams, 2006; Infurna et al., 2016; Lindert et al., 2014). In addition, these children are at an increased risk of becoming either a victim or a perpetrator of Intimate Partner Violence (IPV), or a perpetrator of Child Abuse and Neglect (CAN) in adulthood (Assink et al., 2018; Leve et al, 2015; Smith-Marek et al., 2015; Stith et al., 2000; Yang et al., 2018). Therefore, children of parents who have experienced CAN have an increased risk of experiencing CAN themselves. This mechanism is known as the intergenerational transmission of family violence. Furthermore, victims of IPV often suffer from mental health problems (Dillon et al., 2013). Mental health problems of mothers seem to be related to mental health problems of their children (McFarlane et al., 2014, 2017), which suggests an intergenerational effect of mental health problems, such as trauma.

Whereas many studies have examined the relation of IPV and CAN to trauma symptoms of mothers and children, few studies have focused on the intergenerational mechanisms via trauma (Fredland et al., 2015; Montalvo-Liendo et al., 2015). Especially for fathers, this mechanism is still unclear. Therefore, the aim of this study is to examine this intergenerational effect of family violence and trauma within families who are involved with child protection services. Firstly, the association between historical CAN and current trauma symptoms of mothers is examined. In this association, the mediating role of IPV is assessed. Secondly, the relation between current maternal trauma symptoms and trauma symptoms of their children is investigated. In this association, the mediating role of current CAN of children is assessed. Thirdly, these mechanisms will be compared for fathers and mothers.

Definitions of CAN, IPV and trauma

Since the definition of CAN varies between studies, it is important to clarify how the term is defined in this study. According to a generally accepted definition, CAN refers to physical, emotional or sexual abuse, physical or emotional neglect and witnessing of IPV which may result in "actual or potential harm to the child's health, development or dignity in the context of a relationship of responsibility, trust or power" (World Health Organization, 2014, p. 82). Witnessing violence in the family is not always covered by international definitions of child abuse. At the same time, IPV which refers to physical, sexual or psychological abuse by a current or former intimate partner (Center for Disease Control & Prevention, 2015), is the most common form of family

violence (Devries et al., 2013). Furthermore, similar to experiencing abuse or neglect, witnessing IPV is related to maladaptive development of children (Chan & Yeung, 2009; McTavish et al., 2016). In addition, CAN and IPV often occur simultaneously (Holt et al., 2008). Therefore, in this study, we use the broader definition of CAN, as defined in the Dutch Child and Youth Act, which holds that children can be either a victim of abuse and neglect or be a witness of IPV (Jeugdwet, 2015; World Health Organization, 2014).

People who experience family violence may become traumatized and develop posttraumatic stress disorder (PTSD; Van der Kolk, 2000). PTSD is characterized by obsessively reliving the traumatic event, avoiding reminiscence of the traumatic event and increased arousal expressed by, for instance, hypervigilance, irritability and concentration problems (Van der Kolk, 2000). There also are psychological problems, however, that do not fall within the strict definition of PTSD: anxiety, depression, dissociation, and aggression against self and others. Yet, they are common in victims of IPV and can be conceptualized as trauma-related problems (Van der Kolk, 2000). Therefore, in this study, we consider trauma symptoms to entail PTSD as well as other psychological problems.

Intergenerational transmission of family violence

Although many children who experience CAN do not become violent later in life, there is a substantial risk that violence in the family is transferred from generation to generation (Steketee, 2017). Growing up in a conflicting family environment increases the risk of experiencing IPV as an adult and becoming violent against children (Montalvo-Liendo et al., 2015; Sneddon et al., 2010; Thornberry et al., 2012). There are no unambiguous findings on how many abused children become perpetrators or victims in adulthood. Numbers vary from 8% (Browne & Herbert, 1997) to 40% (Kaufman & Zigler, 1987), depending on the research method. Two meta-analyses show a weak to moderate relation between witnessing IPV (effect sizes ranging from r = .18 to r = .24) and experiencing physical child abuse (effect sizes ranging from r = .16 to r = .22) on the one hand and being a victim or perpetrator of physical IPV on the other hand (Smith-Marek et al., 2015; Stith et al., 2000). Moreover, women who have experienced CAN report more severe IPV than women who do not have a history of CAN (Fredland et al., 2015; Whitfield et al., 2003). Furthermore, a recent meta-analysis by Assink et al. (2018) reports that parents with a history of CAN are three times more likely to maltreat their own children than parents without a history of CAN. However, little is known about the mechanisms that can explain this transfer of violence and neglect.

Consequences of family violence for women and children

CAN is linked to a wide range of problems, such as poor mental health (Adams, 2006; Dillon et al., 2013; Edwards et al., 2003; Fredland et al., 2015; Infurna et al., 2016; Lindert et al., 2014; Montalvo-Liendo et al., 2015), internalizing problems and trauma symptoms (Evans et al., 2008; Holt et al., 2008; Tierolf et al., 2014). The Adverse Childhood Experience (ACE) study (Felitti et al., 1998) shows that there is a strong relation between ACEs, such as CAN, and physical and mental diseases. Moreover, Tierolf et al. (2014) found that one third of children who experienced CAN have trauma symptoms. Literature shows no age and gender differences regarding internalizing problems of children who experienced family violence (Evans et al., 2008; Lindert et al., 2014; Wolfe et al., 2003). However, a more recent study shows that boys as well as older children report more internalizing problems than girls and younger children (McFarlane et al., 2017). When CAN is extremely stressful, it can cause long-lasting mental health problems (e.g., depression, anxiety and emotion dysregulation; Anda et al., 2006; Widom et al., 2012). Women who have been exposed to CAN in their youth, especially those who have experienced multiple types of CAN, report worse mental health during adulthood (Edwards et al., 2003). Thus, CAN has a direct, negative effect on children that may persist into adulthood.

There also are women who have not been abused during childhood and still become a victim of IPV, with several negative consequences. These victims can become stressed, depressed, anxious or can experience PTSD symptoms (Dillon et al., 2013; Lagdon et al., 2014; Pill et al., 2017). These effects are caused by physical, psychological and sexual IPV, where more severe IPV has been associated with more mental health problems (Lagdon et al., 2014). Moreover, women who experience IPV during adulthood and have a history of CAN as well, report worse mental health outcomes than women do who experience IPV but have not been abused during childhood (Montalvo-Liendo et al., 2015).

In short, historical CAN is associated with both IPV (Smith-Marek et al., 2015; Stith et al., 2000) and poor mental health during adulthood (Fredland et al., 2015; Montalvo-Liendo et al., 2015). Furthermore, the mental health of women is also influenced by IPV (Lagdon et al., 2014). This suggests that historical CAN has a direct effect on trauma symptoms of women during adulthood. However, given IPV's relation with a history of CAN and trauma symptoms, the mediating effect of IPV between historical CAN and trauma symptoms is worth investigating.

Maternal trauma and consequences for children

Despite the fact that CAN clearly is a risk factor for mental health problems, this relationship is not inevitable or deterministic in nature. Smith-Marek and colleagues (2015) note the importance of adding measures of family trauma to gain more insight into the mechanism of

intergenerational transmission. Children's health is not only influenced by CAN. Other factors such as the mental health of mothers (particularly PTSD, depression, anxiety and somatization) are also directly related to mental health problems of their children (McFarlane et al., 2014, 2017; McWey et al., 2013). Moreover, children of mothers who report trauma symptoms due to IPV are seven times more likely to develop trauma symptoms than children of mothers who experience IPV but do not report trauma symptoms (McFarlane et al., 2014), especially when mothers experienced more ACEs (McFarlane et al., 2017). Supposedly, traumatized caregivers are less responsive and less emotionally available to their children (cf. relational model of trauma; Scheeringa & Zeanah, 2001).

In addition, two recent studies concluded that the relation between maternal physical and psychological IPV on the one hand and internalizing problems of children on the other hand was mediated by maternal health problems (Fredland et al., 2015; Greene et al., 2018). Therefore, trauma symptoms of mothers and children will be included in our analyses, to explore the intergenerational pattern of trauma. Additionally, adults who experience trauma symptoms due to negative parenting experiences during their youth, such as CAN, can be both a victim and an offender of violent behavior, thereby perpetuating the intergenerational transmission of violence (Neller et al., 2005; Van der Kolk, 2000). A possible explanation is that these people may react aggressively or angry towards others in particular situations because they feel anxious or they misinterpret the situation (Steketee, 2017). This suggests that parental trauma symptoms can be a risk factor for perpetrating CAN. Therefore, current CAN is included as a mediator between maternal trauma symptoms and trauma symptoms of children.

Differences between fathers and mothers

The majority of research has either focused on the effects of IPV and CAN on mothers and their children, or mainly focused on fathers as perpetrators and mothers as victims. Yet, both men and women can be victims as well as perpetrators. A review by Randle and Graham (2011) showed that, similar to the relation for women, there is a relation between IPV and mental health problems for men. However, there are also differences between men and women. First of all, IPV perpetration by men is often more severe than IPV perpetration by women (Morse, 1995; Tierolf et al., 2014). Secondly, women are more likely to experience physical and mental health problems as a consequence of violence than men are (Coker et al., 2002; Morse, 1995).

To the best of our knowledge, there are no studies that have examined the relation between trauma symptoms of fathers and trauma symptoms of their children in violent families. However, two meta-analyses have addressed secondary traumatization, which is the experience of trauma symptoms in children due to traumatization of their fathers, in holocaust survivors,

combat veterans and traumatized refugees (Lambert et al., 2003). In addition, Lambert and colleagues (2014) have stated that there are no gender differences for secondary traumatization. This has not been investigated for family violence, however, because in this study, all kinds of trauma were examined (e.g., combat-related, refugee, and interpersonal trauma) and the studies that included family violence as trauma were all based on women's experiences only. Nevertheless, based on the above, we do not expect gender differences for the relationship between parental trauma symptoms and trauma symptoms in their children, when family violence occurs.

The current study

Summarized, the first aim of this cross-sectional study is to provide a better understanding of the intergenerational transmission of family violence and its relation with maternal trauma symptoms. Therefore, we investigate whether the relation between historical CAN and current trauma symptoms of mothers is mediated by current IPV. The second aim is to further investigate the intergenerational transmission of trauma. Therefore, we examine whether the relation between current trauma symptoms of mothers and PTSD symptoms of children is mediated by current CAN. The third aim is to investigate gender differences; we study whether the direct and indirect relations among the variables is similar for fathers and mothers. While studies about the intergenerational transmission of violence often include only physical CAN (Widom et al., 2015), the strength of our study is that we also include psychological abuse and neglect. Furthermore, gender differences are currently unclear because studies on the intergenerational transmission of trauma due to family violence only included mothers and children. A better understanding of the intergenerational transmission of violence and trauma for mothers and fathers and of gender differences may inform future interventions.

We have used two mediation models (see Figure 1). For the first model, we hypothesize that historical CAN of both mothers and fathers is related to higher levels of current trauma symptoms (path c1) and that this effect is mediated by current IPV (paths a1 and b1). Based on the reviewed literature, we expect a less strong mediation effect for fathers (Coker et al., 2002; Morse, 1995). For the second model, we hypothesize that higher levels of current parental trauma symptoms are related to higher levels of PTSD symptoms of their children (path c2) and that this effect is mediated by current CAN (paths a2 and b2). Based on the reviewed literature, we do not expect differences between fathers and mothers in the second model (Lambert et al., 2014).

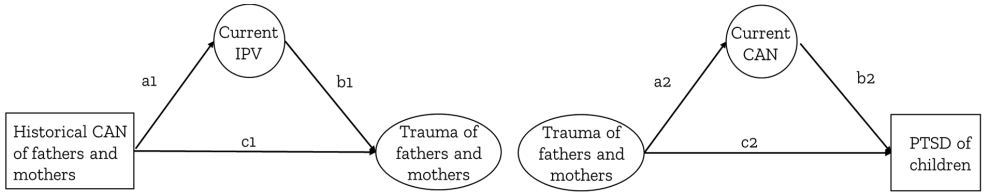

Figure 1. Conceptual model of the intergenerational transmission of trauma and family violence.

Method

Procedure and participants

This study is based on data collected in 2016 and 2017 for a longitudinal study by the Verwey-Jonker Institute, in the Netherlands. Families were recruited through child protection services in four major cities and nine districts. The following inclusion criteria applied: current IPV or current CAN was reported to child protective services; this report was received within the last three months; the reported family had at least one child between the ages of three and eighteen; at least one of the parents could read and understand Dutch. Only families who met these inclusion criteria were approached by telephone and invited to participate. During this phone call, the researcher explained the aims of the study and made an appointment to visit the participant, to complete several online questionnaires about historical CAN, IPV and current CAN, trauma symptoms of the parents and trauma symptoms of their children between the ages of three and twelve. Children aged between eight and eighteen could also participate and complete a self-report questionnaire about current CAN. Parents signed informed consent and received €20 for their participation, while the children received €10 for their participation. This study was approved by the Scientific and Ethical Review Board of the VU Amsterdam (VCWE-2016-217R1).

Originally, 654 families participated with 948 children. Information on trauma symptoms was available for 473 families and was reported for 587 children aged between three and twelve years old. Of these families, information on current IPV or current CAN was available for 420 families. Furthermore, 86 parents provided information about two children between the ages of three and twelve, which caused dependency in the data. For these families, one child was randomly chosen. Current analyses are based on 461 children, 101 children of 101 fathers and 360 children of 360 mothers. Of 35 children information was provided by both caregivers. Therefore, information was provided about 426 children in total. Furthermore, 86 children between the ages of eight and twelve provided self-reported data. For a comprehensive overview of exclusion of participants, see Figure 2. Characteristics of fathers and mothers and their children are shown in Table 1.

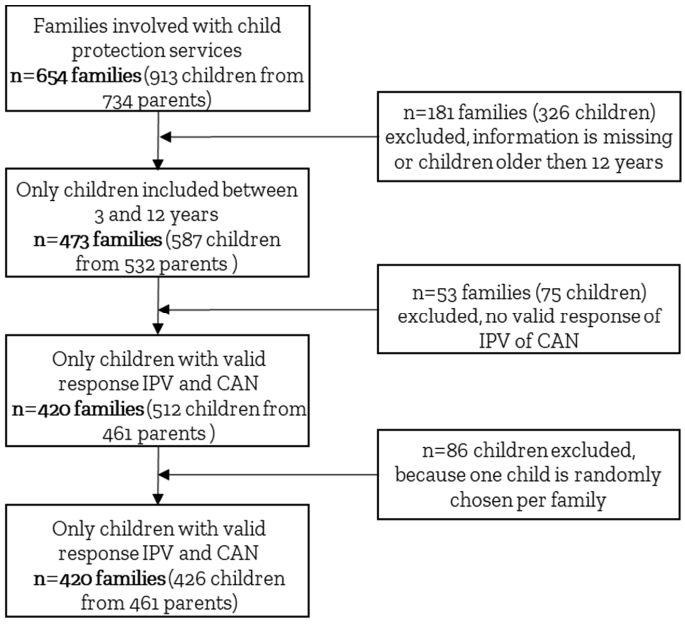

Figure 2. Flowchart of the exclusion of participants.

Materials

Historical CAN of parents. We used the Dutch translation of the Adverse Childhood Experiences questionnaire (ACE; Dube et al., 2003; Kuiper et al., 2010) to measure historical CAN of fathers and mothers. Parents filled in ten questions about ACEs during the first eighteen years of their life (α = .81; e.g., "Were your parents ever separated or divorced"). Participants could score 0 (*not happened*) or 1 (*happened*) on every question. We asked about four types of CAN: emotional abuse, physical abuse, a parent or caregiver being abused (witnessing IPV), and physical neglect. Participants who scored 'yes' on at least one of the four questions about CAN, were assigned to the group 'historical CAN'. The other participants were assigned to the group 'no historical CAN'. One question was about sexual abuse; respondents did not report, however, whether the perpetrator was a family member or a stranger. The univocal goal of our study was to investigate the intergenerational transmission of violence within the family. For this reason, we used a strict classification and assigned participants who reported sexual abuse without any other type of CAN to the 'no historical CAN' group.

Family violence. We used the Dutch translation of the Revised Conflict Tactics Scale Parent Child (CTSPC; Straus et al., 1998; Lamers-Winkelman et al., 2007) to measure current CAN. The Dutch translation of the Revised Conflict Tactics Scale-2 (CTS2; Straus et al., 1996; Lamers-Winkelman et al., 2007) was used to measure IPV as well as current CAN (witnessing IPV). Parents filled in the CTS2 and CTSPC, whereas children only filled in the CTSPC. The CTSPC parent

version consists of thirteen items about physical abuse (α = .82), five items about psychological abuse (α = .74) and five items about neglect (α = .49). The CTSPC children's version consists of thirteen items about physical abuse (α = .88), four items about psychological abuse (α = .77) and fifteen items about witnessing IPV (α = .91). The CTS2 consists of twelve items about physical IPV (α = .92), eight items about psychological IPV (α = .87) and seven items about sexual IPV (α = .82). Each item of the CTS2 concerned both the respondent's partner (e.g., "my (ex)partner hit me") and the respondent herself (e.g., "I hit my (ex)partner"). For both the CTSPC and the CTS2, questions were filled in on an 8-point scale from 1 (*never happened*) to 8 (*happened more than 20 times in the past year*). For the CTS2, each subscale was calculated as the sum of the number of incidents of both respondent and partner in the last year. For the CTSPC it was calculated as the highest number of incidents reported by the parent or the child. The latent variable IPV is based on the three subscales of the CTS2, whereas the variable current CAN is based on the subscales of the CTSPC and two subscales of the CTS2 (physical and psychological IPV).

Parental trauma. Eight subscales of the Dutch translation of the Trauma Symptom Inventory (TSI; Briere, 1995) were used to measure parental trauma. Participants completed eight items about anxious arousal (AA; α = .80; e.g., "worry about things"), eight items about depression (D; α = .92; e.g., "sadness"), nine items about anger/irritability (AI; α = .88; e.g., "irritability"), eight items about intrusive experiences (IE; α = .91; e.g., "flashbacks"), eight items about defensive avoidance (DA; α = .90; e.g., "pushing painful thoughts or memories out of one's mind"), nine items about dissociation (DIS; α = .85; e.g., "depersonalization"), nine items about impaired self-reference (ISR; α = .85; e.g., "identity confusion") and eight items about tension reduction behavior (TRB; α = .67; e.g., "self-mutilation") on a 4-point scale from 0 (*never*) to 3 (*often*) regarding the frequency of a symptom occurring in the past 6 months. When parents had a maximum of two missing values on a subscale, the raw score for that subscale was calculated as the sum of these items. Next, the raw scores were converted to T-scores, based on the sex and age of participants (Briere, 1995). The latent factor Trauma was based on those eight subscales. This calculation and classification is based on the two-factor model of the manual.

Trauma of children. The PTSD subscale of the Dutch translation of the Trauma Symptom Checklist for Young Children (TSCYC; Briere, 2005; Tierolf & Lamers-Winkelman, 2014) was used to measure trauma of children. Caregivers (parents or stepparents) completed 27 items (α = .93) on a 4-point scale from 1 (*not at all*) to 4 (*very often*), regarding the frequency of a symptom occurring in the past month (e.g., "suffers from memories about something that happened to him/her"). Data were included when a minimum of 21 items were filled out, and the raw scores were converted to T-scores, based on the sex and age of the child (Briere, 2005).

Table 1. *Descriptives (number and frequencies) for the background variables of mothers and fathers*

	All parents	Mothers	Fathers
Age			
18 - 24 years	15 (3%)	14 (4%)	1 (1%)
25 - 34 years	155 (34%)	127 (36%)	28 (28%)
35 - 44 years	204 (45%)	161 (46%)	43 (42%)
45 - 54 years	73 (16%)	49 (14%)	24 (24%)
55 and older	6 (1%)	1 (.5%)	5 (5%)
Paid job			
Yes	219 (48%)	149 (41%)	70 (69%)
No	242 (52%)	211 (59%)	31 (31%)
Household income			
< 1.500	234 (51%)	206 (57%)	28 (28%)
1.500 - 3.100	176 (38%)	126 (35%)	50 (49%)
>3.100	51 (11%)	28 (8%)	23 (23%)
Education			
Lower education	42 (9%)	27 (7%)	15 (15%)
Lower level of Secondary Education	99 (22%)	75 (21%)	24 (24%)
Higher level of Secondary Education	211 (46%)	175 (49%)	36 (37%)
Higher education	106 (23%)	82 (23%)	24 (24%)
Race/ethnicity			
Netherlands	290 (63%)	215 (60%)	75 (74%)
First generation immigrant	97 (21%)	80 (22%)	17 (17%)
Second generation immigrant	74 (16%)	65 (18%)	9 (9%)
Sex of child			
Boy	215 (50%)	183 (51%)	48 (48%)
Girl	211 (50%)	177 (49%)	53 (52%)
Caregiver is			
Biological parent	410 (96%)	354 (99%)	85 (85%)
Stepparent	11 (3%)	3 (.5%)	13 (13%)
Other	3 (1%)	2 (.5%)	2 (2%)
	Mean (SD)	**Mean (SD)**	**Mean (SD)**
Age of children	7.16 (3.00)	7.17 (2.99)	7.35 (3.17)

Data analyses

Firstly, we computed the mean, standard deviation, Pearson correlations for all continuous variables, and a Spearman correlation for the binary variables (historical CAN and sex) for fathers and mothers separately in SPSS (version 24). Next, the main analyses were conducted, using structural equation modelling in Mplus (version 7; Muthén & Muthén, 2005). Cases with incomplete data were retained in the analysis by using Full Information Maximum Likelihood in Mplus. With regard to our first and second aim, investigating the intergenerational transmission of family violence and trauma of mothers, we tested two mediation models. Firstly, we tested the direct relation between historical CAN and current trauma symptoms of mothers (Figure 1, path c1) and then we added current IPV as a mediator (Figure 1, path a1 and b1). Secondly, we tested the direct relation between current trauma symptoms of mothers and PTSD symptoms of children (Figure 1, path c2). Subsequently, current CAN of children was added as a mediator (Figure 1, path a2 and b2). In this model we included child age, which was found to be significantly correlated with the dependent variable, as control variable. With regard to our third aim, whether these mechanisms of intergenerational transmission of family violence and trauma are identical for fathers in comparison with mothers, we conducted a multigroup analysis. Therefore, we tested each mediation model for the full sample (101 fathers and 360 mothers) with the direct and indirect path constrained to be equal for fathers and mothers. Finally, we tested each mediation model separately for the full sample, with its direct and indirect path freely estimated (were allowed to vary between fathers and mothers). Using the chi-square difference test, we investigated whether these nested models differed for fathers and mothers. A nonsignificant difference in chi-square ($p > .05$) indicates that relations are similar for fathers and mothers.

For the mediation analyses, the MODEL INDIRECT option in Mplus was used to calculate the direct and indirect effects. Furthermore, we used three goodness-of-fit indices for the model fit: RMSEA, TLI and CFI. A CFI and TLI value above .95 and RMSEA value below .08 indicates an acceptable fit (Kenny, 2014). The chi-square statistics were only used to compare the nested models, but not for the model fit, because the chi-square is less suitable for large sample sizes (Kenny, 2014).

Results

Preliminary analyses

All children had experienced current CAN in the past year; 59% had experienced indirect as well as direct CAN, 14% had experienced only direct CAN (6% of those children had experienced more than one type of direct CAN), while 27% had experienced only indirect CAN. Furthermore, 93% of mothers and 87% of fathers reported IPV in the past year; 52% of those fathers and 63% of those

mothers reported 2 or more types of IPV (psychological, physical or sexual), while 47% of fathers and 35% of mothers reported only psychological IPV. The mean number of ACEs of mothers (M = 2.85, SD = 2.67) was higher than the mean number of ACEs of fathers (M = 1.72, SD = 2.11; $t(-4.412)$ = -193.307, $p < .001$). Moreover, more mothers (45%) experienced at least one type of historical CAN than fathers did (33%; $X^2(1) = 4.386$, $p = .036$). Finally, results about the current trauma indicate that 10% of fathers score above the cut-off score of a clinical trauma, versus 15% of mothers.

Interrelations between the main study variables are reported in Table 2. Significant correlations for fathers and mothers did not differ significantly from each other. However, other correlations were significant for mothers but not for fathers; historical CAN of mothers is related to IPV, child PTSD and current CAN, but historical CAN of fathers is not related to these variables. Furthermore, maternal IPV is related to both trauma in mothers and PTSD in their children, but paternal IPV is not related to these variables. Finally, age of children correlated significantly with PTSD symptoms, but boys and girls did not differ on PTSD symptoms.

Table 1. *Correlation, mean, SD for Mothers and Fathers*

	1	2	3	4	5	6	7	Mean	SD
1. Historical CAN[a]	-	-.01	.29**	.11	.07			.33	
2. IPV	.18**	-	.20	.09	.81**	-.17	-.03	38.95	50.38
3. Trauma adult	.27**	.48**	-	.32**	.33**	-.05	-.04	47.00	4.91
4. PTSD child	.09	.15*	.37**	-	.26**	.20	.10	53.09	10.52
5. Current CAN	.20**	.94**	.47**	.18**	-	-.05	-.03	47.58	58.24
6. Age child		-.12*	-.03	.14*	-.07	-	-.05	7.35	3.17
7. Sex child[b]		-.02	-.03	.07	-.03	-.06	-	.52	
Mean	.45	82.46	48.54	57.21	84.13	7.17	.49		
SD		119.19	7.15	15.76	106.78	2.99			

Note. Intercorrelations for fathers are presented above the diagonal, and intercorrelations for mothers are presented below the diagonal. Means and SD for fathers are presented in the vertical columns and means and SD for mothers are presented in the horizontal columns.

* = $p < .05$. ** = $p < .01$, [a] 0 = no historical CAN, 1 = historical CAN. [b] 0 = boy, 1 = girl.

Mediation models for mothers

Historical CAN was associated with more maternal trauma symptoms (β = .268, $p < .001$). Next, the first mediation model (Figure 3) was fitted for 359 mothers. This model did not fit the data well (RMSEA: .109; CFI: .898; TLI: .870). Therefore, based on the modification indices, correlations between AA and DIS, AA and ISR, AA and TRB, D and DIS, and IE and DA were added. The resulting model is presented in Figure 2, showing an acceptable fit (RMSEA: .062; CFI: .970; TLI: .958). This

model showed a partial mediation; historical CAN was associated with more trauma symptoms of mothers (β = .208, p < .001) and more IPV (β = .161, p = .003), and more IPV was associated with more trauma symptoms of mothers (β = .401, p < .001).

Next, the second mediation model (Figure 4) was fitted for 360 mothers. Given the significant association between child age and PTSD, we controlled for child age. Higher trauma symptoms of mothers were associated with higher PTSD symptoms of their children (β = .378, p < .001). The older the child, the higher the PTSD score (β = .151, p = .003). Furthermore, the same error correlations of the first mediation model were added. This model showed an acceptable fit (RMSEA: .050; CFI: .982; TLI: .975). Results showed no mediation effect since there was only an effect of maternal trauma symptoms on current CAN (β = .468, p < .001); higher trauma symptoms of mothers were associated with more current CAN. There was no statistically significant effect of current CAN on the PTSD symptoms of children.

Mediation models of mothers compared to fathers

To test whether the results were similar for mothers and fathers, a multigroup analysis was conducted. The first mediation model (Figure 3) was fitted for the full sample (359 mothers and 99 fathers). Secondly, the grouping variable 'parental sex' was added to the model and the paths a1, b1 and c1 were constrained. This model was compared to the model where paths a1, b1 and c1 were freely estimated. The model with the free paths was chosen (RMSEA: .079; CFI: .956; TLI: .948), despite the fact that the models did not differ significantly (X^2_{diff} (3) = 6.37, p = .095), because two of the three paths differed for fathers and mothers. For mothers, IPV was associated with both historical CAN (β = .163, p = .001) and trauma symptoms (β = .406, p < .001), but for fathers IPV was neither associated with historical CAN (β = .158, p = .274), nor with trauma symptoms (β = -.035, p = 812). The direct effect was equal for fathers and mothers; historical CAN was associated with more trauma symptoms of both mothers (β = .206, p < .001) and fathers (β = .321, p = .001).

Next, the second mediation model (Figure 4) was fitted for the full sample (360 mothers and 101 fathers). Again, the grouping variable 'parental sex' was added to the model and paths a2, b2 and c2 were constrained. This model was compared with the model where paths a1, b1 and c1 were free. The model with the constrained paths (RMSEA: .074; CFI: .971; TLI: .965) did not fit statistically better than the model with free paths did (X^2_{diff} (3) = 7.48, p = .058). So, there is no difference between fathers and mothers. For both fathers (β = .342, p < .001) and mothers (β = .354, p < .001), there is a direct effect between parental trauma symptoms and child PTSD. Furthermore, for both fathers (β = .459, p < .001) and mothers (β = .426, p < .001), there is an effect of parental

trauma on current CAN of their children, but there is no statistically significant effect of current CAN on PTSD in children for either fathers or mothers.

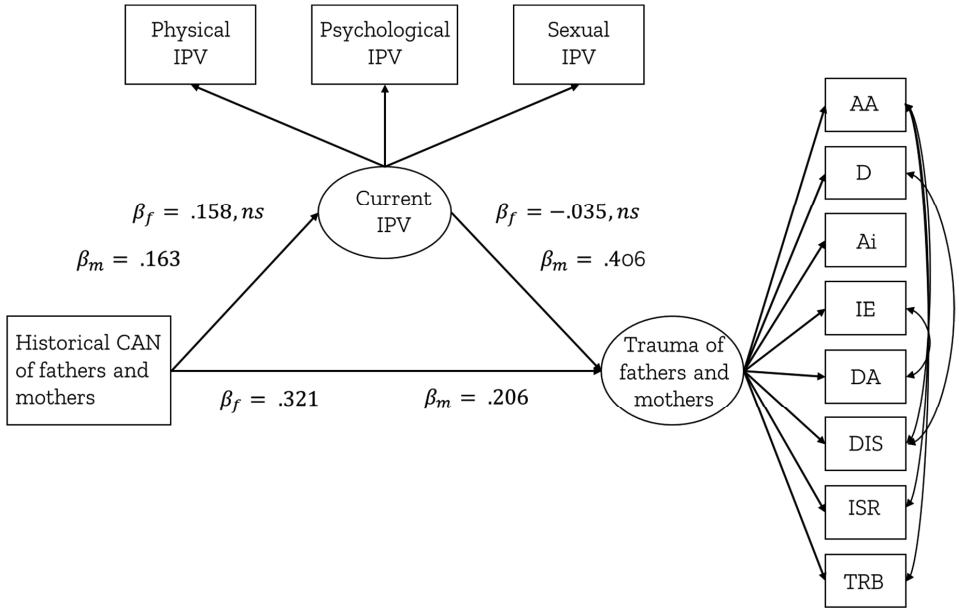

Figure 3. Mediation model of historical CAN, current IPV and current trauma symptoms of fathers (f) and mothers (m).

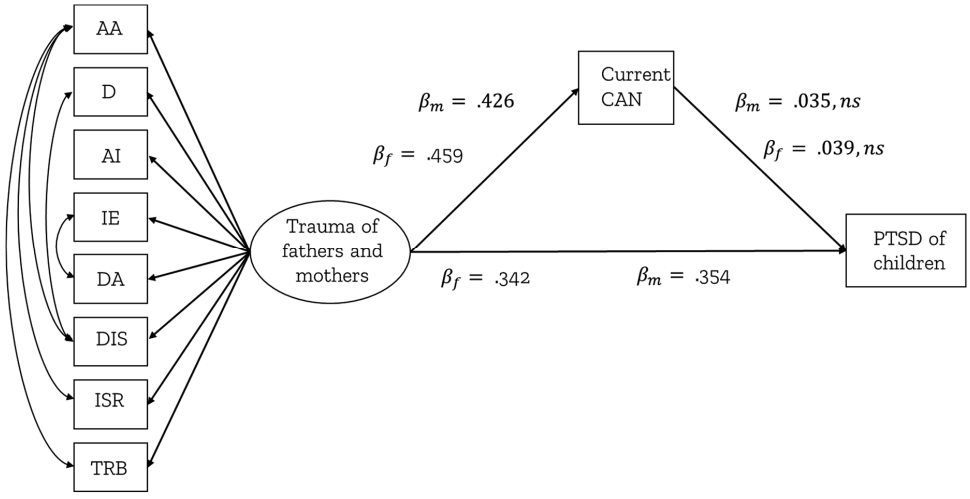

Figure 4. Mediation model of maternal (m) and paternal (f) trauma, current CAN and child PTSD.

Conclusion and discussion

The purpose of the current study was to examine the intergenerational transmission of family violence and trauma for both fathers and mothers, and children who are involved with child protection services and have at least one child between the ages of three and twelve. Our study shows an intergenerational effect of trauma for both fathers and mothers in violent families. The intergenerational transmission of family violence was found for mothers only.

In accordance with previous research, this study confirms both direct effects for mothers; historical CAN is directly related to trauma symptoms of mothers, and more maternal trauma symptoms are directly related to more PTSD symptoms in the mothers' children. Furthermore, these two direct effects are also found for fathers, which is consistent with previous research about secondary traumatization of male holocaust survivors, combat veterans, and refugees (Lambert et al., 2014). In general, these findings imply an intergenerational transmission of trauma for both mothers and fathers to children who experience family violence.

This study has further examined the mediating role of current IPV. Consistent with the literature, the results confirm that IPV is a mediator between historical CAN and trauma symptoms of mothers; mothers with a history of CAN experience more IPV, whereas more IPV is related to more trauma symptoms of mothers. Against expectations, IPV did not mediate the relation between historical CAN and the trauma symptoms of fathers. These results indicate that the trauma symptoms of mothers are not only affected by a traumatic childhood experience, but also by the traumatic experience of current IPV, whereas the trauma symptoms of fathers are mainly affected by the traumatic experience of historical CAN. Presumably, different patterns exist for the development of trauma symptoms in men and women. A possible explanation for the fact that we did not find a relation between historical CAN and current IPV for men might be that, in our study, IPV was measured as the total incidence of perpetration and victimization of physical, psychological and sexual IPV. The literature indicates that a history of CAN is related to perpetration of IPV by men and victimization of IPV by women (Smith-Marek et al., 2015; Stith et al., 2000). Furthermore, it seems that men are more likely to underreport IPV than women are (Chan, 2011; Tierolf et al., 2014). It is possible that this relation was not found because of our combination of perpetration and victimization on the one hand, and the underreporting of IPV by men on the other. Another possibility is that differentiating between the types of historical CAN and taking into account polyvictimization is necessary when investigating gender differences in the intergenerational transmission of violence. Research indicates that psychological child abuse and witnessing IPV have a stronger effect on experiencing IPV later in life for men (Jung et al., 2018). Secondly, our results showed no significant relation between current IPV and trauma symptoms of fathers. Here, the same explanation as the one above may apply; studies that

confirmed a relation between IPV and trauma symptoms of men only measured victimization, whereas our study measured victimization and perpetration of IPV.

Finally, this study investigated the mediating role of current CAN. Contrary to expectations, no mediation effect of current CAN between parental trauma symptoms and PTSD symptoms of children was found. Although trauma symptoms of both fathers and mothers were related to more current CAN, we did not find a relation between current CAN and PTSD symptoms of children. This may be explained by the fact that this study did not differentiate between the different types of current CAN and did not take into account polyvictimization. Yet, research has shown that specific types of CAN and experiencing multiple types of CAN are related to more internalizing problems than other types of CAN or experiencing one type of CAN (Arata et al., 2007; Bolger & Patterson, 2001; Moylan et al., 2010). On the other hand, different forms of CAN often co-occur, which makes it difficult to investigate each form separately (Renner & Slack, 2006). In our study, 67% of all children had experienced more than one type of current CAN, 27% had experienced only indirect CAN and 6% had experienced only physical abuse (2%), psychological abuse (5%) or neglect (1%). It was therefore not possible to analyze each form of current CAN separately because the power of these analyses will drop dramatically due to the small number of respondents in some groups. Another explanation might be that previous research has shown that CAN reported by parents is often underreported, due to shame, being afraid of being reported to child protective services, and social undesirability (Petersen et al., 2013). By contrast, children often report higher levels of CAN, not only higher than those of parents but also higher than those in official reports (Petersen et al., 2013). In this study, current CAN is probably underreported in most families, since CAN was mostly reported by parents. On the other hand, current CAN and trauma symptoms of children were correlated, as has also frequently been described in the literature (Fredland et al., 2015; Montalvo-Liendo et al., 2015). Our analysis, however, showed no significant relation of current CAN and PTSD symptoms of children in the mediation model. This finding is contrary to the belief about family violence and trauma symptoms of children, but indicates that parental trauma symptoms constitute a more important factor for the development of trauma symptoms in children than current CAN. Therefore, we can conclude that parental trauma symptoms constitute an important mechanism of the intergenerational transmission.

Limitations, strengths and suggestions for future work

Several limitations of the study need to be considered. First of all, we have used self-report questionnaires in this study. A limitation of this method is the possibility of underreporting or overreporting, due to problems with recalling exact details or social desirability (Sugarman &

Hotaling, 1997). Research has shown that parents are likely to underreport, especially in cases of CAN (Petersen et al., 2013; Van Rooij et al., 2015). On the other hand, respondents are less likely to underreport when self-reports are used compared to when face-to-face interviews are conducted (Chan, 2011). Future work should therefore use self-reports, but this time of both parents and children, and these reports should be compared with each other.

A second limitation is that a smaller number of fathers participated in this study. This resulted in limited power, which may explain why some relations were not replicated in our models. In this study, for example, we did not find a relation between IPV and trauma symptoms of men, although research suggests a relationship between IPV and trauma symptoms (Randle & Graham, 2011). The effect between IPV and trauma symptoms is stronger for women than it is for men (Coker et al., 2002; Morse, 1995). However, the strength of this study is that both men and women were included. Previous studies about IPV often only examined either women or men (Jung et al., 2018). In future studies, gender differences should be further investigated.

Thirdly, the current study has a cross-sectional design. For this reason, it is impossible to draw conclusions about causal effects. Longitudinal studies should be undertaken in which parents and their children are followed for a certain period. This would make it possible to investigate the effects of increases and decreases of IPV and CAN on the severity of trauma symptoms of parents and children. Fourthly, the Cronbach's alphas of all scales in this study were sufficient to satisfactory, except the alpha of neglect. Straus and colleagues (1998) also reported a low alpha for neglect, but mentioned furthermore that this does not necessarily mean that the scale also lacks validity. Further studies containing a questionnaire of neglect with a higher Cronbach alpha are suggested. Fifthly, one should be aware this study has been done with a clinical sample since all respondents were recruited through child protection services.

A final limitation is that, as stated before, IPV is measured as both victimization and perpetration, while literature indicates that men more often are a perpetrator of (severe) IPV and women more often are a victim. On the other hand, combining perpetration and victimization is also a strength of this study. Studies that investigated the intergenerational transmission of violence often examined victims and perpetrators separately (Jung et al., 2018), although research has shown that IPV is often reciprocal; both partners use violence against each other (Stith et al., 2004; Swan et al., 2008). For this reason, future studies are needed with more focus on the reciprocal relation between victimization and perpetration in the context of the intergenerational transmission of violence, and on the different effects of victimization and perpetration on trauma symptoms.

Finally, it would be interesting to further investigate the relation between parental trauma, current CAN and PTSD of children. First of all, as mentioned before, research has shown

that it is important to differentiate between the different types of CAN when examining the relation between current CAN and PTSD symptoms of children. Secondly, according to the relational model of trauma (Scheeringa & Zeanah, 2001), caregivers who are traumatized are less responsive and less emotionally available to their children. This indicates that the trauma of the caregiver is related to neglect or psychological abuse, but not to physical abuse. In addition, it would be interesting to explore whether trauma symptoms of children are more severe if both parents are traumatized, compared to only one traumatized parent. When one parent is traumatized and the other is not, the latter can be a protective factor. When both parents are traumatized, this might have a cumulative effect on the trauma of their children because, in that case, both parents are hypothesized to be less emotionally available and less responsive. Therefore, if it is not made impossible by a small sample size, future studies should differentiate between the different types of CAN and focus on the whole family system, instead of only one parent and one of the children.

Conclusions and implications

The findings of this study demonstrate that trauma symptoms of parents are an important explaining factor of trauma symptoms in children who grow up in violent families. Additionally, these findings demonstrate that not only maternal trauma symptoms, but also paternal trauma symptoms, are important for trauma symptoms of their children. This should raise awareness that when family violence is discovered, children as well as both parents should be examined for trauma symptoms. When only the children are treated for their trauma symptoms while one or both parents also suffer from trauma symptoms and do not get any help, there is a possibility that the trauma symptoms of the children will not diminish. Furthermore, we found a direct relation between historical CAN and trauma symptoms for both women and men. This makes it crucial for practitioners to look at both women and men, not only as parents of their children or as a perpetrator of family violence, but also as victims with their own history of CAN, who are traumatized themselves and need therapy or help. Finally, the findings of this study demonstrate that mothers who have experienced CAN during their youth have an increased risk of experiencing IPV during adulthood and the more IPV these mothers experience, the more trauma symptoms they have. This shows that it is also important that practitioners help the family to stop the violence and create safety, because this violence perpetuates the trauma symptoms of mothers, which in turns affects their children. For this reason, it is important to invest in stopping the violence and giving trauma therapy at the same time. For this, different practitioners such as practitioners of trauma therapy, social workers, youth protection and the police have to cooperate. These practitioners should try to involve the broader social network of the family.

Overall, this study confirms the intergenerational transmission of violence for mothers and the intergenerational transmission of trauma for both parents in families who experience family violence. Therefore, both stopping the violence and treatment of trauma of children should be prioritized, as is the general policy in most countries. It is equally important and, on the basis of our findings, crucially beneficial to children, to attend to parental trauma at the earliest opportunity.

Chapter 3

The Impact of Cessation or Continuation of Family Violence on Children

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M.K.M. Lünnemann: Conceptualization, Methodology, Formal analysis, Investigation, Writing – original draft. **M.P.C.M. Luijk:** Conceptualization, Review & editing, Supervision. **F.C.P. Van der Horst:** Conceptualization, Review & editing, Supervision. **J. Jongerling:** Methodology. **M. Steketee:** Conceptualization, Investigation, Review & editing, Supervision, Project administration, Funding acquisition.

Abstract

Children exposed to family violence are at risk for developing long-lasting problems. Family violence is a pervasive problem, however, studies comparing continuation with cessation of family violence are limited. Understanding the cessation or continuation of family violence on child development is a prerequisite to prevent enduring problems and develop interventions. This study compares posttraumatic stress and delinquent behavior of children aged between eight and eighteen years for whom severe violence continues to children for whom violence diminishes or ceases. Children (N = 162, 43% boys, mean age 12 years) and their parents reported to child protection services (CPS) with severe violence were included. Levels of family violence, posttraumatic stress and delinquent behavior were re-assessed after 18 months. Most families (74%) still experienced severe family violence at the second assessment despite involvement of CPS. Structural equation modelling was applied. In the group where violence diminished or stopped, delinquent behavior decreased. A decrease of posttraumatic stress only occurred when violence diminished but surprisingly no decrease was observed when violence stopped completely. The findings demonstrate that overall family violence is persistent. Differing paths can be discerned for delinquent behavior and posttraumatic stress, indicating different developmental and recovery pathways after cessation of family violence. Nonetheless, it is fair to state that specialized and long-term care is crucial.

Key words: Family violence, Child maltreatment, Continuation, Cessation, Posttraumatic stress, Delinquent behavior

Introduction

Family violence often has long-term consequences for children's mental and physical development (Infurna et al., 2016; Lindert et al., 2014). Family violence, defined here as both direct child maltreatment (child abuse and neglect) and indirect child maltreatment (witnessing intimate partner violence), rarely happens as a single incident, often reoccurs, and is a persistent problem for a subset of victims (Frias & Angel, 2007; Margolin et al., 2009). Although numerous studies find long-term internalizing and externalizing problems for children, the ways in which continuation or cessation of family violence affects these problems remain poorly understood. So far, studies conclude that children who are chronically exposed to maltreatment experience more deleterious adjustment problems than children who experience incidental abuse (Ethier et al., 2004b; Li & Godinet, 2014; Manly et al., 1994). In particular, information is limited on the impact of cessation of family violence as compared to decrease or persistence of family violence on child development.

Therefore, the aim of this longitudinal study is to compare behavioral outcomes of children from families in which severe violence continues to families in which violence has decreased or ceased. This question is fundamental for professionals who support families exposed to family violence. Both professionals and researchers are hesitantly recognizing that in some families it is well-nigh impossible to stop the violence (Li & Godinet, 2014; Van Yperen et al., 2020; Yoon et al., 2018). Understanding the impact of cessation or continuation of family violence on child development is essential for the further development of interventions to prevent enduring problems.

Severity and chronicity of family violence on developmental outcomes of children

There is consistent evidence that children who experience family violence report numerous adverse consequences in all developmental domains, both during childhood and adulthood (Carr et al., 2020; Cicchetti, 2016; Holt et al., 2008; Kitzmann et al., 2003; Wolfe et al., 2003). The problems children experience due to family violence strengthen over time (Vu et al., 2016) and exacerbate as the violence continues for a longer period and the violence is more severe (Howell et al., 2016; Kennedy et al., 2009, 2010). Moreover, children exposed to severe violence show more behavior problems regardless of the frequency of the violence, whereas children exposed to moderate or low levels of violence only show more behavior problems when they were exposed more frequently (Manly et al., 1994). Family violence is also less likely to cease in families who are exposed to more severe and more frequent violence (Ethier et al., 2004a; Frias & Angel, 2007; Kuijpers et al., 2011; Walker et al., 2013). However, surprisingly little is known about the impact of decrease or cessation of family violence on the problems of children.

In the literature, several studies have investigated chronic child maltreatment compared to transient child maltreatment. These studies, focusing on children between birth and the age of twelve years, show that chronic child maltreatment, as compared to transient child abuse and neglect, is related to stronger and more consistent adjustment problems (Ethier et al., 2004b; Li & Godinet, 2014; Manly et al., 1994). This difference in adjustment problems is especially the case for children aged eight years and older, and becomes more pronounced over time. Furthermore, children who experience persisting maltreatment both during childhood and adolescence are more likely to develop behavioral and psychological problems, than children who experience maltreatment during adolescence only (Thornberry et al., 2001). On the other hand, Manly and colleagues (2001) compared children who experienced chronic maltreatment to children who experienced maltreatment limited to one developmental stage (infant, preschool, school-age). Children exposed to chronic maltreatment did not differ from children exposed to maltreatment limited to one developmental stage, with one exception; children who chronically experienced maltreatment until their preschool period reported the most externalizing problems compared to the infant limited and preschool limited groups. The above results are not conclusive and limited to a comparison of chronic to transient maltreatment. In addition, only direct maltreatment is investigated instead of both direct and indirect child maltreatment, although these often occur simultaneously (Holt et al., 2008). This leaves the effects of a comparison between the continuation, decrease and cessation of family violence on the well-being of children un(der)studied.

Influence of family violence on trauma symptoms and delinquent behavior of children

Within the field of family violence research, posttraumatic stress and delinquent behavior of children are important and well-studied consequences of family violence. In addition, the literature also indicates that being engaged in delinquent behavior or having traumatic stress during childhood or adolescence increases the risk of becoming a perpetrator or victim of violence later on and therefore maintain the intergenerational circle of violence (Burgess & Akers, 1966; Herrenkohl et al., 2007; Rossman, 1998; Wolfe et al., 2004). Therefore, the current study investigates both posttraumatic stress and delinquent behavior of children as developmental outcomes of family violence.

Children who experience posttraumatic stress have repeated memories and scary thoughts of traumatic events, avoid reminiscence, and experience over-arousal symptoms such as irritability, hypervigilance and sleeping problems (Margolin & Vickerman, 2011; Van der Kolk, 2000). Posttraumatic stress can continue throughout the lifespan and subsequently affects the lives of these (young) people (Gilbert et al., 2009). The existing literature has demonstrated that

family violence is a potential precursor of posttraumatic stress in children (Margolin & Vickerman, 2011; Vickerman & Margolin, 2007). Moreover, an increase of family violence over time affects the post-traumatic stress children experience; these children also show an increase of post-traumatic stress over time (Mishra et al., 2018; Yoon et al., 2018).

Delinquent behavior refers to a wide range of law-breaking behaviors, such as vandalism and theft (Enzmann et al., 2017; Smith & Stern, 1997). Delinquent behavior can be measured in many different ways, for example the seriousness of the crime, frequency of offences, or the variety of offences. The review of Sweeten (2012) concludes that variety scales are preferred to measure delinquent behavior. In the literature, it is well established that violent and delinquent behavior of young people is related to family violence (Braga et al., 2017; Doelman et al., 2021; Kerig & Becker, 2015; Park et al., 2012; Steketee et al., 2019). However, it is dependent of different aspects of family violence how deeply and pervasively young people are affected by family violence (Kerig & Becker, 2015). Important risk factors are the frequency and duration of family violence; children exposed to more family violence and for a longer period are engaged in more violent and delinquent behavior (Dijkstra et al., 2019; Kerig & Becker, 2015; Yoon et al., 2018).

Whereas some studies find age or sex differences for internalizing problems or externalizing problems of children who experience family violence (Evans et al., 2008: Lindert et al., 2014; Renner & Boel-Studt, 2013; Sternberg et al., 2006; Wolfe et al., 2003), other studies do not (Kouros et al., 2010; McFarlane et al., 2017; Sternberg et al., 2006).

Current study

Despite growing evidence about the long term-consequences of child maltreatment, little is known about the effect of cessation of family violence. This longitudinal study therefore aims to investigate the impact of continuation, decrease or cessation of family violence on internalizing and externalizing problems of children aged between eight and eighteen years. The uniqueness of this study is that it investigates the impact of a continuation or cessation of family violence including direct as well as indirect maltreatment, and with multi-informant data of family violence. The current study examines children whose families were reported to child protection services for severe family violence. Posttraumatic stress and delinquent behavior of children are compared for three groups; children who do not experience family violence anymore 1.5 years later (violence stopped), children who experience less (severe) violence 1.5 years later (violence diminished), and children who still experience frequent or severe family violence 1.5 years later (persisting violence). We hypothesize that children who still experience persisting family violence will experience more trauma symptoms and are engaged in more delinquent behavior than

children for whom the violence has ceased, and also more than children for whom the violence has (seriously) decreased but not stopped. Sex and age differences will be taken into account.

Method

Procedure and participants

Data were collected between 2016 and 2020 for the longitudinal study "Violence within the home and its impact on parents' and children's lives". Participants were families, with at least one child, who were reported for intimate partner violence (IPV) or child abuse and neglect (CAN) to an organization specialized in family violence in the Netherlands. Families were approached by telephone to explain the aim of the study and to make an appointment for the first home-visit. Families were only included when they could read and understand Dutch. During the home-visit informed consent was signed by parents and children aged 12 and older in which they also agreed to be contacted for follow-up measures. Both parents and children aged eight years and older could participate and completed self-report questionnaires. Parents were compensated for their time with €20 for each participation and children with €10. This longitudinal study was approved by the Scientific and Ethical Review Board of the VU Amsterdam (VCWE-2016-217R1).

The current study used information of children aged between eight and eighteen years (and their parents) who participated at the first measurement (T0) and the 1.5 year follow-up (T1). The time interval between the two measurement occasions was on average 22 months (SD = 3.52). At T0, 370 children from 276 families participated of which 185 children (from 147 families) also completed the questionnaires at T1. Attrition was due to unknown relocation (18%), the parent(s) participated but none of the children wanted to participate anymore (8%), or the whole family did not want to participate anymore (21%). Reasons for non-participation of families were: no time or not interested anymore (41%), too much going on in the home situation (22%), questionnaire was too difficult, heavy or long (15%), would like to leave the situation behind (10%) or unknown (10%). Families who participated at both timepoints (N = 147) did not differ from families who dropped out after the first assessment (N = 129) on parental age, employment, education, ethnicity, family income, family violence, and age, sex, trauma symptoms and delinquent behavior of children. At the first measurement, almost all families reported persisting violence (N = 130), eleven families reported decreased violence and six families reported that the violence has stopped. To be able to assess the effects of continuing, decreasing, or stopping the violence, the current study makes use of the families who reported severe family violence at T0. For an overview of attrition and exclusion of participants, see Figure 1.

Our final sample consisted of 162 children. On average children (43% boys) were aged 12.23 years (SD = 2.49). The age of parents who participated was measured categorically, with most parents aged between 35 and 44 years (53%), or between 45 and 54 years (30%). Furthermore, 40 per cent of the parents who participated had a migration background. About half of the parents had a paid job and most families had a monthly household income at social assistance level (48%) or an average income (39%).

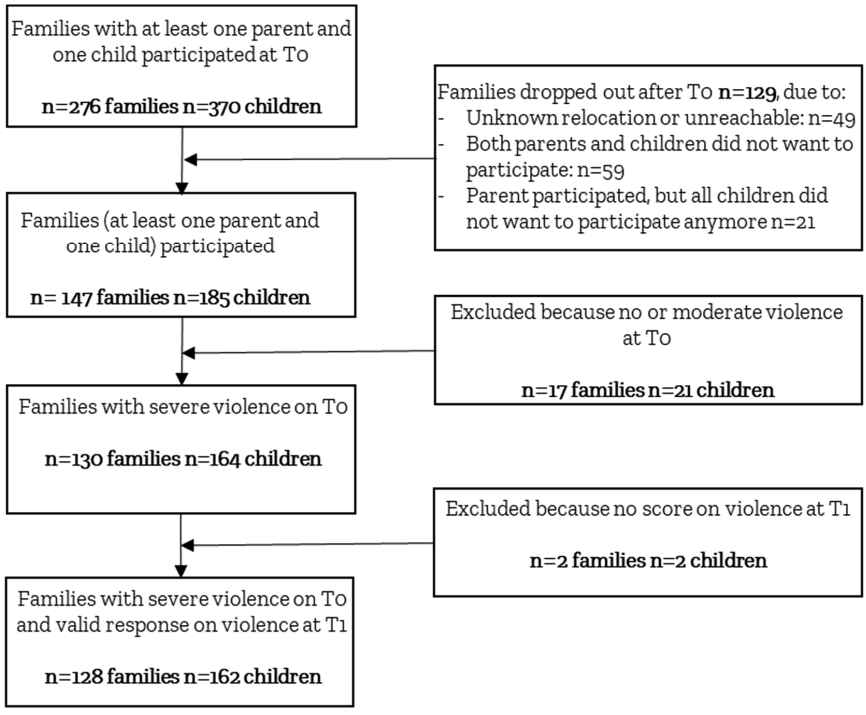

Figure 1. *Flowchart of the attrition and exclusion of participants*

Materials

Family violence

Family violence in the past year (assessed at T0) and family violence in the past six months (assessed at T1) were measured using the Dutch translation of the Revised Conflict Tactics Scale Parent Child for CAN (CTSPC; Straus et al., 1998; Lamers-Winkelman et al., 2007), and the Revised Conflict Tactics Scale-2 for IPV (CTS2; Straus et al., 1996; Lamers-Winkelman et al., 2007).

Direct CAN. For direct CAN, children completed two subscales of the child version of the CTSPC. The first subscale consists of thirteen items about physical abuse (α = .86, "my (step)mother/(step)father beat me up"), and the second subscale consists of four items about

psychological abuse (α = .80, "my (step)mother/(step)father yelled or screamed at me"). Parents report on their use of CAN with the parent version of the CTSPC, which consists of thirteen items about physical abuse (α = .76, "slapped or kicked him/her"), five items about psychological abuse (α = .77, "called him/her stupid or lazy") and five items about neglect (α = .43, "were unable to feed your children"). Each subscale consists of moderate and severe incidents. Questions of both the child and parent versions of the CTSPC were filled out on an eight-point scale from 1 (*never happened*) to 8 (*happened more than 20 times*). These values are converted to 0 (*never happened*), 1 (*once*), 2 (*twice*), 4 (*three to five incidents*), 8 (*six to ten incidents*), 15 (*eleven to twenty incidents*) and 25 (*more than 20 incidents*). For each subscale of the CTSPC a total score was calculated by adding the scores for both parents and children separately (Straus, 2006).

Indirect CAN: Witnessing IPV. Indirect CAN is measured as witnessing IPV from the child's perspective and as being a victim of perpetrator of IPV from the parent's perspective. Therefore, children completed the subscale about witnessing IPV of the child version of the CTSPC, which consists of six items about witnessing psychological IPV (α = .82, "my (step)mother/(step)father insulted or swore at the other") and nine items about witnessing physical IPV (α = .82, "my (step)mother/(step)father threw something at the other"). Parents completed the CTS2, which consists of twelve items about physical IPV (α = .93, "twisted arm or hair"), eight items about psychological IPV (α = .89, "shouted or yelled"), seven items about sexual IPV (α = .85, "used force to have sex") and six items about injury (α = .83, "had a sprain, bruise or small cut after a fight"). Each item of the CTS2 was filled out about the respondent's partner (e.g., "my (ex)partner damaged something of me") and about the respondent him- or herself (e.g., "I damaged something of my (ex)partner"). Each subscale consists of both moderate and serious incidents. Questions of both the CTSPC and CTS2 were filled out on the same eight-point scale as described for CAN (see above). For each subscale of the CTSPC a total score was calculated by adding the scores and for each subscale of the CTS2 a total score was calculated by adding the scores of both respondent and partner (Straus, 2006).

Classification of Family Violence. Families were classified into three groups based on the CTSPC and CTS2: 'family violence stopped', 'family violence diminished' and 'persisting family violence' (cf. Tierolf et al., 2014, Steketee et al., 2020). From the perspective of different reporters, we included multiple sources of information on family violence, namely from mothers, fathers, and children. Since we have information about both physical and psychological CAN and physical and psychological IPV from multiple sources (parents and children), and respondents are more likely to underreport than overreport (Langhinrichsen-Rohling & Vivian, 1994; Petersen et al., 2013), we will use the score of the family member who reported the highest number of incidents. Furthermore, although moderate psychological aggression is often not included as form of IPV,

for example in the large-scale European study amongst 28 countries (FRA, 2014), we decided that also moderate psychological aggression should be seen as family violence if it happens more than just occasionally. We used two studies conducted among families that reflect the general Dutch population to decide which cut-off we should use for the frequency of moderate psychological IPV (Akkermans et al., 2020; Tierolf et al., 2014), Therefore, this classification of moderate psychological IPV is population-based. The study of Tierolf et al (2014) showed that families in the general Dutch population reported on average four items of the CTS2 (e.g., storming out of the house, yelling) that are mild forms of IPV. The study of Akkermans et al (2020) concluded that almost half of the respondents reported (mild) verbal aggression, with more than 80 percent reporting that this happened less than four times. This shows that in an 'average' intimate relationship these behaviors also occasionally occur. Based on the two studies, we decided to set the cut-off on a maximum of three incidents and only of the four moderate items about psychological IPV of the CTS2. For the other forms of IPV and CAN we were more strict as we consider any form to be harmful. Therefore, a family was classified as 'family violence stopped' when all of the family members had reported 0 incidents of CAN and 0 incidents of IPV, with the exception that if a family reported less than four incidents of the moderate psychological items of the CTS2 this family was also classified as "family violence stopped'. Furthermore, when the highest score of IPV was at most 21 moderate incidents (with a minimum of 4 incidents for moderate psychological IPV and a minimum of 1 for the other forms of IPV), and the highest score of CAN was at most 2 moderate incidents and none of the family members had reported a serious incident of CAN or IPV this family was classified as 'family violence diminished'. Finally, when at least one of the family members had reported one or more serious incidents of CAN or IPV or more dan 21 incidents of moderate IPV or more dan 3 incidents of moderate CAN this family was classified as 'persisting family violence'. We used the groups based on the scores at T1 for our analysis, because at T0 all families experienced severe violence when reported to child protection services. It is expected that, due to this reporting, some families will experience much less family violence or no family violence at all anymore one and a half year later (T1).

Trauma symptoms of children

Trauma symptoms of children in the past month (assessed at both T0 and T1) were measured using the Dutch translation of the posttraumatic stress (PTS) scale of the Trauma Symptom Checklist for Children (TSCC; Briere, 1996; Lamers-Winkelman, 1998). The PTS scale consists of 10 items about intrusive thoughts, emotions, and painful memories (e.g., "remembering things that happened that I didn't like", α = .86). Items are filled out on a four-point scale (0 = *never*, 1 = *sometimes*, 2 = *lots of times*, 3 = *almost all of the time*) regarding the frequency of a symptom

occurring in the past month. The TSCC also contains two validity scales (Briere, 1996). The first validity scale reflects the extent to which a child denies symptoms and consists of 10 items (e.g., "feeling sad or unhappy") that are unlikely to be scored with 0 (*never*). The second validity scale reflects the extent to which a child overrespond to symptoms and consists of 8 items (e.g., "feeling scared of men") that are unlikely to be scored with 3 (*almost all of the time*). Data were included when children scored valid on the two validity scales and had a maximum of 2 missing values on the PTS scale (Briere, 1996). First a raw score for the PTS scale was calculated by adding the scores, resulting in a range from 0 to 30. These raw scores were converted to T-scores based on children's sex and age (Briere, 1996).

Delinquent behavior of children

Delinquent behavior was measured at both T0 and T1 with a questionnaire that is used to measure delinquent behavior in the original National Youth Survey (Elliott et al., 1985) and the International Self Report study Delinquency (ISRD) project (Junger-Tas et al., 2012) and is validated (Zhang et al., 2000). At T0 we asked children about delinquent behavior in the past year and at T1 about the past six months. This measure consists of 4 questions about violent offenses (e.g., "beat up someone") and 4 questions about property offenses (e.g., "steal something from a store"). Each question is answered on a 2-point scale (0 = no, 1 = yes). Reliability of the questionnaire in the current study was satisfactory (α = .69). A total measure of delinquent behavior was created by adding the scores, resulting in a range from 0 to 8. The total score is a measure of versatility; the amount of different offenses someone committed (Junger-Tas, 2010). Higher scores indicate more variety in the offenses, which is a preferred scale to measure delinquent behavior (Sweeten, 2012).

Data analyses

First, the characteristics of the three groups of family violence at T1 (violence stopped, violence diminished, and persisting family violence) were described using SPSS (version 27). Second, to compare the "persisting violence" group with the "violence diminished" group and the "violence stopped" group respectively on trauma symptoms and delinquent behavior, we used a structural equation model (Mplus version 7; Muthén & Muthén, 2005). A dummy variable was created with the "persisting violence" group as reference group. Trauma symptoms at T1 and delinquent behavior at T1 were regressed on this dummy variable. As control variables were included: trauma symptoms at T0 on trauma symptoms at T1, and age and sex of the child and delinquent behavior at T0 on delinquent behavior at T1. The questionnaire of trauma symptoms already takes sex and age of children into account, therefore age and sex were not included in the analyses as control

variables for trauma symptoms. Cases with incomplete data were retained in the analysis by including the variance of the predictors in the models in Mplus. Furthermore, for the 34 families who participated with two children we checked for dependency in the data by assessing variance at the family level. This indicated that there was no dependency in the data. In addition, we conducted the analyses twice; once with all respondents, and once after randomly selecting one child for each family. If results for both analyses were the same we reported statistics conducted for all respondents (including siblings). Additionally, due to non-normality we used the robust maximum likelihood estimator (MLR).

Results

Descriptive statistics

On average, respondents reported 97.64 (SD = 122.26, min = 4.00, max = 890.00) incidents of family violence at T0 and 28.32 (SD = 34.71, min = 0.00, max = 156.00) incidents of family violence at T1. The mean score of respondents on their PTS symptoms at T0 was 45.57 (SD = 8.25, min = 33.00, max = 70.00) and 43.97 (SD = 8.22, min = 33.00, max = 73.00) at T1. Respondents committed offenses on average 0.78 (SD = 1.37, min = 0.00, max = 6.00) at T0 and 0.82 (SD = 1.49, min = 0.00, max = 8.00) at T1. Furthermore, all families did report persisting family violence at T0, whereas 19 families reported no violence anymore at T1 and 23 families reported decreased family violence at T1. This means that still the most families (n=120) reported also persisting violence at T1. Characteristics of the respondents specified for the three group (violence stopped, violence diminished, and persisting family violence at T1) are shown in Table 1.

Table 1. *Characteristics and family violence of the three groups*

	Violence stopped (n=19)	Violence diminished (n=23)	Persisting violence (n=120)
	N (%)	**N (%)**	**N (%)**
Age of parents			
25 - 34 years	3 (16%)	2 (9%)	20 (17%)
35 - 44 years	10 (52.5%)	11 (48%)	65 (54%)
45 - 54 years	6 (31.5%)	10 (43%)	32 (27%)
55 and older	0 (0%)	0 (0%)	3 (2%)
Paid job of parents			
Yes	11 (58%)	15 (65%)	57 (48%)

Household income			
< 1.500	8 (42%)	10 (44%)	59 (49%)
1.500 - 3.100	7 (37%)	9 (39%)	47 (39%)
>3.100	4 (21%)	4 (17%)	14 (12%)
Highest education of parents			
Lower education	0 (0%)	1 (4%)	11 (9%)
Lower level of Secondary Education	3 (16%)	5 (22%)	32 (27%)
Higher level of Secondary Education	10 (53%)	13 (57%)	44 (37%)
Higher education	6 (32%)	4 (17%)	33 (28%)
Migration background			
Parent(s) with migration background [a]	5 (26%)	7 (30%)	52 (43%)
Sex of child			
Boy	8 (42%)	11 (48%)	51 (43%)
	Mean (SD)	**Mean (SD)**	**Mean (SD)**
Age of children	13.21 (2.76)	11.72 (2.60)	12.18 (2.41)
Family violence T0	114.95 (172.69)	107.39 (180.92)	93.03 (97.84)
Family violence T1	0.42 (0.90)	4.13 (3.56)	37.38 (36.16)
PTS symptoms T0	43.94 (6.37)	46.50 (8.20)	45.64 (8.54)
PTS symptoms T1	41.85 (9.26)	40.19 (4.26)	45.02 (8.48)
Delinquent behavior T0	0.53 (0.84)	0.39 (1.12)	0.89 (1.47)
Delinquent behavior T1	0.37 (0.76)	0.35 (0.65)	0.99 (1.66)

[a] they were born or at least one of their parents was born outside the Netherlands.

Main analyses

The model to compare PTS symptoms and delinquent behavior of the "persisting violence" group with the "violence diminished" and "violence stopped" groups is shown in Figure 2. To increase readability, the included control variables are not presented in the model. Regarding PTS symptoms, the analysis showed a significant difference between the "persisting violence" and "violence diminished" group when controlling for trauma symptoms at T0, β = -.210, $p < .001$, 95% CI = [-0.287, -0.132], b = -4.897. However, there was no significant difference between the

"persisting violence" group and the "violence stopped" group (β = -.120, p = .184, 95% CI = [-0.269, 0.029], b = -3.039), when controlling for trauma symptoms at T0. This indicates that children who still experience severe family violence have higher PTS scores than children who experience a decrease in family violence, whereas children from families with persisting family violence did not differ from children from families where violence stopped.

Regarding delinquent behavior, a significant difference was found between the "persisting violence" group and the "violence diminished" group (β = -.096, p < .01, 95% CI = [-0.156, -0.036], b = -.402) as well as between the "persisting violence" group and the "violence stopped" group (β = -.118, p < .05, 95% CI = [-0.208, -0.028], b = -.535), when controlling for delinquent behavior at T0, age and sex of the child. These results suggest that children who experience persisting family violence reported more variety in their delinquent behavior than children who experienced a decrease in family violence and children for whom the violence stopped.

The above results are based on the total sample. Analyses showed no differences between analyses with all respondents and the analysis with one randomly selected child per family.

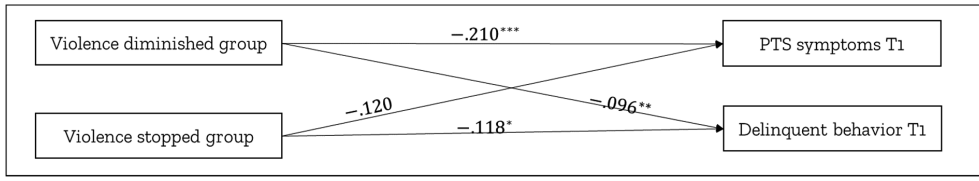

Figure 2. Model of group comparison regarding PTS symptoms and delinquent behavior

Note: Reference group is the "persisting violence" group. Standardized coefficients (beta's), * p < .05, ** p < .01, *** p < .001. The control variables include PTS symptoms at T0 (β = .485, p < .001) for PTS symptoms at T1, and delinquent behavior at T0 (β = .404, p < .001), age (β = .129, p < .05) and sex (β = -.093, p = .221) for delinquent behavior at T1. RMSEA: .079, CFI: .819, TLI: .804, SRMR: .057.

Discussion

This longitudinal study aimed to compare developmental outcomes of children from families with persisting violence to families in which the violence diminished or stopped. In most families violence persisted, whereas violence decreased or ceased in a small group of families. We fully acknowledge that our small sample size and moderate model fit prevent us from drawing far-reaching conclusions, yet we feel that our results carry some weight in light of the general difficulty to include families reported for family violence in scientific studies. The current study finds that, compared to children who experience persisting family violence, children for whom the violence has diminished report less delinquency and trauma. For children in families where

violence had ceased the results were less unequivocal; delinquency decreased, whereas no decrease in trauma symptoms was found.

Consistent with the literature, our results confirm that children for whom family violence decreases or ceases show less variety in their delinquent behavior than children who are still exposed to persisting family violence. The current study further confirms that children experience less posttraumatic stress when violence diminishes. These results support previous research indicating that children exposed to severe family violence experience more post-traumatic stress (Mishra et al., 2018; Yoon et al., 2018), and are more often engaged in delinquent behavior (Dijkstra et al., 2019; Kerig & Becker, 2015; Yoon et al., 2018). Furthermore, the results are consistent with prior studies that consistently show that children exposed to chronic maltreatment experience more adjustment problems than children exposed to transient maltreatment (Ethier et al., 2004b; Li & Godinet, 2014; Manly et al., 1994; Thornberry et al., 2001). Whereas earlier studies on chronic and transient family violence included children from birth to twelve years, the current study adds to the current body of knowledge that this also applies to children aged between eight and eighteen years. The current study further contributes to previous research by comparing the continuation of severe family violence with a decrease or a cessation. Previous research investigating chronic and transient family violence did not compare families exposed to persisting violence with families in which the violence diminished or ceased, whereas our study included three groups; a group of youth who still experienced severe family violence, a group of youth for whom the family violence had decreased from severe family violence to moderate family violence, and a group of youth for whom the violence had ceased.

Against expectations, children for whom the violence ceases do not experience less posttraumatic stress compared to children who experience persisting family violence. This remarkable and confusing finding could be the result of the small sample size of the current study. This result may be explained by the small group of children experiencing a complete cessation of violence, so the current study might be underpowered to detect effects for this group. However, due to the limited number of studies on the cessation of family violence it was not possible to estimate parameters necessary to perform an adequate power analysis for sample size justification. Given the specific target group, the sample justification of this study is based on resource constraints (cf. Lakens, 2021). This means that we conducted the study with the respondents we could include within a given timeframe.

Another possible explanation for the result that trauma symptoms did not differ between the persisting violence and stopped violence groups, might be that the duration of the family violence is unknown. Research has shown that the most important predictors of the continuation of family violence seem to be the frequency and severity of the violence in the past (Frias & Angel,

2007; Kuijpers et al., 2011; Walker et al., 2013). This indicates that more prolonged family violence is more difficult to stop. It might well be that families for whom the violence continued or decreased were exposed for a longer period of time and to more severe and frequent family violence before the report to child protection services was made, than families for whom the violence has ceased. As a result, potential decreases in trauma symptoms of children in the 'violence stopped' group could be less profound, and therefore not detected in the current study.

Finally, these contradictory results might also be due to other important factors that affect trauma symptoms of children, but were not included in our study. For example, several studies suggest that there can be gaps between periods of family violence (English et al., 2005; Margolin et al., 2009). The fluctuations in family violence in the current study are unknown. In addition, a comprehensive review identified different trajectories that children can follow after a traumatic event: resilience, recovery, chronic and delayed onset (Galatzer-Levy et al., 2018). Moreover, trauma symptoms of both fathers and mothers (Lünnemann et al., 2019; McFarlane et al., 2014) as well as parenting stress (Crusto et al., 2010; Telman et al., 2016) are often indicated as important predictors of trauma symptoms by children exposed to family violence. Even when there is a period without violence, stress of children might remain high because of anticipatory anxiety about future incidences of violence. Otherwise, parents might be traumatized or experience high levels of parental stress, thereby, being less responsive and less emotional available to their children (Scheeringa & Zeanah, 2001).

Limitations, strengths and directions for future research

This study has some limitations, but also several distinctive contributions to the existing literature and suggestions for future research. First of all, this study is conducted with a very specific and difficult to reach group of respondents. In the current study, all families were reported for severe family violence to child protection services, and although this makes it difficult to generalize our results to all young people exposed to family violence, we believe that the results of our study can be of importance for all families experiencing family violence. Posttraumatic stress and delinquency are related to family violence, independent of family background or context of the violence (Steketee et al., 2020).

Secondly, the current study uses self-report questionnaires, with the possible effect of respondents underreporting or overreporting due to social desirability or problems with recalling exact details (Sugarman & Hotaling, 1997). Studies of family violence indicate that people are especially likely to underreport rather than overreport, that agreement across family members is small, and that estimations are less accurate when family violence was only measured using one informant (Langhinrichsen-Rohling & Vivian, 1994; O'Brien et al. 1994; Sternberg et al., 1998). To

counteract these possible pitfalls, we used multi-informant data of family violence. This means that we included data gathered from mothers, fathers, and children to measure family violence, obviating the above problems.

A final important contribution of the current study is that we conceptualized family violence as consisting of both direct and indirect (witnessing intimate partner violence) maltreatment of children, whereas research on chronic and transient child maltreatment only includes direct maltreatment. It is important to consider both types of maltreatment, because direct maltreatment often occurs simultaneously with indirect maltreatment (Holt et al., 2008) and indirect maltreatment is also related to seriously deleterious consequences for children (Chan & Yeung, 2009; McTavish et al., 2016). Furthermore, studies indicate that children exposed to both direct and indirect maltreatment are more likely to experience internalizing and externalizing behavior problems than children who are only exposed to direct or indirect maltreatment (Moylan et al., 2010; Park et al., 2012; Steketee et al., 2019). Unfortunately, it was not possible to differentiate between direct and indirect maltreatment due to the small sample size of our study. In addition, children exposed to (a combination of) specific types of family violence, such as physical or psychological violence, experience more internalizing or externalizing problems (Arata et al., 2007; Evans & Burton, 2013; Messman-Moore et al., 2017). Therefore, further research should discriminate between the different types of family violence, but also between experiencing direct or indirect maltreatment. In doing so, a questionnaire of neglect with a higher reliability is proposed. In the current study the Cronbach's alpha of the subscale neglect is poor, whereas the Cronbach's alphas of all other scales were sufficient to satisfactory. It should be noted, though, that poor reliability does not necessarily mean lack of validity (Straus et al., 1998).

In addition, as one of the reviewers suggested, it is conceivable that the received support as well as separation from the perpetrator impacted the experienced family violence and children's outcomes. In our study, all families were reported to child protection services at the start of the study. This did not mean that all families, especially children, received support (Steketee et al., 2020). However, receiving appropriate support may have decreased the experienced family violence as well as children's trauma symptoms and delinquent behavior between the waves. Furthermore, it is possible that children who do no longer live with the perpetrator are no longer a victim of maltreatment or a witness of the violence between their caregivers. On the other hand, several studies suggest that separation from the perpetrator does not necessarily mean that the violence ceases and the well-being of victims increases (Anderson & Saunders, 2003; Bybee & Sullivan, 2005; Frias & Angel, 2007; Steketee et al., 2020). Therefore, further studies should include access to support services and separation from the perpetrator to investigate the impact on both the cessation of family violence as well as children's outcomes.

Future research should also, if possible, follow families for a longer period of time and with more measurement waves to best capture fluctuations of family violence as well as internalizing and externalizing problems. After a period of cessation it is possible that family violence reemerges, for example due to changes in life circumstances of the family (Margolin et al., 2009). A recent meta-analysis indicates that studies who followed the internalizing and externalizing problems of children exposed to family violence with a longer period of time found stronger effects in between waves (Vu et al., 2016). Therefore, following families for a longer period is also important to identify possible delayed or sleeper effects.

Finally, a relationship between posttraumatic stress and delinquent behavior of children has been reported in the literature (Becker & Kerig, 2011). In the current study, however, it was impossible to investigate how these two outcomes are intertwined. Therefore, it is suggested for future research to explore more in depth the relationship between trauma symptoms and delinquency and their sequencing, especially in combination with continuation and cessation of family violence.

Implications and conclusion

The findings of this study provide several implications for practitioners. The current study shows that most families still experience severe family violence one and a half year after they were initially reported to child protection services. This confirms the statement of practitioners and researchers that in some families it is very difficult to stop the violence and it takes long-term work from families and health care workers to do so (Li & Godinet, 2014; Yoon et al., 2018; van Yperen et al., 2020). It is important to increase awareness of policy makers that family violence is a persistent problem and families experiencing family violence need specialized and long term care. A review concluded that interventions most effective to reduce family violence were programs that include comprehensive and integral family support (e.g., providing care for several problems at the same time), who have highly trained staff, and with a high involvement of practitioners who visit a family regularly and for several years, including long-term follow ups to monitor a family (Reynolds et al., 2009). A recent meta-analysis concluded that improving parenting skills and well-being of children, addressing mental health problems of parents, and providing social and emotional support were the most effective in reducing child maltreatment (Van der Put et al., 2018).

The current study further demonstrates that a decrease of family violence is related to less developmental problems for children aged between eight and eighteen years. This finding is especially important for practitioners working with families exposed to family violence. Practitioners often see children being reported again as adult parents, with recurring problems

in their own family. The outcome of the current study might help practitioners by giving more insight into the mechanisms that break this intergenerational circle of violence, and to prevent children exposed to family violence to become a victim or perpetrator of violence as adolescent or adult (Assink et al., 2018; Dardis et al., 2015; Kaukinen, 2014; Montalvo-Liendo et al., 2015; Smith-Marek et al., 2015; Vagi et al., 2013). Explanations of the intergenerational transmission of violence are often found in trauma theory (Rossman, 1998; Wolfe et al., 2004) and social learning theory (Burgess & Akers, 1966). Traumatized children often experience feelings of anxiety and anger and consequently may react in an aggressive or violent way to others when triggered (Neller et al., 2005; Van der Kolk, 2000). Moreover, children exposed to family violence might learn that violence is acceptable and an appropriate way to solve problems and therefore are at risk to engage in delinquent behavior themselves (Savage, et al., 2014; Shorey et al., 2008). This delinquent behavior is not limited to adolescence; it is related to severe criminal behavior later in life (Ferwerda et al., 1996), as well as being a perpetrator of intimate partner violence (Herrenkohl et al., 2007). Children who are traumatized or are engaged in delinquent behavior therefore have more risk to perpetuate the intergenerational transmission of family violence. It can thus be suggested that if children experience less trauma symptoms or are engaged in less delinquent behavior due to decrease or cessation of family violence, these children might also be better able to break the intergenerational transmission of violence. The effects of continuation and cessation of family violence on children and the intergenerational transmission of violence needs to be further investigated. However, practitioners should bear in mind that, even though family violence is a persistent problem, a continued focus on reducing family violence is necessary for the well-being of children both on the short and long term.

Overall, this study confirms that family violence is a persistent problem. However, we conclude that when family violence diminishes, the internalizing and externalizing problems of children decrease. The findings on families where violence stopped were less consistent; externalizing problems decreased, whereas internalizing problems did not. The current study raises awareness that parents and children reported to child protection services for family violence need specialized and long-term care to reduce family problems, because this is crucially beneficial for the well-being of future generations of children.

Chapter 6

De intergenerationele overdracht van geweld in gezinnen: Trauma als aangrijpingspunt in het doorbreken van de cirkel van geweld

[The intergenerational transmission of family violence: trauma as a starting point to break the cycle of violence]

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Samenvatting

Partnergeweld en kindermishandeling verhogen de kans op posttraumatische stress, wat de kans verhoogt opnieuw slachtoffer of dader te worden van relationeel geweld. De bevindingen van een promotieonderzoek laten zien dat trauma(gerelateerde) klachten van zowel kinderen als ouders verklarende factoren zijn voor deze intergenerationele overdracht. Kinderen blijken echter veerkrachtig te zijn; met de juiste professionele en sociale ondersteuning kan de intergenerationele overdracht van geweld en trauma doorbroken worden.

Summary

Intimate partner violence and child maltreatment increase the risk of developing posttraumatic stress, which in turn increases the risk of becoming a victim or perpetrator of violence later in life. Several studies, part of a doctoral research on the intergenerational transmission of family violence, show that children reported to child protection services often experience several trauma or trauma-related problems, such as irritability, emotional dysregulation, and low self-esteem. Consequently, during stressful situations, the 'survival' mode of these children is activated; they fight, flee or freeze. Due to trauma or trauma-related problems, the youth may be engaged in violence or aggressive behavior, or may become a victim or perpetrator of adolescent dating violence within their romantic relationship. Another important explaining factor for this intergenerational transmission of violence could be parental trauma; both maternal and paternal trauma symptoms are related to trauma symptoms of their children. However, the youth also show resilience and profit from the right social or professional support, which enables them to break the cycle of violence.

"Ik heb gewoon een trauma aan alcohol, om het zo te zeggen. Als een van hen [moeder en stiefvader] hier beneden dronken is, dan zit ik al in m'n kop van 'het kan ieder moment losbarsten.' Ik begin me dan heel druk te maken, mijn hartslag gaat dan ook flink omhoog"

Dit zijn de woorden van de 19-jarige Sem, die is opgegroeid met een alcoholistische en extreem gewelddadige vader. Wat Sem beschrijft, zijn traumaklachten die horen bij een posttraumatische-stressstoornis (Van der Kolk, 2005; WHO, 2019): hij is overdreven waakzaam en prikkelbaar, ervaart heftige schrikreacties en vermijdt situaties waarin veel gedronken wordt, omdat die doen denken aan traumatische gebeurtenissen. De wetenschappelijke literatuur laat er geen misverstand over bestaan dat het meemaken van huiselijk geweld en kindermishandeling grote gevolgen heeft voor de ontwikkeling van kinderen, zoals het ontwikkelen van posttraumatische-stressklachten (Carr et al., 2020). Geschat wordt dat ongeveer 8 procent van de mensen een posttraumatische-stressstoornis ontwikkelt na een traumatische gebeurtenis, maar als we kijken naar kindermishandeling, ontwikkelt tussen de 30 en 38 procent van de slachtoffers een posttraumatische-stressstoornis (Messman-Moore & Bhuptani, 2017).

Volgens de DSM-5 heeft iemand een posttraumatische-stressstoornis (PTSS) als iemand is 'blootgesteld aan een feitelijke of dreigende dood, ernstige verwonding of seksueel geweld' en daarnaast een of meer van de volgende symptomen heeft: herbeleving van de traumatische gebeurtenis(sen), het vermijden van (situaties die men doet) denken aan de traumatische gebeurtenis(sen), een negatieve verandering in cognities en stemming zoals angst, boosheid, en negatieve overtuigingen over zichzelf of anderen, en duidelijke verandering in arousal en reactiviteit zoals prikkelbaarheid, hypervigilantie en concentratieproblemen (APA, 2014). De diagnose 'complexe PTSS' is niet in de DSM-5 opgenomen, maar wordt vaak gebruikt in de klinische praktijk wanneer sprake is van kindermishandeling of partnergeweld. Internationaal wordt gesproken van een complexe PTSS wanneer iemand herhaaldelijk of langdurig traumatische gebeurtenissen ervaart waarbij het moeilijk of onmogelijk is om uit de situatie te ontsnappen (WHO, 2019). Bij een complexe PTSS is – naast de in de DSM-5 gehanteerde criteria – ook sprake van andere traumagerelateerde klachten, zoals een verstoorde emotieregulatie, een laag zelfbeeld en moeilijkheden met het aangaan en onderhouden van relaties.

Jongeren die thuis mishandeld zijn of getuige waren van geweld tussen hun ouders, hebben daarnaast een verhoogd risico om op latere leeftijd opnieuw slachtoffer of dader te worden van partnergeweld of om hun kinderen te mishandelen (Evans et al., 2021). Dit wordt ook wel intergenerationele overdracht van geweld genoemd. Een belangrijk mechanisme bij

intergenerationele overdracht van geweld is trauma (Wolfe et al., 2004). Vanuit de traumatheorie (Neller et al., 2005) wordt verondersteld dat kinderen die geweld meemaken langdurig toxische stress ervaren. Toxische stress wordt gedefinieerd als een 'aanhoudende activering van het stresssysteem in afwezigheid van beschermende relaties' (Coppens & Van Kregten, 2018). Hierdoor wordt het stresssysteem steeds sneller geactiveerd wanneer kinderen in een situatie komen die als stressvol wordt ervaren. Daarnaast wordt door toxische stress de normale hersenontwikkeling en afgifte van hormonen verstoord (Anda et al., 2006). Zo hebben deze kinderen een verhoogd niveau van het stresshormoon cortisol, gerelateerd aan een overprikkeld stresssysteem. Het blijkt dat toxische stress kan resulteren in een blijvende verandering van de hersenen (Anda et al., 2006). Hierdoor kunnen kinderen problemen ontwikkelen op het gebied van vertrouwen, impulscontrole en emotieregulatie, waardoor ze bijvoorbeeld hun woede moeilijker kunnen beheersen en daardoor sneller agressief gedrag laten zien (Carr et al., 2020; Chapman et al., 2017). Ook bij milde stress komen kinderen daardoor in de overlevingsstand en zullen ze vechten, vluchten of bevriezen (Davies et al., 2016). Dit kan ertoe leiden dat kinderen geen nieuwe informatie kunnen opslaan, situaties verkeerd interpreteren en niet weten hoe ze situaties moeten oplossen, wat weer voor stress zorgt. Dit wordt ook wel de stress-traumacirkel genoemd.

In dit artikel worden de bevindingen beschreven van een promotieonderzoek naar de intergenerationele overdracht van geweld in gezinnen; het onderzoek was onderdeel van een grootschalig project naar geweld in gezinnen (Steketee et al., 2020; Lünnemann et al., 2019, 2022). Hierbij zijn op meerdere meetmomenten vragenlijsten afgenomen bij honderden gezinnen die gemeld zijn bij Veilig Thuis vanwege partnergeweld of kindermishandeling, en werden aanvullend interviews afgenomen bij bijna twintig jongeren (van 16 tot 20 jaar). In dit artikel spreken we over posttraumatische-stressklachten – of soms ingekort tot traumaklachten – wanneer het gaat over klachten beschreven in de DSM-5 zoals herbeleving, vermijding en prikkelbaarheid. Daarnaast spreken we over traumagerelateerde klachten, namelijk als het gaat over andere klachten die horen bij een complexe PTSS maar die niet vallen onder de PTSS-definitie van de DSM-5. Hieronder wordt eerst ingegaan op de impact van het geweld op kinderen en jongeren, daarna worden de bevindingen beschreven rondom de intergenerationele overdracht van geweld en de rol van trauma en tot slot worden handvatten voor de klinische praktijk gegeven.

Impact van geweld

Kinderen die mishandeld worden of geweld tussen hun ouders zien, ontwikkelen allerlei problemen, zoals (complexe) PTSS en hechtingsproblematiek, ze kunnen moeite hebben met het

aangaan en onderhouden van gezonde relaties, of ze vertonen agressief en crimineel gedrag (Carr et al., 2020). Deze problemen zien we ook terug in ons onderzoek naar gezinnen die zijn gemeld bij Veilig Thuis. Op het moment van de melding is bij een derde van de kinderen (3 tot 18 jaar) sprake van posttraumatische stress, heeft een derde een onveilige hechting met de ouder(s), vertoont een vierde van de kinderen (8 tot 18 jaar) probleemgedrag en geeft ruim de helft van de jongeren (14 tot 18 jaar) aan dat ze dader of slachtoffer zijn van datinggeweld in hun romantische relatie.

Uit de interviews die met jongeren werden gehouden bleek dat zij verschillend reageren wanneer zij geweld ervaren: jongeren noemen met name vechten, vluchten of bevriezen (Davies et al., 2016). Sommige jongeren waren angstig, bang en verstijfden; zo vertelde Liam: "*Ik wist echt niet wat ik moest doen. Ik heb ook vaak genoeg de politie gebeld en dat ik gewoon niet uit mijn woorden kwam aan de telefoon*". Andere jongeren vluchtten naar hun kamer of het huis uit, zoals Lucine: "*Nou, ik wist op een gegeven moment gewoon hoe ik de voordeur moest openmaken, dus dan was ik snel weg*". En weer andere jongeren werden vooral boos, zoals Amir: "*Ik wil hem echt niet zien, elke keer als ik hem zie dan komt er woede omhoog, dan komt er verdriet, emoties. En dan wil ik het liefst gewoon met hem beginnen te vechten daar. Dat is het eerste wat in mij opkomt als ik hem zie*". Sommige jongeren vertellen dat zij ook daadwerkelijk met hun ouders gevochten hebben.

Uit deze voorbeelden wordt duidelijk dat kinderen en jongeren in situaties waarin angst en machteloosheid worden ervaren, terugvallen op overlevingsmechanismen, ook later in hun leven. Kinderen die getraumatiseerd zijn, kunnen namelijk door ogenschijnlijk en relatief kleine signalen getriggerd worden en ze interpreteren angstige of gevaarlijke situaties eerder negatief (Neller et al., 2005). In situaties die ze als stressvol ervaren, bijvoorbeeld in een partnerrelatie of op het werk, vallen ze terug op de overlevingsstand en gedrag dat ze kennen. Uit de interviews bleek dat sommige jongeren daardoor veel ruzie maken met hun partner, of dat ze sneller agressief of gewelddadig reageren, terwijl anderen juist weggaan in lastige situaties en de problemen in de relatie niet uitspreken, of ze laten hun partner over hun eigen grenzen gaan om deze tevreden te houden.

Rol van trauma van ouders

Naast de impact die het geweld heeft op de kinderen, vonden we dat 15 procent van de moeders en 10 procent van de vaders traumaklachten hebben zoals angst, depressie en vermijding. Het hebben van een trauma heeft gevolgen voor het ouderschap en opvoeding, en daarmee ook voor de ontwikkeling van kinderen. Zo wordt vanuit het 'relationeel model van trauma' (Scheeringa & Zeanah, 2001) verondersteld dat ouders die getraumatiseerd zijn, minder sensitief en emotioneel

beschikbaar zijn voor hun kinderen. Uit de interviews blijkt dat een deel van de jongeren inderdaad ondersteuning en begrip vanuit hun ouders heeft gemist, zoals Hannah: "*Ik heb met mijn moeder een beetje alsof het wat meer een huisgenoot is. Het is een beetje anders. Het is wat meer oppervlakkig. Als er iets is, dan zal ik ook nooit naar mijn moeder gaan (…) Emotioneel liggen we niet echt bij elkaar*". Ook vertellen jongeren dat hun vader of moeder erg bepalend en egoïstisch is, zoals Liz: "*We hebben gewoon een hele andere kijk op dingen en [mijn vader] heeft een hele andere mening over dingen en begrijpt niet hoe ik mij voel en ja, daar is hij heel stellig in. (…) Nou ja, gewoon hij komt z'n afspraken niet na. En wat ik net ook al zei, hij vindt dat hij de baas is, dus wat heb ik er dan over te zeggen?*".

Stoppen of voortduren van het geweld

Bij ruim 80 procent van de gezinnen die meededen aan ons onderzoek vond in het jaar voorafgaand aan de melding bij Veilig Thuis veelvuldig of ernstig geweld (partnergeweld en/of kindermishandeling) plaats. De meeste van deze gezinnen waar veelvuldig of ernstig geweld plaatsvond, ervaren anderhalf jaar nadat ze gemeld zijn bij Veilig Thuis nog steeds veelvuldig of ernstig geweld. De posttraumatische-stressklachten die kinderen (tussen de 8 en 18 jaar) in dit gezin ervaren, zijn na die anderhalf jaar dan ook niet verminderd, net zoals het criminele gedrag dat jongeren vertonen. Bij een kleine groep gezinnen is het geweld verminderd of zelfs gestopt na anderhalf jaar tijd. Bij jongeren waar het geweld is verminderd zagen we minder traumaklachten en minder crimineel gedrag; bij de groep jongeren waar het geweld is gestopt zagen we alleen minder crimineel gedrag. Jongeren vertelden ook dat ze, ondanks dat het geweld gestopt is, in bepaalde situaties opnieuw in paniek kunnen raken. Zo stopte bij Liam het geweld omdat zijn stiefvader overleed, maar hij vertelde ook: "*[Mijn stiefvader] had altijd een hoed op met een veer erop. Ik weet niet waarom hij dat droeg. Het zag er niet uit, maar hij droeg die hoed met een veer. Een rode veer. Ik zag laatst iemand lopen met een hoed met zo'n veer erop en schrok even. Ik dacht 'is hij nou toch niet dood?' Het was hem niet, maar… dat was wel even schrikken*". Dat traumaklachten persisteren, bleek ook uit ons onderzoek. We zien een duidelijke relatie tussen mishandeld zijn in de kindertijd en posttraumatische-stressklachten in de volwassenheid, zoals angst, boosheid, vermijding en herbeleving. Bij mannen waren huidige traumaklachten alleen gerelateerd aan het geweld dat ze in hun jeugd hadden ervaren. Bij vrouwen waren de traumaklachten zowel gerelateerd aan het geweld in hun jeugd als het huidige partnergeweld.

Uit ons onderzoek blijkt verder dat bijna de helft van de jongeren geen hulp heeft gekregen, terwijl ze allemaal traumatische gebeurtenissen hebben ervaren vanwege het (langdurig) zien van geweld tussen hun ouders of het zelf mishandeld worden. In de interviews vertellen jongeren dat

ze therapie voor hun traumaklachten hebben gekregen en dat dit ook heeft geholpen. Dit laat het belang zien van traumabehandeling bij kinderen en jongeren die zijn opgegroeid in onveilige opvoedingssituaties. Voordat traumabehandeling ingezet kan worden is echter een diagnose van PTSS nodig. Dit betekent dat het nodig is om alle gezinsleden – gezien ook de traumaklachten bij ouders – te screenen op een (complexe) posttraumatische-stressstoornis. Daarnaast blijkt uit het onderzoek dat jongeren, ondanks de traumatische ervaringen in hun jeugd, veerkrachtig zijn. Het krijgen van de juiste professionele en sociale steun helpt jongeren bij het overwinnen van de problemen die ze ervaren, bijvoorbeeld doordat hun trauma(gerelateerde)klachten verminderen, hun emotieregulatie versterkt wordt, hun communicatievaardigheden verbeteren en ze leren om conflicten te hanteren.

Intergenerationele overdracht

Hiervoor hebben we beschreven dat geweld in het gezin van herkomst invloed heeft op het welbevinden van kinderen (en ouders), wat doorwerkt in hun verdere leven en de (romantische) relaties die ze aangaan. Intergenerationele overdracht van geweld is een bekend mechanisme en houdt in dat kinderen die zelf mishandeld zijn of die getuige zijn geweest van geweld tussen hun ouders, een grotere kans hebben om later opnieuw slachtoffer te worden van partnergeweld, of om zelf dader te worden van partnergeweld of kindermishandeling (Evans et al., 2021). Uit ons onderzoek blijkt dat ongeveer de helft van de ouders zelf geweld heeft ervaren in hun jeugd. En van de jongeren ouder dan 14 jaar gaf ook de helft aan dat ze slachtoffer of dader waren van datinggeweld in hun relatie. Het onderzoek in deze specifieke groep maakt duidelijk dat trauma een belangrijke verklarende factor is voor intergenerationele overdracht van geweld. Ook uit de interviews met jongeren komt dit naar voren. Door het geweld thuis voelen jongeren zich gespannen en zijn ze op hun hoede, maar tegelijk weten ze niet wat ze met deze gevoelens aan moeten en kroppen ze die op. Jongeren vertellen dat ze snel prikkelbaar zijn, of moeite hebben met het reguleren van hun emoties, en dat ze veel woede in zich hebben. Dit zijn allemaal signalen dat jongeren problemen ervaren die horen bij complexe PTSS (Carr et al., 2020; WHO, 2019). Deze traumagerelateerde klachten zorgen ervoor dat een deel van de jongeren feller reageert dan ze zouden willen, of dat ze sneller ruzie krijgen, waarbij sommigen zelfs fysiek of verbaal agressief worden naar hun partner of in hun boosheid spullen vernielen. Ook vertellen jongeren dat ze moeite hebben anderen te vertrouwen en blijkt uit hun verhalen dat er sprake is van een laag zelfbeeld. Deze jongeren laten anderen veelvuldig over hun grenzen gaan en accepteren te vaak het agressieve gedrag van hun partner, omdat ze bang zijn de ander te verliezen.

Daarnaast toont ons onderzoek aan dat er sprake is van intergenerationele overdracht van trauma van beide ouders naar kinderen. De bevindingen van ons onderzoek suggereren dat trauma van ouders zelfs een belangrijkere rol speelt bij het ontstaan van traumaklachten bij kinderen, dan het geweld zelf. Zoals hierboven beschreven heeft de impact van trauma van ouders een invloed op hun ouderschap, vanwege een verminderde emotionele beschikbaarheid, en geeft een deel van de jongeren aan dat zij begrip en ondersteuning van hun ouders missen. Jongeren die ondersteuning en begrip van (een van) hun ouders missen, zijn tegelijk ook de jongeren die dader of slachtoffer zijn van datinggeweld in hun relatie. Daarentegen maakten jongeren die, ondanks de kindermishandeling en partnergeweld dat plaatsvond, ondersteuning en begrip ontvangen vanuit in ieder geval een van hun ouders, geen geweld mee in hun eigen partnerrelatie. Deze bevindingen suggereren dat niet alleen het trauma van het kind zelf een mechanisme kan zijn in de intergenerationele overdracht van geweld, maar dat trauma van ouders daar mogelijk ook een rol in speelt en dat een ondersteunende ouder een beschermende factor kan zijn. Deze bevindingen geven verschillende handvatten voor de klinische praktijk.

Handvatten voor de praktijk

Langdurige zorg voor het hele gezin

Allereerst blijkt dat het ontzettend belangrijk is om het geweld te verminderen en te stoppen, zodat het (op korte en lange termijn) beter gaat met de kinderen en hun ouders. Om die reden wordt in de klinische praktijk vaak eerst gewerkt aan directe veiligheid in het gezin. Ook wordt duidelijk dat door het geweld allerlei problemen een rol spelen in het gezin, waaronder hechtingsproblematiek en traumaklachten. Dit betekent dat langdurige zorg nodig is voor alle gezinsleden, ook nadat de (fysieke) veiligheid in het gezin is hersteld. Ons onderzoek laat namelijk zien dat als er sprake is van geweld in het gezin, de kans groot is dat een of beide ouders zelf in de jeugd ook geweld heeft meegemaakt en daar nog steeds traumaklachten van ervaart (Lünnemann et al., 2019). Bovendien zien we intergenerationele overdracht van trauma van ouders naar hun kinderen; dit betekent dat het essentieel is om ook aandacht te hebben voor traumaklachten van ouders. Als dat niet gebeurt, kan het zijn dat de traumaklachten van ouders impact blijven houden op de kinderen, ondanks behandeling van trauma bij kinderen zelf. Tot slot is het belangrijk dat professionals zich bewust zijn van het feit dat traumaklachten ook op latere leeftijd weer kunnen opspelen en dat jongeren bewust moeten worden gemaakt van specifieke situaties en triggers.

Inzetten op versterken van het sociale en professionele netwerk

Hoewel trauma van ouders een belangrijke rol speelt bij de ontwikkeling van traumaklachten bij kinderen, laten jongeren zien dat ze veerkrachtig zijn, en dat een deel van de jongeren de cirkel

van geweld weet te doorbreken. De jongeren die geen dader of slachtoffer waren van datinggeweld gaven aan dat ze ondersteuning en begrip van hun ouder(s) kregen. Bovendien gaven jongeren die geen datinggeweld ervoeren aan dat ze ook met andere familieleden konden praten. Ondersteuning en begrip van anderen is daarmee een belangrijke factor die een rol lijkt te spelen in het doorbreken van de intergenerationele overdracht. Als blijkt dat ouders getraumatiseerd zijn, is het dus extra belangrijk om te kijken of iemand anders uit het netwerk er kan zijn voor kinderen. Bovendien is het belangrijk dat docenten op school en andere professionals die werken met jongeren waarbij sprake is van geweld, zich bewust zijn van de positieve impact die ze kunnen hebben door het geven van steun en begrip.

Chapter 7

Summary and general discussion

General discussion

From harm to hope – this dissertation shows that although children exposed to family violence often develop numerous mental health and behavioral problems, they also show resilience, and profit from positive experiences, which enables them to break the intergenerational cycle of violence.

Previous research has linked family violence during childhood to an increased risk of becoming violent towards a romantic partner or being victimized again by a romantic partner later in life, also known as the intergenerational transmission of family violence (Dardis et al., 2015; Montalvo-Liendo et al., 2015; Smith-Marek et al., 2015; Stith et al., 2000). However, some children succeed in breaking this cycle of violence (Renner & Slack, 2006; Richardson et al., 2021; Suzuki et al., 2008). To date, mechanisms explaining why some children break the cycle of violence while others do not are relatively understudied. Therefore, using a multi-source and multi-informant approach, and a clinical sample of children and their parents that were reported to *Veilig Thuis*[3], this dissertation aimed to gain more insight into the underlying mechanisms of the 'making or breaking' of the intergenerational transmission of family violence. I will especially focus on the link between family violence and dating violence, to provide directions on how to break the cycle of violence as early as possible. Five studies were performed to answer two overarching research questions: (1) What is the role of social learning, attachment and trauma in the mechanism of the intergenerational transmission of family violence?; and (2) What are important factors that may foster breaking the intergenerational transmission of family violence?

Before I answer the two overarching research questions on explanations and protective factors of the intergenerational transmission of family violence, I will reflect on the study findings regarding the link between (a history of) family violence and adolescent dating violence or intimate partner violence. As would be expected, this dissertation finds support for the intergenerational transmission of family violence. Chapter 2 demonstrated that, only in women, a history of family violence was related to more current intimate partner violence. Additionally, in chapter 6 we observed that about half of the parents participating in the broader longitudinal project had experienced family violence during childhood. With regard to dating violence, chapters 4 and 5 illustrated that about half of the youth experienced adolescent dating violence. In addition, more girls than boys reported dating violence. This suggests that about half of the children exposed to family violence continue the cycle of violence. This number is higher than the commonly believed one-third (Steketee et al., 2017), probably due to our study design. Previous

[3] An advice and support centre for all reports of domestic violence and child maltreatment

studies suggested that the percentage of people who are able to break the intergenerational transmission of violence depends on different factors; the used definition of family violence, adolescent dating violence and intimate partner violence, but also the method (i.e., self-report or official records) and informants (i.e., children, women, men). This highlights the importance, as I have done in this dissertation, of using the broad definition of family violence (both direct child maltreatment and witnessing intimate partner violence), with a multi-informant approach (children, fathers, and mothers) and multi-method (quantitative and qualitative) to best capture the total number of children who maintain the cycle of violence.

The role of social learning, attachment, and trauma within the mechanism of intergenerational transmission of family violence

To gain more insight in the mechanisms explaining the intergenerational transmission of family violence, we examined several concepts related to social learning theory, attachment theory, and trauma theory. Below I will give an overview of the findings and comparisons of the aforementioned mechanisms.

An important finding of this dissertation is that the youth themselves explain the intergenerational transmission of family violence especially through social learning. Based on social learning theory (Bandura, 1977; Burgess & Akers, 1966), children exposed to family violence will, on the one hand, observe and imitate their aggressive and violent behavior, and on the other hand, will be less able to observe and imitate healthy interactions with people. Consequently, this may result in problems with emotion regulation and conflict resolutions skills (Black et al., 2010; Huesmann et al., 2011). In chapter 4, we asked young people aged between 16 and 20 years about various challenges within their romantic relationship, and their perspective on the role of previous family violence. They talked about not having learned how to express and deal with emotions, resulting in difficulties talking about their emotions and handling the emotions of their romantic partners. They also said they had not learned to solve problems and conflict in a healthy way from their parents, resulting in insufficient conflict resolution skills, specifically in the context of their romantic relationship. As examples of ways to deal with conflicts, they mentioned leaving the room, becoming angry, or giving in to the wishes of their romantic partner. Most were not able to talk about the situation, which exacerbated the conflict, and in the end problems were not worked out or solved. Furthermore, they spoke about justifying violence from their romantic partner, because they had seen their parents use violence and aggression as a solution for conflicts and relational disagreements. They observed the use of aggression and violence as inevitable; they did not want to behave in an aggressive or violent way, but it just happened. In conclusion, they

recognize the problems with their emotion regulation, limited conflict resolution skills and aggressive and violent behavior and explain this behavior by not having had the possibilities to learn these aspects in the past.

With regard to social learning, in chapter 3 we furthermore examined aggressive and violent behavior of young people for whom severe family violence continued compared to young people for whom family violence decreased or ceased. The findings suggest that the young people who still experienced severe family violence eighteen months after the start of the study were more engaged in general aggressive and violent behavior (outside their romantic relationship) compared to the young people who experienced less or no family violence. Chapter 5 shows that youth who report dating violence also reported more incidents of family violence – both direct child maltreatment and witnessing intimate partner violence – in the year before they were reported to *Veilig Thuis*, than the young people who did not report dating violence. Together, these findings may imply that the more intense and longer-lasting the family violence is, the higher the risk of aggressive and violent behavior, which is in line with social learning theory.

Looking beyond behavior, the findings of this dissertation show that factors related to the mechanisms of attachment and trauma are also important in explaining the intergenerational transmission of family violence. Attachment theory (Bowlby, 1969) posits that the interaction between caregivers and their children is a guideline for how people see the world, themselves, and others. Trauma theory (Neller et al., 2005) states that children exposed to family violence will experience toxic stress, resulting in a hypersensitive stress system and dysregulated biological responses. Both perspectives assume that children exposed to family violence are more likely to develop problems with regard to information processes, emotion regulation, trust, and self-esteem.

The findings of chapter 2 suggest that there may be an intergenerational transmission of trauma; experiences of family violence during mothers' and fathers' own childhood was related to more maternal and paternal trauma, which was in turn related to more trauma of children. According to the model of trauma (Scheeringa & Zeanah, 2001), this association between trauma of children and parental trauma could be explained by disrupted parenting due to this parental trauma; traumatized parents are more likely to be less responsive and emotionally available. Indeed, in chapters 5 and 6, several youngsters mentioned a lack of support and understanding from (one of their) parents, but also struggled with becoming autonomous and disengaged from their (somewhat) rigid and controlling parents. This was especially reported by young people who experienced dating violence, implying that the parent-child interaction is important for explaining the cycle of violence. Furthermore, young people exposed to family violence struggled

with the same aspects within their romantic relationship (chapter 4). The youth talked about difficulties with giving and receiving support and understanding within their romantic relationship and, in line with attachment theory, finding the right balance between being autonomous and being connected to their romantic partner. Consequently, several youngsters connected in an unhealthy way with their romantic partner; they clung to their partner, allowed their boundaries be crossed, and justified aggressive and violent behavior. Moreover, the youth described controlling behavior of both themselves and their romantic partner, and stated that this control gave them a feeling of trust and security. Perhaps this can be seen as a sign of a lack of trust in both themselves and in their romantic partner, due to an insecure attachment with their parent(s). Another form of behavior was the opposite – acting very independently and autonomously, such as not talking about problems and not being able to suppress their feelings and emotions. These young people also talked, in line with trauma theory, about being hypervigilant, having feelings of anger, and interpreting situations as more negative, resulting in being aggressive more quickly towards their romantic partner. Therefore, the findings of this dissertation support attachment theory and trauma theory, but also suggest an interaction between attachment and trauma (of parents).

Diving deeper into the parent-child relationship, specific findings about psychological maltreatment were reported in chapter 5. The young people who experienced dating violence talked about severe psychological maltreatment by a (step)parent, such as being humiliated and scolded, whereas the young people that did not experience dating violence did not talk about such severe psychological child maltreatment. This may suggest that severe psychological maltreatment by a (step)parent may be specifically linked to dating violence, potentially because of the damaging nature of psychological maltreatment for the self-esteem of children (Van Harmelen et al., 2010). As illustrated by the narratives in chapter 4, several youngsters exposed to family violence show low self-esteem, resulting in fears that their partner will leave them, do everything to avoid conflict, and justify the negative behavior of their romantic partner, all of which are risk factors of adolescent dating violence (Dardis et al., 2015; Edwards et al., 2016; Vagi et al., 2013).

With regard to trauma, in chapter 2 we showed that more maternal and paternal trauma was related to more family violence, which is in line with the trauma theory (Neller et al., 2005). Furthermore, the narratives of young people also show that their survival mode is activated when family violence occurs; they fight, flee or freeze, and this mechanism is activated again in stressful situations later in life (chapter 6). For example, they react aggressively when having an argument with their romantic partner, or they just leave the room and ignore their romantic partner (chapter 4). Furthermore, trauma symptoms are long-lasting which is shown by the link between

current parental trauma symptoms and their history of family violence (chapter 2). The youth also talked about triggers of their family violence experiences due to certain stimuli, causing extensive feelings of anxiety or anger (chapter 6). This could explain our finding in chapter 3 that there was no difference between youth who still experienced severe family violence eighteen months later compared to the young people where the severe family violence had ceased. Due to certain triggers, young people may relive family violence experiences (Kunst et al., 2011; Neller et al., 2005; Van der Kolk, 2000), showing that trauma symptoms are persistent and may reappear later in life.

In summary then, all three mechanisms are important pieces of the puzzle for explaining the intergenerational transmission of violence. We see a certain overlap between the three mechanisms. From all three perspectives, emotional dysregulation and difficulty with solving problems are important in explaining the intergenerational transmission of family violence (Anda et al., 2006; Black et al., 2010; Carr et al., 2020; Cascardi & Jouriles, 2016; George, 1996; Huesmann et al., 2011; Kunst et al., 2011; Muller et al., 2006). Furthermore, the interaction between family members is an important aspect of the mechanism of intergenerational transmission addressed by all three theories and the findings of this dissertation; the youth learn from the interaction with others, the youth develop secure or insecure attachment due to interaction with others, and trauma symptoms of parents interact with trauma symptoms of children. Hence, the findings of the five studies demonstrate that the parts of the puzzle are different layers, which are all important, but not equally visible at first sight. The mechanism of social learning is most apparent, this explanation lies more on the behavioral level; the youth did not have the right role model, and therefore, were less able to learn healthy conflict tactic skills, to talk about emotions and to develop emotion regulation skills. Underneath this behavior several trauma symptoms may exist, which can be triggered by certain stimuli, resulting in certain behavior. For example, someone can be hypervigilant (trauma symptoms), and although s/he does not want to be violent towards their romantic partner, it just happens when they have an argument and stress builds up because their survival mode is triggered. Additionally, based on interactions with their parents when they are young, children develop a secure or insecure attachment style. Family violence affects the attachment quality, increasing the risk of low self-esteem and mistrusting others, resulting in problems finding the right balance between connectedness and autonomy, setting boundaries, and sometimes even (justifying) controlling or aggressive behavior. Finally, the findings also suggest interaction between attachment theory and trauma theory; trauma symptoms of parents may affect their parenting, increasing the risk of insecure attachment of their children.

Important factors for breaking the intergenerational transmission of family violence

To better understand how to break the intergenerational transmission of violence, several (protective) factors were examined in this dissertation. Previous research has established several protective factors regarding the intergenerational transmission of intimate partner violence: maternal support, or support from other family members or friends, and single incidents of intimate partner violence (Holt et al., 2008; Jaffee et al., 2013; Richardson et al., 2021; Suzuki et al., 2008). This dissertation expands on previous studies by using a broad definition of family violence, and examining adolescent dating violence in a clinical sample of young people, mothers, and fathers. In chapter 3 we compared the youth who still experienced severe family violence eighteen months after their report to *Veilig Thuis* with the youth living in families where family violence had diminished or ceased altogether. The findings show that the youth in families where violence decreased or ceased are engaged in less aggressive and violent behavior than the youth in families where severe violence persisted. Furthermore, the youth for whom family violence decreased reported fewer trauma symptoms than the youth who experienced persisting family violence. Surprisingly, children for whom the violence ceased did not report fewer trauma symptoms. As mentioned above, this could be due to triggers causing the traumatic experience to be relived. Moreover, chapter 5 indicated that the youth who experienced dating violence were exposed to more incidents of family violence than the youth who did not experience dating violence. These findings, taken together, confirm the importance of decreasing and stopping family violence, to hopefully prevent future adolescent dating violence, although they also stress the importance of adequate professional support. As described in chapters 4 and 6, several youngsters talked about positive experiences in obtaining professional support, such as trauma therapy to reduce their trauma symptoms, or other professional support to learn communication skills or conflict resolution skills.

Moreover, some young people had positive experiences within their romantic relationship, which were often valuable learning experiences (chapter 4). The youth felt supported and appreciated, and were more able to learn new skills from their romantic partner or their parents-in-law, such as talking about emotions and solving problems. Talking to others about the violence seems to be a protective factor, as well as support and understanding from parents, other family members, or friends (chapter 5). Previous work concluded that social support may increase the self-esteem of the young people and their confidence in others, but also give the youth the feeling that the violence is not their fault and that they deserve to grow up in a safe environment (DiMatteo, 2004; Geurts et al., 2018).

Clinical implications

The findings of this dissertation provide several implications for policymakers and practitioners working in the field of family violence. An important finding, in line with previous research (Li & Godinet, 2014; Yoon et al., 2018; van Yperen et al., 2020), underscores that family violence is persistent; most families reported to *Veilig Thuis* still experienced severe family violence eighteen months after their report. Moreover, the findings from this dissertation and previous work (Ethier et al., 2004b; Li & Godinet, 2014; Suzuki et al., 2008) show that chronic family violence is related to more mental and behavioral problems, as well as dating violence, whereas cessation of family violence could be a protective factor fostering breaking the intergenerational transmission. Together, these findings stress the importance of raising awareness that families exposed to family violence need specialized and long-term care.

The finding that not only children exposed to family violence, but also their fathers and mothers experience trauma symptoms demonstrates that all family members should be screened for trauma symptoms. Additionally, trauma of parents may affect their parenting, not only by increasing the risk of maltreating their children, but also because they could be less responsive and emotionally available. These findings highlight the importance of long-term and specialized care for the whole family. Additionally, they imply that everyone's own problems, which could be – for parents – caused by family violence during their own childhood, need to be taken into account. Additionally, the interactions between these problems of family members also need to be studied. Especially because it is shown that parental childhood trauma interferes with treatment effects (Asdonk et al., 2020). As this dissertation and previous studies show that trauma symptoms could be long-lasting and certain triggers may activate so-called 'survival mode', it is suggested that children learn how to respond to these triggers and to the probability that trauma symptoms may return later in life.

The finding that not all children exposed to family violence become a perpetrator or victim of adolescent dating violence or intimate partner violence shows that children can be resilient. Several factors are found in this dissertation supporting previous research (Holt et al., 2008; Jaffee et al., 2013; Richardson et al., 2021; Suzuki et al., 2008) that foster resilience and thereby help break the intergenerational transmission of family violence. From this dissertation, we suggest improving several skills (e.g., communication skills, emotion regulation skills, and conflict resolution skills) of children exposed to family violence, given the finding that the youth explained the intergenerational transmission by: social learning; not being able to learn how to communicate; not knowing how to regulate their emotions, and not knowing how to solve their problems in a healthy way. Besides these skills, as this dissertation shows that the youth exposed

to family violence often have low self-esteem, low confidence in others, and often let others cross their boundaries, it is important to increase self-worth and confidence of the youth, as well as learning to set boundaries. Knowing that the interaction between children and their (step)parents or siblings is of importance for both learning these skills and developing secure attachment, both children and other family members should learn these skills. Additionally, it is important to improve the parent-child interaction, for example with the Attachment Video-feedback Intervention (Asdonk et al., 2020).

Although about half of the youth exposed to family violence did not experience dating violence, they experienced several challenges within their romantic relationship that could be precursors for dating violence or later intimate partner violence. This result addresses the importance of intervening as early as possible, and the focus should be on all children who are exposed to family violence. The willingness of the youth to seek or receive professional support is often low (Gulliver et al., 2010). The youth more often seek informal support, which is sometimes seen as less helpful than professional help (Hedge et al., 2017). The findings of this dissertation, however, indicate that increasing the social network of children and youth also provides opportunities. Parents-in-law, siblings or other important persons in a person's life can be a protective factor by giving support and understanding, which is likely to result in more self-worth and confidence in others, but also by acquiring skills. Therefore, I believe it is important that self-esteem, confidence, and skills of children exposed to family violence are increased, irrespective of by whom, to prevent lasting problems, and thereby increasing the chance that children will break the intergenerational transmission of family violence. Offering children exposed to family violence the support they need will not only affect their own life in a positive way, but will also decrease the risk that their offspring will be exposed to family violence.

Strengths, limitations, and directions for future research

This dissertation adds several contributions to the existing literature, and has multiple strengths. First of all, studies on dating violence are often carried out in community samples, whereas we were able to include families reported to *Veilig Thuis* due to family violence. Additionally, besides mothers and children, a large number of fathers participated. Children were asked about the relationship with their father and mother, making it possible to further examine the role of fathers and using a multi-informant approach of family violence. Finally, both quantitative and qualitative data were gathered, whereas previous research on dating violence is mostly quantitative. Qualitative research enabled us to retrieve more nuanced information about the mechanisms of

social learning, parent-child relationships, and trauma, as well as obtaining certain suggestions for important protective factors.

Despite these strengths and contributions, some limitations should be mentioned. Although in this dissertation the use of a broad definition of family violence forms a strength because previous research mainly focused on one type of family violence, I did not examine the effect of the different types of family violence separately. Only in chapter 5 did we illustrate that the narratives of the youth suggested that the young people who experienced dating violence especially differ from the young people who did not experience dating violence regarding severe psychological maltreatment from parents of children. Also, other studies have mentioned that specific types of family violence, or polyvictimization, may have a different impact on children (Arata et al., 2007; Evans & Burton, 2013; Messman-Moore et al., 2017; Moylan et al., 2010). I was not able to examine the impact of different types of family violence separately, because different types of family violence often co-occur (Holt et al., 2008; Renner & Slack, 2006) and therefore the samples of our studies were not large enough to distinguish between all the different types (direct versus indirect child maltreatment in combination with neglect, and psychological, physical, and sexual violence). Future research should, if the sample size allows it, distinguish between the specific types of family violence or at least examine monovictimization versus polyvictimization.

My use of a broad definition of adolescent dating violence and intimate partner violence including both victimization and perpetration is both a strength and a limitation of this dissertation. Using this broad definition adds to previous research mainly focused on only victimization or only perpetration since we include all violent behavior that occurs within a romantic relationship. Moreover, both adolescent dating violence and intimate partner violence is often reciprocal, meaning that someone can be both a victim and a perpetrator of violence (Stith et al., 2004; Swan et al., 2008). However, a limitation of this dissertation is that we combined victimization and perpetration in our studies, not distinguishing between the differences between being a victim or being a perpetrator of violence. Previous studies emphasized other risk factors of perpetration and victimization of adolescent dating violence (McClure & Parmenter, 2020) as well as differences between men and women exposed to family violence with regard to perpetration and victimization of intimate partner violence (Smith-Marek et al., 2015; Stith et al., 2000). This suggests that it is important to further explore the developmental trajectories of young people and adults who become both a victim and perpetrator compared to those who become only a victim or only a perpetrator of violence.

In this dissertation we examined differences between men and women in chapter 2 and controlled for sex differences in chapter 3. However, we did not explore sex differences in chapter

4 and 5. The findings of chapter 2 suggest sex differences regarding intergenerational transmission of family violence; we only found a relation between family violence during childhood and current experiences of intimate partner violence for women. Several studies indicate that sex differences also interact with victimization and perpetration of violence. Men are more likely to become a perpetrator of intimate partner violence, especially severe intimate partner violence (Morse, 1995; Smith-Marek et al., 2015; Stith et al., 2000; Tierolf et al., 2014). Regarding dating violence, equal numbers for boys and girls regarding victimization of physical violence were found, and higher rates were found for girls than for boys regarding perpetration of physical violence (Wincetak et al., 2017). However, physical violence by boys is often more severe than the violence by girls (Barter et al., 2009; Dardis et al., 2015). In this context, it is recommended for future research to tap into sex differences regarding the intergenerational transmission of family violence, and in doing so, especially consider making a distinction between victimization and perpetration and the various types of family violence.

Finally, although chapters 3 and 5 used data from different waves of the broader longitudinal project, we were not able to detect causal relations. To shed more light on causal relationships, a first step would be to include all variables at all measurement waves in the analysis, although effects of other factors are always possible. Moreover, families of the broader study were followed for eighteen months with approximately one year between the first and second measurement waves, and approximately six months between the second and third measurement waves. Family violence may fluctuate due to certain life circumstances (Margolin et al., 2009). Also, the risk of adolescent dating violence may increase as a result of certain life-changing situations, such as moving in together, having a child together, the death of an important family member or friend that was supportive, or getting a new romantic partner. Or the youth could be triggered by certain situations, activating their 'survival mode'. To best capture this dynamic nature of violence, and the impact of changes in life circumstances on violence, this group of families should be followed for a longer period of time with shorter time intervals (i.e., months, weeks) between measurement waves, both using a quantitative and qualitative approach. This approach may yield more information on (the impact of) the severity and frequency of both family violence and adolescent dating violence. It also enables us to investigate whether the young people who did not experience adolescent dating violence at the time of this study but did talk about having several challenges within their romantic relationship(s) still do not experience adolescent dating violence later in life. A finding that such problems do not result in adolescent dating violence or intimate partner violence (or even maltreatment to their children) may inform us about other possible protective factors.

Concluding remarks

The findings of this dissertation show that children exposed to family violence have an increased risk of developing several problems, related to becoming a victim or perpetrator of violence within a romantic relationship. The link between family violence during childhood and adolescent dating violence can be explained by both social learning theory, attachment theory, and trauma theory. Our results also highlight that children are resilient and able to break the intergenerational transmission of violence; with the right professional or social support and understanding, the youth can learn from their experiences with others, resulting in trust in self and others, reducing the risk of experiencing (later) violence within their romantic relationships. These findings highlight the need for specialized and long-term care, with a focus on strengthening the social network, to foster safe family environments for future generations of children exposed to family violence.

Adendum

References
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SAMENVATTING

"Mijn jeugd vergelijk ik met de zee. De zee kan heel rustig zijn en heel stil, maar het kan ook heel meeslepend en verwoestend zijn. Het kan zelfs een tsunami worden en het kan van alles meenemen... Op sommige plekken is het best wel dichtbij de bodem, dus dat je erdoorheen kan kijken en dat je weet wat er zit. Maar het kan ook zo ongelofelijk diep zijn en zwart en... Het is gewoon een heel onvoorspelbaar iets en ook... Ja, heel lastig, maar toch kan je niet zonder... Je kan niet zonder water. Je kan niet zonder de zee en je kan ook niet ja... Zonder je familie."

Het bovenstaande citaat is van een 17-jarig meisje dat geïnterviewd is in kader van dit proefschrift. Ze beschrijft haar ambivalente ervaringen toen ze opgroeide met een gewelddadige vader: onvoorspelbaar, verwoestend, maar ook onmisbaar. Kinderen die opgroeien met geweld hebben meer kans op het ontwikkelen van verschillende problemen, zowel tijdens de jeugd als in de volwassenheid. Zo hebben ze meer kans om posttraumatische stress, angst of depressie te ontwikkelen, kunnen ze ook antisociaal en agressief gedrag vertonen en is er vaak sprake van een onveilige gehechtheid met ouders. Daarnaast is kindermishandeling in verband gebracht met een verhoogd risico om op latere leeftijd gewelddadig te worden tegen een partner of kinderen, of om slachtoffer te worden van geweld vanuit een partner. Dit is ook wel bekend als de intergenerationele overdracht van geweld. Een deel van de kinderen slaagt er echter in om deze cirkel van geweld te doorbreken. Een belangrijke vraag is hoe het komt dat sommige kinderen wél opnieuw te maken krijgen met geweld, en andere niet. Deze vraag staat centraal in dit proefschrift.

Onderzoek naar de intergenerationele overdracht van geweld in het gezin beperkt zich vaak tot specifieke vormen van geweld in het gezin. We weten echter dat kinderen vaak meerdere en verschillende vormen van kindermishandeling meemaken. Zo kunnen ze getuige zijn van fysiek of psychisch geweld tussen hun (stief)ouders (getuige van partnergeweld), zelf fysiek of psychisch mishandeld worden of verwaarloosd. Daarnaast blijkt uit onderzoek dat het belangrijk is om het geweld te meten vanuit verschillende perspectieven. Ouders en kinderen zijn namelijk geneigd om aan te geven dat er minder geweld speelt dan werkelijk het geval is, en de mate van overeenstemming tussen gezinsleden is relatief laag. Tot slot is *dating violence*[4] (het meemaken van psychisch, fysiek of seksueel geweld in relaties van jongeren) een risicofactor voor het in latere relaties meemaken van partnergeweld. *Dating violence* is een belangrijk onderwerp in onderzoek geworden vanwege de grote impact op jongeren. Het ontbreekt echter aan studies die de link

[4] *Dating violence* is een vorm van partnergeweld, maar bij *dating violence* gaat het om geweld in de relatie van jongvolwassenen, zoals middelbare scholieren en studenten.

onderzoeken tussen kindermishandeling en het meemaken van *dating violence* in een klinische groep van jongeren die allemaal met kindermishandeling te maken hebben gehad. Het meeste onderzoek naar slachtoffer- of daderschap van *dating violence* is uitgevoerd bij middelbare scholieren of studenten. Om te begrijpen waarom sommige jongeren die mishandeld zijn als kind wél de intergenerationele overdracht van geweld kunnen doorbreken en andere niet, is het essentieel om jongeren te bevragen die in hun jeugd mishandeld zijn. Meer inzicht in de onderliggende mechanismen van de intergenerationele overdracht en het zoeken van belangrijke (beschermende) factoren voor het doorbreken van de cirkel van geweld, is van belang om interventies (door) te ontwikkelen om kindermishandeling, *dating violence* en partnergeweld te voorkomen. Op basis van deze kennis kunnen zowel beleidsmakers als hulpverleners, die werken met gezinnen die geweld ervaren, worden geïnformeerd, waardoor preventiestrategieën en interventies op maat kunnen worden gemaakt.

Dit proefschrift

Het belangrijkste doel van dit proefschrift is om meer zicht te krijgen op waarom sommige jongeren wél de intergenerationele overdracht van geweld weten te doorbreken en anderen opnieuw slachtoffer of juist dader worden van geweld in hun relatie. Door middel van vijf studies wordt in dit proefschrift antwoord gegeven op twee onderzoeksvragen. De eerste onderzoeksvraag heeft betrekking op drie belangrijke mechanismen: sociaal leren, gehechtheid en trauma. En welke rol deze mechanismen spelen bij het wel of niet doorbreken van de cirkel van geweld. De tweede onderzoeksvraag bekijkt wat belangrijke (beschermende) factoren zijn voor het doorbreken van de intergenerationele overdracht van geweld.

Dit proefschrift is gebaseerd op data afkomstig van een longitudinale studie naar geweld in gezinnen (Steketee et al., 2020). In deze longitudinale studie werden gezinnen, die gemeld waren bij Veilig Thuis, gedurende anderhalf jaar gevolgd. Zowel moeders, vaders als kinderen vulden op drie momenten een vragenlijst in. Bij de nulmetingen (vlak na melding bij Veilig Thuis) namen 1046 gezinnen deel, waarvan 576 gezinnen aan alle drie de metingen. Voor dit proefschrift is gebruik gemaakt van gegevens van meerdere informanten (kinderen, moeders en vaders), meerdere meetmomenten, verschillende onderzoeksmethoden (kwantitatief en kwalitatief) binnen een klinische steekproef. Zo zijn vragenlijsten gebruikt die door kinderen (8-18 jaar) zelf zijn ingevuld over de ervaren kindermishandeling, traumaklachten, delinquent gedrag en gehechtheid tussen hen en beide ouders. Daarnaast zijn vragenlijsten van zowel moeders als vaders gebruikt over geweld in hun jeugd, huidig partnergeweld, de gepleegde kindermishandeling, en traumaklachten van henzelf en van de kinderen. Tot slot is met een aantal

van deze kinderen (16-20 jaar) een verdiepend interview gehouden over ervaringen in hun jeugd (waaronder het geweld), de band met ouders, en ervaringen in hun romantische relaties. Hieronder gaan we in op de belangrijkste bevindingen en we sluiten af met handvatten voor de praktijk.

Belangrijkste onderzoeksbevindingen

Allereerst wordt in dit proefschrift steun gevonden voor de intergenerationele overdracht van geweld in gezinnen. Zo zagen we dat ongeveer de helft van de volwassenen die deelnamen aan het longitudinale project tijdens de kinderjaren te maken had gehad met huiselijk geweld. Daarnaast zagen we dat vrouwen met een geschiedenis van kindermishandeling, meer partnergeweld ervaren dan vrouwen die in hun jeugd niet te maken hadden gehad met kindermishandeling. Als we kijken naar de groep jongeren laten de bevindingen zien dat ongeveer de helft van de jongeren te maken kreeg met geweld in hun relatie (*dating violence*), voornamelijk meisjes. Hieronder gaan we in op verklarende mechanismen van de intergenerationele overdracht van geweld.

De rol van sociaal leren, gehechtheid en trauma binnen het mechanisme van intergenerationele overdracht van gezinsgeweld

Om meer zicht te krijgen op mechanismen onderliggend aan het wel of niet doorbreken van de cirkel van geweld, stonden in dit proefschrift drie belangrijke mechanismen centraal: 1) sociaal leren, 2) gehechtheid tussen ouders en kinderen en 3) traumaklachten.

Een belangrijke bevinding van dit proefschrift is dat de jongeren de intergenerationele overdracht van huiselijk geweld met name verklaren via het mechanisme van sociaal leren. Zo vertelden jongeren dat ze niet hadden geleerd om met emoties om te gaan en deze te uiten, waardoor ze moeite hadden om over hun emoties te praten en om te gaan met de emoties van hun partner. Jongeren gaven ook dat ze niet van hun ouders hadden geleerd om problemen en conflicten op een gezonde manier op te lossen, wat resulteerde in onvoldoende conflicthantering. De meesten waren niet in staat om over de ruzie te praten, maar verlieten de kamer, werden boos, of gaven constant toe aan de wensen van hun partner. Hierdoor verergerde de ruzie vaak en werden de problemen uiteindelijk niet opgelost. Verder spraken jongeren over het rechtvaardigen van geweld, omdat ze hadden gezien dat hun ouders geweld en agressie gebruikten als oplossing voor conflicten en meningsverschillen. Ze zagen het gebruik van agressie en geweld als onvermijdelijk; ze wilden zelf niet agressief of gewelddadig zijn, maar het gebeurde gewoon.

Als we verder kijken dan het gedrag van jongeren, laten de bevindingen van dit proefschrift zien dat de mechanismen van gehechtheid en trauma ook belangrijk zijn bij het verklaren van de intergenerationele overdracht van geweld in het gezin. Zo hebben we allereerst gevonden dat hoe meer traumaklachten zowel vaders als moeders hebben, hoe meer traumaklachten de kinderen hebben. Dit kan mogelijk verklaard worden doordat ouders die getraumatiseerd zijn waarschijnlijk minder responsief reageren en minder emotioneel beschikbaar zijn voor kinderen. Meerdere jongeren vertelden in de interviews ook dat ze enerzijds weinig steun en begrip van (een van hun) ouders hadden gekregen, terwijl ze anderzijds moeite hadden om autonoom te worden en zich los te maken van hun (enigszins) rigide en controlerende ouders. Dit werd vooral verteld door jongeren die *dating violence* meemaakten in hun relatie. Deze bevindingen suggereren dat de interactie tussen ouder en kind belangrijk is voor het verklaren van de cirkel van geweld. Daarnaast zagen we in de interviews dat jongeren ook worstelden met deze aspecten in hun relatie; ze vonden het moeilijk om steun en begrip te geven en ontvangen en - in lijn met de gehechtheidstheorie - het vinden van de juiste balans tussen aan de ene kant autonoom zijn en aan de andere kant verbinding voelen met hun partner. Dit had als gevolg dat een deel van de jongeren op een ongezonde manier de verbinding aanging; ze klampten zich vast aan hun partner, lieten toe dat hun grenzen werden overschreden en rechtvaardigden agressief en gewelddadig gedrag van hun partner. Bovendien beschreven de jongeren controlerend gedrag van zowel zichzelf als hun romantische partner, en gaven aan dat deze controle hen een gevoel van vertrouwen en veiligheid gaf. Dit kan worden gezien als een teken van een gebrek aan vertrouwen in zowel zichzelf als in hun romantische partner, mogelijk vanwege een onveilige gehechtheid met (een van) hun ouder(s). Het andere deel van de jongeren sprak vooral over tegenovergesteld gedrag; ze waren vooral gericht op zelfstandigheid en autonoom zijn, waardoor ze niet spraken over hun problemen en gevoelens en emoties zoveel mogelijk onderdrukten. Tegelijk spraken deze jongeren - in lijn met de traumatheorie - over het hebben van veel woede en boosheid, hyperalert zijn en situaties snel negatief interpreteren. Dit maakte dat ze sneller agressief reageerden op hun partner. Tot slot laten de verhalen van jongeren zien dat hun overlevingsmodus werd geactiveerd wanneer sprake was van geweld thuis: vechten, vluchten of bevriezen. Dit mechanisme wordt later in het leven weer geactiveerd in stressvolle situaties. Zo reageren jongeren bijvoorbeeld agressief als ze ruzie hebben met hun partner of ze lopen de kamer uit en negeren hun partner. Deze bevindingen geven steun voor de gehechtheids- en traumatheorie, maar suggereren ook een interactie tussen gehechtheid en trauma.

Tot slot bleek uit de interviews dat jongeren die *dating violence* meemaakten vooral spraken over ernstige psychische mishandeling door een (stief)ouder, zoals vernederd en uitgescholden

worden, terwijl de jongeren die geen *dating violence* meemaakten niet spraken over zulke ernstige vormen van psychische kindermishandeling. Dit zou kunnen betekenen dat het meemaken van ernstige psychische mishandeling door een (stief)ouder vooral een verband heeft met *dating violence*, mogelijk vanwege de schadelijke impact van psychische mishandeling op de zelfwaarde van kinderen. Zo blijkt uit de verhalen dat meerdere jongeren die mishandeld zijn een laag zelfbeeld hebben, wat resulteert in de angst om verlaten te worden door hun partner. Hierdoor doen deze jongeren er alles aan om ruzies en conflicten te vermijden en rechtvaardigen zij het negatieve gedrag van hun partner, wat risicofactoren zijn voor *dating violence*.

Concluderend zien we dat alle drie de mechanismen belangrijk zijn in het verklaren van de intergenerationele overdracht van geweld. De drie mechanismen overlappen ook. Moeite hebben met emotieregulatie en het oplossen van conflicten, is vanuit alle drie de mechanismen te verklaren. Daarnaast is de interactie tussen gezinsleden een belangrijk aspect bij zowel sociaal leren, gehechtheid en trauma. Jongeren leren van interacties met anderen, ze ontwikkelen een veilige- of onveilige gehechtheid door interacties met anderen, en traumasymptomen van ouders hebben een wisselwerking met traumasymptomen van jongeren. Alle drie de mechanismen zijn belangrijk, maar niet altijd even zichtbaar; er zit een zekere gelaagdheid in. Het mechanisme van sociaal leren is het meest zichtbaar, deze verklaring ligt op gedragsniveau; jongeren kregen niet het juiste voorbeeld en hebben daardoor moeite met emotieregulatie en conflicthantering. Onder dit gedrag kunnen echter verschillende traumasymptomen liggen, die door bepaalde prikkels getriggerd worden, wat resulteert in bepaald gedrag. Zo kan iemand bijvoorbeeld hyperalert zijn, en hoewel diegene niet gewelddadig wil zijn tegenover een partner, overkomt het ze in situaties die als stressvol worden ervaren; het overlevingsmechanisme (vechten, vluchten of bevriezen) wordt geactiveerd. Bovendien ontwikkelen kinderen in de vroege kindertijd op basis van interacties met hun ouders een veilige- of onveilige hechtingsstijl. Kindermishandeling is in verband gebracht met een onveilige hechtingsstijl. Als kinderen mishandeld worden, hebben ze meer risico om een laag zelfbeeld en wantrouwen tegenover anderen te ontwikkelen, waardoor ze het moeilijk vinden om een juiste balans te vinden tussen verbondenheid en autonomie, om grenzen te stellen en daardoor soms zelfs controlerend of agressief gedrag rechtvaardigen. Tot slot lijkt er een interactie te bestaan tussen de gehechtheidstheorie en de traumatheorie; traumasymptomen van ouders kunnen hun ouderschap beïnvloeden, waardoor het risico op onveilige gehechtheid van hun kinderen toeneemt.

Belangrijke factoren om de intergenerationele overdracht van huiselijk geweld te doorbreken

Om beter te begrijpen hoe de intergenerationele overdracht van geweld doorbroken kan worden, zijn in dit proefschrift verschillende (beschermende) factoren onderzocht. Allereerst laten de bevindingen zien dat het stoppen en verminderen van geweld belangrijk is. Zo lieten kinderen minder agressief en gewelddadig gedrag zien wanneer kindermishandeling afnam of stopte. Dat gebeurde niet als ernstig geweld voortduurde. Bovendien hadden kinderen minder traumaklachten wanneer het geweld verminderde, vergeleken met kinderen waarbij ernstig geweld voortduurde. Tegen verwachting in bleken kinderen bij wie het geweld helemaal stopte niet minder traumaklachten te hebben. Dit is mogelijk te verklaren door triggers die kunnen opspelen, wat ervoor zorgt dat de traumatische ervaring opnieuw wordt beleefd. Tot slot hebben jongeren die *dating violence* meemaken meer incidenten van kindermishandeling ervaren dan jongeren die geen *dating violence* meemaakten. Dit laat zien dat het belangrijk is om het geweld in het gezin te stoppen, of in ieder geval te verminderen, zodat de kans kleiner wordt dat deze kinderen later opnieuw slachtoffer of juist dader worden van geweld.

Ten tweede is het krijgen van professionele ondersteuning een belangrijke factor, zoals traumatherapie voor het verminderen van traumaklachten of therapie gericht op het leren van communicatieve vaardigheden en conflicthantering. Niet alleen professionals kunnen jongeren helpen om deze vaardigheden te ontwikkelen, jongeren geven ook aan dat schoonouders of een partner kunnen helpen om beter te leren praten over emoties en het oplossen van ruzies. Tot slot lijkt het praten over het geweld een belangrijke beschermende factor te zijn, evenals het krijgen van steun en begrip van ouders, andere familieleden of vrienden. Dit komt mogelijk doordat het krijgen van steun en begrip enerzijds de eigenwaarde van jongeren en het krijgen van vertrouwen in anderen kan vergroten, en anderzijds geeft praten over het geweld jongeren erkenning en het gevoel dat het geweld niet hun schuld is.

Handvatten voor de praktijk

Een belangrijke uitkomst van dit proefschrift is dat het essentieel is om geweld in het gezin te stoppen, of in ieder geval te verminderen. Zodat de problemen, die kinderen ervaren door het geweld, verminderd worden en de kans vergroot wordt dat zij de cirkel van geweld weten te doorbreken. Daarnaast laat dit proefschrift zien dat problemen van kinderen interacteren met de problemen van zowel hun moeder als hun vader. Dit onderstreept het belang om de problematiek van alle gezinsleden (zoals traumaklachten) in kaart te brengen, als ook de interactie daartussen. Bovendien is het belangrijk om naar de problematiek uit het verleden van ouders te kijken. Deze bevindingen laten zien dat gezinnen, die te maken hebben met geweld, langdurige en

specialistische zorg nodig hebben, waarbij niet alleen gekeken wordt naar problemen van verschillende gezinsleden, maar aandacht nodig is voor het geweld en de dynamiek in het gezin.

Ten tweede laat dit proefschrift zien dat kinderen die opgroeien in een onveilige thuissituatie vanwege geweld ook veerkrachtig zijn, en kunnen leren van positieve ervaringen, waardoor de kans verkleind wordt dat ze later opnieuw slachtoffer of juist dader worden van *dating violence*. De aanbeveling voor professionals, die werken met gezinnen waar sprake is van kindersmishandeling, is om jongeren verschillende vaardigheden te leren, zoals op het gebied van communicatie, emotieregulatie en conflicthantering. Daarnaast is het belangrijk om het zelfbeeld van jongeren te verbeteren en ze te leren hun grenzen te herkennen en deze beter aan te geven. Gezien de interactie tussen gezinsleden is het belangrijk dat hierin ook de andere gezinsleden worden betrokken.

Tot slot bleek dat ongeveer de helft van de jongeren geen *dating violence* meemaakt in hun relatie, ondanks het meemaken van kindermishandeling. Wel bleek dat ze allerlei problemen ervaren in hun relatie, die mogelijk risicofactoren zijn om later wel *dating violence* mee te maken. Dit betekent dat het belangrijk is om vroegtijdig te interveniëren, en niet alleen jongeren die problemen ervaren hulp te bieden, maar alle jongeren die te maken krijgen met kindermishandeling. We weten echter dat jongeren vanwege verschillende redenen niet snel professionele hulp zullen zoeken, maar eerder informele hulp. Dit proefschrift laat zien dat jongeren kunnen leren van goede voorbeelden in hun sociale netwerk, bijvoorbeeld van vrienden, broers, zussen, en schoonouders. Daarnaast kan het sociale netwerk steun en begrip geven aan kinderen, en is het belangrijk om over het geweld te praten. Dit geeft het belang aan om het sociale netwerk van kinderen die te maken krijgen met geweld te versterken.

Conclusie

De bevindingen van dit proefschrift laten zien dat kinderen die kindermishandeling meemaken een verhoogd risico hebben op het ontwikkelen van verschillende problemen die verband houden met slachtoffer of dader worden van *dating violence*. Verklaring voor deze intergenerationele overdracht wordt gevonden in zowel de sociale leertheorie, de gehechtheidstheorie als de traumatheorie. Kinderen zijn echter ook veerkrachtig en in staat zijn om de intergenerationele overdracht van geweld te doorbreken. Met de juiste professionele of sociale steun kunnen jongeren leren van positieve ervaringen, wat resulteert in vertrouwen in zichzelf en anderen. Dit verkleint het risico op (later) geweld met een partner. Dit proefschrift benadrukt de noodzaak van

langdurige en gespecialiseerde zorg voor gezinnen die te maken hebben met geweld, zodat toekomstige generaties kinderen opgroeien zonder geweld.

CURRICULUM VITAE

Milou Lünnemann was born on April 2nd 1991, in Amsterdam, the Netherlands. After finishing her secondary education (VWO) at the Stedelijk Dalton College in Zutphen in 2008, she went abroad to South-America to study Spanish and to do volunteer work. In 2009 she started studying Psychology at the University of Amsterdam, where she chose to focus on research methods. Following her interest in research, she started her educational journey in research with the Research Master of Psychology at the University of Amsterdam, and after 1,5 years followed with the Master Intervention Criminology with Research Track at the VU in Amsterdam. Milou completed a 10-month research internship at the VU Medical Center in Amsterdam. She did an additional (voluntary) research internship at the Verwey-Jonker Institute in Utrecht. Milou obtained her Master's degree in 2016 and started working as a researcher at the Verwey-Jonker Institute.

In 2017, Milou started her PhD project on the intergenerational transmission of family violence at the Child and Family Studies research group at the Erasmus University Rotterdam. Her PhD project was in collaboration with the Verwey-Jonker Institute, which also allowed her to stay working there as a researcher one day a week. Milou's PhD project was funded by the Dutch Ministry, Dutch municipalities, and Augeo Foundation. During her PhD trajectory, Milou supervised several Bachelor's and Master's theses and internships, and worked as a tutor, teaching several courses in child and family studies. Milou regularly presented her research at various (inter)national conferences, and in educational settings for university students. She was also a member of the organizing committee of the DPECS Graduate Research Day.

Currently, Milou continues her passion for research as a full-time researcher at the Verwey-Jonker Institute. She is involved in several research projects, all related to topics such as child maltreatment, domestic violence, women's shelters, dating violence, and youth resilience.

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Conference presentations

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Family violence: the intergenerational transmission. Oral presentation for bachelor students of the department of social sciences at the University of Utrecht and Liberal Arts & Sciences (University College, 2019), Utrecht, the Netherlands.

Intergenerational impact of trauma and family violence on parents and their children. Oral presentation at the European Conference on Domestic Violence (ECDV, 2019), Oslo, Norway.

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