CHILDHOOD TRAUMA AND INTERGENERATIONAL TRANSMISSION OF FAMILY VIOLENCE IN A COURT-ORDERED BATTERER INTERVENTION PROGRAM

By

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Abstract

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Studies that examine family violence assert that many abusive behaviors are transmitted intergenerationally. Investigations of intergenerational transmissions of family violence it is important to acknowledge that childhood traumatization has a significant role. This study surveyed clients of a court-ordered Batterer Intervention Program to investigate whether these clients had witnessed or experienced family violence in during childhood. The survey collected information on whether the clients’ abuse was part of an intergenerational cycle, whether clients’ children were exposed to abuse, and the effects of abuse behaviors witnessed and/or experienced as children on the abuse perpetrated as adults. Half of the clients surveyed indicated that they had been abused as children. Additionally, strong relationships were found between experiencing and witnessing abuse as children and the perpetration of abuse as adults. Intergenerational cycles were determined to be a factor among that affect men’s and women’s perpetration of family violence.
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**Introduction**

In the United States (US) family violence is acknowledged as a significant public health issue. It is estimated that each year there are 4.8 million acts of physical or sexual abuse perpetrated against women and 2.9 million acts of physical abuse perpetrated against men (Evans, Davies, & DiLillo, 2008; Tjaden & Thoennes, 1998). Often forgotten are the children who also endure or witness abuse within abusive relationships. Margolin and Vickerman (2008) noted that in 40% of family violence cases children were also being abused. Witnessing or experiencing family violence greatly impacts the development of children. Children who have experienced or witnessed family violence have greater rates of internalizing behaviors (e.g. depression or low self-esteem), externalizing behaviors (e.g. aggression or hyperactivity toward others), and impaired social functioning (Evans et al., 2008; Margolin & Vickerman, 2008).

The purpose of this study was to investigate correlations between childhood traumatization, the perpetration of family violence, and the possible transmission of these behaviors to children. It was hypothesized that the majority of men and women sampled had some experience of family violence (e.g. witnessed or experienced abuse) during their childhoods. To test this hypothesis, the study examined the experiences of childhood traumatization from a gender-neutral lens, acknowledging that family violence is a problem that is perpetrated by people who represent all races, ethnicities, socioeconomic statuses, sexual orientations, nationality, body ability and genders. Given the diversity of this crime, the study focused on the perpetration of family violence
heterosexual men and women. The study showed correlations between abuse experienced and/or witnessed during childhood, and the perpetration of abusive behaviors as adults.

The underlying issues of male and female perpetrators of family violence have not received much attention within the area of family violence research. Family violence research is guided by Feminist theory, which focuses on patriarchy, misogyny, and male privilege as the primary factors that perpetuate family violence in society. As a result, many studies examining family violence frame only men as perpetrators and only women as victims (McPhail, Busch, Kulkarni, & Rice, 2007; Dutton & Nichols, 2005; George, 1994; Watt & Scrandis, 2013). Dismissing the possibility of women using violence against their male partners impedes the efficacy of the criminal justice system’s response to perpetrators of family violence and resources (e.g. shelters and hotlines) available to victims (Dutton, 2008; Hamel, 2005; Kelly, 2003). This study examined family violence using a gender-neutral lens to investigate childhood traumatization as a factor in intergenerational transmission of family violence.

The connection between the perpetuation of family violence and a person’s history of trauma has been investigated, but this research was limited to men’s perpetration of family violence (Watt & Scrandis, 2013; Whitfield, Dube, Anda, & Felitti, 2003). Instead of receiving compassion and effective treatment for the traumatic experiences these men and women have endured, many abuse survivors are vilified. Men with family violence convictions are dually stigmatized; first, with a criminal record and second, with the label of “batterer” (Corvo & Johnson, 2003). The lack of empathy
impedes the efficacy of treatment for men and women who have never learned alternative strategies for managing their emotions.

Social workers have an obligation to help men and women participating in court-ordered Batterer Intervention Program (BIP) treatment to stop the cycles of violence affecting their lives. By identifying and challenging abusive attitudes and behaviors in BIP clients, social workers currently work towards ending these cycles of violence. Social workers may need to acknowledge that some BIP clients may have a significant history of trauma. This may further enable social workers to stop cycles of violence in their clients’ lives. While acknowledging that histories of trauma do not excuse past or present perpetration of family violence, social workers need to work towards diminishing the impact these histories of trauma have on their clients. Through the treatment of trauma, social workers may be able to influence the development of healthy conflict management strategies and assist clients in building skills to help develop healthy intimate and family relationships.

Definitions

**Family violence.**

In regards to family violence, this study uses the definition provided by the Family Violence Fund (2008) which defines family violence as “physical, sexual or psychological harm by a current or former intimate partner, [parent] or spouse; it includes a pattern of coercive or manipulative behaviors perpetrated by one intimate partner against the other in order to gain or maintain control in the relationship” (in Carpenter &
Stacks, 2008, p. 831). Family violence is an inclusive term that can be used to describe abuse regardless of sexuality, gender, and the relationship of the perpetrator to the abused (e.g. father-to-daughter, mother-to-daughter, and son-to-father regardless of blood relation to the perpetrator). It is important to note that many abusive behaviors used by men and women in intimate relationships are covert in nature rather than overt. Specific to men who perpetrate family violence is the concept of male privilege.

Male privilege is a sense of entitlement or a structure of beliefs within patriarchal societies that assert that men are dominant members of society and women are subordinate. This sense of entitlement when applied to families, result in men using their power to control and dominate their partners and other family members. Men who adopt these attitudes believe that they are the rulers of their families and may use physical, psychological, financial, and sexual abuse as methods of control over their partners. Another aspect of male privilege is the sense of entitlement over decision-making (Wilson, 1997).

Men may feel entitled to make decisions for their families without the consent of other family members. These decisions may or may not be made in the best interests of the family. What makes these decisions abusive is the lack of consent from their partners or family members. Abuse in relationships where family violence is occurring can be continuous or episodic. All types of abuse discussed in this section can and often do happen simultaneously. Most of the behaviors detailed in this section are perpetrated with the intent of maintaining power and control over intimate relationships (Wilson, 1997).
**Physical abuse.**

Physical abuse is most often used to describe any non-accidental physical violation ranging in severity from unwanted contact to death that results due to blocking, restraining, punching, kicking, biting, stabbing, choking, hitting (using a hand, belt or other object), and posturing in a threatening way with a fist or weapon that is perpetrated by a parent, or caregiver, against partner or other family member. The purpose of physical violence is to use physical force (e.g. size, strength, or presence) to dominate or to control the behavior of partners in an intimate relationship. Physically abusive behaviors that may not cause physical harm to partners may include chasing partners, forcing entry into partners’ homes, taking car keys or money, locking partners out of the house, and leaving partners in dangerous areas. Presence can also be used by perpetrators to control partners by standing in doorways to prevent exit, following, or standing behind cars to prevent partners from driving away (Wilson, 1997).

Physical abuse can also involve damaging property to intimidate partners. These behaviors are not about the property, but the intimidation of partners or to express negative emotions. The perpetration of these abusive behaviors includes the throwing or breaking of property (includes property owned by the perpetrator), punching or kicking walls, and sabotaging cars. Another purpose of this type of abuse involves the restriction of partners’ abilities to call for help and includes ripping phones out of the wall or breaking cell phones, or computers (Wilson, 1997).

**Psychological abuse.**
Psychological abuse contains two categories: emotional and verbal abuse. Emotional abuse refers to the use of controlling behaviors, jealous behaviors, intimidating behaviors, and the use of children to control the behavior of partners or other family members (Hamel, 2005; Wilson, 1997). Controlling behavior includes restricting partners or family members from visiting family and friends, displaying extreme jealousy (e.g. questioning a partner’s faithfulness), limiting or controlling partners’ clothing, and partners’ freedom of travel and the circumstances and length of time partners can be away (Wilson, 1997). Humiliation can be used to control the behavior of partners who seek to form friendships and other relationships with men or women outside of an intimate relationship. Intimidation such as include stalking, making threatening gestures (e.g. raising hand as if to slap) and making intimidating facial expressions can also be used to dominate a partner this could.

Perpetrators may use the harm or threat of harm to pets or family members to maintain power and control of their intimate relationships. Other ways of maintaining power and control of intimate relationships could be the abuse of a partner using children. Abuse using children could include the exclusion of a partner from child rearing, joining with children against a partner, or using children as spies (Hamel, 2005).

Money and financial assets is another dimension of emotional abuse that can be used by perpetrators to control or dominate their partners. This includes refusing to work and making partners be the sole source of income or vise versa, the frivolous expenditure of money without consulting partners, or restricting partners’ access to money. This could also include the disruption or interference with a partner’s employment capabilities.
An example of this could be a perpetrator keeping a victim up until 3 am in the morning knowing the victim needs to get up at 6 am to prepare for work. This form of abuse interferes with the victim’s ability to effectively do his or her job and may imperil his or her employment at a later date.

Verbal abuse refers to name-calling, the use of threats, and withholding behaviors to abuse a partner. Withholding behaviors describe behaviors where perpetrators will withhold love, affection, information or recognition to punish partners. Name calling refers to the use of language with the purpose of demeaning and damaging the self esteem of partners through insults by making statements about the incompetence of a partner (e.g. “you’re dumb” or “you’re ugly”) or other derogatory language. Threats are a controlling element of verbal abuse and may be used to control behavior, force submission, or keep partners from leaving the relationship (Wilson, 1997).

Examples of threats can include to threaten divorce or to otherwise leave the relationship, or to make threats of physical harm to partners, children, and/or family pets. Another insidious form of verbal abuse is the threat to disclose personal information (e.g. sexual practices, sexual orientation, or immigration status) to family, friends, or law enforcement for the purposes of enforcing control. Threats specific to keeping partners from leaving a relationship include threats of perpetrators to die by suicide or otherwise self-harm, or to take custody of children if partners leave the relationship. Another dimension of verbal abuse includes the use of blaming, and mind games to abuse partners (Wilson, 1997).
Verbal abuse also includes convincing partners that they are responsible for the abuse (e.g. “I only hit you because you...”), after prolonged exposures to perpetrators’ blaming many victims often believe that they are to blame for the abuse (Hamel, 2005). Mind games are a form of crazy making; convincing partners of their incompetence through the use of lies or misinformation (Wilson, 1997). One form of this is misinforming a partner and then lying about being the source of misinformation. This causes partners to doubt themselves and increase their dependence on perpetrators.

**Sexual abuse.**

Sexual abuse differs greatly for children and adults. Children are legally considered not to be emotionally mature enough to give consent for sexual interactions. The perpetration of sexual abuse against children refers to behaviors perpetrated by a parent, caregiver, or someone at least five years older, such as touching or fondling of the body in a sexual manner, oral sex, penetration of the vagina and/or anus, rape, indecent exposure, exposure to pornographic materials, or exploitation through prostitution or the production of pornographic materials (Child Welfare Information Gateway, 2013). Sexual abuse becomes less definite and more ambiguous within adult relationships.

Sexual abuse in adult relationships according to Wilson, (1997) is the use of sexual behavior “to control, manipulate, humiliate, or demean” a partner (p. 12). One aspect of sexual abuse is related to issues of manipulation and control over a partner’s consent to participate in sexual activities; abused partners may feel that they must express consent for sexual activities regardless of their actual feelings due to their fear of future repercussions. This could be the use of sex to punish a partner (e.g. rape); in abusive
relationships rape is often used following physical assault to further subjugate women (Wilson, 1997). Partners can also be manipulated through sexual coercion; this can also be used to force a partner to cross his or her sexual boundaries (e.g. engaging in group sex or making video recordings of sex).

Sexual abuse has aspects that resemble emotionally abusive behaviors. This includes the treatment of partners as sexual objects or sexual slaves. Other aspects are extramarital affairs or flirtation with men and women without the partner’s consent. Withholding sexual attention can also be a manipulative form of abuse used to control and/or punish partners. Sexual abuse also contains behaviors that demean or humiliate intimate partners. Behaviors used to demean or humiliate partners include the use of sexually objectifying language or behavior designed to humiliate partners such as forcing partners to strip, or by insulting a partner's body parts (Wilson, 1997).

Types of family violence.

Situational couple violence is explained violence that occurs episodically in intimate relationships and does not have an overall pattern of control (Johnson, 1995). Johnson (1995) explains this type of family violence as being arguments that escalate to the point of violence. Situational couple violence is associated with little psychological symptoms and minor violence (e.g. spitting or slapping) this form of family violence can be reciprocal (both partners involved in the violence) and non-reciprocal (involving one partner) violence (Johnson, 1999).

Intimate terrorism is one of the most severe forms of family violence. Intimate terrorism describes frequent or continuous patterns of coercive control that encompass
physical, psychological and sexual abuse (Hines & Douglas, 2010; Johnson, 1995). This form of abuse can be perpetrated by both genders and in heterosexual and homosexual intimate relationships, but is most frequently perpetrated by heterosexual men (Hines & Douglas, 2009; Johnson, Leone, & Xu, 2014). Johnson (1999) noted that there are rare instances where mutual violent control occurs. Mutual violent control occurs when both partners are using intimate terrorism and vying for control of the relationship (Hines & Douglas, 2010).

**Witnessed abuse.**

Witnessed abuse refers to the indirect exposure of children to occurrences of family violence between caregivers, parents, or other family members. Witnessed abuse is defined as an exposure to family violence that occurs when children see, hear, are directly involved in, or experience the aftermath of physical, sexual, verbal or emotional abuses that occur within their families (Carpenter & Stacks, 2009; Jouriles, McDonald, Norwood & Ezrell 2001; Edelson, 1999; Wolak and Finkelhor, 1998; Evans et al., 2008). Children can be affected by seeing the bruises or wounds on parents, caregivers, or family members, by interacting with emotionally distressed family members, or by seeing the disarray of the home (e.g. holes in the walls, smashed property) (Carpenter & Stacks, 2009). Abuse within families can also traumatize children by bringing them into contact with child welfare, law enforcement or hospital personnel (Carpenter & Stacks, 2009). Children can further be traumatized by having to experience family members’ mental health disorders in response to their own traumatization, which could affect these
children’s future parenting behaviors (Carpenter & Stacks, 2010; Margolin & Vickerman, 2008).

**Trauma.**

Trauma is an emotional response to a terrible event, which can have long lasting effects on a person (Abbassi & Aslinia, 2010; APA, 2013; Gelles, 1980). The DSM-IV-TR gives examples of events that can be considered to be traumatic which involve, the experience or observation of acts of violence, inappropriate sexual experiences without threat, violence, injury, the death of another due to unnatural causes (e.g. violence), or seeing a dead body and/or body parts (Abbassi & Aslinia, 2010). Additionally, the DSM-IV-TR includes that traumatization can occur from intense fear, helplessness, or horror, all of which may be felt by people who are experience or witness abuse (Abbassi & Aslinia, 2010).

Conventional definitions of trauma cannot account for the trauma endured by men, women, and children who have endured multiple episodes of trauma (Courtois, 2004; van der Kolk, 2005). Complex and developmental trauma are more relevant terms to describe the effects multiple episodes of trauma can have on men, women, and children. Complex trauma applies mostly to adults and developmental trauma applies to children. Complex refers to trauma that occurs repeatedly and/or continuously over an extended period within specific relationships (e.g. family or intimate relationships) and contexts (e.g. war) (Courtois, 2004; van der Kolk, 2005). Developmental trauma describes children’s experiences of complex trauma that takes account of the developmental context. Traumatized children are more affected by experiences of trauma
due to the fact that their brains are developing and can be physically changed by traumatic experiences (D’Andrea, Ford, Stolbach, Spinazzola & van der Kolk, 2012; van der Kolk, 2005).

**Research Description**

This study investigated intergenerational cycles of family violence in a court-ordered BIP. The study had a sample size of 26 BIP clients from a community-based BIP in Northern California. Clients who volunteered to participate in this study were asked to complete a survey designed to measure intergenerational cycles of abuse in their families of origin, past relationships, and in their children. This study collected information pertaining to demographics, types of abuse experienced, witnessed and perpetrated, and the observable effects of abuse on participants’ children.
Review of Literature

Rationale

This study seeks to investigate the intergenerational transmission of family violence in BIP clients. This section will define the theoretical perspectives that will be used to direct the study. The study was directed by Feminist Theory and Social Learning Theory (SLT), both of which are theories that investigate the intergenerational transmission of family violence. Both theoretical perspectives have their strengths and challenges and are used together due to the fact that family violence is an extremely complex issue. Dutton (1994) asserts that family violence is more likely to be an amalgamation of factors rather than influenced by a single factor. It is further argued that the efficacy of single factor explanations are limited as the observations of these theories often must interact with other environmental or environmental factors are limited due to the fact that their observations often have to interact with other environmental and psychological factors (Dutton, 1994; Noller & Robillard, 2007).

Feminist Theory

Feminism has been a powerful catalyst of social change in the US and the world. Prior to the 1970s, family violence in the US was conceptualized as a private matter, and accepted as a normal practice in marriages and intimate relationships (Erez, 2002). The Women’s Movement of the 1970s transformed public and criminal justice perceptions of
family violence and is responsible for the criminalization of family violence (Erez, 2002). Feminist Theory views family violence as a method of maintaining patriarchal structures in intimate relationships (Erez, 2002).

Feminist theory presents family violence as being the result of male oppression in patriarchal systems where men are primarily perpetrators and women are the primarily victims. Patriarchal systems are hegemonic in nature and support the premise that men are dominant and women are subordinate. Family violence is “seen as a systematic form of domination and social control of women by men” (Dutton, 1994, p. 168). Attitudes and behaviors needed to support the reproduction of patriarchal society are accepted as normative and passed intergenerationally through male socialization (Dobash & Dobash, 1979; Dutton, 1994).

Socialization is the process where children learn normative and deviant behaviors to operate within their societies. As they grow into adults young men and women begin to internalize the norms and values of their societies. Within patriarchal societies narrow gender roles, attitudes of male superiority and female inferiority, and methods of enforcement, are modeled for young men and women by their parents. In particular, young men internalize patriarchal societal attitudes and gender role expectations. These young men are taught then to view themselves as potential perpetrators of violence who feel the need to challenge threats to their dominance and nonchalantly accept the injuries associated with violence (Anderson & Umberson, 2001; Dobash & Dobash, 1998; Fontes, 2007). The patriarchal socialization of men produces individuals who are willing
to use violence and/or coercion to maintain control and dominance in intimate relationships.

Attitudes and perceptions of the acceptable use of violence vary by gender in patriarchal societies. Men are socialized to perceive their violence as potentially lethal, explosive, and rational (Anderson & Umberson, 2001). Societal perceptions promote attitudes and beliefs that women’s violence is irrational, comical, and of little threat to men (Anderson & Umberson, 2001). Such perceptions generate disbelief that women’s violence can present to men, and suggest that the use of violence is more acceptable and justifiable for women than it is for men. These attitudes are supported and spread through mainstream media outlets (e.g. news, television or internet), which often frame women’s violence against men as amusing (Hines & Douglas, 2010b).

Critics of feminist perspectives state that feminist theory is overly rigid and general, and fails to account for women’s perpetration of family violence in heterosexual and homosexual intimate relationships (Hamel, 2008). Men are defined as the primary perpetrators and women as the primary victims. Johnson et al., (2014) reported that men are the primary perpetrators of intimate terrorism and that within situational couple violence the rates of perpetration are gender symmetrical. Multiple studies confirm that situational couple violence occurs at similar rates for men and women (Arriaga & Foshee, 2004; Foshee, Bauman & Linder, 1999; Stets & Straus, 1989; Whitaker, Saltzman, Haileyesus & Swahn, 2007).

In regards to intimate terrorism, arguments have been made that this type of abuse is only perpetrated by men against women (Johnson, 1994). Johnson et al. (2014)
supports this assertion stating that the majority of instances are men perpetrating intimate terrorism against women in intimate relationships. Feminist theory accurately describes the characteristics of men who use intimate terrorism to control their intimate partners; however, feminist theory is limited when discussing intimate terrorism for women (McPhail et al., 2007). One study found that in a sample of heterosexual men seeking help against their abusive partners that women can also be perpetrators of intimate terrorism and that the severity of the abuse was shown to be similar to incidents of male perpetrated intimate terrorism (Hines & Douglass, 2010a).

Research conducted on battered women state that women’s use of violence is either in self-defense or as a preemptive strike to end escalating cycles of abusive behaviors (Walker, 2000). A number of studies state that women’s violence being framed in the contexts of self-defense or preemptive strikes are not supported by statistical data (Follingstad, Wright, Lloyd, & Sebastian 1991; Kelly, 2003). Follingstad et al. (1991) found in a sample of college aged women who used violence against male partners that self-defense was not the most frequent explanation used for physical violence against intimate partners. These women stated that they used violence to express emotional hurt, in retaliation, to express feelings they could not verbally communicate, or for control of the relationship (Follingstad et al., 1991).

Feminist perspectives require that men take accountability for their actions towards their intimate partners; however, women are allowed to externalize their violence towards men (McPhail et al., 2007; Dutton & Nichols, 2005). Simply stated within
heterosexual relationships men are responsible and held accountable for their own behavior, and they are also responsible for their partner’s abusive behavior directed toward them. Leading to the assumption that men’s family violence victimization is a rarity.

There has been a paucity of research that addresses the male victims of family violence. It is generally assumed that female perpetrated acts of family violence towards men are rare. These assumptions are supported by the National Crime Victimization Survey (NCVS) which reported in 2004 that men make up 25% of all incidents of family violence and the National Violence Against Women Survey (NVWS) which states that 0.8% of men reported being assaulted by their female partners (Tjaden & Theonnes, 2000). NCVS and NVWS both examine reported rates of family violence perpetration and may only be pertinent in cases of intimate terrorism. However, data from British and Canadian crime victimization studies show that approximately 40% of reports are from male victims of family violence (Hines & Douglass, 2010; Laroche, 2005; Walby & Allen, 2004). Higher percentages of men’s victimization from two similar countries with similar cultures to the US raise significant questions about the abilities of NCVS and NVWS to provide accurate rates of family violence perpetration.

Studies show that both men and women report family violence at low rates, 8%-14% of women and 1%-3% of men report being abused by their partners (Fontes, 2007). Reports for women are significantly higher due to hospitals and doctors screening for family violence, educational campaigns, and advocacy for women (Fontes, 2007). These
efforts have slightly increased the amounts of women who report being abused; men receive few of these efforts to encourage reporting and unsurprisingly report abuse at lesser rates (Fontes, 2007). Additional sociocultural factors that keep the amount of men reporting family violence low.

Barriers that keep men from reporting their victimization include rigid gender role expectations and perceptions that law enforcement officers will not consider their claims to be credible (Fontes, 2007; Hines & Douglas, 2011). Gender role expectations of men are one of the most powerful barriers that keep men from reporting family violence. Men who report abuse do not conform to societal gender role expectations of strength, invulnerability, and dominance (Fontes, 2007; Hines & Douglas, 2011). These men may be ridiculed by their peers, law enforcement, and family violence shelter and hotline personnel for asserting that they have been abused by their partners (Fontes, 2007; Hines & Douglas, 2011).

Hines and Douglas (2011) reported that men have consistently negative experiences with law enforcement, shelters and hotlines that provide support for victims of family violence. Hines and Douglas’s (2011) study of male family violence victim’s help seeking behavior showed that over half of the men who sought help from law enforcement felt that the police did not adequately address their needs. Hines and Douglas (2011) found that 26% of men who reported abuse from their partners were arrested for abusing their partners, and in 49% of these reports no arrests were made (Hines & Douglas, 2010b). Men who tried to seek help from shelters were turned away, and men who sought help from hotlines experienced disbelief from the staff, accusations
of being the abuser, or were referred to a BIP for treatment (Hines & Douglas, 2011). The negative experiences reported by these men are congruent with Kelly’s (2003) assertion that the denial of women’s perpetration of family violence decreases the efficacy of response from law enforcement to perpetrators and resources for victims (Hines & Douglas, 2011; Hines & Malley-Morrison, 2001).

**Social Learning Theory**

Social Learning and Feminist Theories make many of the same observations of human behavior. Both examine family violence in the context of being intergenerationally transmitted to from one generation to future generations. Many studies find a general trend of describing family violence as being cyclical. Social Learning Theory (SLT) gives an individual perspective of the processes used to transmit normative and deviant behaviors intergenerationally.

SLT describes the processes by which children who experience or witness acts of family violence are socialized to continue cycles of violence. SLT postulates that children are more likely to learn from the role models (e.g. parents) to whom they are most often exposed, and whom these children perceive as having high status, competence, and power (Bandura, 1977). Children learn abusive behaviors from their role models (e.g. parents) through experiential learning (e.g. experiencing abuse) and vicarious learning (e.g. witnessing abusive behavior), and the association of positive and negative consequences with abusive behaviors (Abbassi & Aslinia, 2010; Bandura, 1977). Children use their observations and experiences with abusive behaviors to
provide them with scripts abuse, which include “emotional triggers, circumstances, and possible outcomes for abusive behaviors” (Foshee et al., 1999, p. 332).

Many studies support the assertions of SLT in situations where family violence is prevalent. Ehrensaft, Cohen, Brown, Smailes, Chen and Johnson (2003) found that children who witness or experience family violence in their families of origin have higher risks of perpetrating or being victims of family violence in future intimate relationships; where experiencing family violence doubled the risk and witnessing family violence tripled the risk. This is mainly due to the development of externalizing and internalizing behaviors in response to witnessed and experienced abuse. Externalizing behaviors are associated with increased risks factors for perpetration and internalizing behaviors are associated with increased risks factors for victimization (Dutton & Hart, 1992; Ehrensaft et al., 2003; Evans et al., 2008; Zwierzynska, Wolke, Lereya, 2013). Younger children are affected more adversely by witnessing and/or experiences of family violence than older children (Carpenter & Stacks, 2009; Margolin & Vickerman, 2008; Sroufe & Rutter, 1984, Perry, 1994, 2006).

The effects of family violence are far more damaging to children in the first four years of life (Carpenter & Stacks, 2009; Howell et al., 2010; Howell, 2011). The brains of younger children are in critical periods of development thus are more vulnerable to disruptions of normative brain development (Perry, 1997). These critical periods are dependent on specific experiences (e.g. attachment with parents) that allow the brain to develop and function normatively. Perry (2006, 1997) asserts that the brain develops in a use-dependent manner, and is dependent on a combination of genes and experience.
Experience is the factor that determines the genes that are activated and the genes that remain dormant (Perry, 1997; Putnam, 2009).

Exposure to family violence has been shown to cause structural and functional changes in the development of children’s brains (DeGregorio, 2012; Stein & Kendall, 2004; Teicher, 2002; Perry, 2000). Children who have been traumatized have brain structures that are significantly smaller than those of non-abused children of similar ages (Putnam, 2009). These effects have been shown to be more evident in men than in women, and severity has been shown to be greater in men and women who were abused at early ages for long periods of time (De Bellis, Keshavan, Clark, Casey, Giedd, Boring & Ryan, 1999; De Bellis & Thomas, 2003; Putnam, 2009). For these children brain development is severely inhibited by cortisol a hormone released in response to stressful situations (Delima & Vimpani, 2011).

The steroid hormone cortisol acts to prepare the body for dangerous and demanding situations. Normally, once the stressful situation is over the levels of cortisol decline and the body resumes normal functioning. Maltreated children develop in incredibly stressful and chaotic environments and have experienced a shift in the ways their brains respond to stress (Putnam, 2009). These children’s brains are responding to constant perceptions of threats causing hypervigilant behavior and the maintenance of cortisol in these children’s brains (Heim & Nemeroff, 2005; Perry, 1997).

Elevated levels of cortisol are associated with diminished development of important brain structures in children (Putnam, 2009; Teicher, 2000). The effect of this damage to developing neurons and synapses contribute to psychosocial problems with
emotional regulation, impulse control, and social behavior that could affect these children throughout their lives (Putnam, 2009). These factors coupled with the modeling of abusive behaviors by these children’s role models, increase their risks of perpetrating family violence within intimate relationships.

SLT, like Feminist Theory, is a victim of overgeneralization. SLT postulates that men and women who observe abusive behavior will follow the examples of role models. However, this perspective fails to explain why not every person who was exposed to family violence will become violent (Mihalic & Elliott, 1997). SLT is readily able to accurately identify risk factors for the perpetration of family violence but cannot offer explanations of deviations from learned behaviors, nor can it explain cognitive or affective reactions to abuse (Weldon & Gilchrist, 2012; Dutton, 2008). SLT cannot offer concrete explanations of people who do not follow the examples of their role models. SLT predicts that all members of society will follow the examples of their role models and cannot offer explanations of deviations from learned behaviors, nor can it explain cognitive or affective reactions to abuse (Dutton, 2008).

Protective factors act as insulators that allow children to cope with family violence without becoming violent later in their lives. Protective factors exist at individual and environmental levels. Individual protective factors include the ability to function socially and to form friendships and create support networks. Individual factors include the mental health and social functioning of a child as being significant protective factors that minimize disruptions caused by traumatization on the development of children (Howell, 2011; Howell et al., 2010; Lansford et al., 2006). Environmental
protective factors include stable living situations, parental physical and emotional availability, and the availability of positive relationships with adults within and outside the immediate family (DuMont, Widom, and Czaja, 2007; Margolin & Vickerman 2008).

Summary

This study used SLT and Feminist Theory to understand the influence of adverse experiences on men and women who have been convicted of battering an intimate partner. This section defined the theoretical perspectives that were used to direct the study. This study was directed by Feminist Theory and Social Learning Theory (SLT), both of which are theories that assist in the explanation of intergenerational transmission of family violence. Feminist theory is particularly useful when discussing intimate terrorism for men, but cannot explain women who engage in intimate terrorism. Both Feminist Theory and SLT are helpful in predicting risk factors for family violence perpetration, but these theories cannot readily identify factors that serve to mitigate these risk factors. Neither theory can explain why abused men and women choose not to engage in or become victims of family violence.

Dutton (1994) makes a salient point by stating that family violence is a complex issue and that single factor explanations cannot fully address the issue. I agree with Dutton’s assertion, and have chosen to examine family violence from two perspectives. The incorporation of multiple perspectives is imperative for succinct for efficient family violence research.
Method

This section focuses on methods and instruments used to test the hypothesis, which stated that the majority of clients who participated in the study, had some experience of family violence (e.g. witnessed or experienced abuse) during their childhoods and this abuse effected abuse in adult relationships. The purpose of this research was to investigate the intergenerational transmission of family violence in current BIP clients using a survey instrument. Clients were recruited during their regularly scheduled BIP groups. The sample size of the study was 26 men and women who were clients at a Northern Californian BIP. Prior to participation in the study, clients were required to complete an informed consent form. Participants were asked to complete a survey collecting information about participant demographics, types of abuse experienced, witnessed and perpetrated, and the observable effects of abuse on participants’ children. The data was collected to measure intergenerational cycles of abuse in participants’ families of origin, past relationships, and children.

Research Questions

The research questions that guide this study are:

1. Is there a significant amount of men and women in Batterer’s Intervention Programs who have traumatic experiences in their childhood history?

2. Are the abuses committed by BIP clients similar to the trauma they experienced or witnessed in their childhood history?
3. Are the children of BIP clients exhibiting internalizing (e.g. depression or withdrawal) and/or externalizing behaviors (e.g. aggression or bullying) in their family or school relationships?

4. Do demographic (e.g. sex, education level, socioeconomic status) differences instead of childhood abuse contribute to the perpetration of family violence in adulthood?

**Research Design**

This study used a quantitative method of data collection to investigate intergenerational cycles of family violence in a court ordered BIP. Clients of a BIP were surveyed to determine whether they have been traumatized during their childhoods, whether this trauma has affected the type of abuse that was perpetrated, and whether their children have witnessed their abuse. Men and women receiving BIP services at a community-based BIP were recruited to participate in the study.

This study was announced at the beginning of regularly scheduled group therapy sessions one week prior to the commencement of the study. This was done to give clients adequate time to consider their decisions to participate in the study. The day of the survey, this study was again announced to recruit clients to participate. Participants were given two options to complete the survey; participants were able to complete the survey at home or were able to stay immediately after their group therapy session to complete the survey. All participants were required to sign an informed consent form prior to participating in the study.
Sampling

The population sampled in this study was men and women who were convicted of a family violence offense and sentenced to enrollment in a BIP for a minimum of 52-weeks. Voluntary clients of the BIP were also invited to participate in the study. Voluntary clients represent the extreme minority of BIP clients, but were not excluded because they have many of the same issues as men and women who have been court-ordered. Participants for the study were recruited at the beginning of their regularly scheduled group therapy session. Table 1 provides an explanation of the population surveyed.

Table 1: Participant Demographics

<table>
<thead>
<tr>
<th>N=26</th>
<th># Of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>19</td>
</tr>
<tr>
<td>Female</td>
<td>7</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>18-24</td>
<td>5</td>
</tr>
<tr>
<td>25-34</td>
<td>9</td>
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<tr>
<td>35-44</td>
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<td>45-54</td>
<td>4</td>
</tr>
<tr>
<td>55 and over</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td># Of Participants</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td><strong>N=26</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
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</tr>
<tr>
<td>White</td>
<td>18</td>
</tr>
<tr>
<td>Indigenous</td>
<td>4</td>
</tr>
<tr>
<td>Two or more</td>
<td>4</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
</tr>
<tr>
<td>Some High School</td>
<td>7</td>
</tr>
<tr>
<td>High School Graduate or GED</td>
<td>6</td>
</tr>
<tr>
<td>Vocational, Trade or Business School</td>
<td>3</td>
</tr>
<tr>
<td>Less than two years of College</td>
<td>4</td>
</tr>
<tr>
<td>More than two years of College, no degree</td>
<td>5</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>1</td>
</tr>
<tr>
<td><strong>Annual Income</strong></td>
<td></td>
</tr>
<tr>
<td>$5,000 or less</td>
<td>8</td>
</tr>
<tr>
<td>$5,001-9,999</td>
<td>2</td>
</tr>
<tr>
<td>$10,000-14,999</td>
<td>5</td>
</tr>
<tr>
<td>$15,000-24,999</td>
<td>4</td>
</tr>
<tr>
<td>$25,000-34,999</td>
<td>5</td>
</tr>
<tr>
<td>$45,000 or more</td>
<td>2</td>
</tr>
</tbody>
</table>
Measures

This survey was modeled after the intake paperwork for BIPs collected information pertaining to demographics, childhood experiences, adult perpetration of family violence, and the effects on children of men and women enrolled in the BIP (see Appendix A). This survey was modeled on intake paperwork used by BIPs to investigate clients’ histories of abuse in their childhood and adult relationships. The children’s section was created using research on the effects of witnessing or experiencing family violence for children. This survey posed questions focusing on the types of disciplinary practices used by their parents to further understand if clients felt that they were abused as children. Abuse questions focused on the types of abuse that were witnessed between parents, and the types of abuse perpetrated in participants’ intimate relationships. The children’s internalizing and externalizing behaviors section contained questions measuring the possible effects of family violence on children in the relationships. Sections of the survey were organized in terms of how upsetting the questions could be for participants. The least upsetting questions were placed at the top and the most upsetting questions were at the bottom of the section.

Demographic information.

The demographic information section of the survey contained questions pertaining to the participants’ gender, age, ethnicity, education, and income. This information was gathered to gain an understanding of who is utilizing BIP services and to investigate additional risk factors for family violence perpetration.
Disciplinary practices.

The parental disciplinary section focused on the types of practices participants’ parents (e.g. mother, father, or other caregivers) used to discipline. Questions in this section ranged from normative disciplinary practices to deviant disciplinary practices (e.g. kicking or threatening to beat). One question addressed whether participants felt that the ways in which they were disciplined in their families of origin were abusive. Another asked participants whether they had been abused during childhood.

Witnessed abuse.

The witnessed abuse section addresses the types of abuse participants witnessed between their parents or other family members as children. Participants were asked to list all the abusive behaviors they observed between their parents, caretakers or other family members and indicate which parent (e.g. mother, father, caregiver) they observed perpetrating abusive behaviors.

Perpetrated abuse.

The perpetrated abuse section was a yes or no answer section that collected data concerning the types of abusive behavior that participants perpetrated in their intimate relationships. Participants were instructed to answer based on their perpetration in all intimate relationships throughout their lives, rather than the specific episode which caused them to be referred to the BIP.

Intergenerational Abuse.

Information was collected on the parents and the children of participants. This information was gathered with the intention of investigating the possibility of
intergenerational transmission of abuse from older to younger generations. The questions regarding participants’ parents investigated if their parents had ever been abused.

Participants were also asked to fill in which parent was abused as a child. Questions pertaining to children’s reactions to abuse were also posed to participants.

Participants who did not have children were asked to not complete the section of the survey that pertained to children. Participants with children were asked to complete a section of the survey that assessed their children’s exposure to family violence. Additionally participants were provided with examples of internalizing and externalizing behaviors, and were instructed to mark all internalizing and externalizing they have observed their children exhibit.

**Ethics**

An examination of Humboldt State University’s Institutional Review Board (IRB) was required prior to beginning this study. Court-ordered clients of BIPs are defined under broad federal regulations as prisoners, due to the fact that they are on probation and/or parole and receiving BIP services in lieu of incarceration (Human Subjects Research, 2009). In accordance with Human Subjects Research protocols, prisoners are identified as a vulnerable population and federal regulations require that extra care be taken to not harm these populations.

This study was presented to the IRB as studying the possible causes and effects of criminal behavior and as posing a minimal risk to participants. The federal guideline used in this research was 45CFR46.306(a)(2)(i) which states that the study “studies the
possible causes effects, and processes of incarceration, and of criminal behavior, provided that the study presents no more than minimal risk and no more than inconvenience to the subjects” (Human Subjects Research, 2009). The IRB did not object to any aspect of this study but was not able to approve the study without consulting an expert in the field of prisoner research. The expert approved this study and the IRB sent a memo approving the study (see Appendix B).

Participants were also required to sign an informed consent form (see Appendix C) informing them of the purpose of the study, what they were being asked to do, that their participation was voluntary, and that they had the right to withdraw from the study at any time. It was further explained that there would be no compensation for participating in the study. Attached to the participant’s copy of the consent form was contact information for local community mental health resources participants could access if needed if any questions asked caused emotional distress (see Appendix D). Upon receipt of the signed consent forms, I administered the survey. All clients who did not decline were given a copy of the consent form. The consent forms were transported to the Humboldt State University Social Work department office. In accordance with federal regulations, these forms are stored in a locked cabinet and will be destroyed after three years.
Results

In investigating intergenerational cycles of abuse the study found that 11 participants out of 26 had at least one parent who was traumatized as a child. Within this subgroup, seven participants had a single parent who had been abused (30% mothers and 30% fathers) were abused as children. Four participants reported that both their mothers and fathers had been abused as children. Out of the 26 participants, 14 reported that they were abused at least once during childhood.

Chi square analyses were conducted to test for relationships between parents’ childhood abuse and participants’ perceptions of abuse and parents’ use of abusive disciplinary practices. Chi square analyses are useful at showing that there is a relationship between two variables, but the analysis cannot determine the strength of the relationship. The chi square analysis conducted found a correlation between parents’ childhood abuse and participants perceptions of abuse disciplinary practices $X^2 (1, n=23) = 5.24$ p ≤ .05. Another analysis found a relationship between parents’ childhood abuse and participants’ perceptions of being abused as children $X^2 (1, n=23) = 9.99$ p ≤ .05. In regards to participants’ children internalizing and externalizing behaviors, parental abuse did not have a relationship with these variables.

What had a significant impact on children’s internalizing and externalizing behaviors was being home and witnessing an abusive episode. 18 participants reported that their children were present during abusive episodes. All 18 participants reported t
their child or children exhibit at least one type of internalizing behavior. 16 participants reported their children exhibiting at least one type of externalizing behavior.

The survey had multiple variables that were representative of the types of abuse that men and women witness, experience, and perpetrate in intimate relationships. To make this data more manageable these variables were consolidated by type (e.g. physical or psychological abuse). SPSS was used to count these variables and recode them into ordinal variables. These variables were then analyzed using Spearman’s Rho tests. The Spearman Rho test is a nonparametric test to determine the statistical dependence of two ordinal variables. These tests investigated relationships between the types of abuse experienced, witnessed, and perpetrated were also performed.

Strong relationships were observed between witnessing ($r_s = .430, n=21, p=.052$) and experiencing ($r_s = .458, n= 23, p= .042$) psychological abuse, and the perpetration of psychological abuse. In regards to physical abuse, only witnessing physical abuse had a strong relationship with the perpetration of physical abuse ($r_s= .413, n=18, p=.09$). Sexual abuse had the lowest rates of reporting and thus no relationships were observed for sexually abusive behaviors.

Statistical analyses were also conducted on demographic data as a null hypothesis to determine whether demographic differences were more significant than witnessing and experiencing family violence. The specific variables that were tested are income, education, age and gender. There was not enough diversity in the sample to test against racial data. Amongst income, education, age, and gender no relationships were found between these variables and the perpetration of family violence.
**Discussion**

The purpose of this research was to investigate correlations between childhood traumatization and the perpetration of family violence from a gender-neutral frame of reference. This study also looked for increased risk factors of family violence perpetration and victimization in the sample population’s children. The research questions sought to investigate participants’ witnessed episodes or direct experience of family violence in their families of origin. This study was one of a minority of family violence studies, which sampled both men and women in court-ordered BIP settings. The findings of this study correlate with the assertions of feminist theory that men make up the majority of BIP clients (Anderson & Umberson, 2001; Erez, 2002; McPhail et al., 2007).

The first three research questions that guided this study were aimed at exploring intergenerational cycles of abuse in BIP clients. This study found that half of the participants’ parents had been abused during childhood at least once. Half of the participants perceived that their parents had used abusive disciplinary practices. 13 participants with and without abused parents felt abused by their parents. This was unexpected, but can be explained by Mihalic & Elliott (1997) who highlight the fact that intergenerational violence studies generally assume that the majority of participants have abusive pasts and that participants with childhood abuse will be abusive. Not all participants in this study have been abused as children and those that have been are not necessarily as violent as their parents.
Witnessing or experiencing abusive behaviors was a major factor in the perpetration of abusive behaviors. This study also found correlations between witnessing and experiencing episodes psychological abuse and the perpetration of psychological abuse in intimate relationships. Which is congruent with the claims of Social Learning Theory (SLT) that states that experiencing and witnessing family violence increases the risk of future perpetration. The witnessed episodes were predictors for future physical abuse.

This study can only make assumptions as to why the perpetration of physical abuse is more dependent on witnessing physical abuse in the family of origin. For men, physically abusing women is now not socially acceptable and is discouraged by multiple social institutions. From the point of view of SLT, men may have more negative consequences associated with the physical abuse of women. For women this is unknown, there are few studies examining women’s perpetration of family violence. It is important to note that women’s use of violence is often more socially accepted than men’s use of violence due to the assumed lesser likelihood of women causing damage to their intimate partners.

Children’s internalizing and externalizing behaviors were not related to the experiences of abuse of parents or their grandparents. Presence is the greatest determining factor for the exhibition of internalizing and externalizing behaviors was being present during participants’ episodes of abuse. In regards to internalizing behaviors all participants whose children were present for their abusive episode or episodes exhibit at least one internalizing behavior. Similarly, a high amount of children
had at least one type of externalizing behavior. This finding supports the assertions of studies that examine the impact of family violence on children.

This study cannot examine the actual impact on children who have witnessed their parents’ abuse of their partners. From the perspective of Feminist theory these children would be learning dominant and subordinate roles in their families of origin. Feminist theory would suggest that the majority of the male children are exhibiting externalizing behaviors and female children are exhibiting internalizing behaviors. A SLT perspective would state that these children are learning to be aggressor and/or victims from behaviors modeled by their role models.

Both Feminist and Social Learning Theories fail to account for the individual and environmental protective factors that may mitigate the perpetration or victimization of family violence. A significant protective factor these children have is the involvement of their parent in a BIP, which may offer their role models more positive conflict resolution methods to model for their children. This protective factor may foster the ability in these children to have healthy intimate relationships in the future, although some may still become perpetrators of family violence.

The last research question examined the demographic information of the participants. Previous studies have shown that income, race, and educational level represent significant the risk factors in family violence perpetration and victimization (Kyriacou et al, 1999; Wilt & Olsen, 1996). It is important to note however, that many of these studies are conflictual, and do not consistently report that demographic factors increase or decrease the risks of family violence perpetration and victimization (Kyriacou
et al, 1999; Wilt & Olsen, 1996). This study reiterates that demographic factors did not affect the likelihood that men and women would perpetrate family violence. It is important to note that it was not in the purview of this study to provide causal explanations for family violence perpetration. Data from this study is focused on investigating the problem using a gender-neutral lens and to start conversations within the professional community about the links between childhood traumatization and family violence perpetration.

Limitations

There are limitations of this study that need to be considered. First, this study sampled clients of one BIP operating in two Northern Californian rural counties. The small data sample impacts the generalizability of the study’s results to larger populations of BIP clients. Furthermore, the sample population was not demographically representative of the Northern Californian rural counties where the study was conducted. In regards, to race the sample was almost homogeneously White, Indigenous Peoples were the second most populous racial group. Most participants were low income; this may also limit the generalizability of the results to this specific population.

The small sample size also affected comparisons between male and female perpetration of family violence. Comparisons could not be made without distorting the data. Men represented the majority of participants, making comparisons between men and women’s perpetration of family violence could over represent women as perpetrators of abusive behaviors.
Of special concern to this study was making gendered reports of abusive behavior. The sample size was small reporting information on abusive behaviors by gender could be unethical. Statistical analysis showed that 90% of women perpetrated physical abuse against their partners however; the sample size was only seven. Men reported the use of physical abuse at lower rates. It is possible to misrepresent data using statistical information, and with sample sizes so low it was determined to be folly to report these statistics. Participants minimizing or omitting abusive behaviors perpetrated may also distort the data collected.

Self-reported data relies on participants to be truthful in their responses. Family violence literature shows that BIP clients often try to minimize or deny their abuse of intimate partners (Anderson & Umberson, 2001; Boonziare, 2008; Hamel, 2005). The minimization or omission of data may significantly impact the quality of the data that was collected. Differing definitions of terms is another limitation of self-reported data. Participants and researchers may define key terms differently. For example a researcher may define “abuse” as including physical, psychological, and sexual behaviors; participants may define only by physical abuse. These misinterpretations may negatively affect the quality of information that is collected by the study.

The instrument was limited by the fact that it could only address whether or not participants witnessed, experienced and/or perpetrated particular behaviors. No information was collected pertaining to the frequencies of these experiences or episodes. Data pertaining to the severity of the abuse was also not collected by the survey. Additionally there were no questions to assess the causality of the violence. To ensure the
study did not cause too much emotional distress in clients the study was kept narrow and did not address issues in depth.

The protected status of the research participants further limits the efficacy of the study. I had to narrow the scope of the study to remain in compliance with the approval I received from the IRB. The study had to present minimal risks to the participants; this limited the questions that could be included on the survey.

**Recommendations for Future Research**

This study examined the intergenerational transmission of family violence using a gender-neutral lens. This study was severely limited by the sample size and the small scope of the study. Many of the directions that I wanted to examine were limited by the lack of time and resources. Researchers with more time and resources should take the following recommendations into consideration:

1. Research that examines the dynamics of women’s perpetration of family violence.
2. Research that examines women’s treatment in BIPs.
3. Research that examines in depth BIP clients’ experiences of family violence in their families of origin.
4. Longitudinal studies on the children of BIP clients to evaluate the risk and protective factors of family violence perpetration or victimization.
5. Research on male victims of family violence.


Appendix A

Please answer all questions you feel comfortable answering. When you are finished please put the survey face down in the collection folder.

What is your gender?  
☐ Male  ☐ Female

What is your age?  
☐ 18-24  
☐ 25-35  
☐ 35-45  
☐ 45-55  
☐ 55+

How do you describe your ethnic background?  
Please mark only one.  
☐ White (not Hispanic)  
☐ Black  
☐ Hispanic  
☐ American Indian  
☐ Asian, Pacific Islander  
☐ Two or more  
☐ Other: ___________________________

What was the last grade of school you completed? (In USA)  
☐ Less than high school (0 – 8 years)  
☐ Some high school (9-12, but did not complete 12th grade)  
☐ High school graduate or GED  
☐ Attended a vocational, trade, or business school after high school  
☐ College less than 2 years  
☐ College two years or more, no degree  
☐ College Bachelor degree  
☐ Graduate or professional school: MA, MS, PhD, EdD, PsyD, MD, JD
What is your annual household income?  
☐ $5,000 or less  
☐ $5,001 - $9,999  
☐ $10,000 - $14,999  
☐ $15,000 - $24,999  
☐ $25,000 - $34,999  
☐ $35,000 - $44,999  
☐ $50,000 +

This section examines how you were disciplined. Please mark all responses that apply for methods of discipline that YOU EXPERIENCED by writing “M” for Mother, “F” for father, “B” for both or “O” for other.

Was responsible for discipline  
Sent me to my room  
Made me feel guilty  
Embarrassed me in front of friends  
Restricted me from going out  
Criticized me  
Blamed me for their problems  
Yelled at me  
Threatened me  
Physically punished me  
Spanked me with hand  
Hit me with objects  
Punched or kicked me  
Locked me in my room  
Threatened to hurt me with objects  
Threatened to kill me

Do you feel that your parents’ methods of discipline were abusive?  
☐ Yes  
☐ No
Do you feel that your parents abused you at any time during your childhood?

☐ Yes  ☐ No

Were your parents abused as children? If yes, which parent please mark “M” for Mother, “F” for father, “B” for both on the line below. If you’re not sure leave it blank.

☐ Yes  ☐ No

In the following questions, mark all responses that apply by writing “M” for Mother, “F” for father, “B” for both or “O” for others, for all actions that you WITNESSED between your parents or other family members or caregivers.

- Controlling or limiting partner's access to money
- Spent money without consent of partner
- Glaring
- Withholding affection
- Cheating
- Jealousy
- Controlling where your parent/caregiver went, whom he or she could talk to, and how long he or she could be gone.
- Blocking partner’s path
- Accusations of cheating
- Following or Watching/Spying
- Name-calling or lowering self esteem
- Threatening to leave or divorce partner
- Threatening to tell partner’s family, friends, employer etc. potentially embarrassing information
- Threatening to take you away from your mother or father, or call child welfare
- Grabbing sex organs or other body parts
- Restraining/Holding down
- Pushing/Shoving
Pulling hair
Punching, slapping, kicking, scratching, and/or biting
Choking
Threatening to harm partner
Threatening self harm or suicide
Threatening to kill partner

In the following questions, check all responses that apply for the types of abuse that YOU have committed in past relationships.

- Controlling or limiting partner’s access to money
- Spent money without consent of partner
- Glaring
- Withholding affection
- Cheating
- Jealousy
- Controlling where your partners went, whom he or she could talk to, and how long he or she could be gone.
- Blocking partner’s path
- Accusations of cheating
- Following or Watching/Spying
- Name-calling or lowering self esteem
- Threatening to leave or divorce partner
- Threatening to tell partner’s family, friends, employer etc. potentially embarrassing information
- Threatening to take your partner’s children away from him/her or to call child welfare
- Grabbing sex organs or other body parts
- Restraining/Holding down
- Pushing/Shoving
- Pulling hair
- Punching, slapping, kicking, scratching, and/or biting
- Choking
- Threatening to harm partner
- Threatening self harm or suicide
- Threatening to kill partner

Do you have children? (If yes continue, if no STOP)
Has your child or children ever been home during the abuse of a family member?

☐ Yes  ☐ No

Please mark all behaviors your child or children display in their family or school relationships.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggression</td>
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<td></td>
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<tr>
<td>Defiance</td>
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<td></td>
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<tr>
<td>Isolation/Withdrawal</td>
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<tr>
<td>Bullying</td>
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<tr>
<td>Losing temper</td>
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</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
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<tr>
<td>Poor School Performance</td>
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<td></td>
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<tr>
<td>Victim of bullying</td>
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</tbody>
</table>
Appendix B

MEMORANDUM

Date: 3/13/2014

To: Cesar Abarca
    Eric Banks

From: Ethan Gahtan
       Institutional Review Board for the Protection of Human Subjects

IRB #: IRB 13-123

Title: Childhood Trauma and Intergenerational Transmission of Family Violence in a Court-Ordered Batterer Intervention Program

Thank you for submitting your application to the Committee for the Protection of Human Subjects in Research. I am able to provide expedited review of your proposal because your research:

will involve research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

The Expedited approval of your research will expire 09/12/2015. By Federal Regulations, all research related to this protocol must stop on the expiration date and the IRB cannot extend a protocol that is past the expiration date. In order to prevent any interruption in your research, please submit a renewal application in time for the IRB to process, review, and extend the Expedited designation (at least one month).

Important Notes:

• Any alterations to your research plan must be reviewed and approved by the IRB prior to implementation.
  - Change to survey questions
  - Number of subjects
  - Location of data collection.
  - Any other pertinent information

• If Expedited approval is not extended prior to the expiration date, investigators must stop all research related to this proposal.

• Any adverse events or unanticipated problems involving risks to subjects or others must be reported immediately to the IRB (irb@humboldt.edu).

cc: Faculty Adviser (if applicable)
    Department or Unit Chair
    Institutional Review Board for the Protection of Human Subjects

The California State University
Bakerfield - Chico - Los Angeles - Long Beach - Los Angeles - Martine Academy - Monterey Bay
    Northridge - Fresno - Sacramento - San Bernardino - San Diego - San Francisco - San Jose - San Luis Obispo - San Marcos - San Diego - Fullerton
Appendix C

Informed Consent

Project Name: Childhood Trauma and Intergenerational Transmission of Family Violence for Participants of a Court-Ordered Batterer Intervention Program

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You are being asked to participate in a research project as part of the requirement to complete a MSW program. I am required to provide this form to inform you about the study, your rights, to tell you that your participation is voluntary and to explain risks and benefits of participation allowing you to make an informed decision about your participation in this study. You should feel free to ask the researcher any questions you many have at any time.

1. Purpose of Research
   • You are being asked to participate in a study that will assess childhood trauma, types of domestic violence, and whether or not your children were exposed to domestic violence.
   • The researcher hopes to learn whether clients have experienced abuse during their childhoods and whether or not these behaviors have been passed on to children.

2. What You Will Do
   • You will answer up to 79 questions on a survey, which will take about 20 minutes to complete.
   • During the study, if you want to stop taking part of the study tell the researcher and walk out of the room. You can also skip questions that you do not feel comfortable answering. There are no consequences for stopping you participation in this study.

3. Potential Benefits
   • There is no financial benefit for this study; however this study is being done to understand if a significant number of men and women in Batterer Intervention Program settings have been traumatized during childhood and whether this trauma is being passed on to their children.

4. Potential Risks
   • There are minimal risks associated with this study. However, there are some of the questions asked could be upsetting and could cause you to remember negative experiences from your past. You can decide to skip questions or stop your participation in this study for any reason at any time. I am also providing you with an attached sheet with contact information of community resources where you could locate assistance in case you feel it is needed.
5. Privacy and Confidentiality

- No names, case numbers, or any other personal information that can be used to identify you will be collected.
- All surveys will be stored at the program’s site in a secure filing cabinet.
- Your surveys will be destroyed when the researcher makes the data set for the study to protect your identity.
- Informed consents will be kept in a locked cabinet at the Humboldt State University Social Work Department for three (3) years and then destroyed.

6. Information for Questions and Concerns

If you have questions regarding your rights as a participant, or any concerns regarding this project, you may contact the researcher or the faculty advisor at the numbers or email addresses listed above. If you have any dissatisfaction with any part of this study, you may report your concerns and/or complaints—confidentially, if you wish—to the Dean for Research & Sponsored Programs, Dr. Rhea Williamson at (707) 826-4189 or Rhea.Williamson@humboldt.edu.

7. Documentation of Informed Consent

I understand the researcher will answer any questions I may have concerning the investigation or the procedures at any time. I also understand that my participation in any study is entirely voluntary, and that I may decline to enter this study or may withdraw from it at any time without consequence. I understand that the investigator may terminate my participation in the study at any time. Your signature below means that you have read and understand the form and are voluntarily agreeing to participate in this research study.

Sign ___________________________ Date ___________________________
Appendix D

Humboldt County Mental Health Resources

**Arcata:**
Humboldt Open Door Clinic  
770 10th St, Arcata, CA 95521  
Phone: (707) 826-8610

North Country Clinic  
785 18th St., Arcata, CA 95521  
Phone: (707) 2481

Humboldt State University Community Counseling Clinic  
(707) 826-3921

**Eureka:**
Humboldt Family Resource Center  
Free Walk-in Counseling Mon 1pm to 4pm  
1802 California St.  
Eureka, CA 95501  
(707) 443-7358

Eureka Community Health & Wellness Center  
2200 Tydd St.  
Eureka, CA 95501  
Phone: (707) 441-1624

Humboldt County Mental Health  
720 Wood Street  
Eureka, CA 95501  
Crisis Walk-in daily 9:00 to 4:00  
24-hour Crisis Line  
(707) 445-7715

**Garberville:**
Humboldt Department of Mental Health  
727 Cedar Street  
Garberville, CA 95542  
707-923-2729

**Willow Creek:**
Humboldt County Mental Health  
530-629-2410  
530-629-4306  
Willow Creek Family Health Center  
38883 Hwy 299  
Willow Creek, CA 95573  
530-629-3111

**Humboldt State University:**
Humboldt State University Counseling and Psychological Services  
(707) 826-3236

**Native American:**
United Indian Health Services  
1600 Weeot Way  
Arcata, CA 95521  
(707) 825-5000

**Veterans Affairs:**
930 W. Harris St  
Eureka, CA 95501  
(707) 269-7500