

# “I see it running through my family”: The intergenerational and collective trauma of gender-based violence

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## ABSTRACT

This article uses two paradigmatic case studies to build on the theories of intergenerational and collective trauma to argue that dissociation should be a key target of prevention strategies for gender-based violence. To illustrate this point, we draw on the life histories of two Australian grandmothers, Kylie and Louise, who described how abuse in early childhood shaped their experiences of violence in adulthood, which in turn impacted their children and, consequently, their grandchildren. We trace the parallels and intersections between individual and collective trauma through their narratives, as well as the silencing of these traumas, with a focus on how children and women are forced to adapt to gender-based violence in the context of collective forgetting and dissociative responses embedded in communities and institutions. We identify a dialectic relationship between individual and collective dissociation, whereby dissociogenic communities and institutions with entrenched defense mechanisms against the recognition of gender-based violence force victims to dissociate at the individual level, thus maintaining collective dissociative structures while increasing the risk of future victimization for women and their children. We argue that the primary prevention of gender-based violence would be enhanced by addressing the prevalence and burden of trauma for affected individuals and families, thereby interrupting intergenerational transmission and addressing the dissociative underpinnings of collective failures to protect women and children from violence.

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## Introduction

Gender-based violence refers to abuse or violence directed against an individual or group based on their gender, which disproportionately affects

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women, girls, and LGBTIQ+ people (Russo & Pirlott, 2006). As an umbrella concept, gender-based violence includes domestic violence, sexual assault, and child sexual abuse, as well as complex formations of gendered abuse such as forced marriage and sexual slavery (Ubillos-Landa et al., 2020). It is well-recognized that gender-based violence is linked to gender inequality. Accordingly, primary prevention strategies have sought to ameliorate cultural and structural conditions that disempower women and girls (Krug et al., 2002). A significant body of scholarship on intergenerational trauma has developed in parallel with these efforts, identifying how gender-based violence can recur within families from one generation to the next (Atkinson, 2002). The intergenerational transmission of trauma is often associated with collective or shared experiences of trauma that impact relational bonds and shared norms and values, which in turn increases the risk of gender-based violence (Shamai, 2018). These intersecting concepts of intergenerational and collective trauma are often deployed in relation to experiences of gender-based violence within particular cultural groups or geographic locations (Isobel et al., 2019) however, their implications for the study of gender-based violence more generally are less well-explored.

In this article, we use a case study methodology to build on theories of gender-based violence as a form of intergenerational and collective trauma. Expanding theory through case studies is a strategic research method in which in-depth exploration of particular examples can help deepen and explore conceptual frameworks (Eisenhardt, 1989). Using the case studies of two women, “Louise” and “Kylie” (pseudonyms), who were interviewed as part of a larger project on complex trauma in Australia (Salter et al., 2020), we aim to examine the mechanisms of the association between gender-based violence and collective and intergenerational trauma. The lives of Louise and Kylie were marked by the dynamics of intergenerational trauma in multiple ways, including their traumatization as children, subsequent revictimization throughout their lives, the abuse and neglect of their children, and the exposure of their grandchildren to trauma. These dynamics unfolded against a backdrop of social and institutional failures to intervene or protect them from violence. We argue that their narratives illuminate how dissociation plays an individual and collective role in the intergenerational transmission of gender-based violence and its traumatic impacts. While there are many definitions of dissociation in the clinical literature, we use dissociation in this paper to refer to the traumatic alteration of a person’s self-perception and their integrative and associative capacities, disrupting psychological processes that form the basis of identity, memory, emotional processing and other important functions (Sar et al., 2013). While previous scholarship has remarked upon the role of dissociation in the intergenerational

transmission of trauma in parent-child dyads and families (Brothers, 2014, Hulette et al., 2011), we situate intergenerational trauma within the collective dissociation of gender-based violence. We remark on the social patterns of dissociation that are engendered by gender-based violence, and argue that responses to gender-based violence across the spectrum of prevention would be enhanced by integrating a dynamic and expanded trauma-informed approach.

### ***The collective and intergenerational trauma of gender-based violence***

It is well-recognized that gender-based violence is a leading global threat to the health, safety, and rights of girls and women. Recognition of the prevalence and harms of gender-based violence has driven a range of primary prevention efforts to stop abuse and violence before they take place (Krug et al., 2002). Success has been uneven. A slow decline in child maltreatment in high-income countries, as well as regional variation in rates of gender-based violence, suggest that prevention and reduction are possible (Finkelhor & Jones, 2012). However, physical and sexual violence against women and children remain high (World Health Organization [WHO], 2021). Gender-based violence prevention efforts have been organized within a public health approach that distinguishes between primary (the prevention of violence before it occurs), secondary (intervention with “at risk” groups and contexts), and tertiary (responses after the harm has occurred) prevention (Krug et al., 2002). Gender-based violence primary prevention has focused on changing social norms and attitudes, law reform, workplace policy, encouraging healthy relationships, and promoting women’s economic and political equity (Salter, 2016). These efforts recognize the well-documented links between sexist social norms and attitudes, women’s disempowerment, and violence against women. The evaluation research on sexual violence prevention programs, however, finds a narrower focus on improving attitudes and knowledge rather than changing behavior (Porat et al., 2024). This suggests that the dominant focus on changing attitudes about sexual violence and consent needs to be expanded to focus more on perpetration and the structural and systemic factors that engender it (Porat et al., 2024).

In the psychological sense, trauma refers to mental injury and distress attributable to external events such as abuse and violence (Herman, 1992). It is well recognized that gender-based violence is a leading contributor to the burden of trauma in the community, however the resultant suffering is often framed in individualizing terms (Pain, 2022). The psychological trauma of gender-based violence tends to be recognized as an individual outcome of violence and abuse rather than a collective, contributing and causative factor. It is then deprioritized in prevention frameworks as a

tertiary or “downstream” consideration. For example, in the Australian national framework to prevent violence against women, the prevention of violence is identified as a distinct principle separate from trauma treatment and recovery from violence (Commonwealth of Australia, 2022). However, research points to a more complex and multi-directional relationship between trauma and gender-based violence. It is well recognized that early childhood trauma increases the lifespan risk of subsequent interpersonal victimization in girls and the perpetration of interpersonal violence by boys (e.g. Spencer et al., 2019), which suggests that trauma plays an etiological role in violence. Multiple studies point to an intergenerational effect, in which children who are exposed to physical and sexual violence (either directly or by witnessing it in the home) are more likely to grow up and have children who are also victimized, and so on (Avery et al., 2002; McCloskey & Bailey, 2000, McCloskey, 2013).

Traumatic and attitudinal accounts of gender-based violence are not necessarily incompatible. Over twenty years ago, Howell (2002) observed that common gendered differentials in responses to trauma, in which abused boys are more likely to become aggressive and “act out” while abused girls are more likely to blame themselves and engage in self-harm, corresponded in important ways with gendered stereotypes of male violence and female passivity. She argued that gendered stereotypes and gender inequality, as a whole, may be transmitted and reproduced in part through traumatic psychological processes. A recent study of domestic violence offenders by Wenigmann and colleagues (2024) provides empirical support for this hypothesis. The researchers found that childhood adversity generates or reinforces traditional gender norms amongst some boys, which then increases the likelihood that they will commit domestic violence in adulthood. Hence, childhood trauma appears to have a role in generating attitudes that normalize gender inequality and legitimize violence against women.

It is precisely this *collective* dimension of the trauma of gender-based violence—the manner in which transgenerational transmission of gender-based violence has social and collective effects that, in turn, increase gender-based violence—that is of interest in this article. The notion of collective trauma has been widely used to articulate the shared experience of violence and abuse as trauma “constructs identity, beliefs, and a narrative of individuals and the entire group” that can be transmitted intergenerationally and come to circulate widely (Shamai, 2018, p. 1722). Notions of collective trauma were first advanced amongst Jewish intellectuals and scholars following the events of World War II and the Holocaust (e.g., Alter, 1966) and have been applied to a range of circumstances, including natural disasters (Erikson, 1976), slavery (Vaughans, 2016) and the experience of colonization and invasion (Atkinson, 2002; McGlade,

2012). In this work, the notion of “intergenerational” or “transgenerational” trauma often intersects with collective trauma, as the shared and cumulative experience of traumatic events produces enduring psychosocial changes in families, communities, and societies (Evans-Campbell, 2008; Shamai, 2018).

While contemporary models of gender-based violence acknowledge the impact of intergenerational and collective trauma for specific cohorts of women (for example, women targeted in conflict-related sexual violence, see Seo, 2008), the intergenerational and collective effects of *gender-based violence itself* have not been well articulated. Danieli (1998), in her study on the multigenerational legacies of trauma, notes that one of the most conspicuous absences in research on intergenerational trauma is in the area of sexual violence. McGlade (2012) also highlights the silence around the impact of the use of rape and sexual abuse against First Nations women and children in the ongoing colonization of Australia and the lack of acknowledgment of this in the intergenerational transmission of trauma. McGlade (2012) argues that the failure to acknowledge sexual violence perpetuates intergenerational trauma in important ways. First, recognition is a precondition for identifying sexual abuse in order to interrupt it. Second, denying victimized children access to support and care to support healing contributes to their escalated risk of victimization in adulthood.

Empirical research on transgenerational trauma in gender-based violence has tended to focus on the increased risk that the children of victimized women will also be victimized, linked to maternal dissociation and attachment problems (Brothers, 2014; Hulette et al., 2011). While these findings are important, a key concern is that this scholarship can be read in ways that emphasize maternal responsibility and render the social determinants of gender-based violence and other entrenched inequalities invisible (Isobel et al., 2019). In their recent review of scholarship on intergenerational trauma in Latinx communities, Cerdeña et al. (2021) identified the need for researchers to focus on factors beyond the parent-child dyad and more thoroughly acknowledge the role of historical and structural inequalities. A broader focus may help ameliorate the punitive impact of mother-blaming that is often implicit or explicit in theories of transgenerational trauma and help identify policy and practice interventions beyond individual therapy or case management. At the same time, this expanded focus can help to acknowledge the potential for trauma treatment to prevent future abuse and violence (Isobel et al., 2019).

Recognizing the paucity of theory and empirical research on the collective *and* intergenerational nature of gender-based violence, this paper explores how individuals and their social contexts are shaped by the ubiquitous presence of violence, abuse, and trauma. We hope to enrich the notion of transgenerational transmission of violence within families

with an understanding of how institutions and communities enable and facilitate this transmission by drawing attention away from individualized understandings of trauma transmission *via* victims' parenting deficits toward a social-ecological conceptualization that can identify multiple locations and opportunities for prevention and intervention.

## Materials and methods

This article draws on two case studies from a larger research project on women's experiences of complex trauma (Salter et al., 2020). The research team included academic psychologists, practicing clinicians, and criminologists with expertise in gender-based violence. Study participants were recruited in early 2019 through agencies and service providers who work with complex trauma, as well as directly *via* social media. Ethical review of the project was provided by the authors' universities (Western Sydney University Human [H12501] and Queensland University of Technology [1800000678]). To ensure the confidentiality of participants, pseudonyms were used for names, and any identifying places and details were changed. Robust informed consent measures were in place throughout all phases of the project. In addition, participants were offered debriefing and referral to local support agencies for those who wanted them.

In this paper, we aim to explore the collective and intergenerational aspects of women's trauma, with the research question being "How is women's trauma experienced collectively and intergenerationally?" We use two interviews with "Kylie" and "Louise" as paradigmatic case studies (Mulvihill, 2022). Paradigmatic cases are chosen because they demonstrate examples of a larger phenomenon (Hamm & Spaaij, 2016). These case studies do not necessarily represent the experiences of all those interviewed but share boundedness, which is critical to understanding the phenomenon being researched. The key defining characteristic of a case study (Yin, 2009) is this boundedness, which must only include one of the following: membership of a group, a location and place, and a timeframe. We have chosen two case studies as they represent the paradigmatic experiences of intergenerational trauma.

The stories of "Kylie" and "Louise" can be considered paradigmatic because they share many of the same traumatic experiences as the other women interviewed in the study, including childhood sexual abuse, domestic and sexual violence, mental health issues, and physical ill health. However, they both discussed their experiences of trauma from the reflection of being grandmothers, and this was the critical reasoning behind their inclusion in the case study analysis. The way the women shared their experiences of trauma was from a perspective of intergenerational trauma. By focusing on rich narratives, case studies can facilitate deep analysis

that is ideally suited to generating and testing theory rather than developing findings that are generalized across a population (Reinharz & Davidman, 1992).

We coded the transcripts using the three-step thematic analysis process outlined by King et al. (2019). This includes first coding descriptively (i.e., child abuse). A second round of interpretive coding (i.e., never felt safe) followed. Finally, a third coding round was used to define overarching themes (i.e., running through my family). We explore the case studies in detail below.

### **Case studies**

In this section, we present a summary of Kylie's and Louise's life histories. They have several experiences in common, including early exposure in childhood to abuse and violence, followed by interpersonal violence in adulthood and significant impacts on their children. We then identify and describe critical elements in the intergenerational transmission of trauma shared in both accounts.

#### **Kylie**

Kylie is an Anglo-Australian woman in her sixties who is employed in the health and welfare sector. She has two children and several grandchildren. She was born into a violent family. Her mother was subjected to domestic violence from her father, and Kylie described receiving physical and emotional abuse from both parents. Her parents separated when Kylie was very young. Her mother left the family home, taking Kylie's siblings but leaving Kylie to live with her father. Physical and sexual abuse was ubiquitous in her childhood. Once Kylie's father had sole custody of her, he began sexually abusing her. Kylie described him as an alcoholic and "psychotic" man whose house lacked basic amenities. Kylie was "battered" by her father, and her childhood was marked by intense suicidality.

I can remember all through my childhood if we did a long trip somewhere, I used to think, "I hope we crash. I hope we crash. I hope he gets killed or I get killed. I don't care which. I don't care which. I hope one of us dies," from the time I was very young.

Although she "hated" life with her father, her mother's home was also unsafe since her brother was sexually abusing her sister. Kylie described herself, as a child, dissociating or "disconnecting" from her father's abuse:

I disconnected from it because it didn't have a place – obviously, you don't disconnect from it. You might feel you do, but it's already tailored your behavior, how you

react to things, all of your emotions, but you just don't know it because it's just – god – it's happened for the first 20 years of your life or you don't know any different, so – yeah.

Kylie makes a clear link between “disconnection” as a psychological adaptation and the social fact that her abuse “didn't have a place”; that is to say, what was happening to her could not be socially recognized or acted upon. She felt that her mother knew about the abuse but did not intervene, and she recalled her headmaster commenting on her injuries at school but not contacting child protection services. When she ran away from home as a teenager, police returned her to her father. She remembered the police “made him [her father] a cup of tea.” She remarked incredulously, “You always tell your kids, ‘You can always go and see the policemen. Policemen are ... the good guys.’” In her experience, her community colluded with, rather than protected her from, her father's abuse: “Everyone turned a blind eye to it.” When she attended her school reunion many years after graduating high school, she was shocked to have former schoolmates refer to her father's sexual abuse of her. She left the reunion with the sense that “they all knew” but did nothing to protect her.

In her twenties, Kylie married a violent man, which she explained in terms of her vulnerability due to her childhood abuse. She said her father:

made me so vulnerable to whatever any one male wanted to dish out to me because I didn't know any different. I grew up without electricity and water. That's how I grew up. It was no big deal. That's what you're used to. That's the way life is.

Despite periods of separation, she remained married to her husband. Domestic violence was, Kylie said, “the way life is.” She also maintained a relationship with her father well into her adult years. Throughout her marriage, she explained, “I was still running after my father, and doing housework, and taking him to the doctors and doing shopping, and kowtowing to him.” It was only in her 40s, when her husband confronted her about his suspicions that her father had abused her, that she confirmed the abuse. Until then, she said, “I had never spoken a word of it. There was only two people in the world that knew, and that was my father and me. I had never uttered a word to anybody, never.”

Kylie has two children, and while she said they were her “first priority,” she acknowledged the significant indirect impact of her trauma and abuse upon them. While raising them, she “always thought I was a good parent,” but when they left home, she was confronted by their “rejection and abandonment.” She acknowledged:

I haven't dealt with things in a healthy way. I haven't coped with things in a healthy way ... I think I was overprotective with them ... We never went out anywhere.



They never had a babysitter overnight, and I would never leave my children because they were mine. It was my responsibility to take care of them 24/7.

Despite Kylie's over-protectiveness, her children disclosed to her that her father had sexually abused them. This revelation triggered a confrontation between Kylie's husband and her father, at which point her father committed suicide.

[M]y father shot himself because my husband confronted him because we found out that he'd molested my children. So, we went around there and saw him, and my husband said to him, "You're either going to tell the police what you're doing or [we will]." [My husband] said, "I'll be back tomorrow." He said, "I'll give you till tomorrow." So [my father] shot himself ... I didn't care. I was glad.

Her father's suicide and the sexual abuse perpetration that preceded it starkly illustrate the intergenerational force of abuse and trauma that continued across two generations until he took his own life. His legacy continues as Kylie lives with severe and ongoing suicidality, explaining, "I get the intent quite often." Nonetheless, Kylie's link to her grandchildren is a life-saving anchor and affirms that life is worth living. Kylie explained:

[M]y youngest grandchild comes and stays with me ... I can't describe how incredible she is, not just because she's my granddaughter ... [S] he's got hair down to here, that thick, beautiful, and she always gets me to get the last of the knots out and plait it for her. And I was plaiting her hair, and it just engulfed me, the love that she has for me. And I said to her, "I can't leave you. I can't leave you." She just hugged me and cried. I couldn't hurt her.

Kylie's attachment to her granddaughter operated as an inversion of her father's intergenerational abuse of his grandchildren. Through acts of intergenerational care, she was able to soothe the injuries of trauma rather than extend them, as her father had done.

### **Louise**

Louise is an Australian woman in her fifties with three children and several grandchildren. She works as a social worker in a mental health service. Louise described organized and sadistic abuse in childhood committed by her parents and her extended family. Her brothers were spared this abuse, which she attributes to the patriarchal culture in her family:

I was singled out. That's something that I don't understand. Why did my parents single me out, but not my siblings – why I was treated differently? ... [C]ulture is a big thing as well. Culture is a huge thing, OK ... [A] very patriarchal type thing there. They don't value much of their daughters. Their daughters are seen as second-class citizens.

Louise described her parent's "horrible background," which included destitution, war, and displacement. Her life has been marked by repeated

suicide attempts, beginning at 9 years of age, as well as long stays in psychiatric institutions. Following a suicide attempt as a teenager, she spent several months in an inpatient unit, referring to herself at this time as over-medicated, demoralized and unsafe:

[T]hey used to call us “lunatics” and we had to wear pajamas all day, we slept in dormitories, and the whole thing about mental health was very medical – it was a medical model, like “we got to cure you,” sort of thing, but they relied heavily on medicating and not much else ... [A]dults and children were kept together. So it wasn’t an adult unit. But the problem with that was that because we had to wear pajamas, the males weren’t allowed to wear cords that are on the pajama pants – they’re always exposed – pants always dropping and it was horrible. That was horrible.

Louise’s ongoing physical and sexual abuse in the family was not detected despite the sustained involvement of multiple health professionals during childhood and adolescence. For example, Louise experienced delayed speech, which she attributes to a fear of speaking due to the threats made against her at home. While she never received a child protection intervention, she was referred to a speech therapist:

[B]ecause of the threats in my early life, I always had problems talking. I’d very rarely ever talk. If I did talk, very, very soft – very, very hard to hear, and I saw a speech therapist all throughout my life till the age of 18 because I had so many problems around talking because it didn’t develop properly because of the fear from the abuse, sort of thing.

As a teenager, Louise was diagnosed and medicated for schizophrenia and bipolar disorder, while her traumatic and dissociative symptoms were overlooked. Her mental health status left her vulnerable to further victimization. She reported being sexually assaulted by a male staff member during one of her inpatient stays, who obtained her silence by saying, “[I]f you try to tell anybody, they already know you’re insane, and they won’t believe you anyway.”

In her twenties, she married a violent man. The abuse within this relationship further exacerbated Louise’s underlying dissociation. She described with some grief the impact this had on her children:

Every time my husband hurt me, he’d hit me, I’d dissociate and I became very sick, and then my daughter, who was very, very young, had to take care for me. And I remember many nights – I remember sort of watching ... I was in a dissociative state, but I remember watching my daughter washing me and showering me and feeding me, and she was like six. That’s what I’m saying. That’s the effect that it had on my kids.

A significant turning point came in Louise’s life when, during an inpatient stay, she met a doctor who recognized that her suicidality and self-harm were linked to profound trauma:

[O]ne day, he said to me, “Louise, I can see you’re in a lot of pain. Why don’t you help me – let me help you carry it?” And I sat on the floor and I thought, “Shit! You’re different. You actually can see I’m in pain.”

This doctor was able to diagnose Louise with a dissociative condition accurately, and she was taken off unnecessary medication. Louise began to pursue a career as a social worker and educator, advocating for people like herself and those trying to navigate the psychiatric system.

The intergenerational dimensions of trauma were apparent in Louise’s life at the time of the interview. Her daughter was now in a violent relationship and reluctant to seek help or intervention. She expressed concern to Louise that if she reported her husband to the police, she might lose custody of her children since she had been placed in foster care for some time after police and child protection services became aware that Louise was experiencing domestic violence. Louise traced a line of abuse and trauma from her early childhood, through her violent marriage, and now to her children, stating:

I’m so angry that because these – because I’ve had multiple perpetrators – and I keep saying, “For them, 20 minutes of pleasure, they destroyed my entire – but not only my life, my children’s lives, and my –” you know what I mean? I see it running through my family. And it just kills me that because they wanted to amuse themselves, whatever they were doing – I just can’t get over that they have no idea of the impact.

Louise situated her daughter’s struggles to escape violence and abuse in relation to her own childhood sexual abuse, marveling that those perpetrators who abused her for “20 min” to “amuse themselves” would never be held accountable for the destruction they had wrought in her life or the lives of her children. In her account, dissociation is a crucial mediator of trauma transmission, from her dissociative reaction to sexual abuse to the worsening of dissociation by domestic violence and then her daughter’s fears that she would recreate the traumas of her childhood if she tried to leave a violent relationship. Nonetheless, Louise’s connection with her children was an enduring source of affection and wonder in her life. Despite the challenges they shared due to early domestic violence, she recognized that they were not only “managing” their lives but had developed many positive and admirable qualities:

I am so blessed with my children. I am so blessed that I have the most amazing, compassionate human beings that even in these struggles of what they’ve seen me go through, they haven’t gone down the road that I went. They’re not self-harming. They’re not drinking themselves to oblivion. They’re managing, and they’re so compassionate and they believe in human rights and they fight for it, you know what I’m saying?

Louise’s ability to revel in the “amazing, compassionate” qualities of her children marks a significant shift in the transmission of intergenerational

trauma, even if one child remained in a violent relationship. The presence of loving affect amidst the reverberations of intergenerational trauma parallels Kylie's feelings about her granddaughter against the backdrop of significant family turmoil.

## Discussion

In this section, we discuss how the case studies of Kylie and Louise can expand our understanding of intergenerational and collective trauma. Both Kylie and Louise remarked on complex cycles of abuse and trauma in their lives, embedded within broader family relations in which violence was reproduced across generations. Both women reported sexual victimization in childhood by their parent/s, followed by intimate partner violence as an adult, which is the most common revictimization pathway identified in empirical research on transgenerational trauma (Badenes-Ribera et al., 2020; McCloskey, 2013). The two women experienced violence as adults in similar and different ways. For example, they were both subject to domestic violence, and Kylie would discover that her children were being sexually abused by her father, just as she had been. They reflected with grief on the impacts of trauma upon their children while taking great comfort from their family relationships. Despite the warmth they felt for their families, it was clear from their narratives that their children or grandchildren were not free from the vectors of intergenerational trauma that had so shaped their own lives. Louise's daughter was in a violent relationship at the time of the interview, and Kylie felt abandoned by her children, who had grown up in domestic violence and been sexually abused by her father.

Dissociation is a core theme in the lives of both women. Dissociation is a common outcome of disorganized attachment (that is, a frightened and frightening response to children's distress, which is common in abusive and unstable family contexts) as well as exposure to trauma, hindering the integration of psychological processes and producing pervasive alterations to memory, identity, and cognitive processes (Liotti, 1992). Drawing on her clinical work with severely traumatized children and adults, McCollum (2015) argues that dissociation, rather than trauma per se, is at the heart of intergenerationally violent and abusive families. She explains that the kernel of intergenerational transmission begins when an individual responds to a traumatic event with a "dissociative response that alters consciousness" (p. 565), resulting in memory impairment and changes to cognition, behavior, and emotion. The development of family networks characterized by these dissociative alterations can generate a milieu in which abuse and violence are denied, rationalized, or legitimized, inhibiting protective intervention and generating "blind spots" and justifications for

abuse and violence (McCollum, 2015). Marshall et al. (2023) identify how the protective efforts of mothers with sexual abuse histories can be inadvertently undermined by their unresolved traumatic experiences, which in turn affects parenting, attachment, and intimate partner dynamics. However, they emphasize the importance of holding the perpetrators of this violence in mind and accountable for the psychological impacts of their abuse (Marshall et al., 2023).

Significantly, our analysis of the two case studies goes beyond intergenerational abuse in the family to emphasize the importance of those institutions and communities that failed to intervene or protect Louise or Kylie throughout their lives. Schwartz (2000) argues that psychological dissociation runs in parallel with external disavowal of the experiences that cause dissociation by multiple institutions and systems that are otherwise tasked with safeguarding and intervention. Hence, dissociation can be understood as an essential marker of cultural and institutional contexts that are incapable of, or unwilling to, responding constructively to indicators of abuse. This is an important point in situating intergenerational trauma transmission within broader dissociogenic structures and environments in which gender-based violence is not named, recognized, or addressed. This dynamic was apparent in the lives of both women. Their narratives were marked by the reluctance of their communities and institutions to challenge the facade presented by their families or to inquire too deeply into the cause of their distress. Critical failures to protect were apparent in Kylie's accounts of her interactions with police and school and in Louise's experiences with mental health services.

These systemic failures can be theorized as manifestations of collective trauma, that is, as symptomatic of how social and institutional structures have adapted to the pervasiveness of gender-based violence through processes of distancing and denial, characteristics of dissociation. Research into trauma-informed practice has persistently highlighted what some advocates have called "systems abuse," where authorities further traumatize trauma survivors by failing to believe, protect, and care for them (Salter et al., 2020). A range of studies have found that such institutional betrayal exacerbates trauma symptoms among survivors of sexual violence (Smith & Freyd, 2014). Across Kylie's and Louise's narratives of systems abuse and institutional betrayal, a typical structure of disinterest and disbelief emerges in parallel to their individual dissociative reactions to abuse and neglect. This dialectical relationship between individual and social dissociation persists in their experiences of domestic violence in adulthood. For Kylie, her husband's violence and her father's sexual abuse of her children occurred without protective intervention from others. As an adult, Kylie still hadn't had the sense that violence and abuse were the "way life is" interrupted, such that the threat that her husband's domestic violence

and her father's sexual abuse posed to her children was invisible to her. Louise had a more complex experience of intervention as an adult, recounting how a clinician finally recognized and treated her trauma history, but also experiencing the removal of her daughter from her care as she tried to extricate herself from domestic violence. Intervention and nonintervention in Kylie's and Louise's experiences of gender-based violence had a significant impact on their children.

As mentioned earlier, there have been significant concerns raised about the mother blaming implicit in research and theory that links maternal parenting styles to adverse outcomes for children, particularly in the context of child sexual abuse and domestic violence (Bolen, 2002, Maher et al., 2021). The tendency toward mother-blaming in the context of family, domestic, and sexual violence is not only evident at the systemic and discursive level, but is commonly observed in families, where mothers are likely to blame themselves and their children are likely to hold them accountable for failing to protect them from male violence (Moulding et al., 2015). As these forms of mother-blaming intersect, the perpetrators' responsibility for violence and abuse are minimized, as are the broader material and contextual limits on women's space for action to protect themselves and their children.

We contend that a social and psychological approach to dissociation combats the individualization of intergenerational trauma by taking into account the institutional and systemic betrayals that make abuse and violence possible. This approach foregrounds the importance of systemic interventions and public policy in increasing or decreasing recognition of gender-based violence and ameliorating its impact, including the risks of revictimization and intergenerational abuse. However, it also licenses psychotherapeutic and educational initiatives that aim to support women to achieve their protective aspirations as mothers (Marshall et al., 2023).

## Conclusion

This article argues that gender-based violence meets the criteria for intergenerational and collective trauma: it is made up of many discrete events and experiences that occur on such a vast scale as to constitute a form of mass traumatization, shaped by and shaping social structures and cultural norms, with demonstrated intergenerational effects at the level of the individual, family, community, and society. This model has implications not only for family interventions and individual treatment but for the prevention of gender-based violence as a whole. The article has sought to elaborate upon theoretical models of collective and intergenerational trauma by examining the dynamics of gender-based violence in the lives of two women whose accounts underscore the generational qualities of trauma

and the relationship between individual and collective trauma. Our analysis suggests that two parallel processes promulgate gender-based violence whereby: a) intergenerational trauma is enacted in families, creating vulnerability to trauma exposure in the next generation, and b) collective trauma is created through denial and minimization of trauma at the social and institutional levels, resulting in the normalization of gender-based violence. We argue that individual dissociative experiences underlie intergenerational transmission and institutional betrayal, which contributes to the persistence of individual dissociative experiences as well as the reproduction of the collective trauma of gender-based violence.

An intergenerational and collective analysis of the trauma of gender-based violence has significant policy and practice implications. Our findings suggest that the prevention of gender-based violence and the reduction of the burden of trauma in the community could be mutually reinforcing and complementary initiatives. This reduction may be achieved through a range of strategies. Our analysis underscores the vital public health contribution of adequate recognition and treatment of trauma. When women and children are not supported to recognize and recover from the traumatic effects of violence and abuse, the dissociative kernel of trauma transmission is likely to proliferate within families, increasing the risk of revictimization and compromised parenting and attachment processes. At present, appropriate therapy for trauma and dissociation is often inaccessible or unaffordable to those who need it most, despite clear evidence of its efficacy in reducing distress and improving quality of life (Brand et al., 2013; Ford, 2015). This study further highlights that providing trauma care is a significant public health priority.

In order to address the multiple dimensions of and contributors to intergenerational trauma, trauma care could include both a life history and family history, examining known traumatic experiences among parents and grandparents (Badenes-Ribera et al., 2020). Trauma care could also identify patterns of institutional and systemic blindness and betrayal as potential contributors to victimization and subsequent adaptive dissociation. This approach incorporates a view of “symptom as history,” as recommended by Atkinson et al. (2014), in which behavioral and psychological difficulties are conceptualized within a historical and transgenerational frame of reference.

A collective and intergenerational approach emphasizes the importance of early and holistic intervention in traumatized and traumatizing family environments. The violence inflicted on Kylie and Louise was explained by them as a product of generations of cumulative abuse and trauma. Intervening in domestic violence and child sexual abuse without supporting family members to address traumatic and dissociative inheritances may fail to bring trauma transmission to an end. Initiatives such as perinatal

mental health services for fathers and mothers have received increased attention due to the links between parental mental illness (including trauma-related illness), child maltreatment, and domestic violence (Judd et al., 2018). Access to these services needs to be assured long-term to address the outcomes of trauma among successive generations. These services also need to be universally accessible, given that gender-based violence is endemic and not confined to specific socioeconomic or geographic strata. The inequity in mental health service coverage across regional and rural areas does, however, heighten the need for early intervention support in specific locales.

Therapeutic support or parenting interventions in families where parents are affected by trauma could be reinforced through the creation of parenting programs specifically designed to counter the effects of intergenerational trauma. In their comparative interview study of mothers with a history of sexual abuse, half of whose children were victimized while half were not, Marshall et al. (2023) noted that all the mothers interviewed experienced complexities in acting protectively toward their children, but there were distinct themes in the parenting of mothers whose children were not abused. These included: communication (e.g., about sex and consent), identifying roles and boundaries to avoid role reversals, supervision and monitoring of children's activities, positive education and discipline strategies, expressing emotions and affection, caregiver emotion regulation, supporting self-reflection skills, and identifying positive peer role models (Marshall et al., 2023, p. 23).

The case studies of Louise and Kylie emphasize the power of recognition and witnessing, in which the acknowledgment of abuse and violence displaces the need for continued dissociative adaptation. Child and adult victims of gender-based violence require functional systems that are capable of identifying abuse, healing its aftermath, and offering justice (Herman, 2005). However, the trauma of gender-based violence is frequently "private" and hidden, and Kylie's and Louise's stories offer multiple examples in which institutions and communities colluded to obfuscate gender-based violence within social structures where denial and toleration are the status quo. Such structures only ensure the amplification and intergenerational transmission of trauma, foregrounding the critical importance of trauma-informed paradigms for professional practice across multiple sectors.

Thinking dialectically about dissociation as simultaneously individual and social casts new light on well-recognized barriers to health and justice for victims and survivors of trauma and obstacles to the prevention of gender-based sexual violence more broadly. Shared dissociative processes may help explain the persistence and entrenchment of resistance and backlash against the recognition of gender-based violence, widespread rape myths and victim-blaming beliefs, and misogynist attitudes that excuse or



justify gender-based violence (Gavey, 2005). Situating these social norms and behaviors at least partly within a trauma-informed model acknowledges their defensive dimension as ways to rationalize the ubiquitous nature of gender-based violence, particularly where individuals or communities feel powerless to change those violent conditions. Education campaigns and prevention frameworks that adopt trauma-informed principles attentive to collective dissociative processes may be able to promote change more effectively. Local community development and empowerment approaches to the prevention of gender-based violence, which support communities to identify the causes and solutions to the violence they experience, may ameliorate the sense of powerlessness that contributes to collective defensive and dissociative reactions (Michau, 2007). Community development and mobilization can also promote protective factors against intergenerational trauma transmission (Atkinson et al., 2014).

The two case studies point to the complexities of men's encounters with gender-based violence. In Louise's case, recognition of her abuse by her male doctor was a pivotal turning point in her life. In Kylie's case, her domestically violent husband confronted her sexually abusive father and threatened to report him to the police; events which preceded her father's suicide. Efforts to engage men and boys in the response to gender-based violence often assume they are violence naïve, but as our analysis has shown, men have diverse personal and professional intersections with violence against women that could be a resource for engagement and mobilization (Salter, 2016).

Finally, thinking intergenerationally about gender-based violence offers powerful incentives for change and resources for healing. For Kylie and Louise, intergenerational relationships have been the medium of abuse and trauma but also sites of happiness and hope. The pleasure of these relationships was a counterweight to the distress and pain that was a legacy of their own traumatic histories. Other research has signaled that concern about the impact of trauma on children can also be a powerful motivator for violent men to reflect on and change their behavior (Broady et al., 2017). Framing gender-based violence as a collective and intergenerational phenomenon may not only provide new insights for policy and practice but also promote the engagement of survivors, perpetrators, and the community in the mitigation of trauma and the prevention of gender-based violence.

Our case study methodology has strengths and limitations. An in-depth analysis of Kylie's and Louise's narratives has provided insights into how trauma is transmitted intergenerationally within social and institutional contexts in which gender-based violence is dissociated and normalized. However, the findings of our case study analysis are not generalizable. We did not ask any specific questions about intergenerational trauma, and the

details provided to us about the intergenerational aspects of Kylie and Louise's trauma were spontaneous. As such, we cannot highlight how intersecting oppressions may shape these experiences, such as class and race, and how the specific Australian context may situate those intersections. Despite this, we hope our approach has stimulated questions and concerns that can be explored through further research and different methodological approaches, encompassing the experiences of diverse women, men, and children more directly. Studies of intergenerational trauma transmission to date have focused primarily on mothers, and studies of intergenerational trauma from the perspective of fathers will make an important contribution to trauma prevention and treatment.

### Disclosure statement

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### References

- Alter, R. (1966). In the community: Confronting the Holocaust: Three Israeli novels. *Commentary*, 41(3), 67.
- Atkinson, J. (2002). *Trauma trails, recreating song lines: The transgenerational effects of trauma in Indigenous Australia*. Spinifex Press.
- Atkinson, J., Nelson, J., Brooks, R., Atkinson, C., & Ryan, K. (2014). Addressing individual and community transgenerational trauma. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed., pp. 373–382). Commonwealth of Australia. <https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/wt-part-4-chapt-17-final.pdf>
- Avery, L., Hutchinson, K. D., & Whitaker, K. (2002). Domestic violence and intergenerational rates of child sexual abuse: A case record analysis. *Child and Adolescent Social Work Journal*, 19(1), 77–90. <https://doi.org/10.1023/A:1014007507349>
- Badenes-Ribera, L., Fabris, M. A., Prino, L. E., Gastaldi, F. G. M., & Longobardi, C. (2020). Physical, emotional, and sexual victimization across three generations: A cross-sectional study. *Journal of Child & Adolescent Trauma*, 13(4), 409–417. <https://doi.org/10.1007/s40653-019-00273-1>
- Bolen, R. (2002). Child sexual abuse and attachment theory: Are we rushing headlong into another controversy? *Journal of Child Sexual Abuse*, 11(1), 95–124. [https://doi.org/10.1300/J070v11n01\\_05](https://doi.org/10.1300/J070v11n01_05)
- Brand, B. L., McNary, S. W., Myrick, A. C., Classen, C. C., Lanius, R., Loewenstein, R. J., Pain, C., & Putnam, F. W. (2013). A longitudinal naturalistic study of patients with dissociative disorders treated by community clinicians. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(4), 301–308. <https://doi.org/10.1037/a0027654>
- Broadly, T. R., Gray, R., Gaffney, I., & Lewis, P. (2017). 'I miss my little one a lot': How father love motivates change in men who have used violence. *Child Abuse Review*, 26(5), 328–338. <https://doi.org/10.1002/car.2381>
- Brothers, D. (2014). Traumatic attachments: Intergenerational trauma, dissociation, and the analytic relationship. *International Journal of Psychoanalytic Self Psychology*, 9(1), 3–15. <https://doi.org/10.1080/15551024.2014.857746>

- Cerdeña, J. P., Rivera, L. M., & Spak, J. M. (2021). Intergenerational trauma in Latinxs: A scoping review. *Social Science & Medicine (1982)*, 270, 113662. <https://doi.org/10.1016/j.socscimed.2020.113662>
- Commonwealth of Australia (2022). *National plan to end violence against women and children 2022–2032*. <https://www.dss.gov.au/ending-violence>
- Danieli, Y. (1998). Introduction: History and conceptual foundations. In Y. Danieli (Ed.), *International handbook of multigenerational legacies of trauma* (pp. 1–17). Springer.
- Eisenhardt, K. M. (1989). Building theories from case study research. *The Academy of Management Review*, 14(4), 532–550. <https://doi.org/10.2307/258557>
- Erikson, K. (1976). *Everything in its path*. Simon and Schuster.
- Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities: A multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence*, 23(3), 316–338. <https://doi.org/10.1177/08862605073122>
- Finkelhor, D., Jones, L. (2012). *Has sexual abuse and physical abuse declined since the 1990s?* Crimes Against Children Research Centre. [http://www.unh.edu/ccrc/pdf/CV267\\_Have%220SA%220%220PA%220Decline\\_FACT%220SHEET\\_211-267-212.pdf](http://www.unh.edu/ccrc/pdf/CV267_Have%220SA%220%220PA%220Decline_FACT%220SHEET_211-267-212.pdf)
- Ford, J. D. (2015). Complex PTSD: Research directions for nosology/assessment, treatment, and public health. *European Journal of Psychotraumatology*, 6(1), 27584. <https://doi.org/10.3402/ejpt.v6.27584>
- Gavey, N. (2005). *Just sex? The cultural scaffolding of rape*. Routledge.
- Hamm, M. S., & Spaaij, R. (2016). Paradigmatic case studies and prison ethnography: Future directions in terrorism research. In G. LaFree & J. D. Freilich (Eds.), *The handbook of the criminology of terrorism* (pp. 206–220). Wiley.
- Herman, J. (1992). *Trauma and recovery*. Basic Books.
- Herman, J. L. (2005). Justice from the victim's perspective. *Violence against Women*, 11(5), 571–602. <https://doi.org/10.1177/1077801205274450>
- Howell, E. F. (2002). “Good girls,” sexy “bad girls,” and warriors: The role of trauma and dissociation in the creation and reproduction of gender. *Journal of Trauma & Dissociation*, 3(4), 5–32. [https://doi.org/10.1300/J229v03n04\\_02](https://doi.org/10.1300/J229v03n04_02)
- Hulette, A. C., Kaehler, L. A., & Freyd, J. J. (2011). Intergenerational associations between trauma and dissociation. *Journal of Family Violence*, 26(3), 217–225. <https://doi.org/10.1007/s10896-011-9357-5>
- Isobel, S., Goodyear, M., Furness, T., & Foster, K. (2019). Preventing intergenerational trauma transmission: A critical interpretive synthesis. *Journal of Clinical Nursing*, 28(7–8), 1100–1113. <https://doi.org/10.1111/jocn.14735>
- Judd, F., Newman, L. K., & Komiti, A. A. (2018). Time for a new zeitgeist in perinatal mental health. *The Australian and New Zealand Journal of Psychiatry*, 52(2), 112–116. <https://doi.org/10.1177/000486741774155>
- King, N., Horrocks, C., & Brooks, J. (2019). *Interviews in qualitative research*. Sage.
- Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (Eds.). (2002). *World report on violence and health*. World Health Organisation.
- Liotti, G. (1992). Disorganized/disoriented attachment in the etiology of the dissociative disorders. *Dissociation*, 5(4), 196–204.
- Maher, J., Fitz-Gibbon, K., Meyer, S., Roberts, S., & Pfitzner, N. (2021). Mothering through and in violence: Discourses of the ‘good mother’. *Sociology*, 55(4), 659–676. <https://doi.org/10.1177/0038038520967262>
- Marshall, C., Fernet, M., Brassard, A., & Langevin, R. (2023). “I was trying to be the mother to her that I didn’t have”: Mothers’ experiences of child sexual abuse and intergenerational maltreatment. *Violence against Women*. Advance online publication. <https://doi.org/10.1177/10778012231216712>

- McCloskey, L. A. (2013). The intergenerational transfer of mother–daughter risk for gender-based abuse. *Psychodynamic Psychiatry*, 41(2), 303–328. <https://doi.org/10.1521/pdps.2013.41.2.303>
- McCloskey, L. A., & Bailey, J. A. (2000). The intergenerational transmission of risk for child sexual abuse. *Journal of Interpersonal Violence*, 15(10), 1019–1035. <https://doi.org/10.1177/088626000015010001>
- McCollum, S. E. (2015). Multigenerational dissociation: A framework for building narrative. *Journal of Trauma & Dissociation: The Official Journal of the International Society for the Study of Dissociation (ISSD)*, 16(5), 563–576. <https://doi.org/10.1080/15299732.2015.1030717>
- McGlade, H. (2012). *Our greatest challenge: Aboriginal children and human rights*. Aboriginal Studies Press.
- Michau, L. (2007). Approaching old problems in new ways: Community mobilisation as a primary prevention strategy to combat violence against women. *Gender & Development*, 15(1), 95–109. <https://doi.org/10.1080/13552070601179144>
- Moulding, N. T., Buchanan, F., & Wendt, S. (2015). Untangling self-blame and mother-blame in women’s and children’s perspectives on maternal protectiveness in domestic violence: Implications for practice. *Child Abuse Review*, 24(4), 249–260. <https://doi.org/10.1002/car.2389>
- Mulvihill, N. (2022). Professional authority and sexual coercion: A paradigmatic case study of doctor abuse. *Social Science & Medicine (1982)*, 305, 115093. <https://doi.org/10.1016/j.socscimed.2022.115093>
- Pain, R. (2022). Collective trauma? Isolating and commoning gender-based violence. *Gender, Place & Culture*, 29(12), 1788–1809. <https://doi.org/10.1080/0966369X.2021.1975103>
- Porat, R., Gantman, A., Green, S. A., Pezzuto, J.-H., & Paluck, E. L. (2024). Preventing sexual violence: A behavioral problem without a behaviorally informed solution. *Psychological Science in the Public Interest: A Journal of the American Psychological Society*, 25(1), 4–29. <https://doi.org/10.1177/15291006231221978>
- Reinharz, S., & Davidman, L. (1992). *Feminist methods in social research*. Oxford University Press.
- Russo, N. F., & Pirlott, A. (2006). Gender-based violence: Concepts, methods, and findings. *Annals of the New York Academy of Sciences*, 1087(1), 178–205. <https://doi.org/10.1196/annals.1385.024>
- Salter, M. (2016). ‘Real men don’t hit women’: Constructing masculinity in the prevention of violence against women. *Australian & New Zealand Journal of Criminology*, 49(4), 463–479. <https://doi.org/10.1177/000486581558703>
- Salter, M., Conroy, E., Dragiewicz, M., Burke, J., Ussher, J., Middleton, W., Vilenica, S., Martin Monzon, B., & Noack-Lundber, K. (2020). “A deep wound under my heart”: Constructions of complex trauma and implications for women’s wellbeing and safety from violence. *Australia’s National Research Agency for Women’s Safety*. <https://www.anrows.org.au/publication/a-deep-wound-under-my-heart-constructions-of-complex-trauma-and-implications-for-womens-wellbeing-and-safety-from-violence/>
- Sar, V., Ozturk, E., & Vedat, S. (2013). What is trauma and dissociation? In G. F. Rhoades, Jr. (Eds.), *Trauma and dissociation in a cross-cultural perspective* (pp. 7–20). Routledge.
- Schwartz, H. L. (2000). *Dialogues with forgotten voices: Relational perspectives on child abuse trauma and the treatment of severe dissociative disorders*. Basic Books.
- Seo, J. (2008). Politics of memory in Korea and China: Remembering the comfort women and the Nanjing massacre. *New Political Science*, 30(3), 369–392. <https://doi.org/10.1080/07393140802269021>

- Shamai, M. (2018). Is poverty a collective trauma? A joint learning process with women living in poverty in the city of Haifa in Israel. *The British Journal of Social Work*, 48(6), 1718–1735. <https://doi.org/10.1093/bjsw/bcx116>
- Smith, C. P., & Freyd, J. J. (2014). Institutional betrayal. *The American Psychologist*, 69(6), 575–587. <https://doi.org/10.1037/a0037564>
- Spencer, C., Mallory, A. B., Cafferky, B. M., Kimmes, J. G., Beck, A. R., & Stith, S. M. (2019). Mental health factors and intimate partner violence perpetration and victimization: A meta-analysis. *Psychology of Violence*, 9(1), 1–17. <https://doi.org/10.1037/vio0000156>
- Ubillos-Landa, S., Puente-Martínez, A., González-Castro, J. L., & Nieto-González, S. (2020). You belong to me! A meta-analytic review of the use of male control and dominance against women in intimate partner violence. *Aggression and Violent Behavior*, 52, 101392. <https://doi.org/10.1016/j.avb.2020.101392>
- Vaughans, K. C. (2016). To unchain haunting blood memories: Intergenerational trauma among African Americans. In J. Salberg & S. Grand (Eds.), *Wounds of history: Repair and resilience in the trans-generational transmission of trauma* (pp. 246–262). Routledge.
- Wenigmann, M., Weiß, J., & Heidelberg, R. (2024). Holding anti-feminist gender role beliefs mediate the relationship between family-related adverse childhood experiences and different forms of intimate partner violence perpetration in adulthood. *Journal of Criminal Justice*, 93, 102214. <https://doi.org/10.1016/j.jcrimjus.2024.102214>
- World Health Organization (WHO). (2021). *Violence against women prevalence estimates, 2018: Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women*. World Health Organization. <https://www.who.int/publications/i/item/9789241>
- Yin, R. K. (2009). How to do better case studies. In *The SAGE handbook of applied social research methods* (Vol. 2, pp. 254–282). SAGE.