


Childhood experiences of female family-violence perpetrators

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Abstract

Purpose: To explore the childhood experiences of women who have perpetrated family-violence and voluntarily sought help.

Design and Methods: The qualitative design includes in-depth, unstructured individual interviews with 19 women who have perpetrated family-violence.

Findings: The categories of maltreatment exposure, parental capability, and a role of the sensitive, good girl are identified and described in this article.

Practice Implications: The findings provide guidance for nurses who encounter families at risk of female family-violence perpetration and for those developing preventive interventions for female family-violence perpetrators whose family-of-origin issues are essential in processing issues of self.

KEYWORDS

childhood experiences, emotional violence, female family-violence, neglect, parenting, qualitative research

Women's use of family-violence can be difficult to understand because it does not conform to traditional female identity¹ and consequently is often minimized.² One way to develop understanding of this phenomenon is to explore the childhood experiences of women involved in such violence. Research on female family-violence and childhood experiences has focused primarily on women who have been convicted of family-violence and received court-ordered help.³⁻⁵ There are several batterer intervention programs developed for men aiming to reduce men's power and controlling behavior against women,⁶ but it has been suggested that family-of-origin issues are essential to consider when designing interventions for female family-violence perpetrators.⁷ The purpose of this study was to explore childhood experiences of female family-violence perpetrators who voluntarily sought help. The findings from qualitative interviews with the women and the implications for practice and the development of interventions are discussed in this article.

In this study, *family-violence* refers to emotionally or physically abusive behavior between partners or emotional and physical child abuse and neglect.⁸ *Emotional abuse* refers to harmful nonphysical interactions, including acts of omission and commission.⁹ *Child neglect* refers to behavior by which a parent fails to provide a safe physical environment for the child or a safe environment for the child's emotional development and well-being.¹⁰

1 | INTERGENERATIONAL TRANSFERENCE OF FAMILY-VIOLENCE

The intergenerational transmission of family-violence is one possible explanation for family-violence, and men's violence against women has been studied from this perspective.¹¹ In this case, a person who witnesses or experiences family-violence in childhood later uses violence against family members in adulthood.¹² Even when accepting the existence of intergenerational transference of family-violence, the relationship between childhood experiences of violence and violent behavior in adulthood is complex and requires more exploration.¹³ For example, this pattern can be viewed as a matter of social learning.¹⁴ Moreover, some adults continue the violent behavior they experience in childhood, whereas others do not.¹⁵ Shorey, Brasfield, Febres, and Stuart¹⁶ found that, among both women and men, certain psychological characteristics are related to violent behavior: emotional dysregulation, poor self-control, insecure attachment, and impulsivity. Dankoski et al.¹³ investigated attachment and affect regulation among men in relation to this issue, but this behavioral pattern has been little studied among women who have used violence against family members.

2 | PARENTING AND ATTACHMENT

Parenting has long-lasting effects on children's health and well-being, and good-enough parenting is essential for children's emotional and behavioral development.¹⁷ Good-enough parenting means safe relationships with parents and children where children may live a socially constructive, predictable life and have opportunities to develop secure attachment with significant adults.¹⁷ In a secure attachment relationship, the child receives consistent and unconditional caring, teaching, and leading and experiences moderate affective involvement and high levels of support.^{18,19} Poor or unpredictable parenting, however, can lead to emotional and mental health problems.^{15,20,21} In a safe relationship with others, children can develop flexible affect regulation as their needs are met in age-appropriate ways¹⁷; without this experience, children might experience emotional neglect.

Attachment can also be viewed from the perspective of positive and negative images of self and others, which generates a model of four attachment style types: secure, preoccupied, dismissing, and fearful.²² Negative self-image, for example, is related to fear of abandonment.²² A person with secure attachment often has a healthy personality, including the ability to love, be self-directed and cooperative in healthy relationships, adapt to change, and cope with adversity.^{23,24}

3 | EMOTIONAL ABUSE EXPERIENCES

Childhood experiences of emotional abuse may be related to the quality of adulthood romantic relationships through the mechanism of attachment.²⁵ For example, Berzenski and Yates²⁶ found that childhood emotional abuse experiences predicted violent relationships among undergraduate students. Also, female college students who experienced childhood emotional abuse and perpetrated intimate partner violence have been found to have disconnection/rejection ideation.²⁷ They do not expect that others will fulfill their needs for safety, security, empathy, respect, or stability,²⁷ and these maladaptive expectations are related to insecure attachment styles. Childhood emotional abuse and neglect are also understood to produce a negative sense of self.²⁵ Childhood adverse experiences have been found to be related to depression;²⁸ maltreatment experiences, such as parental overprotection and childhood teasing, to avoidant personality disorder symptomology²⁹; emotional neglect to anxiety disorders³⁰; and childhood neglectful experiences to poor emotional regulation.³¹

4 | CURRENT STUDY

The authors of the present study found no explorative qualitative studies on the childhood experiences of women who initiated family-violence against their partners and/or children and later voluntarily sought help. Gavin³² recommended the use of mixed methodologies in emotional abuse research because statistical measurements reveal only what is asked; qualitative findings, though, may reveal new details. Therefore, Ferreira and Buttell's⁷ suggestion of exploring family of

origin issues with female family-violence perpetrators encouraged setting the purpose of this study: to explore the childhood experiences of women who perpetrated family-violence against family members and voluntarily sought help.

5 | METHODS

5.1 | Recruitment

Women received information about the present research when they participated in a group intervention at a Finnish association focused on community well-being and gender-sensitive issues. Before entering the group intervention, the women had called a helpline and participated in three individual conversations with a professional who assessed their suitability for the intervention. This psychodynamic group intervention incorporated the family perspective and was intended for women who had used or feared that they might use family-violence. The aim of the intervention, which met weekly for 15 weeks, was to help the women understand the reasons for their violent behavior and learn skills to prevent future violent behavior.³³ The intervention was not part of this present study. All the women who volunteered to participate in the study ($n = 21$) were contacted by phone by the first author. Two women did not want to participate in interviews. A total of 19 women met the first author and gave written consent to participate in the interviews.

5.2 | Participants

The women, who ranged in age from 21 to 63 years, had initiated the use of physical and/or verbal violence against their male partners and/or their children.³⁴ The violent behavior had occurred as recently as a month before the interviews and as long ago as 20 years earlier. Seventeen of the women were in relationships, and three no longer lived in the same household as the person against whom they had used physical or verbal violence. Thirteen had earned at least a bachelor's degree or were studying at the undergraduate level. None of the women had experienced substance abuse problems. All their children had been clients of child-protection services, and all the women had voluntarily sought help.

5.3 | Data collection

The first author conducted the data collection and analysis. She was not involved in the intervention, which the women had attended before the interviews. Data were collected through interviews because this method best serves the aim of improving knowledge in an area generally difficult to understand.³⁵ The first author began the unstructured interviews by explaining that the study was part of a larger research project for her doctoral thesis on female family-violence behavior. She repeated the study aims and asked the interviewees to tell about the childhood experiences that they felt were important and wanted to share. The interviews proceeded like ordinary conversations, lasted 60–120 min, and ended when the interviewees said that they had told

all that they wanted to about their childhood. The interviews were audio recorded with the participants' permission. There was no need to repeat the interviews.

5.4 | Data analysis

Qualitative, inductive content analysis³⁶ was performed to explore the contents of the interviews because little qualitative knowledge about female family-violence perpetrators childhood experiences exists,³⁷ and this method aids researchers in constructing new knowledge about a phenomenon based on data without setting themes in advance.³⁶ The interviews were transcribed verbatim, and the subsequent inductive content analysis followed the process outlined by Elo and Kyngäs.³⁶ First, the text was read several times to facilitate understanding of the data. The unit of analysis chosen was an utterance, or words, sentences, or part of a sentence,³⁶ and utterances with similar meanings were grouped together. Next, the groups with the same content were organized into subcategories ($n = 15$), which were named to describe the content. Subcategories with the same content were combined into categories ($n = 3$)^{36,37} and named to reflect the content.

5.5 | Ethical considerations

The local ethics committee approved this research (26/2013) and deemed it to be ethically sensitive and justified because women's family-violence threatens families' health and well-being.³⁵ This research followed the ethical guidelines of the Helsinki Declaration. The professional running the group intervention explained the study both verbally and in writing, and the first author informed the women both orally and in writing that they had the right to withdraw from the study at any point if they wished. She also told the participants how the findings would be reported and assured them that their anonymity would be respected.

When concluding the interviews, the first author inquired whether they had evoked any new, unrecognized emotions in the participants. The purpose of this question was to protect the children and vulnerable adults in the participants' homes. If the women had been upset, the first author would continue the conversation and provide appropriate help. All the participants' children were or had been clients of child-protection services, so there was no concern about leaving vulnerable children without resources. The participants reported that no new emotions had surfaced and that they had processed their emotions while participating in the association's program. The first author also asked whether the women had appropriate contacts with whom they could share any unpleasant emotions that might arise later. All the women said that they did and that they had more tools to cope with unpleasant emotions than they did before the program. Finally, the first author provided her contact information and reminded the women that they could contact her after the interview if they wished. One interviewee later contacted the first author and thanked her for the interview.

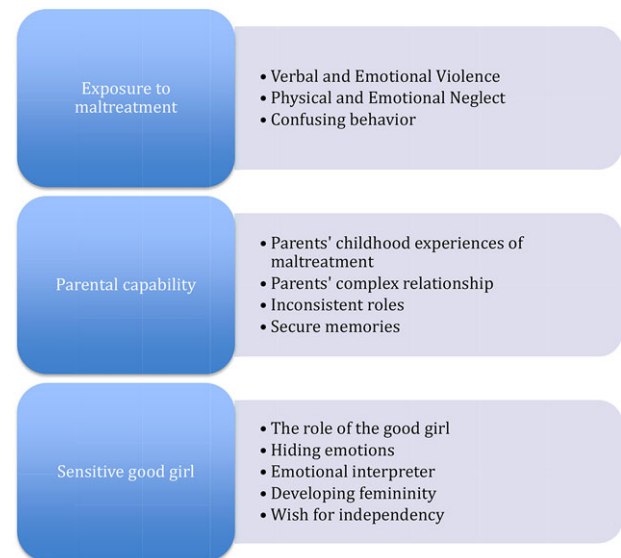


FIGURE 1 Female family-violence perpetrators' childhood experiences of maltreatment, parental capability, and a sense of self [Color figure can be viewed at wileyonlinelibrary.com]

6 | FINDINGS

Based on the results of inductive content analysis, three categories were identified: (1) exposure to maltreatment; (2) parental capability; and (3) the sensitive, good girl. The research findings are summarized in Figure 1, and the categories and subcategories (in italics) are explained as follows. All experiences that the women explored involved their biological families, including their mothers, fathers, and, in some cases, siblings. In some families, the parents divorced, and the children stayed with the mother.

6.1 | Exposure to maltreatment

During childhood, the women experienced *verbal and emotional violence*, which both induced fear and stress. Verbal violence manifested in abandonment threats, insults, criticism, oppression, shaming, and belittlement. Emotional violence entailed a lack of positive talk, acceptance, and praise for success. The women felt that their parents were demanding but not respectful of them. The parental emotional regime blamed the children for the parents' misery and instilled a sense of shame and guilt in the children. One woman explained the situation in her childhood home: "You couldn't pin it down. ... If you tried to put a mirror in front of him, it was thrown aside because someone else had always caused the misery, not Dad."

The parents' passive-aggressive behavior, which often took the form of oppressive silence, contributed to the participants' feelings of shame and guilt, as they believed that they had done something wrong or had not done enough. The women described emotional and verbal violence as more frightening than physical violence, which they sometimes experienced in punishment situations. They rarely experienced severe physical violence.

The women described their parents' behavior as cold, neglectful, emotionless, and displaying a lack of understanding of the children's

needs. In one example of *physically neglectful* behavior and the inability to understand children's needs, one participant reported being left at home alone for long periods of time on several occasions as a preschooler. The woman described this as a very insecure memory.

The women also had experiences of *emotional neglect*. Emotional neglect was experienced in situations when, for example, the participants felt invisible as the parent did not see or hear them and ignored their emotions. One participant recalls her mother's behavior: "I went to her to be with me as I felt so anxious. ... She turned the TV up louder and asked me to leave." This participant felt that her mother acted in that way because, as a parent, she could not help her daughter to cope with unpleasant feelings; consequently, the daughter had to solve problems by herself. Anger and sadness were the emotions that the participants had to deal with alone most frequently.

Demands imposed by poor health also negatively affected family routines and caused emotional neglect, even if unintentional. Several women reported that, when their parent or sibling became physically unwell and needed prolonged hospital care, that parent was absent from the home or with the sibling in a hospital. Often, the parent who stayed at home with other children was worried and preoccupied by the situation. Sometimes, mental health problems and substance abuse intensified feelings of instability and insecurity in the home and resulted in poor health.

The women also felt that their parents' *behavior was confusing*. Sometimes, the parents were demanding, authoritarian, or even intimidating one moment, and the next, they were very distant, failed to communicate verbally, or perhaps became highly needy. Mothers' inconsistent behavior was experienced as confusing, volatile, and unpredictable, as shown in the following interview excerpt: "The basic pattern with Mum was that I couldn't know whether the same thing was a good or a bad thing today. If I offered to give her a lift to town today and not tomorrow, it might make her scold me or thank me. I was just unable to predict what she was thinking, and that was a problem. The rules changed every day."

6.2 | Parental capability

In the women's childhood experiences, their *parents' childhood experiences of maltreatment* negatively affected their parental capability. The women described their parents' problems regulating their emotions and were aware of their parents' childhood abusive experiences. Women reported that the intergenerational transmission of family violence occurred in their childhood families.

Another component of the women's childhood experiences was their *parents' complex relationships*, which resulted in sadness and insecurity. A participant described an example of these complex parental relationships: "My parents' relationship included constant arguing and judging, and on the other hand, it was very dependent. They could do nothing alone." The women also shared that their parents' relationships often appeared to be unloving and cold and frequently involved infidelity. The parents had communication barriers, which rendered them unable to respond to each other's needs. For instance, one parent might respond with silence or resignation to the other's demanding behavior.

The women who reported that their parents' complex relationships were their most difficult childhood experiences emphasized that they were never threatened by physical violence at home. Although the parents did not necessarily engage in physical or verbal violence, their complicated relationships made the home atmosphere paralyzing, as one woman describes it: "The dynamic between the parents was paralyzing, even [though] there was no alcohol in our home at all." In these circumstances, the parents often could not focus on the children. The women remembered both longing for and fearing their parents' divorce. Moreover, they felt guilty for wishing for divorce, especially if they had strong religious convictions.

The participants also felt that *the roles* of parent and child were *inconsistent*. Often, if the father used violence in the family, the women tried to nurture their mothers and alleviate their mothers' suffering but felt that they failed in these attempts, leading to feelings of guilt. The women felt that their mothers needed more mothering than they gave. The women experienced these relationships with needy parents as very constraining.

All the women, however, also had pleasant, *secure memories* from childhood. Often, one parent was safe and able to be present, accepting, and appreciative of the child. Sometimes, a sibling provided a sense of safety when the parents could not. Women who did not have such support found it outside the home from people who played important roles in making the women feel visible. Women who perceived their parents' complex relationship as a burden nevertheless usually felt loved. Religion and faith often provided safety and support.

6.3 | The sensitive, good girl

In the face of parents' limited abilities and maltreatment experiences, the girls were trying to adopt a role of the good girl, but they also became very sensitive to others' behavior. Women who felt invisible expressed the desire to become visible and cared for. They tried to gain visibility by doing well, which helped them avoid feeling shame, but that became the overwhelming emotion when they did not succeed. They saw success as a measure of acceptance and needing help as a sign of inferiority. The participants prevented feelings of abandonment and shame by adopting *the role of the good girl*. They strove for success and obedience while avoiding causing any problems in their families.

The role of the sensitive good girl included the ability to store and *hide their emotions*, which they called "encapsulating the emotions." The women also experienced that parents were allowed to show their emotions, but children were not. One woman explained how she hid her fear: "The circumstances were such ... that the fear would have been such a huge thing that no one was able to handle it. ... I was obliged to push it away." Recognized but hidden emotions included fear, sadness, powerlessness, worthlessness, abandonment, and shame.

Accustomed to hiding and storing up emotions, the women acted as the *emotional interpreters* in their families. They felt that others' emotions were more important than their own, and they learned to sense others' emotions and to watch for the warning signs of arguments, which they would then try to prevent. They developed great sensitivity toward recognizing others' emotions, often at the expense of their own.

In adolescence, the women's experiences of *developing femininity* lead to conflict because they needed guidance from adults. The women were rarely able to discuss about the development of womanhood with their mothers, and changes in their bodies caused the participants to feel shame. For example, one woman stole her first bra because she was too embarrassed to tell her parents that she needed one.

On the verge of the adulthood, the women encountered another conflict as they began to *wish for independence* and to find their mothers' neediness and inconsistency to be highly stressful. Sometimes, the thought of leaving the mother alone with the father induced so much guilt that it complicated the participants' efforts to become independent. Some of the women decided to move away from home before age 18 years, and it had helped them behave in a more mature manner, especially in relation to their mothers.

7 | DISCUSSION

This study reports the findings from a qualitative analysis of the childhood experiences of women who used violence against family members and voluntarily sought help to end their violent behaviors, as such knowledge was not found from previous studies. The findings reveal new descriptive knowledge of childhood experiences of emotional family-violence and neglect as well as childhood experiences of the self, particularly perceptions of female family-violence perpetrators.

The findings support the theory of the intergenerational transmission of family-violence¹² from the perspective of voluntarily help-seeking female family-violence perpetrators. It is worth noting, though, that the women who used physical and emotional violence against family members rarely experienced physical violence in their family of origin but did experience many kinds of emotional abuse and neglect. Among men, the intergenerational transference of physical aggression has been found,¹³ but emotional violence was not included in the study.

The women's experiences of their parents' parental capabilities contrast sharply with what is known to support children's emotional and behavioral development.^{17,18,23} The parents' own difficulties prevented them from providing secure parenting for their children's emotional development, and the women had few experiences of building secure attachment with safe, predictable, responsive parents. In well-differentiated families, members can feel closeness and independence simultaneously,²³ while moderate affective involvement supports healthy personality development.¹⁸ However, the participants in the present study often lacked experiences of closeness or independence in childhood. Their childhoods can be described as a double-edged coin as they tried to be children but, at the same time, felt that their parents needed mothering and sought it from the children. In adulthood, the women experienced similar desires for separateness and fears of abandonment, which were present before the violent behavior.³⁴ The parents' limited capabilities appeared to support the development of insecure attachment as rejecting and abandoning behavior took place in the families; similarly, Gay et al.²⁷ found among female college students.

The construction of the role of the sensitive, good girl in this study implies insecure attachment and negative self-image.^{17,22} This finding adds descriptive knowledge to Riggs²⁵ findings regarding childhood emotional abuse experiences and sense of self from the perspective of female family-violence perpetrators. It is worth noting that women recognized various emotions related to their childhood, but they had not been able to process them, so they seemingly became part of the women's sense of self as capsulated emotions. This capsulation may have induced the difficulty to ask help when needed. At the same time, it must be acknowledged that the women were able to make mature decisions at early ages, for example, deciding to move out of their homes, and that despite their guilt, their secure memories may have helped prompt their search help for their problematic behaviors. Of the four psychological characteristics of perpetrators identified by Shorey et al.¹⁶ (emotional dysregulation, poor self-control, insecure attachment, and impulsivity), only insecure attachment was present in the women's childhoods. During the childhood, the women had strong self-control, did not behave impulsively, and did not display emotional dysregulation as they have done later in their lives.³⁴

7.1 | Limitations

This study design has certain limitations. The sample was quite small, which was necessary to gain descriptive knowledge of the phenomenon studied. Also, the study involved only women who were aware of and had processed their violent behaviors in the group intervention program for at least 4 months before the interviews. The results certainly would have been different if the women had not attended the intervention program. This recruitment selection resulted from a deliberate decision to seek such sensitive information only from women who had already received help and to avoid the harm of unrecognized emotions surfacing in participants who lacked the appropriate tools to manage them. That risk also provided a reason for conducting unstructured interviews, which allowed the women to share what they felt was important. Also, the self-report study design has limitations. Respondents might forget aspects of past events and experiences and use their imagination to fill in these gaps. In this study, the women also most likely omitted some details because they first met the lead author at the interviews and did not necessarily trust her enough to tell her everything.

7.2 | Implications for the nursing practice and intervention development

The study findings provide guidance for nurses and other clinicians who encounter families in various contexts. The results highlight that women who were victims of childhood emotional violence and neglect appear to repeat this pattern, committing emotional or physical violence during emotionally insecure situations in adulthood.³⁴ This cycle needs to be identified and ended to prevent mental health problems. Nurses should not fail to address abstract, sensitive issue because it is a matter of children's and partners' safety. Education can help women to recognize their own behavioral patterns and understand the

possible difficulties in emotional coping and might even encourage them to seek help before conflicts arise.

Emotional violence and neglect are complex issues to understand, and parents need guidance to be able to understand the harm emotional abuse and neglect may cause. Professionals who might be able to help end this cycle should remember that similar abusive behavior does not necessarily transfer directly from one generation to another, as occurred among these women. Therefore, professionals should not hesitate to sensitively inquire about different kinds of family-violence perpetration or about one's sense of self. When, for example, professionals meet exhausted parents, they should discuss the parents' capabilities and emphasize that asking for help is not a sign of inferiority. Also, it is essential to sensitively share that no one is or does not need to be a mind-reader, as women shared several experiences of not being able to read their parents' minds or neither were they able to ask for help when encountered difficulties. Also, if mothers suffer mental health problems, issues of abusive behavior should be discussed.²⁸ The study findings can be used as examples of inquiries to avoid raising any kind of guilt or resistance in women.

The knowledge of sense of self is essential in developing preventive interventions for women and even adolescents who have experienced emotional abuse. This study contributes knowledge helpful for the development of such interventions, and as Ferreira and Buttell⁷ suggested, it crucial to process family-of-origin issues with women who have perpetrated family-violence. Preventive interventions should help participants process issues related to self-image, such as self-esteem and self-knowledge, to help eliminate the adverse outcomes of childhood emotional abuse, such as anxiety,³⁰ depression,²⁸ and personality disorder symptomology,²⁹ along with abusive behavior.

7.3 | Conclusion

The study participants who used family-violence had experienced childhood maltreatment from parents with limited capabilities and had formed a sense of self as a sensitive, good girl. All their childhood experiences were not negative, but those that were contributed to negative images of self and others, even among women who appeared to cope well in life. In practice with these women, these experiences need to be acknowledged, and early recognition of the need for help can even prevent the occurrence of violence and mental health problems. The study findings may also be used to develop preventive interventions for women who experienced childhood maltreatment.

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