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# Intergenerational transmission of childhood interpersonal trauma in adults entering therapy for intimate partner violence: The role of identity diffusion

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## ABSTRACT

**Background:** Childhood Interpersonal Trauma (CIT) is a major public health issue that increases the risk of perpetrating and sustaining intimate partner violence (IPV) in adulthood, perpetuating intergenerational cycles of violence. Yet, the explanatory mechanisms behind the intergenerational transmission of trauma warrant further exploration.

**Objective:** This study explored identity diffusion as an explanatory mechanism linking cumulative and individual CIT (sexual, physical and psychological abuse, physical and psychological neglect, witnessing parental physical or psychological IPV, bullying) to IPV (sexual, physical, psychological, coercive control) and to the next generation's exposure to family violence. Gender differences (men, women, gender diversity) in these links were examined.

**Participants and setting:** A sample of 846 adults (60.4 % men, 36.4 % women, 3.2 % gender diverse) entering therapy across 21 community IPV specialized organizations were recruited.

**Methods:** Participants completed brief validated questionnaires assessing CIT, identity diffusion, IPV perpetration and victimization, and new generation's exposure to family violence.

**Results:** Four path analysis models showed that cumulative CIT, psychological neglect, and bullying were indirectly associated with adult IPV perpetration and victimization, and new generation family violence exposure through higher identity diffusion ( $\beta$ s ranging 0.037–0.091). Cumulative CIT was not related to IPV perpetration for gender diverse individuals, nor was identity diffusion related to IPV victimization for this group.

**Conclusions:** This study highlights the relevance of trauma-sensitive and identity-focused interventions that consider familial history and gender identity to effectively address the intergenerational transmission of trauma.

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## 1. Introduction

Childhood interpersonal trauma (CIT) involves traumatic experiences within the family environment before the age of 18 (e.g., psychological abuse). It is a major public health issue in Canada and worldwide, with major economic repercussions (World Health Organization, 2022). Worldwide, between 12.7 % and 36.3 % of adults report having experienced CIT, depending on the type of trauma (Stoltenborgh et al., 2015). The consequences for CIT victims are numerous and pervasive, as CIT notably doubles the risks of both perpetrating and becoming victims of intimate partner violence (IPV) in adulthood (Cotter, 2021). Thus, IPV is also a serious social issue related to numerous negative outcomes for both perpetrators and victims (e.g., mental and physical health problems, social functioning difficulties; Claing et al., 2024; Dokkedahl et al., 2022), with men more often being the perpetrators and women more often being the victims of IPV (Conroy, 2021; Smith-Marek et al., 2015). According to the intergenerational transmission of trauma, individuals who have experienced CIT are likely to develop emotional and relational difficulties that potentially increases their risk of becoming involved in an IPV relationship dynamic in adulthood (Smith-Marek et al., 2015). Children of these individuals may then be exposed to their parents' IPV, placing them at risk of experiencing concurrent CIT, perpetuating the cycle of intergenerational transmission (Berlin et al., 2011). Although the intergenerational transmission of trauma has been proposed, the explanatory mechanisms behind this transmission warrant further exploration (Dugal et al., 2021; Lee, 2021; Webermann & Murphy, 2019). This study's aim was to examine the role of identity diffusion, an essential component of individual development (Briere, 1996), in the process of intergenerational transmission of CIT.

### 1.1. Intergenerational transmission of childhood interpersonal trauma

According to Bigras et al. (2017), CIT represents traumatic experiences occurring in the family environment before the age of 18, including eight forms of victimization: sexual abuse (e.g., non-consensual acts), physical abuse (e.g., hitting, burning), psychological abuse (e.g., insults), physical neglect (e.g., lack of care), psychological neglect (e.g., lack of affection), witnessing parental physical (e.g., parents hitting each other) or psychological IPV (e.g., parents belittling each other), and bullying (e.g., being humiliated by peers). Each CIT may be related to different outcomes (Langevin et al., 2023; Li et al., 2020), and cumulative CIT tend to lead to more complex and severe consequences (e.g., more likely to experience anger or depression; Finkelhor, 2008), including IPV perpetration in adulthood (e.g., St-Pierre Bouchard et al., 2023).

According to the intergenerational transmission of trauma, CIT can be reproduced from one generation to the next through either IPV perpetration (direct transmission) or victimization (indirect transmission), thereby creating a cycle of violence (Madigan et al., 2019). In the current study, IPV perpetration and victimization encompass four forms of violent behaviors: sexual violence (e.g., forcing a partner to have sex), physical violence (e.g., pushing, hitting), psychological violence (e.g., insulting, yelling), and coercive control (e.g., limiting contact with family and friends). Social Learning Theory (Bandura et al., 1961) can help explain the direct transmission of trauma by suggesting that children raised in violent environments may, through observation and modeling, internalize violence as an appropriate response to conflict. This would lead them to replicate these violent behaviors in their own intimate relationships. In addition, Learned Helplessness Theory (Peterson et al., 1993) can explain the indirect transmission of trauma by proposing that children may internalize a helpless attitude resulting from negative beliefs about their ability to overcome challenges, thereby increasing their vulnerability in adulthood.

Meta-analyses have demonstrated that all forms of CIT are individually and cumulatively related to IPV perpetration in adulthood (Godbout et al., 2019; Li et al., 2020; Zhu et al., 2023), but they did not test the role of bullying. However, Adhia et al. (2019) found that bullying is related to higher IPV perpetration in a sample of adolescents and young adults. Nonetheless, the effect sizes in these studies were consistently small, suggesting the need for a deeper understanding of the mechanisms linking CIT to IPV perpetration. Regarding IPV victimization in adulthood, meta-analyses have demonstrated that all forms of CIT, except for bullying (not tested), are individually and cumulatively related to its occurrence (Godbout et al., 2019; Li et al., 2020; Madigan et al., 2019). Adhia et al. (2019) also found that bullying is related to IPV victimization among adolescents and young adults. Spencer et al. (2019) further specified that the greatest risk factors for IPV victimization in adulthood lie in the immediate environment in which a child interacts with others (e.g., with their family). This environment can expose the child to abuse or witnessing IPV between parents, which is a significant risk factor for revictimization in both childhood and adulthood, thereby increasing the risk of IPV victimization.

Adults who have experienced CIT may put their own children at risk of victimization, including exposure to family violence (Langevin et al., 2023). This study, which collects information across three generations (parent's CIT, parent's IPV perpetration or victimization, and their child's exposure to family violence), will refer to the term "new generation exposure to family violence" to describe these children. Marshall et al. (2022) explain that CIT would lead to negative impacts on relationships and mental health in adulthood, which would diminish parental capacities and contribute to an increased risk of victimization for the next generation. The intergenerational transmission of trauma is thus a perpetual cycle that needs to be broken (Madigan et al., 2019). To understand how to interrupt this cycle, it is essential to further document the explanatory mechanisms behind this intergenerational transmission (p. ex., Dugal et al., 2021; Godbout et al., 2019; Madigan et al., 2019).

### 1.2. Identity diffusion as an explanatory mechanism of the intergenerational transmission of trauma

Despite progress in understanding the intergenerational transmission of trauma, the role of identity remains underexplored, as past studies have primarily focused on factors such as emotion regulation and maladaptive personality traits (Dugal et al., 2021; Lee, 2021; Webermann & Murphy, 2019), overlooking identity-related mechanisms that could provide valuable insights for clinical interventions.

Precisely, identity diffusion has received limited attention in the context of intergenerational transmission of trauma, even though Briere's (1996) Self-Trauma Model emphasizes its importance. According to this model, identity cohesion is defined as a consistent sense of personal existence and an internal awareness that allows for appropriate responses to traumatic events without confusion or disorientation. Identity is a function of the self that emerges from normal child development. However, CIT can disrupt this development by distorting the child's cognitive understanding of self, others, and the future, thereby interrupting the formation of a coherent sense of identity. When the self-function of identity is disrupted, individuals may develop identity diffusion, defined as a difficulty in maintaining a stable and coherent sense of self that would lead the individuals to struggle with self-recognition and self-understanding (Boyer, 2022). This can have major consequences on their ability to function healthily on emotional, relational, and behavioral levels (Lucia & Ornella, 2024). In such cases, identity diffusion can provoke internal distress, leading to maladaptive coping mechanisms, such as dissociation or aggression, as individuals struggle to manage their subjective experiences during moments of stress (Briere, 1996).

Some studies have examined the links between CIT, identity diffusion, and aggressiveness, but mostly in adolescent samples. In a study by Penner et al. (2019), sexual and psychological abuse, physical and psychological neglect, as well as cumulative CIT, were related to higher levels of identity diffusion. Additionally, Idemudia and Makhubela (2011) showed that adolescents who did not witness IPV between their parents achieved a better level of identity development than those who did witness it. A recent study by Villeneuve et al. (2024) on a sample of 105 adult men in therapy who were victims of childhood sexual aggression revealed that 79 % of them obtained a score indicating a clinical level of identity diffusion. According to Lucia and Ornella (2024), adolescents with a diffuse identity experience difficulties engaging in intimate relationships and trusting others and their emotions, which can lead them to resort to maladaptive defense mechanisms (e.g., aggression). A study by Dammann et al. (2011) also showed that identity diffusion is strongly related to aggression (physical aggression, verbal aggression, anger and hostility) in a sample of young male offenders. According to Fatma and Bhatnagar (2016), identity diffusion could also lead to feelings of helplessness and loneliness, fueling the perception of being constantly victimized. In adulthood, these unresolved traumatic experiences may make it difficult for parents to process their own emotions, potentially leading to disproportionate reactions to their child's emotions (Berthelot et al., 2015), as well as to those of their partner, which could increase the child's exposure to family violence.

Although these studies support the relevance of identity diffusion as a potential mechanism linking CIT to IPV perpetration and victimization in adulthood, this proposition has never been tested by gathering data on family violence across three generations in a sample of individuals entering therapy for IPV. Furthermore, its role in the experiences of the children of CIT survivors has not been explored, even though it may be a crucial factor in breaking the cycle of violence. In addition, most studies examining these links have either focused on a single type of CIT (e.g., Smith et al., 2011) or cumulative CIT (e.g., Dugal et al., 2021), not allowing for the distinction between various individual CIT types and IPV. Most studies have also only considered one form of IPV (e.g., Meade et al., 2017). This study seeks to fill these gaps, providing new insights into the intergenerational transmission of trauma and offering potential pathways for more targeted clinical interventions among individuals seeking therapy for IPV.

### 1.3. Gender differences

While several studies have attempted to examine gender differences in the links between CIT and IPV in adulthood, their findings remain mixed. A meta-analysis by Zhu et al. (2023) showed that there are no gender differences in the links between CIT and both IPV perpetration and victimization. However, a meta-analysis by Li et al. (2020) showed that men who experienced CIT are more likely to perpetrate IPV compared to women with similar experiences.

On the one hand, the perpetration of IPV in adulthood has been related to childhood experiences of negligence and bullying for both genders, whereas childhood sexual and physical abuse were inconsistently related to later IPV perpetration in men and women (Fang & Corso, 2008; Fatehi et al., 2022; Meade et al., 2017). In addition, witnessing parental IPV was related to women's IPV perpetration only. On the other hand, the victimization of IPV has been related to childhood sexual and physical abuse for both genders, and to witnessing parental IPV for women (Fatehi et al., 2022). Yet, one study (Meade et al., 2017) did not find a link between childhood sexual abuse and men's IPV victimization, with other types of CIT not being tested. Moreover, no study has examined the links between CIT and IPV among gender diverse individuals, although it has been suggested by researchers (Godbout et al., 2019; Zhu et al., 2023). Gender diversity will thus be considered in this study to enhance the understanding of the phenomena, adapt interventions, and promote more inclusive research.

### 1.4. Objectives and hypotheses

Given the high prevalence of IPV among CIT survivors, the primary objective of this study was to examine the role of identity diffusion as an explanatory variable linking CIT (cumulative, eight types) to IPV (perpetration and victimization of sexual, physical, psychological, and coercive control) in adulthood and the exposure of the new generation to family violence among adults entering a therapy for IPV. Based on the literature review, the first hypothesis (H1) postulated that cumulative CIT and individual types of CIT would be indirectly associated with higher levels of IPV perpetration and victimization in adulthood through increased identity diffusion. The second hypothesis (H2) proposed that cumulative CIT and individual types of CIT would be indirectly related to a greater exposure to family violence for the new generation through higher levels of parental identity diffusion. The secondary objective of this study was to explore gender differences in these links (men, women, gender diverse individuals). Due to mixed results in the literature, this study proposed one research question, but no a priori hypothesis: (Q1) Are there gender differences in the direct and indirect links between CIT and IPV in adulthood?

## 2. Method

### 2.1. Procedure

This study was conducted as part of a large research project in collaboration with 21 Canadian community organizations specializing in IPV. Upon entering treatment in a partner organization, participants were invited to complete a series of online questionnaires (approximately 35 min) either by using an electronic tablet, a computer, or by following verbal instructions from a therapist. All data were collected on the secure *Qualtrics* platform, which adheres to strict data security standards. Each user was identified by a numerical code, so that only the organization could match the code to the user's identity, ensuring anonymity for the researchers. A clinical summary of results for each user was transmitted to the organization to personalize intervention. Although the completion of questionnaires was mandatory according to each organization's intake procedure, only users who consented to the use of their data for research purposes were considered participants in the study. This study received approval from the research ethics committee of the researchers' institution.

### 2.2. Participants

From April 2023 to March 2024, 1210 individuals completed the questionnaires, of which 1087 agreed to participate in the research (89.8 % response rate). Of these, 241 were excluded as they did not meet all the inclusion criteria for this study, namely (1) being 18 years old or older ( $n = 10$ ) and (2) having completed the perpetration and victimization questionnaires for IPV ( $n = 231$ ). The final sample consisted of 846 adults aged between 18 and 90 years old ( $M = 36.71$ ,  $SD = 10.89$ ). Participants reported being assigned male (62.3 %) or female (37.3 %) at birth, but 3 participants did not answer this question. Participants identified as men (60.4 %), women (36.4 %), or gender diverse individuals (3.2 %, e.g., non-binary, queer). Additional sociodemographic information is presented

**Table 1**  
Sociodemographic characteristics of the participants.

Characteristics	<i>n</i> (%)
Country of birth	
Canada	793 (93.8 %)
Other	52 (6.2 %)
First language	
French	791 (93.6 %)
English	25 (3.0 %)
Other	29 (3.4 %)
Indigenous	
Yes	43 (5.1 %)
Level of education	
Elementary	139 (16.5 %)
Secondary	441 (52.3 %)
Post-secondary	264 (31.2 %)
Main occupation	
Employed	513 (60.6 %)
Student	40 (4.7 %)
Retired	27 (3.2 %)
Unemployed	108 (12.8 %)
Other	158 (18.7 %)
Annual income	
Less than CAD\$35,000 – CAD\$39,999	311 (45.8 %)
CAD\$35,000 – CAD\$39,999 and more	483 (54.2 %)
Sexual orientation	
Heterosexual	727 (86.0 %)
Homosexual	20 (2.4 %)
Bisexual	58 (6.9 %)
Other	40 (4.7 %)
Marital status	
In a relationship	513 (60.6 %)
Single	203 (24.0 %)
Getting separated	97 (11.5 %)
Other	32 (3.8 %)
Child	
0	202 (24.0 %)
1	181 (21.5 %)
More than 1	458 (54.5 %)
Legal proceedings	
Seeking treatment under a court order	179 (21.7 %)
Restraining order	195 (23.1 %)
IPV legal proceedings	288 (35.6 %)
Child protection services proceedings	223 (27.7 %)

in Table 1.

### 2.3. Measures

A sociodemographic questionnaire was used to collect information on the personal (e.g., gender, sexual orientation, relationship status, education, occupation, income) and judicial (e.g., court-ordered treatment) characteristics of the participants. Validated questionnaires measuring CIT, identity diffusion, and IPV perpetration and victimization were selected based on their psychometric properties, brevity, and availability in French, English, and Spanish.

#### 2.3.1. Childhood interpersonal trauma

The eight forms of CIT were measured using a 12-item version of the Childhood Cumulative Trauma Questionnaire (CCTQ; Bigras et al., 2017). The CCTQ-12 (for a description of changes, see Supplemental materials) measures the occurrence of sexual abuse before the age of 18 with three dichotomous items (yes/no). It also measures the frequency of seven forms of CIT during a typical year of childhood (physical and psychological violence, physical and psychological neglect, witnessing physical and psychological violence between parents, bullying) with one to three items each, using a seven-point scale ranging from 0 (never) to 6 (almost every day). Each form of CIT was dichotomized (0 = absence, 1 = presence) regardless of its frequency to create the individuals scores, and these dichotomized values were summed to create the cumulative CIT score (ranging 0–8). A higher score indicates greater exposure to different forms of CIT. The internal consistency of the CIT items was adequate in the present sample ( $\alpha = 0.83$ ;  $\omega = 0.86$ ).

#### 2.3.2. Identity diffusion

Identity diffusion was measured using the nine-item Identity Impairment scale from the Inventory of Altered Self-Capacities (IASC; Briere & Runtz, 2002). This scale assesses the frequency with which participants experienced various difficulties related to identity diffusion over the past six months using a five-point scale ranging from 1 (never) to 5 (very often). After summing the items, total scores ranged from 9 to 45, a higher score indicating greater difficulties in identity diffusion. The internal consistency of the identity diffusion items was adequate in this sample ( $\alpha = 0.92$ ;  $\omega = 0.92$ ).

#### 2.3.3. IPV perpetration and victimization

IPV perpetration and victimization were measured using 12 items from the Short Form of the Revised Conflict Tactics Scales (CTS2-S; Straus & Douglas, 2004) and eight items from the Coercive Control Scale (CCS; Johnson et al., 2014). Items from the CTS2-S and CCS assessing sexual, physical and psychological violence as well as coercive control were used to measure the frequency of IPV perpetration and victimization over the past year using a seven-point scale ranging from 0 (this has never happened) to 6 (more than 20 times in the past year). As suggested by Straus and Douglas (2004), the midpoint values of the CTS2-S and CCS scoring categories (e.g., the number 25 was used for “more than 20 times”) were summed to create a composite IPV perpetration score and a composite IPV victimization score for each participant, with higher scores indicating higher annual frequency of IPV. The internal consistency was adequate for the IPV perpetration ( $\alpha = 0.83$ ;  $\omega = 0.83$ ) and the IPV victimization ( $\alpha = 0.88$ ;  $\omega = 0.88$ ) items.

New generation’s exposure to family violence was measured among participants with at least one child using one item developed jointly by the researchers and therapists from partner organizations: “*In the past 12 months, how many times have any children living in your home witnessed arguments with your partner that escalated?*” This item was measured using a four-point scale ranging from 0 (this has never happened) to 3 (this has happened 6 times or more), with higher scores indicating a greater frequency of child exposure to parental IPV.

### 2.4. Data analyses

Descriptive and preliminary analyses were conducted using SPSS29 software. Pearson correlations were conducted to assess preliminary links between the study variables and to evaluate the relevance of controlling for pertinent sociodemographic variables (e.g., age, income, education, mental health disorder diagnosis, substance use, court order). Significant correlations had to reach a threshold of 0.20 to be included in the main analyses.

Four path analysis models were conducted using MPlus8 to verify the first objective of the study, allowing for simultaneous testing of direct and indirect links, as well as handling missing data while limiting non-normality bias. The first model examined the links between cumulative CIT and IPV perpetration and victimization through identity diffusion (H1). The second model examined the links between cumulative CIT and the new generation’s exposure to family violence through parental identity diffusion (H2). The third model examined the links between the eight forms of CIT and IPV perpetration and victimization through identity diffusion (H1). The fourth model examined the links between the eight forms of CIT and the new generation’s exposure to family violence through parental identity diffusion (H2). We then conducted multiple-group invariance analyses for each model to examine gender differences (second objective, Q1).

To test the significance of indirect links for each model, a bootstrapping procedure (Preacher & Hayes, 2008) on 10,000 samples was conducted, which generated 95 % confidence intervals around the regression coefficients of the indirect effects. We used four indices to assess whether the models fit the data well: a non-statistically significant chi-square value, a Comparative Fit Index (CFI) value of 0.90 or higher, a Root Mean Square Error of Approximation (RMSEA) value of <0.08, and a Standardized Root Mean Square Residual (SRMR) value of <0.08 indicated a good fit between the data and the model (Kline, 2016).

### 3. Results

#### 3.1. Preliminary analyses

Table 2 presents the results of descriptive analyses and Pearson correlations conducted among the main variables. As expected, high skewness and kurtosis indices in IPV scores supported the use of robust estimators in the main path analyses models to limit biases resulting from non-normal distributions. Most participants experienced at least one type of CIT (88.8 %) and reported having perpetrated (85.5 %) or having been the victim (83.3 %) of at least one occurrence of IPV in the past year. Adult IPV (perpetration and victimization) was positively related to all forms of CIT and cumulative CIT, except for the link between witnessing psychological violence in childhood and adult IPV victimization. Identity diffusion was related to all the study variables. Finally, exposure of the new generation to family violence was positively related to both perpetration and victimization of IPV, as well as several CIT indicators: psychological violence, psychological neglect, witnessing psychological violence, and cumulative CIT. Some correlations emerged when examining potential covariates (e.g., age, income, education, mental health disorder diagnosis, substance use, court order). However, since all correlations were below 0.20, no covariates were retained for the main analyses.

#### 3.2. Main analyses

##### 3.2.1. Cumulative childhood interpersonal traumas

**3.2.1.1. First model: cumulative CIT, identity diffusion and IPV.** The fit indices of the first model ( $\chi^2(6) = 12.079, p = .060, CFI = 0.976, SRMR = 0.065, RMSEA = 0.050, 90\% \text{ CI } [0.000, 0.090]$ ) indicated adequate fit. Fig. 1 presents results from the first model and shows that cumulative CIT was significantly related to higher IPV perpetration ( $\beta = 0.127, SE = 0.034, p < .001$ ) and victimization ( $\beta = 0.082, SE = 0.039, p = .036$ ) in adulthood. Cumulative CIT was also significantly associated with higher levels of identity diffusion ( $\beta = 0.305, SE = 0.033, p < .001$ ), and identity diffusion was in turn significantly related to higher levels of IPV perpetration ( $\beta = 0.298, SE = 0.038, p < .001$ ) and victimization ( $\beta = 0.212, SE = 0.036, p < .001$ ). Multiple-group invariance analyses revealed a gender difference between men and gender diverse individuals,  $\Delta\chi^2(6) = 13.251, p = .039$ . Precisely, results showed that among gender diverse individuals, cumulative CIT was not significantly related to IPV perpetration ( $\beta = 0.055, SE = 0.165, p = .740$ ), and identity diffusion was not related to IPV victimization ( $\beta = 0.007, SE = 0.183, p = .972$ ). The results revealed indirect links (see Table 3) in which cumulative CIT was indirectly associated with higher levels of IPV perpetration ( $\beta = 0.091, SE = 0.015, p < .001$ ) and victimization ( $\beta = 0.065, SE = 0.013, p < .001$ ) through increased identity diffusion. However, multiple-group invariance analyses revealed that, among gender diverse individuals, cumulative CIT was not related to IPV victimization through identity diffusion ( $\beta = 0.002, SE = 0.052, p = .972$ ).

**3.2.1.2. Second model: cumulative CIT, identity diffusion and new generation's exposure to family violence.** The fit indices of the second model ( $\chi^2(3) = 3.081, p = .379, CFI = 0.999, SRMR = 0.027, RMSEA = 0.008, 90\% \text{ CI } [0.000, 0.085]$ ) indicated adequate fit. Fig. 2 presents results from the second model, conducted on parents only ( $n = 643$ ), and shows that cumulative CIT was significantly related to a higher level of parental identity diffusion ( $\beta = 0.306, SE = 0.013, p < .001$ ), which in turn was significantly related to a greater exposure to family violence for the new generation of children ( $\beta = 0.205, SE = 0.045, p < .001$ ). The results revealed an indirect link (see Table 3) in which cumulative CIT was related to a greater exposure to family violence for the new generation through higher levels of parental identity diffusion ( $\beta = 0.063, SE = 0.015, p < .001$ ). Gender differences in children's exposure to family violence could not be tested for gender diverse individuals because too few of them had children ( $n = 6$ ).

##### 3.2.2. Individual childhood interpersonal traumas

**3.2.2.1. Third model: individual CIT, identity diffusion and IPV.** The fit indices of the third model ( $\chi^2(53) = 45.003, p = .775, CFI = 1.000, SRMR = 0.029, RMSEA = 0.000, 90\% \text{ CI } [0.000, 0.022]$ ) indicated adequate fit. Fig. 1 presents results from the third model and shows that when all eight types of traumas are considered altogether, only two types of CIT, psychological neglect ( $\beta = 0.181, SE = 0.040, p < .001$ ) and bullying ( $\beta = 0.178, SE = 0.032, p < .001$ ), were significantly related to higher levels of identity diffusion, which in turn was significantly related to higher IPV perpetration ( $\beta = 0.298, SE = 0.038, p < .001$ ) and victimization ( $\beta = 0.205, SE = 0.038, p < .001$ ). The results revealed indirect links (see Table 3) in which psychological neglect was related to higher levels of IPV perpetration ( $\beta = 0.054, SE = 0.014, p < .001$ ) and victimization ( $\beta = 0.037, SE = 0.010, p < .001$ ) through higher levels of identity diffusion. The results also revealed that bullying was related to higher levels of IPV perpetration ( $\beta = 0.053, SE = 0.012, p < .001$ ) and victimization ( $\beta = 0.037, SE = 0.009, p < .001$ ) through higher levels of identity diffusion. Beyond these indirect links, the experience of childhood sexual abuse was directly related to higher levels of IPV victimization in adulthood ( $\beta = 0.075, SE = 0.036, p = .037$ ).

**3.2.2.2. Fourth model: individual CIT, identity diffusion and new generation's exposure to family violence.** The fit indices of the fourth model ( $\chi^2(43) = 40.197, p = .593, CFI = 1.000, SRMR = 0.031, RMSEA = 0.000, 90\% \text{ CI } [0.000, 0.030]$ ) indicated adequate fit. Fig. 2 presents results from the fourth model and shows that psychological neglect ( $\beta = 0.183, SE = 0.040, p < .001$ ) and bullying ( $\beta = 0.177, SE = 0.033, p < .001$ ) were significantly related to higher levels of parental identity diffusion, which in turn was significantly related to a greater exposure to family violence for the new generation ( $\beta = 0.223, SE = 0.044, p < .001$ ). The results revealed indirect links (see Table 3) in which psychological neglect was related to a greater exposure to family violence for the new generation through higher



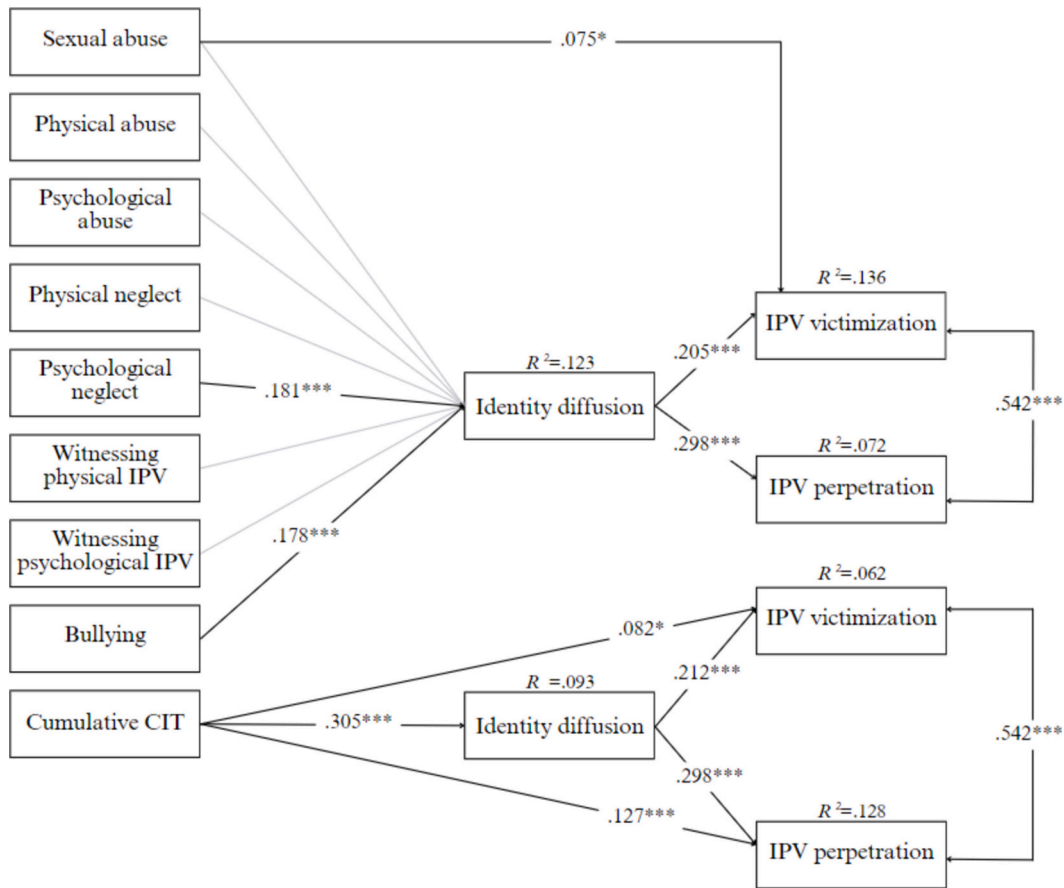
**Table 2**  
Descriptive statistics and Pearson's correlations.

	1	2	3	4	5	6	7	8	9	10	11	12	13
CIT													
1. Sexual abuse	–												
2. Physical abuse	0.22**	–											
3. Psychological abuse	0.24**	0.51**	–										
4. Physical neglect	0.20**	0.30**	0.36**	–									
5. Psychological neglect	0.29**	0.47**	0.70**	0.33**	–								
6. Witnessing physical IPV	0.17**	0.35**	0.36**	0.24**	0.37**	–							
7. Witnessing psychological IPV	0.18**	0.37**	0.44**	0.20**	0.42**	0.48**	–						
8. Bullying	0.17**	0.18**	0.23**	0.11**	0.24**	0.16**	0.19**	–					
9. Cumulative CIT	0.49**	0.69**	0.78**	0.51**	0.77**	0.62**	0.66**	0.46**	–				
10. IPV Perpetration	0.12**	0.14**	0.14**	0.14**	0.20**	0.14**	0.15**	0.10**	0.22**	–			
11. IPV Victimization	0.13**	0.07*	0.07*	0.12**	0.12**	0.10**	0.07	0.09*	0.15**	0.58**	–		
12. New generation exposure	–0.02	0.09	0.12**	0.04	0.11*	0.02	0.14**	0.05	0.11*	0.27**	0.28**	–	
13. Identity diffusion	0.16**	0.13**	0.21**	0.16**	0.28**	0.17**	0.18**	0.25**	0.31**	0.34**	0.24**	0.22**	–
<i>n</i>	846	843	840	836	839	831	844	841	846	844	843	825	820
Skewness	0.73	–0.14	0.08	1.98	0.14	1.03	–0.44	–0.79	0.12	2.75	2.53	0.26	0.58
Kurtosis	–1.48	–1.99	–2.00	1.94	–1.99	–0.95	–1.81	–1.39	–1.15	13.64	8.00	–1.29	–0.54
<i>M</i>	0.33	0.54	0.48	0.15	0.47	0.27	0.61	0.68	3.50	19.48	23.38	1.35	21.60
<i>SD</i>	0.47	0.50	0.50	0.36	0.50	0.45	0.49	0.47	2.34	23.89	32.43	1.12	9.35

Note. CIT = Childhood Interpersonal Trauma.

\*  $p < .05$ .

\*\*  $p < .01$ .



**Fig. 1.** Path analyses of the associations between CIT and IPV (perpetration and victimization) via identity diffusion. *Note.* IPV = Intimate partner violence. \*  $p < .05$ . \*\*\*  $p < .001$ . Cumulative and individual CIT were tested in two separate models. The direct link between cumulative CIT and IPV perpetration is not significant for gender diverse individuals.

**Table 3**

Significant indirect associations between CIT and IPV (perpetration and victimization) via identity diffusion and between CIT and children exposure to IPV via identity diffusion.

Model	Path	$\beta$	SE	p	95 % CI
Model 1	Cumulative CIT → Identity diffusion → IPV perpetration	0.091	0.015	<0.001	[0.065, 0.124]
	Cumulative CIT → Identity diffusion → IPV victimization	0.065	0.013	<0.001	[0.042, 0.093]
Model 2	Cumulative CIT → Identity diffusion → Child's exposure	0.063	0.015	<0.001	[0.035, 0.095]
	Psychological neglect → Identity diffusion → IPV perpetration	0.054	0.014	<0.001	[0.030, 0.085]
Model 3	Psychological neglect → Identity diffusion → IPV victimization	0.037	0.010	<0.001	[0.020, 0.063]
	Bullying → Identity diffusion → IPV perpetration	0.053	0.012	<0.001	[0.033, 0.079]
	Bullying → Identity diffusion → IPV victimization	0.037	0.009	<0.001	[0.021, 0.058]
Model 4	Psychological neglect → Identity diffusion → Child's exposure	0.041	0.012	.001	[0.021, 0.070]
	Bullying → Identity diffusion → Child's exposure	0.039	0.010	<0.001	[0.022, 0.064]

*Note.* The indirect link between cumulative CIT and IPV victimization through identity diffusion is not significant for gender diverse individuals.

levels of parental identity diffusion ( $\beta = 0.041$ ,  $SE = 0.012$ ,  $p = .001$ ). The results also revealed that bullying was related to a greater exposure to family violence for the new generation through higher levels of parental identity diffusion ( $\beta = 0.039$ ,  $SE = 0.010$ ,  $p < .001$ ). Beyond these links, witnessing parental psychological IPV in childhood was also directly related to a greater exposure to family violence for the new generation of children ( $\beta = 0.107$ ,  $SE = 0.051$ ,  $p = .037$ ).

**4. Discussion**

The present study was based on a large, gender-diverse sample of individuals entering an IPV-specialized community organization, either voluntarily or not, and gathered data on family violence across three generations to better explore the intergenerational



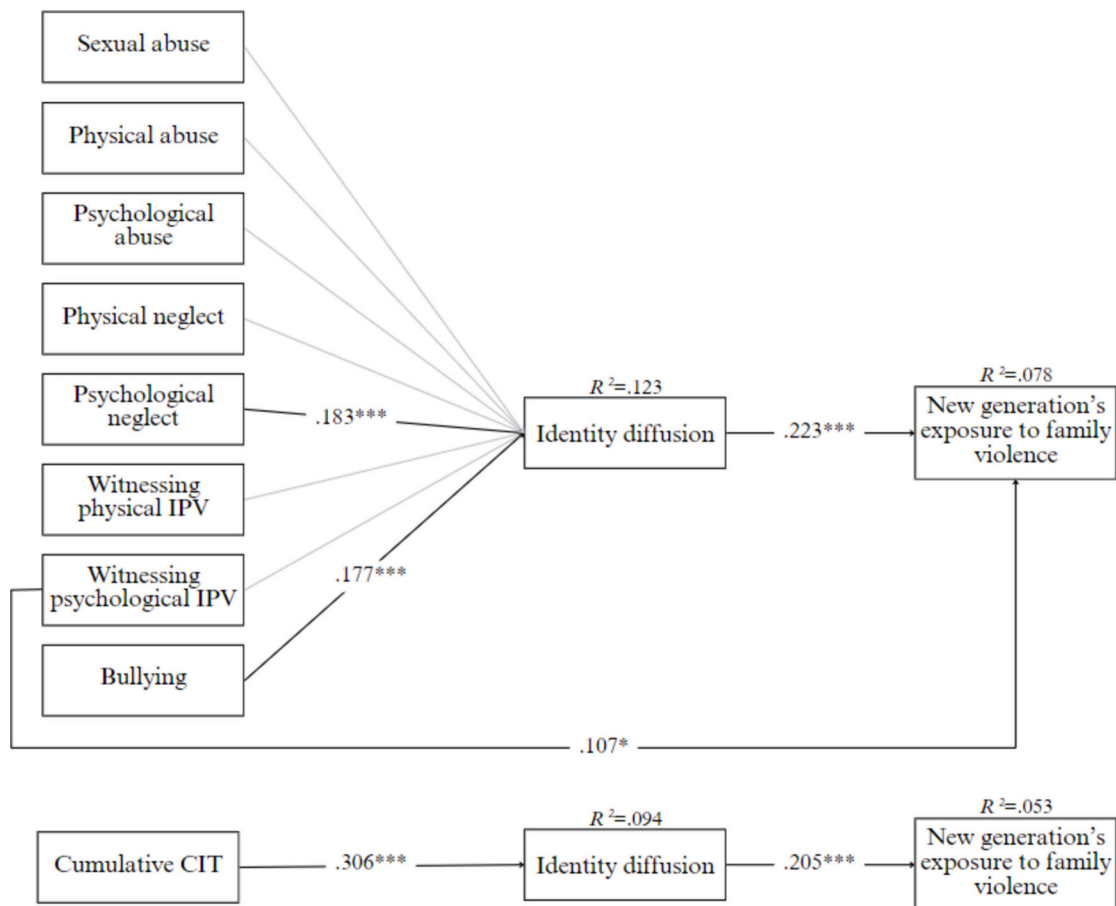


Fig. 2. Path analyses of the associations between Individuals CIT and new Generation's Exposure to Family Violence via Identity Diffusion. Note. IPV = Intimate partner violence. \*  $p < .05$ . \*\*\*  $p < .001$ . Cumulative and individual CIT were tested in two separate models.

transmission of trauma. It is also one of the few studies to consider both the individual and cumulative role of eight types of CIT, while also examining the role of a relatively unexplored mechanism in the transmission cycle: identity diffusion. The results revealed that cumulative CIT is associated with higher levels of IPV perpetration and victimization, as well as a greater exposure to family violence for the new generation of children through higher levels of identity diffusion. When types of trauma were examined individually, the same indirect links were observed for psychological neglect and bullying. Over and above the roles of other traumas and identity diffusion, childhood sexual abuse remained directly associated with higher IPV victimization, whereas witnessing parental psychological IPV in childhood remained directly associated with the new generation of children exposure to family violence.

#### 4.1. Childhood interpersonal trauma, identity diffusion, and intimate partner violence

In support of the first hypothesis (H1), cumulative CIT was found to be linked to higher levels of both IPV perpetration and victimization through increased levels of identity diffusion. According to Briere (1996), cumulative CIT represents an extremely disruptive context of adversity, which includes both acts of omission (e.g., neglect) and commission (e.g., abuse). This can hinder the development of a stable and coherent psychological framework, which is fundamental for identity formation. When children experience CIT, their psychological development may be characterized by persistent confusion and uncertainty regarding their self-worth, competencies, and personal identity. This uncertainty often extends to their caregivers, who are their first social representations, shaping their relational learning and understanding of how to act in relationships (Bowlby, 1982). These combined experiences would lead to complex and enduring consequences (Finkelhor, 2008), including identity diffusion (Briere, 1996).

In partial support of the first hypothesis (H1), only psychological neglect and bullying were linked to higher levels of IPV perpetration and victimization through increased levels of identity diffusion. Psychological neglect and bullying may stand out from other types of CIT due to their profound impact on identity development. According to Erikson (1980), identity is constructed through interpersonal experiences, and a disruption in this process can lead to identity diffusion. Psychological neglect, which deprives the child of emotional support and recognition, can create a sense of identity loss. The neglected child then develops a lack of self-confidence and a persistent uncertainty about their own worth and abilities, which hinders the acquisition of a stable sense of self

(Boyer, 2022). In parallel, bullying would directly damage personal esteem and the sense of belonging, exacerbating doubts about social acceptance and personal competence, which can contribute to identity diffusion. These experiences may leave deep marks on self-perception, making the individual vulnerable to criticism and external judgments, and amplifying emotional reactivity (Erikson, 1980). These results provide new insights into bullying, due to the lack of previous research.

Identity diffusion in individuals who have experienced cumulative CIT, psychological neglect or bullying could explain why adult survivors of CIT are more prone to IPV perpetration and victimization. First, difficulties in maintaining a stable sense of self may lead individuals to adopt identities based on others' expectations, hoping to define themselves (Jørgensen & Bøye, 2022). However, constant adaptation may disconnect them from their own needs, leaving them unable to identify and navigate their authentic thoughts, feelings, and opinions (Jørgensen & Bøye, 2022). This fragile sense of self may heightens vulnerability to criticism and external influences, increasing emotional reactivity and sensitivity to others' judgments (Garofalo et al., 2016). Consequently, individuals higher in identity diffusion may rely on immediate moods to define themselves, impairing emotional regulation and impulse control, which can lead to aggressive behaviors (Lucia & Ornella, 2024), including IPV. Without clear reference points, their distress may lead them to use familiar regulatory behaviors, especially under stress (Bandura et al., 1961). This aligns with social learning theory, as behaviors are transmitted through exposure.

Second, identity diffusion could also manifest in self-directed ways rather than against others. Specifically, the individuals might perceive themselves as guilty, inadequate, powerless, unworthy of existence, and deserving of blame from others (Briere, 1996; Harris, 2011), thereby increasing the risk of IPV victimization in adulthood. According to Fatma and Bhatnagar (2016), identity diffusion could lead to feelings of helplessness and loneliness, further fueling the perception of victimization. This perception can also make these individuals more susceptible to external influence (Boyer, 2022), making them more likely to be influenced by assertive or dominant partners. This vulnerability can lead to dysfunctional relationship dynamics, potentially resulting in the repetition of traumatic experiences and an elevated risk of victimization. This trajectory aligns with the theory of learned helplessness (indirect transmission).

Over and above the roles of other traumas and identity diffusion, childhood sexual abuse remained directly associated with higher IPV victimization. Indeed, childhood sexual abuse leaves direct marks that may affect how victims interact in their intimate relationships as adults (e.g., inability to set clear boundaries, normalizing aggressive behaviors, fear of leaving a violent partner) over and above identity diffusion. The immediate traumatic impact of childhood sexual abuse (e.g., shame, guilt, fear of abandonment) and the perpetuation of antisocial behaviors (e.g., attraction to violent partners) could explain this association (Daigineault et al., 2009).

#### 4.2. Childhood interpersonal trauma, identity diffusion, and new generation exposure to family violence

In partial support of the second hypothesis (H2), we found that cumulative CIT, psychological neglect, and bullying experienced by parents were linked to a greater exposure to family violence for the new generation through higher levels of parental identity diffusion. Parents with a diffuse identity may struggle to identify and understand their own traumatic experiences, which could lead to unpredictable behavior (Berthelot et al., 2015) and a higher likelihood of repeating the harmful patterns they experienced in childhood (Bandura et al., 1961). These parents' difficulties to address their traumatic experiences could lead to inappropriate or excessive reactions to their child's emotions (Berthelot et al., 2015), as well as their partner's. This could contribute to a climate of tension and stress that would impair their parenting abilities (Marshall et al., 2022), as they struggle to set boundaries and often resolve couple conflicts in front of their children. This dynamic would increase the risk of violent behaviors, exposing the child to family violence (Berthelot et al., 2015).

Beyond the contribution of other traumas and identity diffusion, witnessing parental psychological IPV in childhood remained directly linked with increased exposure to family violence for the new generation of children. This is consistent with Social Learning Theory, which proposes that children who grow up in violent environments may, by observation and modeling, come to view violence as an acceptable way to handle conflict. As a result, they are more likely to reproduce these violent behaviors in their own intimate relationships (Bandura et al., 1961).

#### 4.3. Gender differences

Although most of the tested associations were gender-invariant, two differences emerged between men and gender diverse individuals, answering the research question (Q1). First, cumulative CIT for gender diverse individuals was indirectly, but not directly, related to more IPV perpetration through higher identity diffusion. It is possible that these individuals with identity diffusion may feel a sense of self that is further weakened and more vulnerable. This can lead to experiencing more identity challenges or stress during couple interactions, which may manifest in violent responses, thereby increasing the risk of IPV perpetration. Although these individuals are often more victimized and subjected to minority stress (stigmatization, discrimination; Peitzmeier et al., 2020), which would lead them to develop additional coping strategies (e.g., greater empathy and resilience; Jauk, 2013; Riggle et al., 2011) that prevent them from resorting to violence in adulthood, they would tend to perpetrate more IPV in part due to the presence of a significant identity diffusion. Second, cumulative CIT for gender diverse individuals was only directly related to more IPV victimization in adulthood. This could be explained by the impact of minority stress, which includes factors such as social stigma, perceived inferiority, and a sense of diminished power within society (Peitzmeier et al., 2020). These factors may account for a larger portion of the variance, making identity diffusion less significant in explaining the link between CIT and IPV victimization in this population. While gender diverse individuals often develop resilience strategies (Jauk, 2013), the experience of marginalization and disempowerment likely intensifies their feelings of vulnerability. This heightened vulnerability can reduce their sense of control, thereby increasing the risk of

victimization. However, further research is necessary to test whether minority stress indeed plays a more substantial role in this link than identity diffusion.

#### 4.4. Limitations and future directions

Despite its strengths (e.g., large clinical sample, sample diversity), this study has several limitations. First, despite the assumed theoretical sequencing of variables, the cross-sectional design limits causal inferences, which should warrant caution when interpreting the findings. Future longitudinal studies with repeated measures would better establish temporality and clarify mechanisms underlying the intergenerational transmission of trauma. Second, relying on a single source to evaluate intergenerational transmission may oversimplify this complex phenomenon. Involving multiple informants from each generation (e.g., family members, friends, mental health professionals) in future research could offer a richer perspective of intergenerational dynamics. Third, self-reported questionnaires introduce biases (e.g., recall bias, lack of introspection, social desirability). For instance, participants may deny that their child witnessed family violence, underreport their own violent behaviors due to identity diffusion or social desirability, or exaggerate their victimization to justify their own behavior (Bandura et al., 1996). Incorporating dyadic designs could validate these results. Fourth, the single item assessing the new generation's exposure to family violence lacks empirical validation. Although a single item was chosen to limit completion time and enhance recruitment, the use of a validated measure would enhance its interpretive value and precision. Finally, the small sample size of gender-diverse participants ( $n = 27$ ) restricts generalizability and power for subgroup analyses. This should be considered when drawing conclusions from the gender invariance analyses, as the sample size may affect the validity of these results. Larger and more inclusive samples are needed to capture diverse intergenerational transmission experiences and improve the robustness of findings.

#### 4.5. Implications

This study emphasizes the importance for therapists to consider CIT and its intergenerational transmission to intervene with individuals who perpetrate IPV or are re-victimized in adulthood, given that most of our participants reported having experienced a significant number of traumas. One way to do this is by adopting a trauma-informed approach (Center for Substance Abuse Treatment, 2014). Clinically, the results also highlight the need to incorporate identity-focused interventions into therapeutic settings for people who have experienced CIT and are now in a relationship marked by IPV (perpetration and/or victimization) by using techniques such as mindfulness and self-reflection exercises that help individuals develop a clearer sense of identity and increase emotional regulation (Lucia & Ornella, 2024). Our results suggest that therapists should consider the familial context and history when working with survivors of CIT (especially psychological neglect and bullying) as these factors could impair parenting behaviors and the risk of perpetuating violence across generations (Marshall et al., 2022) through the child's exposure to parental conflicts and family violence. According to Marshall et al. (2022), family therapy and parenting support programs can help break the cycle of violence by promoting more positive co-parenting practices and fostering resilience, thereby reducing the risk of continued victimization. Furthermore, our results suggest that therapists need to consider gender identity in interventions for IPV. Individuals who identify as non-binary or transgender may face specific challenges and barriers that may not be addressed by traditional interventions, such as discrimination, social isolation or misgendering (Peitzmeier et al., 2020). By incorporating an understanding of gender identity, therapists can develop more inclusive and tailored strategies that address these unique needs, ultimately leading to more tailored interventions for all people affected by IPV.

#### CRediT authorship contribution statement

**Janik Gélinas:** Writing – original draft, Visualization, Investigation, Formal analysis, Conceptualization. **Aurélie Clain:** Writing – review & editing, Validation, Project administration, Investigation, Data curation. **Caroline Dugal:** Writing – review & editing. **Claudia Savard:** Writing – review & editing. **Marie-Ève Daspe:** Writing – review & editing. **Katherine Péloquin:** Writing – review & editing. **Natacha Godbout:** Writing – review & editing. **Audrey Brassard:** Writing – review & editing, Supervision, Resources, Methodology, Funding acquisition, Conceptualization.

#### Declaration of Generative AI and AI-assisted technologies in the writing process

During the preparation of this work the author(s) used ChatGTP in order to assist with the translation of certain terms, as English was not the authors' first language. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the publication.

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#### Declaration of competing interest

None.

## Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.chiabu.2025.107258>.

## Data availability

The data that has been used is confidential.

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