



# Responses to Gender-Based Violence by Individuals Who Were Exposed to It During Childhood in Spain

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## Abstract

Despite the common premise of the link between childhood exposure to gender-based violence (GBV) and future adult victimization or perpetration, the literature concerning this association is not entirely consistent. Different studies have reported no significant associations. The aim of this study was to analyze the impact of GBV exposure during childhood on the presence of GBV during adulthood. A survey with 32 questions distributed in 8 blocks was administered to 1541 Spaniards over 18 years of age. The results show that people whose mothers were victims of GBV have constructed an identity positioned against GBV to a greater extent than the general population. This identity is evident through their social activism in the fight against GBV and their tendency to help when they witness or become aware of situations of GBV. In turn, they have acquired more knowledge about what to do and/or how to intervene in cases of GBV. On the other hand, 70% of Spanish women who have suffered GBV in their lifetime affirm that their mothers did not suffer from GBV when they were young. In Spain, exposure to GBV during childhood does not necessarily lead to the reproduction of such violence in future intimate partner relationships. We thus question the intergenerational transmission of violence in the case of both victims and perpetrators.

**Keywords** Childhood · Gender-based violence · Intergenerational transmission of violence · Isolating gender violence · Violence against women

## Highlights

- Childhood exposure to GBV is not found in a generalized way among the profiles of women victims of GBV.
- Some child survivors of GBV have built an identity positioned against GBV.
- To understand the causes of victimization in GBV we must look socialization in affective and sexual relationships.
- There is evidence to question the intergenerational transmission of violence in the case of both victims and perpetrators.

## Introduction

In Spain, in 2017, María José Mateo, known as Sesé, was murdered by her ex-partner, leaving behind a girl and two

orphaned children, including Joshua. Joshua has become an active militant in the fight against Violence Against Women (VAW), particularly in advocating for the rights of children orphaned by gender-based violence (Martínez, 2018). His activism, which led him to leave his profession as a computer scientist to train in gender equality issues, raises questions about the general assumption of intergenerational transmission of violence. While Joshua's case might appear exceptional, it highlights a potentially underexplored narrative of resilience among those exposed to GBV in childhood.

It is possible that if Joshua had not appeared before the Spanish Senate to denounce the situation of the orphans of male violence and attracted the attention of the Spanish media, his resilient trajectory would not have been known.

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Gender-based violence has profound and enduring effects on children, significantly influencing their overall development. These consequences can adversely affect children's physical and mental health as well as their interpersonal relationships (Brown et al., 2021; Tabibi et al. 2020).

The extent of these impacts, along with children's resilience, is influenced by various factors, including the mental health of their mothers, the level of social and family support, and the material conditions in which they live. Early and sensitive interventions by mothers can significantly increase children's resilience. Additionally, community support and formal services play crucial roles in mitigating the negative effects of violence and fostering a safe and stable environment for children (Alaggia & Donohue, 2018; Rutter, 2007).

Considering that this research was conducted in [anonymized], the term used in the fieldwork was "gender-based violence". This is the term found in the country's legislation. In [anonymized], "gender-based violence" refers to all actions that, according to the most widespread terminology in Europe, are grouped under the term "violence against women". The questionnaire specified: "In this questionnaire, the term 'gender-based violence' refers to violence against women, taking the definitions established in the Istanbul Convention as a reference." Therefore, to align with the content of this research, we will use the terms "gender-based violence" and "violence against women" in this article.

The research conducted involves a quantitative study with a sample of 1541 individuals over 18 years of age. This study examines the childhoods of women who experienced GBV in their adult lives and those whose mothers suffered GBV during their childhoods. In doing so, it addresses critical questions about the validity and universality of the intergenerational transmission of violence, exploring whether it is actually a primary result of victimization or whether other factors may play significant roles.

Understanding the cultural and social contexts of [anonymized] is crucial for interpreting these findings. The country has witnessed significant shifts in public awareness and policy regarding gender-based violence, influenced by both local and global movements advocating for women's rights and child protection. This study contributes to the broader discourse by challenging the deterministic view of intergenerational violence and emphasizing the diverse outcomes for those who have grown up in violent environments.

## GBV Exposure in Childhood: Intergenerational Transmission of Violence

Intergenerational transmission of violence refers to the dynamic in which children exposed to violence from their parents learn to be perpetrators and/or victims of violence

(Carlson, 2012). Under this approach, witnessing domestic violence or being a victim of it as a child would decisively influence one's behavior later in life, increasing the chances of either suffering or perpetrating violence in the future. These children would grow up without learning other coping responses to the experiences of violence and in a context where these are more normative and in which violent adults can positively reinforce their violent attitudes (Black et al., 2010). Children exposed to GBV are also sometimes used by their parents as a means of controlling or hurting their partners and ex-partners. These children are always victims and survivors (Sullivan et al., 2024). Some research has highlighted the importance of gender in the intergenerational transmission of violence from mother to daughter or father to son (Nair et al., 2001; Wolak & Finkelhor, 1998). In contrast, other studies have not found the gender-specific social learning model to be significant in this transmission (Hou et al., 2015; Kwong et al., 2003).

In addition to bystander impact analyses, child maltreatment or childhood neglect have also been suggested as indicators of risk for future perpetration or victimization of intimate partner violence (Fang & Corso, 2007). Bevan and Daryl (2002) reported in a sample of male batterers with a history of DV that childhood neglect contributed to the prediction of physical partner abuse whereas witnessing domestic violence influenced psychological spouse abuse. For their part, Widom, Czaja, and Dutton (2014) concluded that girls who have experienced neglect during childhood are more likely to eventually report having been victims of IPV.

Despite the common premise about the link between exposure to family violence and future IPV victimization, the literature is not entirely consistent about this association, with different studies finding no significant links (Renner & Slack, 2006; Smith-Marek et al., 2015; Walker et al. 2022).

## Children's Resilience to GBV Exposure and Victimization

Scientific advances in recent years have revealed some weaknesses in the studies that have found evidence of the intergenerational transmission of violence. In turn, these advances have also provided knowledge about other causes that may be predictive of the perpetuation of violence and victimization.

Oliver et al. (2021) emphasize that most studies have typically focused on the childhood experiences of violent men who witnessed or were victims of violence. Therefore, representation is often lacking in samples of child survivors of family interpersonal violence and GBV who may not later have been perpetrators of domestic violence. Tolman and Bennet (1990) warned as early as the 1990s that it is

important to be cautious about interpretations of results that attempt to predict future IPV victimization or perpetration because, in some cases, causal interpretations are inferred when most research is correlational.

Different studies have identified those factors that contribute to children's positive coping in the face of family violence, IPV, and GBV (Alaggia & Donohue, 2018; Fogarty et al., 2019; Holt et al., 2008; Howell & Miller-Graff, 2014; Nair et al., 2001; Yule et al., 2019). Among these protective factors, we find both external and internal resources. With respect to external factors, the following stand out: the mother's mental health, the presence of support from an adult—family member or not—who cares about the child, having a supportive school environment, peer support, and access to specific care services. With respect to the personal qualities identified among the minors, tenacity, adaptability, competence and the intention of not repeating the abusive dynamics of their parents stand out. More concretely, Anderson and Bernhardt (2020) identified three coping strategies among the coping strategies of the participants in their research: distancing from the family, seeking understanding and acceptance, and seeking meaning and purpose.

## Looking Beyond Exposure to Violence in the Family Context

Among the questions that downplay the importance of socialization in the family as a predictor of violence against women, the analysis of socialization in one's own affective and sexual relationships and/or in the peer group becomes particularly relevant (Cohen et al., 2018; Duque et al., 2023; Puigvert et al., 2019). The findings of the research conducted by Cohen and colleagues (2018) showed that having a history of violent dating and acceptance of dating violence are the main risk factors for the perpetration of dating violence, above and beyond family violence. This and other studies (Bramsen et al., 2012; Gómez, 2015; Tapp & Moore, 2016) highlight that it is important to consider the socialization experiences of children and adolescents, not only in their families of origin and later when they create their own families but also in other affective and sexual socialization experiences that occur during this period and may influence the victimization or perpetration of IPV.

With respect to socialization in relationships, it is mainly from the theoretical approach of preventive socialization of violence against women, where more knowledge is being provided in this regard (Gómez, 2015; Puigvert-Mallart et al., 2023; Valls et al., 2008). Studies conducted following this line of research have also identified the existence of a coercive dominant discourse that presents violent attitudes and behaviors as attractive and exciting through the main

agents of socialization, the media, teen magazines, social networks, and peer interactions, among others (Puigvert et al., 2024; Melgar Alcantud et al. 2022). This leads to the establishment of a relationship between aggressiveness and attraction that promotes models of attraction linked to violence, shaping the preferences, choices, and desires of adolescents' sexual-affective relationships.

The first affective-sexual experiences can even make girls socialized in this coercive dominant discourse that associates attraction and desire with dominant and violent male models more vulnerable to interpersonal violence (Bukowski et al., 2000; Puigvert et al., 2019; Ríos Gonzalez & Peña Axt, 2021). However, this implies not only implies socialization into victimization for girls but also socialization into the perpetration of violence for them. In their case, this coercive socialization is based on unequal gender power relations that reproduce a double standard in which boys who engage in violent behavior are socially perceived as exciting and sexually desirable, particularly in sporadic relationships, whereas boys with nonviolent attitudes are less exciting but “desirable” and preferred for stable relationships (Melgar Alcantud et al., 2021; Oliver et al., 2021; Puigvert et al., 2019).

## Data on the Prevalence of Children's Exposure to Gender-Based Violence in Spain

Globally, in 2017, one in four children under the age of 5 (176 million) lived with a mother who was a victim of gender-based violence (UNICEF, 2017). The most recent studies on children's exposure to physical domestic and family violence reported prevalence rates of 17.3% and 16.5%, respectively (Whitten et al., 2024). In Spain, systematic data collection on child victims of gender-based violence began only in 2013. However, at that time, victim status was closely linked to instances where the violence was directly targeted at the children, thereby overlooking the consequences of mere exposure to such violence. It was not until 2015 that Spanish legislation explicitly recognized minors exposed to gender-based violence as direct victims.

From 2013 to the first quarter of 2024, 60 murders of minors were recorded, and 438 minors under 18 years of age were orphaned due to gender-based violence (Ministerio de Igualdad, 2024). In 2023, 1,816 minors (including children in care, custody, or cohabitants) were identified as victims of gender-based violence in cases involving precautionary measures or protection orders (Ministerio de Igualdad, 2024). In 2020, 77.1% of children exposed to gender-based violence experienced direct abuse, with 70% of the cases involving abuse by their father. Comparative data reveal variations depending on the perpetrator of the abuse. For example, when the abuser is not the father,

higher percentages are observed in cases where families sought shelter (18.1% vs. 7.2%), a restraining order was issued against the perpetrator (30.9% vs. 16.3%), and the perpetrator was convicted of abuse (31.9% vs. 24.5%) (Ministerio de Igualdad, 2020).

According to the study “Minors and Gender Violence” conducted by the Ministerio de Igualdad in 2020, the majority of adolescents lived with their mothers, who held custody in 62% of the cases. Among minors who did not live with their fathers, 35.6% had a visiting arrangement, and in 77.7% of these cases, the fathers adhered to the visitation schedule. With respect to the awareness of gender-based violence experienced by their mothers, nearly 1 in 5 adolescents recognized some form of this violence, with psychological abuse being the most commonly identified, followed by impacts on self-esteem and abusive control (Díaz-Aguado et al., 2020). Considering the previous theoretical framework this study seeks to analyze the complex relationship between childhood experiences of GBV and the occurrence of GBV in adulthood within the [anonymized] context. Despite assumptions linking exposure to GBV with future GBV, the literature presents inconsistent findings. Some studies affirm this connection, whereas others find no significant links, suggesting that not all children exposed to GBV become victims or perpetrators later in life. By focusing on a sample from [anonymized], this research aims to explore whether these associations hold true across different cultural and social contexts. Additionally, the study explores other aspects of participants’ adult lives that may indicate an antigender-based violence stance.

This study aims to contribute to the broader discourse by challenging the deterministic view of intergenerational violence and emphasizing the diverse outcomes for those who have grown up in violent environments.

## Methods

This article is part of the second phase of the R+D+i research [anonymized]<sup>1</sup>. The specific objective of this phase was to analyze those elements that hinder and those that promote support, by citizens in general, to women victims of gender-based violence and/or the involvement in solidarity initiatives that fulfill this function. Regarding the results presented in this article, specifically, the research questions are as follows: (1) Does exposure to gender-based violence in childhood influence the likelihood of becoming a victim of GBV in adulthood? (2) Does exposure to gender-based violence in childhood influence one’s identity and attitudes toward GBV, particularly regarding activism and intervention?

**Table 1** Socio-demographic characteristics of respondents (n = 1541)

Sex	n (%)
Men	749 (48,6%)
Women	792 (51,4%)
Marital Status	n (%)
Single	477 (31%)
Married	856 (55, 5%)
Separated	27 (1,8%)
Divorced	129 (8,3%)
Widowed	52 (3,4%)
Highest level of education attained	n (%)
No academic qualifications	6 (0,4%)
Primary education	46 (3%)
Secondary education	325 (21,1%)
Vocational training (intermediate level)	212 (13,7%)
Vocational training (higher Level)	292 (18,9%)
University degree	525 (34,1%)
PhD / Master’s degree	135 (8,8%)

## Research Design and Sampling

To meet this goal, we carried out a quantitative study by surveying 1541 people (49% men, 51% women) of the Spanish population over 18 years of age (see Table 1). The sampling procedure was multistage, with the selection of the primary sampling units (autonomous communities) in a proportional random way and of the final units (individuals) and quotas of sex and age. Among the respondents to this questionnaire, 220 reported being exposed to gender-based violence during their childhood (see Table 2), which is the subsample with which we worked to answer the two research questions. Regarding the sampling error, for a confidence level of 95% (two sigmas) and  $P = Q$ , the real error is 2.5% for the whole sample and under the assumption of simple random sampling.

## Data Collection

The questionnaire was compiled from previously reviewed scientific literature, specifically 272 documents, 52 of which were used [anonymized]. The questionnaire is composed of 32 questions distributed in eight thematic blocks, three directly asking how they reacted to the last case of gender-based violence they have been told or witnessed, as well as their general responses throughout their lives to all such cases. The questions were framed descriptively, as follows: “During the course of your life, has anyone ever explained to you with concern or fear that they were experiencing any

**Table 2** Socio-demographic characteristics of individuals exposed to gender-based violence during childhood (n = 220)

Sex	n (%)
Men	103 (46,8%)
Women	117 (53,2%)
Marital Status	n (%)
Single	60 (27,3%)
Married	130 (59,1%)
Separated	3 (1,4%)
Divorced	18 (8,2%)
Widowed	9 (4,1%)
Highest level of education attained	n (%)
No academic qualifications	2 (0,9%)
Primary education	3 (1,4%)
Secondary education	48 (21,8%)
Vocational training (intermediate level)	25 (11,4%)
Vocational training (higher Level)	58 (26,4%)
University degree	68 (30,9%)
PhD / Master's degree	16 (7,3%)

of the following situations?” We then presented various scenarios that constitute gender-based violence according to the Istanbul Convention, including: “physical harm or suffering (e.g., hitting, pushing, shoving, beating); psychological harm or suffering (e.g., deliberately scaring or intimidating, such as by breaking things; trying to prevent you from seeing or interacting with your friends or family; making verbal threats of harm; belittling or humiliating...)”; etc.

In this context, the characteristics of these cases and the elements that have facilitated or hindered them from offering or not offering help in these cases are explored in depth. Additionally, the type of support provided, if any, is also examined.

The initial data collected from the participants covered three key areas: the presence or absence of GBV in their homes during childhood, their current responses to GBV (including involvement with organizations working against GBV), and, for female participants, whether they have personally experienced GBV. A specific question included in the survey was: “Did your mother experience gender-based violence when you were a child?”. Prior to asking these questions, the questionnaire included a note stating that “in this questionnaire, the term gender-based violence refers to violence against women. We refer to the definitions provided in the Istanbul Convention.” This statement was accompanied by a link to the Istanbul Convention document, where more detailed information on the various

actions constituting violence against women could be found.

Owing to space constraints, the full questionnaire is not included here. However, it is available upon request for those interested in the detailed instrument used in this study.

## Analytical Approach

The study employs a quantitative methodology and statistical analysis to examine the associations and potential causal relationships between childhood exposure to GBV and subsequent experiences or behaviors related to GBV. The analysis includes univariate descriptive statistics, and chi-square tests.

Univariate descriptive statistics are used for the analysis of the relationship between childhood exposure to GBV and adult victimization via logistic regression models, to examine the differences in awareness and reactions to GBV between those exposed to GBV in childhood and the general population and to study social activism and participation in support networks. Chi-square tests were used to compare the prevalence of activism and intervention behaviors among individuals with and without childhood exposure to GBV. This comparison aims to identify significant differences in attitudes and behaviors toward GBV.

## Results

The results are organized into four key areas, addressing the two research questions posed in the article: First, “mothers who suffer gender-based violence: a dangerous context for children” explores the harmful impact on children exposed to GBV against their mothers, which affects their emotional and psychological well-being. Second, “victimization and exposure to GBV” addresses the dual aspects of being exposed to GBV during childhood, detailing the psychological and physical impacts on individuals, particularly children, and underscoring the need for targeted interventions to support and protect them. Third, “growing up in the context of gender-based violence does not necessarily imply accepting it” examines how children in such environments do not inevitably adopt violent behaviors, highlighting the role of education, support systems, and resilience. Finally, “isolating gender violence” discusses understanding gender violence as a distinct issue, emphasizing the importance of addressing it specifically rather than conflating it with general domestic violence.

With respect to the sampling error, for a confidence level of 95% (two sigma values) and  $P = Q$ , the real error is 2.5% for the whole sample and under the assumption of simple random sampling.



### Research Question 1: Does Exposure to GBV in Childhood Influence the Likelihood of Being a Victim in Childhood or Adulthood?

#### Mothers who suffer violence against women: a dangerous context for children

After analyzing the sample, we found that GBV exposure was present in approximately one in ten people (14%, n = 220) during childhood. As children, they were exposed to GBV perpetrated against their mothers. Importantly these children, in turn, were also direct victims of violence, since almost half (47%, n = 103) said that they also suffered violence from the same person who perpetrated it on their mother.

#### Victimization and exposure to GBV

The analysis explored the relationship between childhood exposure to GBV and adult victimization via univariant and bivariate statistics analysis.

In our study, 792 women participated, and we verified that almost one-third of the women (32%, n = 253) had suffered GBV in their lifetime. The analysis of the causes of victimization, revealed that more than two-thirds of these women (70%, n = 177) were not exposed to GBV during their childhood. These women specifically stated that their mothers did not suffer GBV when they were minors. This allows us to question whether, in the case of victimization, there is an intergenerational transmission of generalized violence.

**Table 3** Have you witnessed or have you been recounted a GBV case by Did your mother suffer GBV while you were a child

		<i>Have you witnessed or have you been recounted a GBV case</i>	
		No	Yes
Did your mother suffer GBV while you were a child	Yes	n	18 202
		% row	8,2 91,8
		% column	3,6 19,3
		c.s.r.	-8,2 8,2
	No	n	479 842
	% row	36,3 63,7	
	% column	96,4 80,7	
	c.s.r.	8,2 -8,2	
	n	497 1044	
	% row	32,3 67,7	
	% column	100 100	

c.s.r. is corrected standard residuals

Chi2: 64,04, p-value = 0000

With respect to the 30% (n = 76) of women who were victims of GBV which could reinforce the existence of intergenerational transmission of violence because their mothers were also victims, we must consider that more than half (54%, n = 41) recognized that during their childhood they suffered violence from the same person who assaulted their mother. These data invite us to reflect, leaving some questions unresolved. Specifically, our results do not allow us to know whether we are dealing with cases of women who suffered GBV both in childhood and in their adult lives or whether they were only victims during childhood. If this second condition was met and, therefore, when self-identifying as victims of gender violence they were referring only to episodes of violence inflicted by the same aggressor who assaulted their mother, the percentage that could be linked to the intergenerational transmission of violence would be even lower.

### Research Question 2: Does exposure to domestic violence in childhood influence one’s identity and attitudes toward GBV, particularly regarding activism and intervention?

#### Growing up in the context of gender-based violence does not necessarily imply accepting it

The participants in our research who grew up in contexts where GBV was present stand out for having constructed an identity that involves being against GBV. Throughout their lives, almost all of the people interviewed who were exposed to GBV during childhood affirmed that they had witnessed or have had other cases of GBV recounted to them (92%, n = 202) (see Table 3). In the case of the general population, the percentage of people who have this same knowledge is reduced to approximately less than two-thirds of the population (64%, n = 986).

This result invites us to establish different hypotheses, among which we highlight that their experiences during childhood have led them to have a greater awareness of this problem and, therefore, to identify these situations to a greater extent when they occur around them or to show themselves as trustworthy people in whom another victim of GBV can confide.

Table 4 shows that, considering all the cases of GBV that have been communicated and/or witnessed by individuals who were exposed to GBV during childhood, 81,6% (n = 129) have always reacted by helping, whereas at the other end of the scale, a very low percentage (4%, n = 9) have not helped in any of the cases.

As Table 5 shows, among those respondents whose mothers suffered GBV almost one-third are not in one position or the other, since in some cases they have reacted by helping and in others they have not (28,6%, n = 63).

Confirming our hypothesis, most of them helped in all the cases (60%, n = 132). However, in the case of the general population, these percentages are quite different, as only 40% (n = 530) offered help in all cases, 36,3% (n = 480) did not become involved in any case, and 19,8% (n = 262) became involved in some cases but not in others. Therefore,

we are faced with a profile that, far from showing acceptance or normalization of violence through their reactions, is generally predisposed to help those who are suffering from GVB (Chi2 = 70,68, p-value = 0000).

With respect to the types of help that those survivors who were exposed to GBV during childhood have offered to other victims during adulthood, we observed that although there are a variety of responses, emotional support predominates. Specifically, the most widespread type of help is talking to the victim, making her feel accompanied and/or encouraging and/or empowering her, followed by helping her to identify that what she was experiencing was GBV and helping her to understand that she was not to blame for the situation and that she had nothing to be ashamed of.

Comparative statistical methods, such as chi-square tests, were employed to examine the differences in awareness of and reactions to GVB between those exposed to GBV in childhood and those in the general population. The confidence intervals for these percentages help assess the reliability and significance of the findings.

The study also examined social activism, highlighting significant differences between groups via percentage comparisons and significance testing.

Their social activism in the fight against GBV also reinforces the idea we pointed out about the construction of a resilient profile. In this sense, their links with a social movement or public resources that work directly or indirectly against GBV stand out. Among people exposed to

**Table 4** Did you help a GBV case you witnessed by Did you help a GBV case you have been recounted among the subsample of respondents whose mother suffered GBV while they were a child

		<i>Did you help a GBV case you witnessed</i>		
		No	Yes	
When a case of GBV was described to you, you assisted	No	n	6	4
		% row	60	40
		% column	24	3,0
		% total	3,8	2,5
	Yes	c.s.r.	4,0	-4,0
		n	19	129
		% row	12,8	87,2
		% column	76	97,0
		% total	12	81,6
		c.s.r.	-4,0	4,0
		n	25	133
		% row	15,8	84,2
% column	100	100		

**Table 5** Considering all GBV cases you witnessed or have been told have you reacted always similarly by Did your mother suffer GBV while you were a child

		Throughout your life, have you responded in the same way to all the cases of gender-based violence that you have been informed about and/or witnessed?				
		I have not been informed about or witnessed any situations of gender-based violence	Yes, in all cases, I offered my help and/or sought someone who could assist them	Yes, I did not get involved in any of the cases	No, in some cases I offered my help, while in others I did not	
Did your mother experience gender-based violence when you were a child?	Yes	n	18	132	7	63
		% row	8,2	60,0	3,2	28,6
		% column	3,6	19,9	12,5	19,4
		% total	1,2	8,6	0,5	4,1
	No	c.s.r.	-8,3	5,5	-0,4	3,0
		n	480	530	49	262
		% row	36,3	40,1	3,7	19,8
		% column	96,4	80,1	87,5	80,6
		% total	31,1	34,4	3,2	17,0
		c.s.r.	8,3	-5,5	0,4	-3,0
		n	498	662	56	325
		% row	32,3	43,0	3,6	21,1
% column	100	100	100	100		
% total	32,3	43,0	3,6	21,1		

GBV during childhood, we found that more than a quarter (26%,  $n = 57$ ) participate in or work in a movement or provide resources to prevent GBV. Notably, this percentage is higher than that reported among the general population (11%,  $n = 169$ ).

Knowledge of any nonprofit association or public resource in the municipality that works to help women in situations of GBV also stands out in the profile of those whose mothers were victims of GBV. In the case of this group, this knowledge is almost half that of the people (48%,  $n = 106$ ), whereas among the general population, the percentage denoting similar knowledge is lower (37%,  $n = 570$ ). On the other hand, if we consider whether they have ever received information, through publicity campaigns, training courses, or talks on what to do and/or how to intervene in cases of gender violence, almost two-thirds of the people who were exposed to GBV during childhood (64%,  $n = 141$ ) received such information, whereas among the general population, the percentage was lower (50%,  $n = 770$ ).

### Isolating Gender Violence

As the previous scientific literature points out, the reaction of surrounding people is one of the main conditioning factors that may or may not facilitate the breaking of silence in cases of VAW (Flecha, 2021; Flecha et al., 2024 Goodman et al., 2016; Melgar et al., 2021). In this sense, within the framework of this same research, [anonymized] already highlighted that Isolating Gender Violence (IGV) is used by abusers to keep any possible help away from the victim and, thus, to continue to isolate her (Vidu et al., 2021).

Our study measured the impact of IGV through participant reports and analyzed the reasons for nonintervention. The analysis included calculating the frequencies and percentages of those who refrained from helping due to fear of reprisals, lack of information, or perceiving the issue as private. In the case of those whose mothers suffered gender violence, IGV is among the reasons they have not helped in the cases they have witnessed or have been informed of, as well as in the perception they have about the reactions of the people around them.

As we noted, a percentage of people who, throughout their lives, with respect to all the cases of GBV that they have become aware of and/or that they have witnessed, did not always provide help. For almost half of these people (44%,  $n = 678$ ), the main reason for not offering help was fear of possible reprisals, consequences, or attacks, i.e., GBV.

When asked how they think most of the people around them would react if they knew of a situation of GBV, 44% considered that they would not intervene, although, of

these, slightly more than a third (36%,  $n = 555$ ) considered that they would want to intervene. With respect to people in their environment who would have the intention of intervening but in the end, would not provide this help, again, they considered that the main reason for not doing so is isolating gender violence (62%,  $n = 955$ ).

Notably, intervening against IGV is an important driver for activating victim support [anonymized]. In the case of those whose mothers suffered GBV when they were children and have helped a woman in a situation of GBV or are clear that, if they knew of any situation, they would help, among the reasons that have led them to have that position were, first, “believing that it is their duty as citizens” (56%,  $n = 123$ ) and, second, “knowing that if I suffered retaliation they would help me too” (42%,  $n = 92$ ). These two reasons were considered the most important, ahead of knowing about the services (32%,  $n = 70$ ) or having received awareness campaigns (39%,  $n = 86$ ).

### Discussion

This article contributes to the literature by providing knowledge on the impact of GBV exposure during childhood on adult life. Through a quantitative study conducted in Spain of 1,541 adults, we were able to identify a series of relevant results that contrast with and question the thesis of the intergenerational transmission of violence, raising new questions and future lines of research.

Children who grow up in contexts in which their mothers suffered GBV are not only witnesses but also, in many cases, direct victims and survivors of violence themselves, as confirmed by the results of our research and that of previous studies (Sullivan et al., 2024). These data are congruent with those presented in Spain in 2020 in the macro-survey on violence against women (Delegación del Gobierno, 2020). In the case of this study, 17% of the women who had suffered violence from their current intimate partner and 32% of those who had suffered violence from past partners answered affirmatively to the question of whether their children had suffered violence directly from their aggressor partner. These percentages increased to 21% and 39% for women who had suffered physical and/or sexual violence, respectively.

Apart from also being mistreated by whoever perpetrated violence against their mother, there is a general consensus that the mere fact of living in a context where violence exists has short- and long-term consequences, among which are depression or an inability to regulate emotions (Brown et al., 2021; Tabibi et al., 2020).

However, it should be noted that not all children are affected in the same way, and some grow up looking for active and resilient ways to cope with violence (Anderson &



Bernhardt, 2020; Fainsilber Katz et al., 2016; Holt et al., 2008). A study in the UK on how children aged 8 and 16 years perceive and cope with domestic violence revealed that children exposed to violence often actively seek ways to keep themselves, their mothers, and siblings safe and intervene directly by calling the police for help (Nair et al., 2001; UNICEF, 2000).

Our research provides evidence in this sense, showing responses of opposition to violence that transcended their childhood when their mothers were being victimized. They revealed that some adults who grew up in contexts where GVB was present do not seem to have accepted it to a greater extent than the general population. In contrast, these people have constructed an identity positioned against GBV through active responses. This position against violence is evident through different actions. First, we examine their reactions to cases of GBV experienced by other people. Most of those who were exposed to GBV during childhood have as adults, helped when they have had the opportunity to assist in cases of GBV that they have witnessed or have been told about. In particular, they offered emotional help and helped the victim identify that she was suffering from GBV and establish new friendships. Second, we highlight their links with a social movement or public resource that works directly or indirectly against GBV. Third, we identify their knowledge of resources to help female victims of GBV. Likewise, they have also acquired, to a greater extent than the general population, knowledge about what to do and/or how to intervene in cases of GBV.

Our data point to resilience in childhood and throughout the transitional stages to adulthood. We see that those who have been exposed to GBV in childhood may have greater sensitivity, empathy, and social commitment to others who suffer violence, dedicating their working lives, participating in activism, volunteering or personally helping them. In other words, they are people who, despite having been exposed to GBV and adverse childhood experiences, as adults are active agents against violence and show solidarity and support for those who suffer from GBV. In this sense, previous research on children who suffer from family violence highlights the search for meaning and purpose as a coping and resilience strategy (Anderson & Bernhardt, 2020). This search for purpose and meaning could be identified in the case of the adults in our study who were exposed to GBV in childhood, having an active position of rejecting violence and helping other victims. Thus, they converted the harsh experiences of the adversity they suffered in childhood into later benefit and purpose.

On the other hand, our study also makes a contribution regarding one of the forms of gender-based violence that the scientific literature has recently identified: isolating gender violence (Flecha, 2021; Melgar et al., 2021; Vidu et al., 2021). Along the lines of the results presented by

[anonymized] on the influence of IGTV on the reactions of the general population, our results show that the reactions of those who have grown up in contexts of family violence are also conditioned by the fear of being victims of IGTV. Interventions and programs for the prevention of IGTV can contribute to greater social support for victims of GBV, both in the general population and in those who suffered violence in their childhood and who, despite being sensitized and active agents against such violence, find their support for victims hindered by having suffered IGTV.

## Strengths and Limitations

Our results also allow us to question the intergenerational transmission of victimization and reinforce the results of previous studies that have also reported no significant associations between exposure to IPV in childhood and future intimate partner violence victimization in adulthood (Renner & Slack, 2006; Smith-Marek et al., 2015). Our findings show that less than one-third of women who experienced GBV in adulthood were also exposed to GBV during childhood. In terms of the limitations of the study, among the 30% ( $n = 76$ ) of women who experienced GBV and whose mothers were also victims, over half (54%,  $n = 41$ ) reported that they experienced violence from the same perpetrator who had abused their mother during their childhood. Our results do not clarify whether the women who experienced GBV experienced it exclusively in childhood or if their victimization continued into adulthood.

The results presented here lead us to affirm that to understand the causes of GBV victimization, we should look beyond the patterns learned in the family. That is, we should consider other elements, especially socialization in affective and sexual relationships, as one of the main causes of the experience of GBV during adulthood (Melgar et al., 2021; Puigvert et al., 2019; Melgar Alcantud et al., 2022; Valls et al., 2008).

Another limitation is that by an aleatory sample of the general population we came across with people whose mother was assaulted when they were children. This has one strength this sample is not biased, it should represent what is happening within the general population without bias of class, status or participation in associations or social services. However, on the other hand, it has a limitation, that the sample is small, and it may not be representative of this collective. To be so we should have a list of all this collective, which anybody has, and do an aleatory extraction. An alternative way to increase the sample is a purposive one.

## Implications and Future Research

In general, the data provided in this article are novel, as most previous studies have focused on analyzing the

experiences of those who have reproduced the perpetration or victimization of violence (Oliver et al., 2021). Although we have provided data on resilient children, it is still a challenge in the scientific literature to collect more narratives and childhood trajectories of survivors of IPV. Future research with qualitative approaches should deepen these results, thus broadening the understanding of the phenomenon. These results, addition to those presented in this article, provide a general and contrasting overview of the diverse experiences that demonstrate that the intergenerational transmission of violence cannot be considered the single main predictor or explanatory factor of violence against women.

Considering these results, future research should generally delve deeper into the resilient elements that help child survivors of IPV build alternative trajectories and identities. More specifically, it would be interesting to deepen the knowledge about actions that can be carried out to enhance this resignification and creation of purpose. To date, three main actions have been identified (Anderson & Bernhardt, 2020; Fogarty et al., 2019; Nair et al., 2001). First, facilitating mothers' access to psychological support and treatment promotes their health and wellbeing. This gives the children the opportunity to access specific programs for them as well. Second, various professionals with whom children come into contact, especially teachers, should be trained to enable them to identify cases and provide support to children exposed to domestic violence. Third, the social learning processes of "what not to do" with young people should be analyzed to help them build their own life projects and, more specifically, identities that are different from those of their parents.

## Conclusions

Research [anonymized] shows that in Spain, children whose mothers are victims of GBV are also at risk of victimization. Almost half of the people whose mothers suffered GBV were also victims of the same person who abused their mother.

However, at the same time, the results of this research contribute two novel elements to the work carried out with people exposed to GBV during childhood. These people have shown greater social activism in the fight against GBV than the general population and show a general tendency to help when they have witnessed or been aware of situations of GBV. This type of profile raises questions about the intergenerational transmission of violence and provides evidence of an active attitude toward it.

Finally, and more specifically in the case of women, another piece of information of special relevance for questioning this theory is provided. Seven out of ten Spanish

women who have suffered GBV in their lifetime say that their mothers were not victims of GBV. This also allows us to question whether the main cause of victimization is having grown up in a home where violence existed.

Therefore, to understand the causes of perpetration or victimization in GBV, we must look beyond learned patterns in the family, such as socialization in affective and sexual relationships.

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## Compliance with Ethical Standards

**Conflict of Interest** The authors declare no competing interests.

**Ethics** The research ethics and biosafety committee of the [anonymized] has evaluated the project and the research methodology and guarantees that it complies with the ethical requirements. This evaluation is recorded in the file with the code CEBRU0008-21, which is kept at the University [anonymized].

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