EGAS MONIZ SCHOOL of HEALTH & SCIENCE | INSTITUTO UNIVERSITÁRIO EGAS MONIZ

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MASTER'S DEGREE IN CLINICAL AND HEALTH PSYCHOLOGY

Domestic violence and Emotional Regulation : A Qualitative Study on Intergenerational Transmission among Parents Supported by Family Services

Work submitted by
Mrs. Chrislène Camille LIVET

To obtain the Master's degree in Clinical and Health Psychology

June 2026

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Disponibilidade de dados	**Modelo de declaração de disponibilidade de dados**	**Política de partilha**	**Assinale com "x"**
Dados abertamente disponíveis num repositório público que não emite DOIs	Os dados que apoiam as conclusões deste estudo estão disponíveis em [nome do repositório] em [URL], número de referência [número de referência].	Partilha geral sem pedido	
Dados derivados de recursos do domínio público	Os dados que apoiam as conclusões deste estudo estão disponíveis em [nome do repositório] em [URL/DOI], número de referência [número de referência]. Estes dados foram obtidos a partir dos seguintes recursos disponíveis no domínio público: [listar recursos e URLs]	Partilha geral sem pedido	
Dados disponíveis no artigo ou nos seus materiais suplementares	Os autores confirmam que os dados que suportam as conclusões deste estudo estão disponíveis no artigo [e/ou] nos seus materiais suplementares.	Básico, partilhar a pedido	
Dados gerados numa instalação central de grande escala,	Os dados em bruto foram gerados em [nome da instalação]. Os dados derivados que suportam as	Básico, partilhar a pedido	

Disponibilidade de dados	**Modelo de declaração de disponibilidade de dados**	**Política de partilha**	**Assinale com "x"**
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Disponibilidade de dados	**Modelo de declaração de disponibilidade de dados**	**Política de partilha**	**Assinale com "x"**
Dados não disponíveis devido a restrições [éticas/legais/comerciais	Devido à natureza da investigação, os dados de apoio [éticos/legais/comerciais] não estão disponíveis.	-	
Dados não disponíveis - consentimento do participante	Os participantes neste estudo não deram consentimento escrito para que os seus dados fossem partilhados publicamente, pelo que, devido à natureza sensível da investigação, os dados de apoio não estão disponíveis.	-	

O Orientando: Chrislène Camille Livet Data: 22/06/2026

O Orientador: Marta Sofia Pereira dos Reis Data: 22/06/2026

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Resumo

A exposição à violência intrafamiliar durante a infância está associada a dificuldades emocionais a relacionais persistentes, nomeadamente ao nível da regulação emocional e da parentalidade. Embora numerosos estudos quantitativos tenham documentado estas associações, ainda se sabe pouco sobre a forma como os pais experienciam subjetivamente estes processos e lhes atribuem significado, particularmente em contextos de apoio social e socioeducativo. Este estudo qualitativo explora a forma como pais acompanhados por serviços de apoio familiar, que vivenciaram violência intrafamiliar durante a infância, percecionam e regulam as suas emoções, bem como a forma como acompanham as experiências emocionais dos seus filhos. Foram realizadas entrevistas semiestruturadas com seis participantes, cinco mulheres e um homem, recrutados en duas Maisons de la Solidarités et de la Vie Sociale localizadas no leste de França. A análise temática reflexiva permitiu identificar cinco temas interligados : (1) a violência intrafamiliar na infância através de clima emocional e relacional; (2) a supressão emocional, o hipercontrolo e o transbordamento emocional; (3) a parentalidade entre vulnerabilidade, reparação e transmissão; (4) a parentificação e a hyper-responsabilidade emocional; e (5) a transmissão intergeracional, a consciência reflexiva e os processos de rutura. Os resultados sugerem que a supressão emocional, o hipercontrolo e a hiper-responsabilidade se desenvolveram frequentemente como respostas adaptativas a ambintes familiares emocionalmente inseguros. Estas estratégias continuaram a influenciar as relações interpessoais e as experiências parentais na idade adulta. Simultaneamente, os participantes demonstraram importantes capacidades de reflexão e mudança intencional, expressando o desejo de proporcionar aos seus filhos experiências emocionais diferentes das que viveram na sua própria infância. Ao centrar-se nas narrativas parentais, este estudo contribui para uma melhor compreensão da forma como a violência intrafamiliar na infância pode moldar a regulação emocional, a parentalidade e os processos de transmissão intergeracional. Os resultados evidenciam ainda a relevância clínica de intervenções informadas pelo trauma e centradas nas emoções nos serviços de apoio às famílias.

Palavras-chave : regulação emocional; violência intrafamiliar; parentalidade; transmissão intergeracional; trauma; proteção da infância.

Abstract

Childhood exposure to intrafamilial violence is associated with long-term emotional and relational difficulties, including challenges in emotion regulation and parenting. Numerous quantitative studies have documented these associations but less is known about how parents subjectively experience and make sense of these processes, particularly within social and medico-social service contexts. This qualitative study explores how parents supported by family services, who experienced intrafamilial violence during childhood, perceive and regulate their emotions and how they support their children's emotional experiences. Semi-structured interviews were conducted with six participants, five women and one man, recruited from two Maisons des Solidarités et de la Vie Sociale in Eastern France. A reflexive thematic analysis identified five interconnected themes: (1) childhood intrafamilial violence through an emotional and relational climate; (2) emotional suppression, hypercontrol and emotional overflow; (3) parenting between vulnerability, repair and transmission; (4) parentification and emotional hyper-responsibility; and (5) intergenerational transmission, reflexive awareness and rupture. The findings suggest that emotional suppression, hypercontrol and hyper-responsibility often developed as adaptive responses to emotionally unsafe family environments. These strategies continued to influence participants' relationships and parenting experiences in adulthood. At the same time, participants showed important capacities for reflection and intentional change, especially through their wish to offer their children different emotional experiences. By focusing on parent's narratives, this study contribute to a better understanding of how childhood intrafamilial violence may shape emotional regulation, parenting and intergenerational transmission. It also highlights the clinical relevance of trauma-informed and emotion-focused interventions within family support services.

Key words : emotional regulation; domestic violence; parenting; trauma transgenerational; childhood protection

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List of Abbreviations

MSVS : Maison de la Solidarité et de la Vie Sociale

IPV : Intimate Partner Violence

PTSD : Post-Traumatic Stress Disorder

CPTSD : Complex Post-Traumatic Stress Disorder

IWA : Identification With the Aggressor

A. LITERATURE REVIEW

I. Definitions of concepts

Emotion regulation

Emotion regulation refers to the process through which individuals manage, express or sometimes avoid emotions depending on situations and interpersonal contexts. It plays an important role in psychologic adaptation and everyday functioning (Gross, 2015). Gross (2015) defines emotion regulation as the process that influence how emotions are experienced, expressed and maintained over time. Thompson's (1994) developmental perspective is also important for this study. He defines emotion regulation as the extrinsic and intrinsic processes responsible for monitoring, evaluating and modifying emotional reactions in order to achieve personal goals (Thompson, 1994). This definition shows that emotion regulation is not only and individual capacity, but it also develops through relationships. Consequently, early relational experiences play an important role in the development of adaptive emotional regulation capacities. In addition, Gratz and Roemer (2004) brings a multidimensional understanding of emotion regulation that includes emotional awareness, understanding, acceptance, impulse control and the ability to use adaptive techniques when experiencing negative emotions.

The development of emotion regulation capacities is strongly influenced by early relational experiences and environmental conditions, particularly exposure to chronic stress, adversity and interpersonal trauma. Children learn to identify, express and regulate emotions through repeated interactions with caregivers (Thompson, 1994; Gross, 2015). Consequently, disruptions within early caregiving environments may interfere with the acquisition of adaptive regulatory capacities and contribute to later emotional difficulties (Gruhn & Compas, 2020; Jenness et al., 2020).

From a health psychology perspective, emotion regulation is conceptualized as a key transdiagnostic mechanism linking psychological processes to both mental and physical health outcomes. Further than being an important skill in everyday adaptation, emotion regulation has been recognized as a key mechanism underlying psychological functioning and

psychological vulnerability. Kozubal et al. (2023) defined emotion regulation as "*an adaptive ability affecting people's physical and mental health, quality of life and functioning"*.

Consequently, contemporary models conceptualize difficulties in emotion regulation as important risk factors for the development and maintenance of mental health problems. Indeed, rather than being specific to a single form of psychopathology, difficulties in emotion regulation are considered a core mechanism underlying a wide range of mental health problems, including anxiety, depression and trauma-related disorders (Gruhn & Compas, 2020; Barrio-Martínez et al., 2022). From this perpsective, maladaptive regulatory strategies such as rumination, avoidance or emotional suppression may contribute to the persistence of psychological distress over time, particularly among individuals exposed to early adverse experiences (Gruhn & Compas, 2020).

Whereas strategies such as cognitive reappraisal are generally associated with greater psychological adjustment, strategies such as rumination, chronic avoidance and emotional suppression tend to maintain or intensify distress over time (Gross & Thompson, 2014; Gross, 2015). Importantly, in case of childhood intrafamilial violence exposure, these strategies may initially emerge as adaptive responses to threatening environments before becoming sources of vulnerability later (Gruhn & Compas, 2020).

Literature made a distinction between anticipative strategies and strategies related to the emotional response itself. To explain, Gross's process model (2012;2015) identified five groups : "situation selection, situation modification, attentional deployment, cognitive change and response modulation". This model illustrates the dynamic and contextual nature of emotional regulation, emphasizing that regulation is evolving over time and is shaped by both individual and environmental factors (Kozubal et al., 2023). In their study, Kozubal et al. (2023) focused on certain regulation strategies: "reappraisal, rumination, distraction, suppression and acceptance."

To clarify, Gross et al. (2014) and Kozubal et al. (2023) explained more precisely some regulation strategies: distraction involves a consciously shifting of attention toward a neutral or positive activity or thought, making it an effective strategy for reducing negative emotions. In contrast, rumination consists on focusing on negative thoughts, feelings or events which can tend to prolong and intensify negative emotional states and increase vulnerability to depression. Distraction, rumination and cognitive reappraisal are all emotion-regulation

strategies, with cognitive reappraisal involving a change in how one interprets a situation when it cannot be avoided or altered.

Effective emotional regulation strategies is a voluntary process related to less depression, a work efficiency, a satisfaction in interpersonal relationships and a feeling of common wellbeing (Kozubal et al., 2023).

Furthermore, exposure to traumatic experiences, particularly during childhood, can profoundly disrupt the development of emotion regulation capacities. In his book, van der Kolk (2014) highlight that chronic stress and trauma interfere with neurobiological systems involved in emotional processing and regulation, contributing to persistent dysregulation across the lifespan. In this sense, emotion regulation constitutes a central mechanism through which negative experiences during early childhood have long-term effects on mental health, physical health and adaptive functioning (Jenness et al., 2020; Kozubal et al., 2023).

Thus, these perspectives highlight that emotional regulation is not merely an individual psychological process, but also a relational and developmental skill. Indeed, difficulties with emotion regulation caused by early negative experiences can persist into adulthood and influence interpersonal relationships, parenting practices and the emotional support provided to children. Consequently, it is relevant to consider emotion regulation as a key mechanism for understanding the intergenerational transmission of emotional and relational patterns.

Intrafamilial violence

In France, intrafamilial violence remains a major concern. Data from the 2023 "Cadre de vie et sécurité" (CVS) survey indicate that 7% of women and 5% of men reported having experienced violence within their household before the age of 15 (INSEE & Ministry of the Interior, 2024). Moreover, the 2023–2027 "Plan to Combat Violence Against Children" reveals that 13% of women and 5.5% of men were victims of sexual violence during childhood, including 4.6% of women and 1.2% of men in an incestuous context (Ministry of Solidarities, 2023). Plus, the National Observatory for Child Protection highlights the importance and underreporting of maltreatment cases in France, noting that prevalence is difficult to estimate due to variations across sources and types of violence considered (ONPE, 2023).

Intrafamilial violence refers to repeated acts of physical, psychological, verbal, sexual or emotional aggression occurring within the family system, involving parents, children, siblings and all other members of the family. Beyond acts of violence themselves, it constitutes a relational and developmental context characterized by chronic emotional insecurity, fear, power imbalance and disruption of attachment processes (Hou,2020; Main & Hesse, 1990; Greene et al.,2020).

Several forms of domestic violence can coexist within the same family environment and rarely occur in isolation:

- Psychological abuse : humiliation, intimidation, manipulation, terror, threaten, guilt or hurt
- Physical abuse : shoving, hitting, biting, confinement, shaken baby syndrome, neglect
- Verbal abuse : insults, shouting, threats, etc.
- Sexual abuse : assault, indecent exposure, rape, incest, etc

Such violence in early ages can contribute to chronic interpersonal stress and emotional insecurity, may interfere childen's sense of safety and trust, and increase the risk of difficulties in emotion regulation, attachment organization and interpersonal functioning across the life course (Bowlby, 1979; Hou, 2020; Gruhn & Compas, 2020; Jenness et al., 2020; Main & Hesse, 1990). When these acts occur repeatedly, the term child maltreatment is commonly used (CVM).

Moreover, intrafamilial violence is also recognized as one of the most significant Adverse Childhood Experiences (ACEs), a group of early adversities associated with long-term consequences for psychological, physical and social well-being. Research on ACEs confirms previous literature by demonstrating that dose-responses relationships whereby repeated exposure to childhood adversity increases the risk of mental health difficulties, chronic disease, impaired emotional functioning and relational problems throughout adulthood (Felitti et al., 1998; Hughes et al., 2017).

From a health psychology perspective, domestic violence is therefore viewed not only as a social or legal issue, but also as a major determinant of health. Its long-term effects on emotional regulation abilities constitute a key mechanism through which difficulties experienced during childhood contribute to intergenerational patterns of psychological vulnerability, impaired well-being and maladaptive coping strategies. Additionally,

intrafamilial violence constitute a significant adverse childhood experience linked to higher risk of mental disorders, chronic stress-related disorder, impaired emotional functioning and lower quality of life over the course of a lifetime (Amini-Tehrani, M. et al., 2025; Moreira et al., 2024).

Overall, literature suggests that intrafamilial violence should be viewed as both a chronic developmental setting that can influence emotional, cognitive and relational trajectories throughout life, as well as a sequence of single violent acts. Understanding its impact on emotion regulation and relational functioning is therefore essential for examining processes of intergenerational transmission and parenting after trauma.

II. Intrafamilial violence in childhood and psychological impact

Neurodevelopmental perturbations

Intrafamilial violence represents a major risk factor for children's socio-emotional development (Jiménez et al., 2025). Early exposure to violence, whether direct or indirect, disrupts the development of emotional regulation abilities, alters self and other representations and increases long-term psychological vulnerability (Clinchard et al., 2025).

Recents research highlighted a negative impact of domestic violence on neurobiologic regions involved in emotional regulation and inhibition mechanisms, such as HPA axe, amygdala, prefrontal cortex and hippocampus (Jenness et al., 2020; van der Kolk, 2014). These neurologic alterations caused by child maltreatment impact salience processing and cognitive control and contribute to development of psychopathology (Jenness et al., 2020).

These neurobiological alterations may contribute to difficulties in emotion regulation, impulse control, threat perception and executive functioning. As a consequence, children exposed to chronic intrafamilial violence may become more reactive to emotional stimuli while simultaneously experiencing difficulties modulating emotional responses effectively. Such alterations may increase vulnerability to anxiety, hypervigilance and maladptive coping strategies across development (Jenness et al., 2020; van der Kolk, 2014).

Hou (2020) identified domestic violence as a risk's factor for children of developing maladaptive behaviour problems such as anxiety, depression and post-traumatic stress. Indeed, others studies highlighted a precoce impact on newborn : excessive irritability,

regressive behaviors, emotional distress and a fear of loneliness, sleeping issues, feeding disorders, language delays and psychosomatic symptoms (Hou, 2020; Walker-Descartes et al., 2021). Moreover, scholar-aged children develop adaptive cognitive strategies like vigilance or hypervigilance as a response to aggressive information (Walker-Descartes et al., 2021). They can also show some behavior issues with symptoms of internalisation as anxiety and withdrawal or externalisation as aggressivity and delinquency (Walker-Descartes et al., 2021).

Finally, recent literature also suggests that the psychological consequences of childhood domestic violence may persist into adulthood and affect attentional, emotional and executive functioning (Mitchell et al., 2019; Peleikis et al., 2022). Adults exposed to childhood maltreatment frequently present long-term difficulties such as emotional dysregulation, impulsivity, concentration difficulties, chronic hypervigilance and executive dysfunctions (Peleikis et al., 2022). In this perspective, manifestations of trauma may overlap with or coexist alongside Attention-Deficit/Hyperactivity Disorder (ADHD) symptomatology, creating important diagnostic challenges (Mitchell et al., 2019). Indeed, symptoms that may seem like ADHD presentations like attentional difficulties, emotion dysregulation, impulsivity and executive functioning impairments are frequently reported by adults exposed to childhood maltreatment (Peleikis et al., 2022). Regarding these manifestations, literature shows existence of significant clinical overlap rather than a direct causal relationship between childhood trauma and ADHD.

Moreover, individuals diagnosed with ADHD often report higher rates of childhood adversity, including exposure to domestic violence, which is associated with increased anxiety disorders, emotional dysregulation and functional impairment (Mitchell et al., 2019; Peleikis et al., 2022). Consequently, literature conclude that attentional difficulties and hypervigilance present in children exposed to domestic violence may have being develop first as adaptive responses to unsafe environments, contributing to a complex later diagnosis between trauma-related symptoms and neurodevelopmental vulnerabilities (Mitchell et al., 2019; Peleikis et al., 2022).

Taken together, these findings suggest that many of these neurodevelopmental alterations in stress-response systems, threat detection and executive functioning may, at first, compromise children's ability to identify, modulate and respond adaptatively emotionally, then it may persist into adulthood. Thus, emotion regulation appears to represent a central developmental pathway linking early exposure to intrafamilial violence with later

psychological adjustment. The long-term consequences may subsequently shape parenting practices and experiences and contribute to processes of intergenerational transmission.

Impact of intrafamilial violence on the construction of self and relationships

Intrafamilial violence affects psychosocial development. Several studies highlighted that insecure attachment, confidence and self-esteem issues as a result of domestic violence exposure in children (Pang & Thomas, 2019; Walker-Descartes et al., 2021). Attachment is defined by John Bowlby (1979) as a "strong and enduring emotional bond that connects one person to another across time and space". But, in the case when caregivers simultaneously represent sources of protection and sources of fear, children may develop insecure or disorganized attachment patterns. In such contexts, children face an attachment dilemma in which the same caregiver is simultaneously associated with safety and threat (Main and Hesse, 1990). This paradox may disrupt the development of coherent internal working models of relationships and contribute to difficulties in emotion regulation, trust and interpersonal functioning throughout development (Main and Hesse, 1990). These attachment representations may subsequently influence emotional regulation, interpersonal expectations and parenting behaviors throughout adulthood.

Children witness or victims of domestic violence have less capacity to develop feeling of safety, more particularly because their parents (assault or victim) can be unavailable to respond to their needs. As a result, these children, more sensitive and fearful, present more negative attachment style (Hou, 2020).

What's more, intrafamilial violence harm the mentalization, interpersonal confidence and emotional auto-efficiency skills (Fonagy et al., 2021). Mentalization refers to the capacity to understand one's own behavior and the behavior of others in terms of underlying mental states such as thoughts, emotions, intentions and desires (Fonagy et al., 2002). This capacity develops within attachment relationships and may be compromised in contexts of chronic violence and emotional insecurity. A loss of interest in social activities, a withdrawal from pairs and a diminution of scholar performances are often observed.

Another study shows that adolescents exposed to intrafamilial violence are more likely to use avoidance-focused coping and develop insecure attachment, which are linked to poorer adult functioning. Plus, these factors can moderate, and in some cases buffer, the impact of

low to moderate levels of domestic violence exposure on long-term outcomes (Pang & Thomas, 2019).

Exposure to childhood violence also increases the likelihood of emotional parentification processes, where children progressively assume roles and responsibilities that are developmentally inappropriate for their age (Nuttal & Valentino, 2016; Dariotis et al., 2023). Parentification may involve emotional caregiving, such as managing a parent's distress, providing emotional reassurance or becoming emotionally responsible for family stability, but it can also include instrumental responsibilities such as caring for siblings, managing household tasks or protecting family members in contexts of instability and violence (Nuttal & Valentino, 2016). In families affected by domestic violence, children may therefore become prematurely exposed to adult concerns and relational tensions while their own emotional and developmental needs remain insufficiently recognized or supported (Dariotis et al., 2023).

These early caregiving responsibilities may also influence later parenting by fostering heightened responsibility, emotional hypervigilance and difficulties distinguishing personal needs from the needs of others. In their study, Dariotis et al. (2023) highlighted that these switching roles contribute to emotional burden, chronic hyper-responsibility, difficulties identifying personal needs and long-term relational insecurity. In the case of parentified children, hypervigilance and excessive monitoring are often develop as adaptable survival strategies within unpredictable family environments. Although that may later foster empathy and relational sensitivity, prolonged parentification is also associated with emotional exhaustion, guilt, self-neglect and difficulties establishing balanced interpersonal boundaries in adulthood (Nuttal & Valentino, 2016; Monaco & Heesacker, 2025). In this perspective, parentification constitute an important mechanism through which intrafamilial violence affects both identity construction and later emotional and relational functioning.

Taken together, attachment insecurity, impaired mentalization, reduced emotional self-efficacy and parentification appear to constitute interconnected developmental consequences of childhood intrafamilial violence rather than isolated outcomes. These processes may interact throughout development, influencing emotion regulation capacities, interpersonal relationships and later parenting experiences. In this sense, they may contribute to vulnerability to intergenerational transmission while also representing important targets for prevention and intervention.

Consequences on adult emotional life

Emotion dysregulation refers to difficulties in understanding, accepting, modulating and responding flexibly to emotional experiences. It encompasses deficits in emotional awareness, tolerance and behavioral regulation rather than merely the use of maladaptive strategies (Duprey et al., 2022; Wooten et al., 2022).

The psychological and emotional stress caused by intrafamilial violence has inevitable and durable consequences in mental health. Research consistently shows that childhood and adolescents maltreatment profoundly disrupts the development of adaptive emotion regulation and tends to use strategies like suppression and rumination, increasing vulnerability to later psychopathology in adulthood (Duprey et al., 2022; Wooten et al., 2022).

Gorgi et al. (2019) examined the link between some type of maltreatment and different forms of dysregulation : a) emotional maltreatment has been linked to higher levels of self-blame, rumination, catastrophizing and blaming others; b) physical and sexual maltreatment are also associated with increased catastrophizing and externalizing forms of dysregulation. Women who have been exposed, or actually exposed, to domestic violence present heightened nonacceptance of positive emotions, increased emotional impulsivity and more severe post-traumatic symptoms (Gorgi et al., 2019).

Furthermore, Duprey et al. (2022) highlighted that early experiences of threat and deprivation predict more severe psychopathology profiles in emerging adulthood, partly through increased emotional lability and negativity.

Thus, these findings suggest that emotional consequences of childhood intrafamilial violence may persist across the lifespan and influence not only individual psychological adjustment but also close relationships and parenting practices. Emotion dysregulation may therefore represent a key mechanism through which vulnerability is transmitted across generations.

III. Theories of intergenerational transmission

Explanatory models of transmission

An ecological model states that development takes place in layered systems (micro, meso, exo, macro), where intrafamilial violence interfere with the environmental and

relational connections necessary for emotional and cognitive development (Bronfenbrenner, 1979). According to this paradigm, family, institutional and societal variables interact to produce intergenerational transmission (Tong & An, 2024). Belsky's (1993) developmental-ecological model can be seen as an expansion of Bronfenbrenner's (1979) ecological framework, with a focus on how parenting behaviors and developmental outcomes across generations are shaped by the interplay of individual experiences, family dynamics, social contexts and broader societal influences. From this perspective, intergenerational transmission can be viewed as both psychological and behavioural.

These alterations are particularly concerning as they tend to be transmitted from one generation to the next. The work of Madigan et al. (2019) has confirmed the existence of an "intergenerational transmission of maltreatment," where parents who grew up in violent environments may present increased vulnerability to reproducing certain dysfunctional relational patterns, although many demonstrate resilience and develop adaptive parenting strategies (Greene et al., 2020).

Recent literature integrates the attachment theory in the comprehension of intergenerational transmission of traumatism, by examining how psychics states non integrated (loss, griefs, unsolved trauma) are explained by dysfunctionals parental interventions or by an alteration of the ability of emotional response (Greene et al., 2020). Research show that insecure attachment related to violent experiences can reduce sensitive and coherent responses from the parent, increasing the risk of transmission of emotional dysfunctionnement (Bonneville-Baruchel, 2018).

Psychological mechanisms involved

Several studies explored ways to explain the psychologic mechanisms involved in intergenerational transmission.

The social learning theory (Bandura, 1960) proposes that learning is making possible in the environmental context. It's the process where children observe, imitate and internalize, by using cognitive processes, emotional behaviors from their parents. It involves an interaction between behavioral, cognitive and environmental factors. (Akers, R. L., & Jennings, W. G., 2015; Rachmad, Y. E., 2025). When children are repeatedly exposed to aggressive interactions or emotionally dysregulated responses, these behaviors may become internalized as normative ways of responding to interpersonal stress (Bandura, 1977; Greene

et al., 2020). Within family environments, observational learning extends beyond overt behaviors and includes emotional expression, conflict management, coping strategies and interpersonal communication patterns. Children may therefore internalize not only what parents do, but also how parents experience, regulate and express emotions (Bandura, 1977; Greene et al., 2020). Over time such learning processes may shape emotional regulation strategies and interpersonal expectations, increasing vulnerability to later psychological difficulties and maladaptive relational patterns.

Transmission of behaviors is not only about imitation but also about integration of emotional schemas as beliefs, expectations, scripts. Cognitive-behavioral approaches explain that early adverses experiences may contribute to the development of maladaptive cognitive schemas concerning the self, others and interpersonal relationship. These schemas influence the way people interpret and answer to their own emotional states and those of others and how individuals respond to relational stressors across developement (Roskam et al., 2023). Stuhrmann et al. (2022) explained that the experience of domestic violence can lead to an excessive reactivity schema, mistrust or emotional inhibition which persists and takes place in the interactions of the next generation. When activated in emotionally demanding situations, such as parenting contexts, these schemas may increase emotional reactivity and shape parents' responses to their children's emotional expressions (Pilkington et al., 2021; Sójta & Strzelecki, 2023). Furthermore, maladaptive schemas may influence how parents interpret their children's behaviors, respond to emotional needs and manage interpersonal stress within the family context. Consequently, early cognitive representations of the self and others may continue to shape parenting experiences long after the original traumatic experiences have occurred.

Another perspective in the comprehension of transmission of emotional strategies is the dissociation. Research highlighted dissociation and defense mechanisms (emotional detachment, avoidance, compartmentalisation) are often observed in people who experienced severe traumatisms (Yöyen et al., 2024). Dissociative processes may range from transient emotional integration, memory and self-experience. The severity and expression of dissociation may vary across individuals, potentially affecting emotional availability, interpersonal functioning and parenting capacities in different ways (Yöyen et al., 2024). These mechanisms can act as protectors in a short-term period but reduce the ability to recognize and integrate affects. A dissociative parent can be less available emotionally and

more reactive face to his child's emotions and contribute to emotional dysregulation transmission (Cabecinha-Alati et al., 2020; Yöyen et al., 2024).

Wang (2021) explored the role of parent's mentalisation in child emotional regulation. Mentalisation is the ability to understand his own mental state and other people's. In this study, traumatized parents by maltreatment in their childhood often present difficulties of emotional regulation related to a weak mentalisation which reduces the ability to interpret and respond appropriately to the child's emotions, which can be a pathway through which dysregulation is transmitted.

Importantly, mentalization has increasingly been identified as a protective factor capable of interrupting intergenerational transmission processes. Parents who are able to reflect upon their own emotional experiences and those of their children tend to demonstrate greater emotional responsiveness, more adaptive parenting practices and more effective emotion socialization behaviors.

Psychoanalytic perspectives offering valuable insights into unconscious mechanisms of trauma transmission, considering them complementary to developmental, cognitive-behavioral and attachment-based frameworks rather than mutually exclusive explanations seem relevant. When combined, these methods help gain a more comprehensive knowledge of how traumatic events can affect how people behave emotionally an in relationships across generations.

Psychoanalytic perspectives on trauma intergenerational transmission: Identification With the Aggressor concept

Literature made it possible to describe trauma from a psychoanalytic standpoint and helped to clarify how early relational trauma can be internalized and influence an adult's emotional and interpersonal patterns. One theory in particular seems pertinent : Ferenczi (1932) emphasized Identification With the Agressor (IWA) which Anna Freud (1936) expanded.

In order to psychologically survive from circumstances involving extreme fear, helplessness and dependency, the victim unconsciously internalizes traits, attitudes or positions of the aggressor (Ferenczi, 1932; A. Freud, 1936). This identity, which is initially protective and adaptive; may endure outside of the traumatic setting and have an impact on later emotional control and interpersonal interactions (Lahav et al., 2024). IWA may affect

how adults react to authority, conflict, emotional vulnerability and dependency in parenting situations. Interactions with their own children may be influenced by this internalization of relational patterns, especially in emotionally charged situations including irritation, distress or a sense of losing control (Lahav et al., 2024).

Additionally, studies that looked at IWA in adult who have survived childhood maltreatment revealed a significant correlation with a variety of long-term psychological consequences. In fact, Lahav et al. (2024) found that certain components of IWA were strongly linked to increased symptoms of complex PTSD (CPTSD) ad posttraumatic stress disorder (PTSD), indicating that internalized aspects of the abuser may play a role in identity changes and persistent traumatic reactions. Furthermore, other studies show that IWA may play a mediating role in the connection between childhood maltreatment and outcomes like disturbed body boundaries and diminished body trust, suggesting that identification processes may go beyond intrapsychic dynamics to embodied experiences of safety and self (Rosenberg et al., 2025).

Psychoanalytic theory views IWA as a protective reconfiguration of the self in reaction to ongoing threat rather than a voluntary behavioral imitation. This mechanism may result from a person's inability to distinguish their own demands and emotional states from those of others. It may also influence how adults react to relationship difficulties and emotional pressures, such as their own children's emotional manifestations. In an intergenerational transmission perspective, IWA allow a conceptualisation of ow early exposure to violence becomes woven into intrapsychic structures, influencing both the way emotions are regulated and how affective states are expressed in close relationships (Lahav et al., 2019; Lahav, 2021a; Eliav & Lahav, 2023).

Moreover, evidence from intimate partner violence (IPV) research supports the notion that IWA may persist beyond the original context of abuse. Lahav (2021b) highlight that IWA is related to ongoing distress and depressive in survivors, suggesting that identification processes can influence psychological functioning long after the violent period.

These processes are particularly relevant to this qualitative study because the emphasize the implicit and unconscious dimensions of trauma transmission aspects that are not readily captured through self-report measures alone but may emerge through nuanced narrative accounts. IWA perspective allow to investigate parents' narratives who experienced childhood violence and illuminate defensive patterns, internalized relational templates and the

interplay between self and other representations, providing dept to understanding mechanisms of motional transmission that complement cognitive behavioral or developmental frameworks (Eliav & Lahav, 2023; Rosenberg et al., 2025).

Transmission of emotion dysregulation

The transmission of emotion dysregulation can be understood as a process involving neurodevelopmental vulnerabilities, attachment experiences, observational learning, maladaptive schemas, dissociative processes and parental emotion socialization practices. These mechanisms interact dynamically across development and contribute to continuity as well as potential disruption of intergenerational patterns.

Adults who have gone through domestic violence in childhood show more frequently difficulties in emotional regulation. These difficulties are characterized by avoidance, impulsivity, or, conversely, excessive inhibition of emotions (Gruhn & Compas, 2020; Jiménez et al., 2025). These difficulties affect not only intrapsychic functioning but also interpersonal relationships, particularly parenting.

Parental emotional dysregulation is strongly associated with parenting practices and family emotional expression. Wang (2021) indicates that parental emotional regulation difficulties related to a history of maltreatment predict less supportive parental responses, which are associated with emotional regulation difficulties in their children, illustrating how emotional difficulties are perpetuated across generations.

Furthermore, emotional socialisation practices, the way parents respond to their children's emotions, are a direct vector of transmission. Invalidating, punitive or minimising responses tend to increase dysregulation in children, while supportive and emotionally coaching responses promote the development of adaptive strategies in children (Bølstad et al., 2021). A recent study of families in which parents who had experienced trauma received emotional support shows that emotional socialisation responses predict children's emotional adjustment in the medium term (Greene et al., 2025).

When combined, these theoretical perspectives imply that intergenerational transmission occurs via a variety of interconnected mechanisms. These theories explain transmission as more than just a replay of previous experiences; it as a complex interaction of emotional regulation capacities, attachment organisation, cognitive schemas, mentalization processes, social learning mechanism and larger contextual impacts. This multifaceted

perspective offers a useful framework for assessing both vulnerability and resilience in parents who have experienced childhood trauma.

IV. Parenting after intrafamilial violence : vulnerabilities and resources

Specific challenges in parenting

According to recent research, parents who endured violence as children tend to exhibit lower emotional sensitivity, particularly in emotionally charged circumstances. Mothers with history of maltreatment are less receptive to newborn cues and have more trouble co-regulating their kid during distress episodes (Girod et al., 2023). These issues frequently result in less effective emotional scaffolding, exacerbating the child's dysregulation. Indeed, parental sensitivity refers to the ability to accurately perceive, interpret and respond appropriately to a child's signals and emotional needs (Ainsworth et al., 1978). This capacity is considered a fundamental predictor of secure attachment and healthy socio-emotional development.

Parents with trauma histories often exhibit low tolerance for intense child emotions (fear, anger, crying), as such expressions may reactivate unresolved traumatic memories or generate affective overload. This intolerance frequently leads to attempts to suppress the emotion, through avoidance or punitive responses, rather than helping the child identify and regulate it. Other studies highlight that parental tolerance of affect is crucial for children's emotional development (Duprey et al., 2022; Greene et al., 2025).

Recent literature documents that parents with histories of violence show higher tendencies toward coercive practices (over-control, punitive responses), emotional avoidance or hyper-controlling behavior (Mauri, 2024). Parents who experienced violence during childhood may have difficulties to identify, tolerate and modulate intense emotional states, which can impact their capacity to respond adaptively to their children's emotional needs. Although these strategies may serve, at first, to reduce parental anxiety or prevent trauma reactivation, they may hinder the child's development of self-regulation (WHO systematic reviews 2023-2024; Mauri, 2024). To respond to this difficulty, Mauri (2024) demonstrates in his evidence-based parenting programs that targeted interventions can reduce these coercive patterns and improve parent-child interactions.

Importantly, these difficulties should not be interpreted as evidence of parental inadequacy. Rather, they may reflect adaptive responses developed within adverse environments that continue to influence emotional and relational functioning in adulthood.

Parental representations and meaning-making

The narrative construction of past experiences; how parents make sense of their history, plays a crucial role in shaping parenting. Recent research show that higher narrative coherence is associated with better emotional regulation and greater parental sensitivity (Vanderveren, 2021; Vanaken et al., 2022). Conversely, fragmented, incoherent or distress-laden narratives predict less consistent, less emotionally attuned parenting.

Empirical findings indicate that narrative coherence, the ability to integrate events with emotions, causes, and consequences, predicts key parenting outcomes. Higher coherence is associated with stronger mentalizing capacities and more adaptive parent-child interactions (Foldager et al., 2024; Bendstrup et al., 2021). These findings support the clinical relevance of narrative work and life-story integration in interventions with trauma-exposed parents.

Narrative coherence may also be understood as an expression of reflective functioning and mentalization capacities. The ability to construct coherent narratives about past experiences often reflects a greater capacity to understand emotions, intentions and relational experiences in oneself and others (Fonagy et al., 2002; Fonagy et al., 2021; Foldager et al., 2024).

Meaning-making processes may therefore contribute to resilience by enabling individuals to integrate adverse experiences into a coherent life narrative rather than remaining overwhelmed by fragmented traumatic memories.

Protective Factors

Recent research identified several protective factors that reduce the impact of past violence on parenting : social support, personal competencies (emotional regulation skills, mentalizing abilities) and reparative relational experiences such as therapy or stable positive relationships. Younas et al. (2023) highlighted in a systematic review social support and service access as central protective factors against negative parenting outcomes. Plus, interventions programs like the "Tutor of Resilience", when involving mothers, have shown

improvements in both trauma symptoms and mother-child interactions (Giordano et al., 2024). Thus, psychotherapeutic interventions may play a particularly important role in fostering emotion regulation capacities, narrative integration and reflective functioning, and so on supporting the interruption of intergenerational transmission processes.

Current research on resilience after childhood maltreatment shows that although early adversity increases risk, resilience is common and take various form. Reviews emphasize this variability in resilient trajectories and the importance of ecological conditions; services, community support, therapeutic help (Fares-Otero et al., 2023; Konrad & Puetz, 2024). This supports the fact that parenting is not determined by past trauma and interventions targeting emotional regulation, mentalization and narrative integration can meaningfully interrupt intergenerational cycles (Meng et al., 2018).

In their study, Madigan et al. (2019) highlighted that some parents develop resilient strategies and succeed in breaking the cycle of violence, showing that these difficulties are not systematic. The concept of resilience (Masten, 2018) adds a protective dimension, emphasizing that despite adverse childhood experiences, some individuals develop adaptive emotional strategies and break the cycle of violence. Plus, others research conceptualize resilience as a dynamic process with interactions between personal resources, relational support systems and environmental opportunities across development (Masten, 2018; Fares-Otero et al., 2023; Konrad & Puetz, 2024).

Therefore, it is assumed in the literature that parenting following intrafamilial violence in childhood involves the coexistence of resources and vulnerabilities. While mentalization, social support, therapeutic experiences and resilience processes may promote adaptive parenting practices and disrupt intergenerational transmission routes, difficulties regulating emotions, attachment instability and unresolved trauma may exacerbate parenting concerns. Understanding parenting as a place of vulnerability as well as a possible area for change and healing requires this dual viewpoint.

V. Parental emotional socialization: a key vector of transmission

Definition and theoretical models

Being parents involve the ability to recognize, contain, and support the child's emotions (Eisenberg et al., 1998; King et al., 2019). However, adults who were exposed to

violence during childhood may face specific difficulties in this area. Indeed, studies show a tendency to adopt more coercive, less sensitive or more inconsistent parenting practices (Chamberlain et al., 2019; Greene et al., 2020).

Emotional socialization refers to the practices through which parents support, validate, or suppress their children's emotions (Eisenberg et al., 1998). Emotion socialization represents one of the primary mechanisms through which children learn to identify, understand, express and regulate emotions. Through repeated interactions with caregivers, children gradually internalize emotional norms, coping strategies and relational expectations that shape socio-emotional development throughout the lifespan (Eisenberg et al., 1998; King et al., 2019; Lin et al., 2024). Emotional socialization processes are closely linked to attachment relationships. Children are more likely to benefit from supportive emotional guidance when emotional exchanges occur within secure relational contexts characterized by sensitivity, responsiveness and trust (Ainsworth et al., 1978; Bowlby, 1979).

Classic theoretical frameworks (Eisenberg et al., 1998) distinguish between emotion coaching, characterized by validating, guiding and supporting the child's emotional experience, and emotion dismissing, which involves minimizing, punishing or ignoring emotions. Gottman's concept of parental meta-emotion philosophy is particularly relevant in this context. It refers to parents' beliefs, attitudes and awareness regarding emotions and influences how they respond to children's emotional experiences. Parents who adopt an emotion-coaching philosophy tend to facilitate emotional competence, whereas emotion-dismissing philosophies are associated with less adaptive emotional outcomes (Gottman et al., 1996, 1997).

Although developed from different theoretical traditions, the models proposed by Eisenberg et al. (1998) and by Gottman et al. (1996) are highly complementary. Both emphasize the central role of parental responses to children's emotions in shaping emotional competence and long-term psychological adjustment (Eisenberg et al., 1998; Gottman et al., 1996).

Sensitive emotional socialization promotes the development of socio-emotional skills and autonomous regulation in the child (Bølstad et al., 2021). Conversely, invalidating practices (minimizing, ignoring or punishing emotions) are associated with developmental difficulties (King et al., 2019). Also, in families affected by violence, the capacity of

emotional socialization may be impaired, contributing to a transgenerational vicious cycle (Katz et al., 2012; Laifer et al., 2025).

Indeed, Katz et al. (2012) emphasize that parental responses, emotional expressiveness and family climate shape children's emotional competence and further research expanded these findings. An updating research show that emotion socialization includes three components : (1) parental reactions to child emotion, (2) discussion of emotion and (3) modelling of emotion (Lin et al., 2024). These dimensions form a core mechanism through which emotional patterns are transmitted across generations.

Thus, these findings suggest that parental emotional socialization constitutes a fundamental developmental link between early family experiences to children's emotional competence, psychological adjustment and future interpersonal functioning. And because emotion socialization influences the development of emotion regulation abilities, it may also represent an important mechanism through which emotional patterns are maintained or transformed across generations.

Thus, these findings suggest that parental emotion socialization constitutes a fundamental developmental pathway linking early family experiences to children's emotional competence, psychological adjustment and future interpersonal functioning. And because emotion socialization influences the development of emotion regulation capacities, it may also represent one of the principal mechanisms through which emotional patterns are maintained or transformed across generations.

Impact on Children's Socio-Emotional Development

Emotion coaching helps people acquire adaptive emotion management strategies include identifying feelings, reappraisal and asking for help. Supportive reactions are linked to better self-regulation and less externalisation or internalization symptoms throughout childhood (Lin et al., 2024; Schrodt et al., 2022).

High-quality emotion socialization is also associated with improved social competence, empathy and peer adjustment. Conversely, dismissive or punishing replies increase the chance of emotional dysregulation, anxiety, despair and violence (Brockmeyer & Caldwell, 2023; Wang et al., 2022). Furthermore, Wang et al. (2022) found that harsh or avoidant emotional socialization is a cross-diagnostic predictor of future psychopathology.

Emotional socialization is widely recognized as a link between early interpersonal interactions and long-term mental health.

Dysfunctional emotion socialization in parents with histories of violence

Parents who experienced intrafamilial violence often exhibit specific difficulties in emotion socialization.

Research in cognitive-behavioral psychology suggests that individuals exposed to childhood maltreatment are more likely to rely on maladaptive emotion regulation strategies such as rumination, avoidance or emotional suppression (Duprey et al., 2022; Gruhn & Compas, 2020). While these strategies may initially function as protective responses in threatening environments, they may later interfere with adaptive emotional processing and increase difficulties in emotionally demanding situations such as parenting (Warmingham et al., 2022). These difficulties in emotion socialization may be partly explained by parents' own emotion regulation challenges. When emotional experiences remain difficult to identify, tolerate or regulate, responding effectively to children's emotions may become particularly demanding.

As a result, parents with histories of violence may experience greater challenges when responding to their children's emotional needs, particularly when children's emotional expressions activate unresolved emotional experiences. They may also adopt withdrawn or over-controlling responses when confronted with the child's distress, reflecting attempts to reduce their own emotional overload or prevent trauma reactivation (Warmingham et al., 2022). Children's emotional expressions may sometimes activate unresolved emotional memories or trauma-related reactions in parents, contributing to emotional withdrawal, overcontrol or difficulties maintaining emotional availability during emotionally charged interactions (Warmingham et al., 2022; Greene et al., 2025). These patterns weaken the child's ability to develop effective emotional regulation (Warmingham et al., 2022).

Together, these findings indicate that parents with trauma histories often struggle to provide consistent emotional scaffolding and reinforcing intergenerational cycles of emotional dysregulation. Conversely, reflective functioning and mentalization capacities may facilitate more adaptive emotion socialization practices by helping parents understand both their own emotional reactions and those of their children.

Overall, parental emotion socialization appears to represent one of the most important mechanisms linking childhood experiences of violence, adult emotion regulation capacities and children's emotions is therefore essential for understanding both continuity and change in intergenerational emotional transmission processes.

VI. Conclusion and limits of literature

Recent literature consistently highlights the strong links between intrafamilial violence experienced during childhood, difficulties in emotion regulation in adulthood, and vulnerabilities in parenting practices. According to literature, early exposure to violence is a long-term risk factor that affects individuals' ability to identify, modulate and tolerate emotions (Gruhn & Compas, 2020; Zimmer-Gembeck et al., 2021; Warmingham et al., 2022). These difficulties may developed significant consequences for attachment relationships and parenting behaviors (Gruhn & Compas, 2020; Zimmer-Gembeck et al., 2021; Warmingham et al., 2022).

Developmental and ecological models emphasize that intergenerational transmission is the result of interactions between early experiences, emotional regulation capacities, psychological resources and environmental contexts (Martin et al., 2023; Vanaken et al., 2022). Parental emotional socialization practices appear to be a crucial vector for transmitting or mitigating emotional vulnerabilities when parenting responses are sensitive, consistent and supportive.

However, several important limitations characterize the current state of the literature. First, most studies rely on quantitative methodologies, often using standardized self-report questionnaires, which restrict access to parent's subjectives experiences, life narratives and meaning-making process (Vanderveren et al., 2021). Although quantitative studies have established associations between childhood violence, emotion regulation difficulties and parenting outcomes, they provide limited insight into how parents themselves understand, experience and make meaning of these processes. This type of approaches limits the understanding of the emotional and relational mechanisms underlying intergenerational transmission. The limited exploration of parents' subjective representations of emotional transmission, emotional regulation and parental emotional support constitutes a major gap in the literature. Recent research on narrative coherence and parental mentalization suggests that these subjective dimensions play a crucial role in parenting adjustment and in the potential interruption of intergenerational cycles of violence (Bendstrup et al., 2021; Foldager et al., 2024).

Secondly, only a few studies have specifically focused on parents supported by family and medico-social services, despite the accumulation of contextual stressors (ex: socioeconomic precarity, social isolation) and potential unique parenting challenges, that may interact with the effects of early trauma (Younas & Gutman, 2022; World Health Organization, 2023). As a result, these populations remain underrepresented in the literature, limiting the applicability of existing findings to real-world clinical settings such as the Maisons des Solidarités et de la Vie Sociale (MSVS).

A better understanding of parents' lived experiences may contribute to the development of trauma-informed interventions aimed at strengthening emotional regulation capacities, reflective functioning and supportive parenting practices.

VII. Contributions of the research

In this context, the present study aims to make several original contributions at the theoretical, clinical and methodological levels.

Theoretical Contributions

From a scientific perspective, this research contributes to the literature on intergenerational transmission by adopting a qualitative approach centred on parents lived experiences. It seeks to evaluate emotion regulation mechanisms internalized, parental representations and autobiographical narrative components that have yet to be thoroughly investigated, rather than assessing solely observable parenting practices.

The study aims to provide a more comprehensive knowledge of the mechanism that relate childhood aggression, emotion control and parenting experiences within the context of intergenerational transmission.

Clinical and Institutional Contributions

The study provides clinical insights that are directly applicable to practice in social and medico-social services. Identifying both emotional vulnerabilities and resilience factors mobilized by parents with histories of intrafamilial violence may aid in rethinking professional interventions targeted at supporting parenting, preventing violence from recurring and developing parents' emotional competences.

Furthermore, the findings may enlighten and guide professional practices in family support programs. Form and sensibilize professionals on the emotional needs and vulnerabilities of parents who have experienced intrafamilial violence as children.

Methodological Contributions

Finally, at a methodological level, the use of semi-structured interviews inspired by verified questionnaires in emotion regulation and emotion socialization allows for a nuanced exploration of intergenerational processes within their subjective and contextual dimensions. This approach supports the development of potential future research combining qualitative and quantitative methods and underscores the importance of integrating parents' perspectives into prevention and intervention programs.

Overall, this study adopts an applied research perspective, seeking to bridge scientific knowledge and clinical practice in order to better understand and support families affected by the long-term consequences of intrafamilial violence.

VIII. Objectives and Research Question

Objectives of the Research

The general objective of this study is to understand how parents supported by family services, who were exposed to domestic violence during childhood, perceive and express emotion regulation and how they support their children's emotional experiences.

The specific objectives are:

- To explore parents' experiences of intrafamilial violence during childhood
- To understand how these experiences have influenced their emotional regulation processes in adulthood
- To examine how parents perceive and support their children's emotional experiences
- To identify perceived processes of continuity and change across generations.

Research Question

How do parents who experienced intrafamilial violence during childhood perceive the impact of these experiences on their emotional regulation and on the emotional support they provide to their own children?

Secondary Research Question

What factors do parents perceive as contributing to continuity or rupture in intergenerational patterns of emotional functioning and parenting?

Given the exploratory nature of these questions and the need to access participants' subjective experiences, meanings and narratives, a qualitative methodological approach was considered the most appropriate design for the present study.

B. METHODOLOGY

Research Paradigm and Study Design

This research adopts a qualitative approach under a narrative study, focused on understanding the intergenerational transmission of emotion regulation strategies among parents who grew up in contexts of intrafamilial violence.

This study is grounded in an interpretivist epistemological framework, which assumes that reality is constructed through individuals' subjective experiences and meaning-making processes. This perspective is particularly relevant to explore how parents understand and narrate the impact of childhood violence on their emotional and parenting experiences.

Participation is voluntary and informed consent has been obtained from all participants. Confidentiality and anonymity have been ensured through data coding and secure storage. Also, given the sensitive nature of the topic, emotional support and referral have been proposed in case of any distress arising during or after the interview. Then, the study has been submitted for approval to the Ethics Committee of the Egas Moniz School of Health & Science prior to the start of data collection.

Target population and Recruitment

The target population consists of parents supported by family and social services. Participant were recruited through two Maison des Solidarités et de la Vie Sociale (MSVS), a local public social service within the French social welfare system. These structures bring together muldisciplinary professionals (ex: social workers, psychologists, nurses and family support professionals) and provide prevention, assessment and support services to individuals and families experiencing social, economic or psychosocial vulnerabilities. Recruitment were based on case files, in which intrafamilial violence is identified by psychologists and social workers, and on a voluntary basis with informed consent. Parents were interviewed individually (rather than as couples) in order to facilitate data collection.

Regarding inclusion criteria, participants must be parents of at least one child (minor or adult), be currently supported by family services (MSVS), and have experienced intrafamilial violence during childhood. Participants must be over 18 years old, have

sufficient proficiency in French to take part in a semi-structured interview, provide free and informed written consent to participate in the study and agree to participate in an individual interview (not as a couple).

Exclusion criteria include the presence of an acute current severe psychiatric decompensation or acute psychological crisis likely to compromise informed participation in the study, as well as refusal or inability to participate in an individual interview. Participants who are not parents and not follow by family services will be exclude. Participants whose history of childhood violence is unclear or who do not wish to address this topic will also be excluded, as will those presenting significant language difficulties that hinder comprehension of the questions or emotional elaboration.

Data Collection Procedure

Data will be collected in the internship location within the MSVS Gérardmer/Saulxures and Thaon-les-Vosges/Charmes sectors. Semi-structured interviews lasting approximately one hour each will be conducted and structured around three main themes:

- The experience of violence within the family of origin
- Current emotion regulation strategies
- Ways of supporting and responding to their children's emotions.

A minimum of two interviews and a maximum of four interviews are planned for each participant, including an optional feedback interview which may be conducted via email of phone if appropriate. Therapeutic follow-up may continue for participants who require it, until the end of the internship.

The interview guide *(cf. Appendix 1)* is inspired by the Meta-Emotion Interview (Gottman, Katz, & Hooven, 1996/1997), an instrument designed to explore parental emotional awareness, regulation, and emotion socialization. It has been adapted to the clinical context of the Maisons des Solidarités et de la Vie Sociale (MSVS), integrating theoretical contributions from the Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) and the Coping with Children's Negative Emotions Scale (CCNES; Fabes et al., 1990; 2002; Coutu et al., 2002).

Interviews were expected to last approximately 45 to 60 minutes depending on participants' narratives and emotional comfort. If participants displayed signs of significant emotional distress during the interview, the interviews could be paused or terminated at their request. Participants were also informed of available support resources should further emotional support be required.

Interviews had been audio-recorded with the participant's consent, transcribed verbatim, and subjected to an inductive thematic analysis, allowing for the emergence of representations, emotional experiences and patterns of intergenerational transmission.

Concerning the data analysis, a reflexive thematic analysis based on the model of Braun & Clarke (2006;2019) has been conducted. Data were analysed following the six phases framework proposed by Braun and Clarke (2006): familiarization with the data, generation of initial codes, search for themes, review of themes, definition and naming of themes and production of the final report.

During the analytical process, a visual coding system based on color categorization was created to facilitate the identification, organization and comparison of recurring themes across interviews. Different colors were associated with major thematic categories emerging from the data, including childhood trauma and domestic violence, emotional regulation strategies, emotional avoidance and suppression, emotional distress, parenting practices and intergenerational transmission processes *(cf. Appendix 2)*.

The coding process progressively evolved through repeated readings of the interviews and reflexive engagement with participants' narratives. Initial descriptive codes were first generated directly from the data before being progressively grouped into broader interpretative categories and overarching themes. Both semantic and latent levels of analysis were explored in order to identify explicit emotional content as well as underlying relational and intergenerational meanings.

To enhance analytic transparency, examples of the coding process and theme development are presented in *Appendix 3* and *Appendix 4*. *Appendix 3* illustrates the progression from verbatim extracts to descriptive and interpretative codes, while *Appendix 4* presents the process through which clustered meaning units contributed to the development of overarching themes and subthemes.

Recruitment Process and Final Sample

At the beginning of my internship, 13 parents have been identified as potential participants; two from the sector of Thaon-les-Vosges and eleven from the sector of Gérardmer.

Out of these 13 participants:

- 9 have been informed about the study by the psychologists or the social workers and initially agreed to participate
- 4 were not informed about the study due of various reasons, including geographical distance from the MSVSs, ongoing legal proceedings or complex familial/personal situations.

Among the 9 parents who had initially agreed, 2 (a couple) had a difficult and conflictual relationship with the services. Therefore, the choice had been to not contact them again for an initial meeting.

In total, 7 parents agreed to a first meeting: 2 in the Thaon-les-Vosges area; 5 in the Gérardmer area. This consists of 6 women and 1 man.

Data collection began at the end of November 2025, two months after the beginning of the internship and ended on the end of April 2026.

During the collection process:

- one mother did not attend the scheduled first meeting and didn't respond to subsequent meeting proposals
- two mothers decided to discontinue their participation after one interview.

Only one mother completed the maximum of four interviews, one father participated to three interviews and two other mothers participated to two interviews.

It's important to note that approximately one month and a half could pass between interviews with the same participants. This point will be further discussed in the Discussion section.

In January 2026, one mother and one father (a couple) were informed about the research and agreed to participate. However, given the discontinuity of the interviews with the other participants and the time constraints imposed by university requirements, it seemed to be preferrable to not include them in the research.

The final sample therefore consisted of 5 women and 1 man (n = 6).

To enhance trustworthiness, the study considered the criteria of credibility, dependability, confirmability and transferability. Reflexive notes, peer discussions and systematic documentation of analytical decisions were used throughout the analytical process.

All audio recording, transcripts and consent forms were stored securely on password-protected devices accessible only to the research team. Identifying information was removed from transcripts prior to analysis.

C. RESULTS

A reflexive thematic analysis, following the framework proposed by Braun & Clarke (2006;2019), was conducted based on 13 interviews conducted with six participants Mrs BG, Mrs D, Mrs P, Mrs B, Mrs F and Mr. G *(see Appendix 5).*

The analysis explored how parents exposed to domestic violence during childhood perceive and regulate emotions, how these experiences continue to shape their relational functioning and how they support their children emotionally while navigating unresolved trauma-related experiences.

Rather than representing discrete categories, these themes should be understood as interconnected dimensions of participants' lived experiences, reflecting the complex and dynamic nature of intergenerational emotional processes.

Five interconnected themes emerged across the interviews:

1. Childhood Intrafamilial Violence through an Emotional and Relational Climate
2. Suppression, Hypercontrol and Emotional overflow as Emotion Regulation Strategies
3. Parenting between Vulnerability, Repair and Emotional Transmission
4. Parentification, Emotional burden and Hyper-responsibility
5. From Intergenerational Transmission to Rupture: Reflexive Awareness as a Mechanism of Change

Although common characteristics occurred among all participants, considerable individual differences arose related emotional expression, attachment patterns, relational expectations and resilience trajectories.

Consistent with Braun and Clarke's reflective thematic method, the analysis was undertaken at two levels: semantic, concentrating on participants' explicit accounts, and latent, probing underlying emotional meanings, emotional processes and relational dynamics. Together, these themes show how childhood experiences with violence continue to influence emotional functioning, parental experiences and processes of continuity and change over generations.

Theme 1 : Childhood Intrafamilial Violence through an Emotional and Relational Climate

Participants in all interviews described childhood intrafamilial violence as manifesting not just in explicit acts of assault, but also in chronic emotional unease, fear, unpredictability and emotional silence.

- ***Emotional insecurity and unpredictability***

Participants frequently referred to family environments marked by instability :

"You knowiolence was both verbal and physical." (Mrs BG)

"When you grow up in,… where there is always chaos, suffering becomes normal." (Mr. G)

"At home, we never know how my mom would react." (Mrs F)

These narratives imply that violence was a prevalent emotional atmosphere rather than individual incidents.

- ***Emotional loneliness and neglect***

Several individuals mentioned growing up in circumstances where emotions were either unsupported or discouraged. Participants discusses emotional loneliness in family ties and emotional alertness throughout childhood:

"I cried in my corner without them seeing me." (Mrs D)

"It's sure that sometimes,… well, I felt alone with my emotions." (Mrs P)

"You had to pay attention all the time." (Mrs B)

These narratives imply persistent emotional unease and hypervigilance. Participants learnt to anticipate emotional strain and continuously check their relational settings.

- ***Normalization of suffering and adaptation***

Importantly, participants frequently described emotional silence as normalized within the family context.

"Talking made things worse." (Mrs BG)

"We used to keep everything inside." (Mrs F)

These narratives imply that emotional outpouring was the outcome of confrontation, rejection, emotional invalidation. As a result, emotional repression was integrated into participants' emotional functioning from a young age.

For several participants, suffering itself became normalized :

"You just learn to endure." (Mr. G)

"After a while, it becomes normal." (Mrs B)

At a latent level, this normalization process is clinically significant since it modified participants' expectations about relationships, emotional safety and emotional control.

These findings indicate that intrafamilial violence influenced not only participants' immediate emotional experiences, but also their overall relational and psychological development. Overall, participant narratives show that early exposure to intrafamilial violence was experienced not as discrete incidents of violence, but as a pervasive emotional and relational climate marked by fear, unpredictability, emotional neglect and silence. Participants in these environments quickly learnt to adapt by monitoring their surroundings, repressing emotional expression and tolerating distress. As a result, individuals devised emotional control methods in response to this emotional climate.

Theme 2 : Emotional Suppression, Hypercontrol and Emotional overflow as Emotional Regulation Strategies

An interesting finding from the interviews concerns the individuals' emotional control skills. Although these methods appear to be contradictory, participants typically identified them as interrelated responses to childhood emotional uncertainty. Emotional suppression and hypercontrol often functioned as attempts to prevent emotional overwhelm, while emotional overflow emerged when these regulatory efforts became unsutainable.

- ***Emotional Suppression and Hypercontrol***

Most participants described emotional suppression as a primary coping mechanism developed during childhood and maintained into adulthood.

"I learned to keep everything inside." (Mrs BG)

"I still struggle to talk about what I feel." (Mrs D)

"I prefer to stay silent." (Mrs F)

"I always keep everything for myself and don't complain." (Mrs P)

Meanwhile, participants referred to emotional vigilance and self-control:

"I always pay attention to what I say." (Mrs B)

"I step back and before saying anything, or I ignore it." (Mrs F)

At a semantic level, these extracts illustrate emotional inhibition.

At a latent level, however, emotional suppression appears to function as a protective strategy aimed at avoiding conflict, rejection, vulnerability or emotional exposure.

Several participants associated emotional expression with relational danger, with a fear of emotional invalidation and a fear that it will be seen as a weakness :

"Every time I tried to speak, it made things worse." (Mrs BG)

"I was afraid people would not understand." (Mrs P)

"I don't want people see me cry because I don't want to give them bullet to use against me." (Mrs D)

Participants frequently described emotional self-monitoring and hypercontrol. They described hypercontrol not only as the inhibition of emotional expression but also as a constant effort to monitor, anticipate and regulate emotional reactions in order to avoid vulnerability or loss of control.

This appeared particularly visible among female participants who often described emotional restraint, fear of burdening others and emotional hyper-responsibility.

- ***Emotional overflow***

At the same time, suppression frequently led to emotional overload, emotional exhaustion and emotional overwhelm:

"I keep everything inside and then suddenly it explodes." (Mrs D)

"At some point, it becomes too much." (Mrs F)

"Sometimes I feel invaded by my emotions." (Mrs P)

These narratives suggest cyclical emotional functioning : suppression, accumulation of emotional tension and emotional overflow.

At a latent level, this pattern reflects trauma-related dysregulation processes.

Across narratives, emotional overflow often appeared as the consequence of prolonged suppression and excessive emotional control, suggesting the limits of these regulatory strategies over time.

- ***Avoidance-based strategy***

Participants also described avoidance-based emotional regulation strategies :

"Work allowed me no to think." (Mr. G)

"I avoid talking about certain things." (Mrs B)

Avoidance appeared to function protectively by reducing emotional activation. However, it also contributed to emotional disconnection, unresolved distress, relational distance and emotional loneliness.

- ***Hyper-independence***

Another recurrent process concerned hyper-independence. Several participants described difficulty asking for help :

"I learned to manage alone." (Mrs BG)

"I don't like depending on others." (Mrs F)

These narratives suggest defensive autonomy rooted in earlier relational insecurity. Help-seeking often appeared associated with weakness, shame, emotional vulnerability of mistrust.

Taken together, participants described emotional suppression, hypercontrol and emotional overflow as interconnect regulatory responses that emerged in the context of childhood violence. Although these tactics were typically adaptive during childhood, they remained to have an impact on emotional experiences, interpersonal connections and parental practices into adulthood.

Theme 3 : Parenting Between Vulnerability, Repair and Emotional Transmission

Parenthood surfaced as a very important emotional place in all interviewees. Participants viewed parenting as a domain in which vulnerability, repair and intergenerational transmission concerns were all linked. Awareness of personal emotional challenges frequently spurred parents to provide distinct experiences for their children, while also instilling fear of repeating patterns inherited from their own childhoods.

Participants typically described parenting as both emotionally demanding reparative and transforming. A key concern emerged, and it involved the fear of perpetuating negative family patterns :

"I don't want my daughter to live the same thing." (Mrs D)

"I try to be careful about what I pass on." (Mrs B)

"It's unbelievable for me to raise my children the same way I've been raised." (Mr G)

These narratives reveal strong reflexives awareness regarding intergenerational transmission.

Participants recognized that transmission occurs not only through explicit violence but also through emotional communication patterns, emotional silence, relational insecurity and emotional regulation styles.

At the same time, participants expressed strong desires to create emotionally safer environments for their children :

"I want to help my daughter put words on emotions." (Mrs D)

"I try to let my children express themselves." (Mrs BG)

"I encourage them to express what they need, what they want and what they feel." (Mr. G)

"I try to listen more." (Mrs F)

At a latent level, parenting often appeared linked to participants' own unmet emotional needs. Participants attempted to offer children emotional recognition, emotional containment, emotional listening and emotional validation that they themselves lacked during childhood.

Across narratives, parenting frequently emerged as an opportunity for emotional repair allowing participants to revisit painful childhood experiences while attempting to create different emotional environments for their own children.

However, parenting was also experienced as emotionally triggering :

"Sometimes being parents reactivates things." (Mrs BG)

"Certain situations bring memories back… and it's complicated to handle." (Mrs P)

Several participants described emotional exhaustion associated with parenting responsibilities:

"Sometimes I feel emotionally drained." (Mrs F)

"I feel overwhelmed." (Mrs D)

Many stories revealed a persistent conflict between the desire to give emotionally supportive parenting and concerns about personal emotional limitations. This ambivalence seems to be a defining feature of the participants' parenting experiences.

Throughout the interviews, individuals described parenting as a complicated emotional experience typified by feelings of vulnerability, deliberate efforts to mend and persistent concerns about the transfer of emotional patterns across generations. Thus,

parenting became not only a relational responsibility but also a setting for personal contemplation and transformation.

Theme 4 : Parentification, Emotional Burden and Hyper-Responsibility

Another key theme is parentification and emotional hyper-responsibility. While parentification refers to the acceptance of caregiving or emotion responsibilities normally associated with adults, hyper-responsibility defines an ongoing tendency to feel excessively responsible for the well-being, emotions or difficulties of others.

Several participants described taking on caregiving or emotional responsibilities very early in life.

"I took care of my sister like a mother." (Mrs F)

"I always had to take care of others." (Mrs BG)

"I had to take care of my mom." (Mrs P)

"I tried to protect everyone." (Mrs P)

At a latent level, these narratives suggest role reversal processes in which children became emotionally responsible for family stability.

This specific behaviour seems to be a consequence of an insecure environment where the participant's parents were not psychically available to identify and take care of their needs:

"There were always some men in the house" (Mrs F)

"My dad drunk a lot when I was a child" (Mrs D)

"My mom was sad and she bring me into bars at night with her" (Mrs P)

"My mom was never really here with us, she was like "turn off" and depressed" (Mrs BG)

These narratives suggest that emotional parentification appeared more prominent than instrumental parentification, with participants frequently describing responsibility for managing family tensions, emotional distress and relational conflicts.

However, participants' narratives also reflected a broader sense of emotional obligation and self-sacrifice. Rather than simply assuming caregiving duties, many appeared to internalize the belief that they were responsible for the emotional well-being of others and frequently appeared to organize identity around caregiving and responsibility toward others. This often occurred at the expense of their own emotional needs:

"I never learned how to help myself." (Mrs BG)

"I always keep things for myself." (Mrs D)

Several participants reported to carrying emotional burdens beyond their developmental capacities. These experiences frequently included feeling responsible for maintaining family stability, protecting others or dealing with emotionally sensitive circumstances.

"I feel tired emotionally." (Mrs F)

"I absorb everyone's emotions." (Mrs P)

These declarations may reflect not only hyper-responsibility but also difficulties establishing emotional boundaries and a tendency to prioritize others' needs over their own. Thus, these findings suggest that parentification functioned simultaneously as an adaptive survival strategy within adverse family environments and as a source of long-term emotional burden, guilt and vulnerability.

For several participants, these early experiences of responsibility appeared to extend into adulthood, influencing how they approached caregiving, emotional support and parenting responsibilities. By experiencing parentification and emotional burden that required them to assume responsibilities at an early age, it appeared to several participants that these experiences contribute to enduring patterns of hyper-responsibility which continue to shape emotional and relational functioning into adulthood.

Theme 5 : From Intergenerational Transmission to Rupture: Reflexive Awareness as a Mechanism of Change

The final theme concerns participants' awareness of intergenerational transmission and their attempts to interrupt inherited emotional and relational patterns.

- ***Recognition of inherited patterns***

Participants repeatedly referred to cycles, repetition, inherited emotional functioning and unconscious reproduction of family dynamics :

"It's a cycle…we reproduce what we experienced." (Mrs BG)

"Sometimes, it's true I realize I react like my parents, and honestly… it sucks." (Mrs B)

"I see certain patterns coming back, and it scared me…." (Mrs P)

These declarations indicate an awareness of intergenerational continuity, as participants identified similarities between their own emotional responses and those experienced in their families of origin. Through their declarations, participants exhibited their capacity to perceive and reflect upon inherited patterns, describing transmission as more than a totally unconscious process. Thus, reflexive awareness refers to a psychological process in which each participant makes sense of intergenerational transmission.

- ***Intentional change and relational transformation***

Many participants actively described efforts to challenge inherited ideas and build new ways of interacting with others.

"*I try to do things differently."* (Mrs D)

"I want my children to feel listened to." (Mrs F)

These testimonies show deliberate attempts to break the cycle of emotional neglect, silence and relational problems. Participants expressed a wish to talk more openly, provide greater emotional support and establish safer family environments that differed form those

they experienced as children. In this sense, rupture arose not as an active process of relational transformation based on contemplation and deliberate choice.

Another key finding was participants' readiness to examine inherited models despite recognizing the permanent influence of childhood events :

*"You carry things from childhood even when you don't want to and that's it." (*Mr G)

This ambivalence exemplifies the coexistence of continuity and change, as individuals acknowledge the persistence of transmission while working hard to mitigate its impact on future relationships and parenting behaviors.

According to these statements; resilience appears to arise not as the absence of pain, but as emotional inquiry, reflexive awareness, purposeful change and attempts at relational transformation.

However, participants consistently regarded rupture as a continuing and emotionally demanding process, rather than a definitive achievement.

"Sometimes it brings everything back." (Mrs BG)

"It takes a lot of effort." (Mrs P)

Taken together, these findings suggest that intergenerational transmission and rupture coexist rather than oppose one another. While inherited emotional patterns remained influential, participants demonstrated the capacity to reflect upon, question and partially transform these patterns. Reflexive awareness appeared to play a central role in this process by facilitating movement from unconscious repetition toward intentional relational change.

D. DISCUSSION

The present study aimed to explore how parents supported by family services, who where exposed to domestic violence during childhood, perceive and regulate emotions and how these experiences influence the way they support their own children emotionally.

Overall, the findings suggest that childhood exposure to domestic violence profoundly shaped participant's emotional regulation strategies, relational functioning and parenting experiences. Emotional suppression, hypervigilance, avoidance, emotional overload, hyper-responsibility and defensive autonomy emerged as central emotional processes across interviews.

Importantly, the findings also demonstrate that participants were not passive recipients of intergenerational transmission. Despite significant emotional suffering, many participants showed increasing reflexive awareness regarding inherited emotional patterns and expressed strong desires to create emotionally safer environments for their children.

Overview and Interpretation of Findings

Across all 13 interviews, several recurrent psychological processed emerged. Rather than functioning as isolated psychological reactions, participants' emotional regulation strategies appeared deeply embedded within broader relational and developmental trajectories shaped by chronic exposure to emotional insecurity and domestic violence.

One of the central findings of this study concerns the understanding of emotional suppression as a relational survival strategy developed withing contexts of chronic emotional insecurity. Indeed, during the interviews, emotional suppression did not emerge primarily as emotional incapacity but rather as a relationally adaptive strategy developed in contexts where emotional expression threatened psychological or relation stability.

Commonly, participants learned, against their will and through experiences of several non-constructive relationships with their own parents and their family, that feeling and expressing emotions could cause negative consequences. In fact, participants may have integrate that emotions could intensify conflict conflict, destabilize family dynamics, expose vulnerability or remain emotionally unmet. Consequently, emotional inhibition appeared less

as an absence of emotional experience than as an active process of emotional containment aimed at preserving relational survival.

What's more, this process appeared particularly gendered within the narratives. Within this sample, female participants, more frequently described caregiving and emotionally protective roles, whereas the male participant's narrative appeared more characterized by emotional distancing. These observations should be interpreted cautiously given the limited and unbalanced sample composition.

However, despite these differences in expression, both male and female participants appeared to share a common underlying dynamic: emotions were experienced as potentially destabilizing and therefore requiring control, avoidance or concealment.

Another important process identified through the cases concerns the paradoxical relationship participant maintained with emotional dependency and interpersonal support. Although several participants expressed profound emotional loneliness, they simultaneously demonstrated strong defensive autonomy and difficulty relying on others emotionally. This suggests that early relational experiences may have disrupted the development of secure emotional dependency, leading participants to associate vulnerability with danger, disappointment or emotional invalidation.

Many of the relational patterns described by participants also appear consistent with attachment-related adaptations developed in contexts characterized by emotional unavailability, unpredictability and disrupted experiences of safety and comfort.

This relational ambivalence appeared particularly visible in participants who experienced parentification during childhood. Parentification appeared closely intertwined with the development of hyper-responsibility and emotional self-regulation strategies, contributing to enduring patterns of caregiving and heightened concern for the well-being of others. Early caregiving roles seemed to contribute to adult identities organized around hyper-responsibility, emotional self-sacrifice and excessive emotional monitoring of others.

Importantly, caregiving did not appear solely burdensome. For several participants, caregiving and parenting also functioned as spaces through which emotional meaning and relational repair could be reconstructed. Indeed, one of the most clinically significant findings concerns the central role of parenting within participants' narratives. Parenthood frequently

appeared as a psychologically ambivalent space where unresolved trauma, emotional vulnerability and reparative intentions coexisted simultaneously. Participants often described intense fears of reproducing inherited relational dynamics. However, these fears were accompanied by strong reflexive capacities and intentional efforts toward emotional rupture.

At a deeper level, participants seemed to attempt to provide children with forms of emotional containment, emotional recognition and emotional validation that they themselves lacked during childhood. This suggests that resilience processes emerged not through the disappearance of suffering but through increasing reflexive awareness and intentional relational reorganization. Reflexive awareness refers to the capacity to recognize, reflect upon and critically evaluate the influence of past experiences on current emotional, relational and parenting practices.

Importantly, rupture processes did not emerge as the absence of vulnerability but rather as active efforts to recognize, question and transform inherited emotional and relational patterns. Participants' capacity to reflect upon their own emotional experiences and those of their children may also be understood through the lens of mentalization and reflective functioning. Thus, parenting appeared not only as a site of transmission but also as a potential site of transformation.

Another important interpretative result is the coexistence of continuity and rupture in participants' remarks. Although participants commonly indicated attempts to "break the cycle", their emotional experiences revealed the continuation of trauma-related emotional patterns, namely emotional hypervigilance, emotional overflow, emotional avoidance and fear of vulnerability. This demonstrates the nonlinearity of intergenerational change processes. Rupture did not appear to constitute a complete separation from family history, but rather a continuous psychological negotiation between inherited relation patterns and evolving reflective capacities. This ongoing bargaining caused participants to engage in unconscious back-and-forth, which can occasionally be frustrating.

Moreover, this analysis suggests that the intergenerational transmission of trauma operates not only through direct exposure to violence but also through emotional climates, implicit relation learning, emotional silencing and attachment-related insecurity. Overall, the findings suggest that childhood intrafamilial violence influenced emotional and relational development through multiple interconnected mechanism as emotional suppression,

hypercontrol, parentification and hyper-responsibility. At the same time, the findings also demonstrate that these processes remain dynamic and potentially modifiable through reflective functioning, therapeutic support, emotionally reparative relationships and conscious practices.

Emotional Suppression as a Relational Survival Strategy

One of the most significant findings concerns the central role of emotional suppression across participants' narratives.

Most participants described learning at a very early age that emotional expression could play a role of trigger in conflict, be exposing, disorganize family relationships or be emotionally unmet. As a result, participants developed emotional inhibition as a relationally adaptive survival strategy.

This finding is consistent with what van der Kolk (2024) explain about trauma-informed perspectives, suggesting that children exposed to chronic domestic violence frequently develop emotional suppression strategies in order to preserve psychological and relational safety. To go further, more recent studies similarly indicate that childhood exposure to domestic violence is associated with long-term emotional dysregulation, emotional suppression and increased psychological distress in adulthood (Orozco-Vargas et al., 2021; Rudenstine et al., 2018).

Participants' stories provide credence to this viewpoint. Emotional concealment frequently served as a protective mechanism within family systems defined by emotional unpredictability.

At the same time, the study found that these protective strategies have significant psychological cost in adulthood, such as emotional overload, weariness, loneliness and difficulty obtaining emotional support. This phenomena was especially evident in the cyclical emotional functioning described by several participants, in which emotional restraint was followed by emotional flooding or overflow.

These findings are consistent with Gross' (1998) process model of emotional regulation, which proposes that suppression might limit emotional expressiveness while increasing internal emotional activation and psychological suffering. Further research has

confirmed this link by demonstrating that maladaptive emotion regulation methods, notably suppression and avoidance, are substantially connected with trauma exposure and change psychopathological susceptibility (Jenness et al., 2020; Crow et al., 2021).

Furthermore, it appears that emotional suppression did not occur in isolation. In fact, participants' accounts show that it was inextricably linked to attachment-related instability and parentification experiences. Children who grew up in families with emotional volatility, violence or emotional unavailability frequently learnt that expressing their emotions could result in rejection, conflict or disappointment. Simultaneously, other participants took on caregiving or emotionally protective roles for parents or siblings, requiring them to prioritize the emotional needs of others over themselves. In this situation, emotional suppression appeared not only as a distress management method, but also as a means of sustaining relational stability and carrying out caregiving tasks.

Importantly, few participants regarded emotional suppression as a conscious or purposeful technique. Rather, it looked to be extensively internalized and incorporated into their interpersonal functioning and identity formation.

Attachment insecurity and Relational Ambivalence

In addition, the findings highlight attachment-related instability and relational ambivalence.

Participants typically stated both a need for emotional support and fear of emotional dependency or vulnerability. Indeed, numerous participants reported having trouble asking for help, preferring emotional self-reliance even when facing severe emotional anguish.

Importantly, emotional self-reliance appeared to serve as an adaptive function in the participants' formative surroundings. In situations hen caregivers were emotionally unavailable, inconsistent or threatening, relying on oneself may have been an essential technique for preserving psychological stability and lowering the danger of further disappointment or emotional invalidation. However, while protective in childhood, this self-reliance appeared to persist into adulthood, limiting emotional openness and help-seeking. In this sense, adaptive emotional self-reliance may progressively evolve into emotional avoidance, contributing to relational difficulties, emotional isolation and challenges tolerating dependency within close relationships.

This paradox may reflect disruption in early attachment experiences. Indeed, according to attachment theory (Bowlby, 1969; 1988), children develop internal models of relationships based on repeated interactions with caregivers. In the case of environments characterized by violence, emotional inconsistency or emotional unavailability, children may learn that emotional needs are unsafe, burdensome or can stay with an inadequate response.

Recent literature continues to support these theoretical perspectives by suggesting that childhood trauma and domestic violence exposure are strongly associated with attachment insecurity, emotional dysregulation, relational mistrust, difficulties with emotional dependency in adulthood and a risk of later exposure to intimate partner violence (IPV) (Eilert & Buchheim, 2023; Fanslow et al., 2021; Shields et al., 2020).

An important transversal observation emerging from participants' developmental histories concerns the high prevalence of early relational disruptions and attachment-related losses. Indeed, except for Mr. G, who was the only participant to report growing up continuously with both parents present in the household, all participants described significant ruptures within early family relationships. Mrs D described growing up between separated parents and frequently moving between both households depending on relational tensions, parental permissiveness and parental dynamics. Her narratives revealed a strong need for exclusivity and emotional reassurance within relationships, which may reflect attachment insecurity linked to inconsistent caregiving environments.

Similarly, Mrs P reported parental separation following her father's departure woth another woman and progressively adopted caregiving roles toward her emotionally vulnerable mother. This dynamic appeared closely linked to parentification and emotional hyper-responsibility emerging throughout her interview.

Mrs F described growing up with an absent father, leaving her and her sister primarly exposed to maternal violence, neglect and emotional instability. Both Mrs BG and Mrs B experienced traumatic maternal losses during childhood and subsequently remained living with their fathers. These experiences of early loss and caregiving disruption appeared deeply intertwined with emotional insecurity, fears of abandonment and caregiving role reversal throughout participants' narratives.

Taken together, these developmental trajectories suggest repeated exposure not only to intrafamilial violence, but also to significant disruptions in attachment continuity, emotional security and caregiving stability.

To continue, through several of their narratives, participants appeared to simultaneously seek emotional closeness while fearing emotional vulnerability and relational dependence. This relational ambivalence may be understood through the concept of "fright without solution" where *"The child's fundamental problem with disorganized attachment is that the principal attachment figure is both a source of security and a source of fear"* developed by Main and Hesse (1990) within disorganized attachment theory.

It conceptualizes that the caregiver becomes both the person the child looking for protection and the person who generates distress creating, what Main and Hesse called, un unsolvable attachment conflict. Within this perspective, the participants' developmental histories appear particularly relevant.

Indeed, for many participants, attachment figures were simultaneously associated with emotional need, dependency, instability, abandonment, emotional inconsistency and fear. This relational paradox appeared reinforced by repeated experiences of parental separation, caregiving instability, emotional unpredictability, parental absence and significant attachment losses.

Consequently, emotional closeness itself and proximity often appeared conflictual within participants' recites, contributing to later relational ambivalence, hypervigilance, emotional withdrawal and defensive autonomy. Recent documentation on attachment disorganization continue to emphasize how chronic relational fear, unpredictability and emotional inconsistency may contribute to long-term relational ambivalence, emotional dysregulation and contradictory proximity-seeking behaviors (Haltigan et al., 2021).

These findings proposes that defensive autonomy should not be understood only as a maladaptive relational pattern. Rather, it may reflect the continuation of strategies that were initially adaptive within unsafe attachment environments. Nevertheless, when maintained in adulthood, these strategies may reduce opportunities for emotional intimacy, mutual support and secure relational engagement.

Interestingly, among all participants, Mrs F was the only parent who reported having benefited during childhood from a judicial intervention and a child protection measure recognizing her as a victim of family violence. This distinction appears clinically significant. While all participants described experience of violence, instability, emotional insecurity, neglect or attachment disruption, most appeared to have grown up in environments where violence remained largely normalized, minimized, emotionally silenced or insufficiently addresses institutionally. The absence of external recognition or protective intervention may contribute to the normalization of violence, emotional invisibility, self-blame and difficulties identifying oneself as deserving emotional protection or care.

Conversely, although institutional intervention does not eliminate traumatic consequences the recognition of victimization by external protective figures may nevertheless influence later self-legitimacy, emotional validation, attachment expectations and help-seeking representations. Recent trauma literature emphasizes the importance of recognition and validation processes in trauma recovery trajectories (Fassin & Rechtman., 2024; Lorvellec, A. et al., 2023).

Several participants described relationships characterized by simultaneous emotional need, fear or rejection, mistrust and emotional withdrawal. For example, participants often expressed desires for emotional support while simultaneously avoiding emotional exposure or dependency.

This may reflect the persistence of attachment dynamics in which closeness itself becomes emotionally conflictual. Consequently, relational functioning in adulthood appeared marked by hypervigilance, defensive autonomy, emotional ambivalence and difficulties tolerating vulnerability. Importantly, these dynamics were not limited to romantic relationships but also emerged in parenting experiences where participants frequently described both strong desires to emotionally protect their children and fears of reproducing harmful relational patterns.

Another key aspect is the participants' continuous relational ambivalence regarding their own parents. The majority of participants reported substantial childhood experiences of neglect, emotional invalidation , abuse or emotional unavailability.

Nonetheless, many people expressed strong wishes for these same parents to be emotionally involved in the lives of their own children. Except for Mr. G and Mrs. BG, participants typically wanted their parents to continue to be active grandparents despite the difficulties that come with these positions. This seeming contradiction may indicate that attachment demands and family loyalty dynamics persist in the face of catastrophic relational events.

From an attachment standpoint, this demonstrates the complexities of relational attachments in the settings of developmental trauma, when attachment figures can represent suffering, emotional deprivation, familiarity, belonging and emotional hope. It implies that people may continue to seek forms of emotional repair, acknowledgement or symbolic familial continuity via the intergenerational bond between grandparents and grandchildren.

This research emphasizes the necessity of viewing attachment-related ambivalence as a dynamic and emotionally conflicting process, rather than simply rejecting problematic parental figures. Furthermore, these findings emphasize the clinical significance of recognizing emotional regulation issues not just as intrapsychic processes, but also as attachment-based survival adaptations rooted in relational settings marked by persistent emotional instability.

Parentification and Emotional Hyper-Responsibility

The analysis also highlight the major role of parentification within participants' developmental trajectories. Several participants described taking care of siblings, emotionally distressed parents or broader family emotional functioning from a very young age.

Importantly, participants' narratives appeared more consistent with emotional parentification than instrumental parentification. Indeed, while some participants described caregiving responsibilities toward siblings, the most salient experiences involved managing parental distress, monitoring family tensions and assuming responsibility for the emotional well-being of others. To clarify, rather than doing primarily practical or household tasks, participants frequently positioned themselves as emotional caregivers within their families. This distinction is clinically relevant, because emotional parentification has been particularly associated with difficulties identifying personal emotional needs, chronic guilt and heightened emotional responsibility in adulthood.

This finding is consistent with literature suggesting that exposure to domestic violence often disrupts family roles and boundaries, leading children to assume caregiving or emotionally protective functions prematurely (Dariotis et al., 2023). Study indicates that parentification is associated with emotional burden, difficulties identifying personal emotional needs, chronic guilt and emotional hyper-responsibility in adulthood (Dariotis et al., 2023).

In the present study, parentification also appeared to serve an identity function. In fact, adult identities seem strongly organized around caregiving and emotional responsibility toward others. Importantly, caregiving was not described exclusively negatively. For several participants, caring for other also appeared to provide emotional meaning, identity coherence and relational value. Participants frequently described remaining highly attentive to the emotional states of current people around them, assuming that early caregiving roles continued to influence relational functioning long after childhood. This finding is supported by recent qualitative literature suggesting that parentified children may develop strong empathic and caregiving capacities while simultaneously experiencing emotional exhaustion and self-neglect (Nuttal & Valentino, 2016; Monaco & Heesacker, 2025).

However, this hyper-responsibility often occurred at the expense of participants' own emotional needs. Indeed, several participants appeared highly attuned to others' emotional states while simultaneously struggling to identify, express or prioritize their own distress. These results suggest that parentification may function simultaneously as an adaptive survival mechanism and as a source of emotional vulnerability and chronic burden. Furthermore, emotional parentification is closely interconnected with emotional suppression and hypercontrol. Also, assuming responsibility for the emotional needs of others often required participants to minimize, inhibit or neglect their own emotional experiences. Consequently, emotional caregiving and emotional self-sacrifice appeared to become central components of participants' relational identities.

Protective Relational Experiences as Moderating Factors

Although violence, emotional insecurity and attachment disruptions also largely dominated participants' developmental narratives. For these reasons, several participants referred to emotionally supportive figures outside the immediate parental environment.

Grandparents, uncles, aunts or other significant adults occasionally appeared as alternative relational figures who provided temporary emotional safety, stability or recognition during childhood.

While these relationships did not erase the impact of violence or neglect, they may nevertheless have constituted important protective relational experiences capable of moderating emotional isolation and contributing to later resilience processes. Indeed, these other relational experiences often offered to participants another model of relationships, allowing them to create and invest others attachment figures. Recent attachment and resilience literature similarly emphasizes the protective role of supportive secondary attachment figures in the developmental trajectories of children exposed to family violence and adversity (Narayan et al., 2021; Fares-Otero et al., 2023).

Importantly, resilience did not appear as a fixed individual characteristic or an absence of vulnerability. Participants' narratives, on the other hand, show that resilience arose as a result of developmental and relational processes impacted by supporting experiences that occurred alongside adverse events. Supportive figures may have helped to establish emotional resources, relationship trust and alternative caregiving models, all of which facilitated adaption despite ongoing emotional vulnerability.

Parenting as a Space of Repair and Transformation

One of the most clinically meaningful findings about this study concerns the central role of parenting within participants' narratives. In fact, parenthood frequently emerged as a psychologically ambivalent experience where unresolved trauma, emotional vulnerability, reparative intentions and resilience processes coexisted simultaneously.

Participants often described intense fears of reproducing inherited family dynamics. Beyond concerns regarding transmission, several participants appeared to view parenting as an opportunity for relational repair. In the present study, repair refers to attempts to provide children with emotional experiences that participants themselves perceived as lacking during childhood, including emotional validation, emotional availability, recognition and psychological safety. Rather than erasing pas suffering, repair appeared to involve efforts to construct alternative relational experiences and interrupt patterns associated with emotional neglect, violence or invalidation.

However, these fears were accompanied by strong reflexive capacities and intentional efforts toward emotional rupture. Importantly, participants attempted to provide their children with forms of emotional support that they themselves lacked during childhood, including emotional validation, emotional listening, emotional availability and emotional language. This finding is particularly important because it suggests that intergenerational transmission is not deterministic.

Studies support this perspective by showing that reflective functioning, emotional awareness and supportive parenting interventions may reduce the risk of intergenerational trauma transmission even among parents exposed to significant childhood adversity (Isobel et al., 2018). These findings are also coherent with literature emphasizing the role of reflective functioning in interrupting intergenerational transmission processes (Fonagy et al., 2018).

At the same time, parenting also seemed emotionally triggering. Several participants described parenting situations as reactivating unresolved emotional experiences and traumatic memories. Recent trauma-informed parenting research similarly highlights how parenting may reactivate unresolved attachment wounds and trauma-related emotional dysregulation among trauma-exposed parents (Meijer et al., 2023; Narayan et al., 2021).

Another key theme emerging from the interviews is the juxtaposition of repetition and transformation in people's parenting experiences. Several participants appeared to replicate, at least partially, relationship or family structures from their own early contexts.

Mrs. F, for example, recounted raising five children in a paternal absence situation, in which the children's father lived far away and was only slightly involved in everyday family activities. This configuration may reflect features of her own developmental history, which includes paternal detachment and emotional absence. Similarly, other participants recounted first replicating parenting behaviors inherited from their own family situations before gradually developing stronger reflexive awareness of these dynamics.

Mrs BG explicitly reflected on this process: *"At some point, you have to realize that you didn't do things properly with the first children* (four) *and now with the last three, I want to do things differently. I want to make up for it."* This narrative appears particularly significant because it illustrates the progressive emergence of reflexive parenting capacities and awareness regarding intergenerational repetition.

Parenting change is described as a gradual and emotionally painful process that includes guilt, self-reflection and attempts at relational reconciliation. More crucially, rupture is not described as immediate or complete.

In contrast, several individuals continued to struggle with identifying as parents. Mrs. D remarked *"I don't feel like a mother."* Interestingly, she indicated a desire to replicate the same highly permissive teaching style she has as a child with this child and future children Despite describing major emotional and relational anxieties resulting from her background.

This illustrates the complexity of intergenerational transmission processes, where conscious criticism of parental models may coexist with unconscious repetition of familiar relational dynamics. Similarly, Mrs F expressed profound feelings of parental failure : *"I failed as a mother."* Importantly, she compared herself to her own mother by emphasizing that, unlike her children, she herself *"had not been placed."*

This comparison suggests the persistence of intergenerational evaluative framework through which participants continue to assess themselves as parents. At a latent level, parenting therefore appeared not only as a relational experience, but also as a space where participants continuously negotiate with guilt, identification, loyalty, rupture and fears or reproducing childhood suffering. From this perspective, reparative processes did not appear to involve the resolution of past trauma itself, but rather the active construction of different relational possibilities in the present. Parenting offered participants opportunities to enact values, emotional practices and caregiving behaviours that contrasted with those experienced during childhood. Repair therefore emerged as an ongoing relational process rather than a definitive psychological outcome.

Thus, parenting appeared simultaneously reparative, vulnerable, emotionally demanding and transformative. Reparative processes were expressed through participants' efforts to create emotionally safer and more validating relationships with their children, while simultaneously negotiating the enduring influence of their own developmental histories.

Intergenerational Transmission Beyond Explicit Violence

Regarding to intergenerational transmission, the study further indicate that it doesn't operates only through direct exposure to violence, but also through emotional climates,

communication patterns, emotional silencing, attachment insecurity and implicit relational learning.

Indeed, participants frequently described reproducing emotional patterns inherited from their family environments despite conscious desires to behave differently. These findings suggest that transmission and transformation should be considered as complementary processes. Participants' declarations indicates that efforts toward change frequently occurred alongside the persistence of inherited emotional responses, relational expectations and coping strategies.

According to Van Ee & Kleber (2013) and their systemic and psychodynamic perspectives, this finding supports the idea that trauma transmission frequently occurs through implicit relational processes rather than explicit repetition alone. Plus, recent literature also emphasizes the role of emotional socialization, attachment insecurity and parental emotional dysregulation in the intergenerational transmission of trauma-related difficulties (Madigan et al., 2019).

Importantly, parents interviewed narrated the coexistence of transmission and transformation processes. While inherited emotional and relational patterns continued to exert an influence in adulthood, at the same time participant demonstrated raising awareness of these and actively questioned their impact on current relationships and parenting practices. Reflexive awareness seemed to facilitate this process by allowing participants to identify and recognize inherited patterns while engaging in intentional and conscious efforts to change. Thus, transformation emerge through participants more with ongoing attempts to negotiate, modify and interrupt this influence rather than through the absence of transmission.

Recent qualitative studies support the idea of resilience as an active and evolving process of meaning-making, relational reorganization and emotional reconstruction following adversity (Afifi et al., 2022; Fritz et al., 2023; Meng et al., 2018).

One of the main contributions of this study is that it demonstrated that intergenerational transmission is both non-linear and non-inevitable. Participants' accounts suggest that violence experienced during childhood contributes to the development of coping and survival strategies. It includes emotional suppression, hyper-responsibility and defensive autonomy. Although these strategies continue to influence emotional and relational

functioning in adulthood, participants also demonstrated capacities for reflection, resilience and voluntary change.

The findings therefore support a dynamic understanding of intergenerational processes in which transmission and transformations coexist and constantly interact. Participants' accounts suggest that inherited emotional patterns continued to exert an active influence throughout adulthood, even when individuals engaged in reflective self-questioning, relational repair and intentional efforts to raise their children differently. Intergenerational change thus appeared less as a completer break with the past than as an ongoing negotiation between continuity and transformation.

Clinical Implications

The findings of the present study may have important clinical implications for professionals working with parents exposed to domestic violence during childhood.

First, the findings highlight the importance of approaching emotional regulation difficulties through trauma-informed and relational perspectives rather than interpreting emotional suppression or avoidance solely as maladaptive individual traits. More specifically, the findings suggest the importance of addressing emotional suppression, hyper-responsibility, parentification-related burdens and attachment-related insecurities within therapeutic interventions. These processes frequently appeared interconnected throughout participants' narratives and may contribute to ongoing emotional distress, relational difficulties and parenting challenges. Supporting parents in recognizing and understanding these patterns may facilitate both emotional regulation and intergenerational change.

Second, the findings suggest the importance of supporting emotional mentalization, emotional expression and reflective parenting capacities within clinical interventions. Recent intervention studies further suggest that trauma-informed parenting programs and reflective parenting interventions may significantly improve emotional regulation capacities and parent-child relationships among trauma-exposed families (Lavi et al., 2019; Laifer et al., 2025).

Third, the central role of parenting within participants' narratives suggests that parenthood ma constitute a particularly meaningful space for therapeutic work and intergenerational prevention. Interventions focused on reflective functioning emotional awareness and parenting representations may be particularly valuable in helping parents

identify inherited relational patterns, strengthen intentional parenting practices and support ongoing processes of intergenerational transmission.

The findings also highlight the potential therapeutic value of strengthening supportive relational networks. Throughout participants' narratives, emotionally supportive figures such as grandparents, extended family members or other significant adults appeared to play an important role in mitigating emotional isolation and fostering resilience processes. Clinical interventions may therefore benefit from considering not only individual psychological functioning but also the availability of protective relational resources within the broader social environment.

Finally, the findings emphasize the importance of considering both vulnerability and resilience processes simultaneously. Indeed, participants' narratives reveal that trauma-related suffering and transformative capacities may coexist with the same emotional and relational trajectories. Therapeutic interventions should therefore aim not only to reduce distress but also to support existing strengths, reflective capacities and opportunities for relational transformation.

E. LIMITATIONS

Although the present study provides valuable insight into the emotional and intergenerational experiences of parents exposed to childhood intrafamilial violence, several methodological and clinical limitations should nevertheless be considered when interpreting the findings.

First, the sensitive nature of the research topic may have influenced participants' narratives and emotional engagement throughout the interviews. Exploring childhood domestic violence, emotional suffering, attachment experiences and parenting vulnerabilities required participants to revisit emotionally painful and potentially traumatic experiences. Consequently, some participants appeared to demonstrate emotional avoidance, minimization, emotional inhibition or difficulties verbalizing internal emotional states during certain moments of the interviews.

This limitation appears particularly important considering the specific characteristics of the population involved in the study. All participants were recruited through family and social services and were receiving support either in the context of social assistance or child protection interventions. This characteristic of the sample also has implications for the transferability of the findings. Because all participants were recruited through social and medico-social services and were receiving institutional support at the time of the study, caution is warranted when extending these findings to other populations of parents exposed to childhood intrafamilial violence. Parents who are not engaged in social support services may present different developmental trajectories, coping strategies, relational resources and experiences of parenting. Consequently, the findings should be understood as reflecting the experiences of a particularly vulnerable and service-engaged population rather than all adults exposed to childhood violence.

In addition, all parents involved in the study experienced some form of child placement situation, as their children were either placed in foster care or living in institutional care settings at the time of the research. This specific context may have significantly influenced both participants' emotional positioning and their relationship to the research process. Indeed, parents confronted with child placement often experience intense guilt, shame, fear of judgment, feelings of parental inadequacy and heightened emotional

vulnerability. Consequently, participants may have been particularly sensitive to discussions concerning children's education, emotional functioning and family relationships.

It is important to note that the institutional and legal aspects of child protection services may also have contributed to a degree of relational ambivalence during the interviews. For some participants, the interview situation may have been unconsciously associated with an assessment, observation or parental evaluation, despite repeated explanations regarding confidentiality and the independent nature of the research.

Consequently, some participants may have adapted their discourse, minimized difficulties, emphasised socially acceptable representations of parenthood, or exercised emotional caution throughout the interviews. This possibility seems particularly relevant given that participants were subject to ongoing child protection proceedings or legal measures at the time of the study. Thus, the research context itself may have interacted with the participants' attachment-related insecurities and their fears of institutional judgement.

Furthermore, the psychosocial vulnerability that characterise this population may also have influenced both participation and emotional processing abilities. Several participants appeared to have difficulty identifying their emotions, verbalising their emotional experiences, linking their current emotional reactions to past experiences or engaging in more in-depth reflection. These difficulties may partly reflect trauma-related defence mechanisms and long-standing strategies of emotional suppression. Emotional avoidance and emotional inhibition were therefore not merely findings of the study, but also directly influenced the interview process itself. In several interviews, accounts were at times fragmented, highly factual, emotionally restrained or difficult to explore in greater clinical depth. This may reflect both attachment-related difficulties in emotional mentalisation and the psychological impact of chronic exposure to trauma.

Another limitation relates to the retrospective nature of the data. Indeed, participants were asked to recall experiences from their childhood that took place many years ago, sometimes several decades before the interviews. Consequently, their accounts may have been influenced by processes of memory reconstruction, their current emotional state, their therapeutic experiences and subsequent events in their lives. Rather than constituting direct accounts of experiences from childhood, the participants' accounts should therefore be

regarded as contemporary interpretations of past events, shaped by ongoing processes of meaning-making.

Another significant limitation concerns the researcher's position as an intern within the institution. This dual position likely influenced the research relationship in complex and ambivalent ways.

On one hand, being identify as a psychology trainee appeared to facilitate relational proximity and engagement. Indeed, some participants engaged more fully in the interviews than they had done in several months with the various professionals at the service. Plus, several participants explicitly expressed a desire to "help" the researcher complete her studies, which may have contributed positively to alliance-building and participation.

The researcher's relative proximity to the institutional environment may also have fostered familiarity and emotional accessibility for certain participants.

On the other hand, this position may simultaneously have influenced participants' narratives and self-presentation. Because the researcher remained associated with the institutional setting, some participants may have perceived her, consciously or unconsciously, as connected to social services or evaluative structures. Consequently, some narratives may have been partially shaped by social desirability, fear of negative judgment, parental self-protection or attempts to present themselves in a more favourable manner. This limitation is particularly important in research involving vulnerable populations already exposed to institutional scrutiny.

Another important limitation concerns the discontinuity of interviews and participant retention throughout the study. Several participants interrupted participation, postponed appointments repeatedly or discontinued the interview process before completing all planned meetings. While these interruptions may partly reflect the psychosocial instability frequently associated with vulnerable populations, they may also hold clinical significance.

Indeed, relational discontinuity and ambivalence frequently emerged within participants' narratives and may also have manifested within the research relationship itself. Some interruptions, cancellations, absences, or disengagement behaviours may therefore be understood not solely as practical difficulties, but also as possible extensions of attachment insecurity, emotional avoidance, mistrust or relational testing processes toward professionals

and caregivers. This perspective appears consistent with the study's overall findings regarding relational ambivalence and difficulties in maintain stable emotional commitment.

Another drawback is the modest sample size. Although the sample size is methodologically appropriate for working with vulnerable clinical group, the final sample was small and heterogeneous. Furthermore, not all participants attended the same amount of interviews resulting in varying narrative depth between cases. Consequently, some participants contributed more substantially to the thematic construction than others, which may have influenced the relative richness and prominence of certain themes in the analysis.

What's more, the gender imbalance within the sample should also be acknowledged. The study included five woman and only on man. Consequently, the results primarily reflect maternal experiences and do not allow for a meaningful exploration of potential gender-related differences in emotional regulation, attachment processes, parenting experiences or intergenerational transmission. Future studies involving larger and more balanced samples would allow for a more nuanced examination of how these processes may be experienced and expressed according to gender.

Finally, as with any qualitative and reflexive thematic analysis, the interpretations presented in this study remain influenced by the researcher's subjectivity, theoretical sensibilities and clinical stance. Although reflexivity was integrated continuously throughout the research process, the themes and interpretations presented here do not constitute objective truths, but rather situated and co-constructed understandings, arising from the interaction between participants' narratives, the institutional context, the relational dynamics of interviews and the researcher's clinical and theoretical frameworks.

Despite these limitations, the present study nevertheless sheds valuable light on the emotional, relational and intergenerational experiences of parents exposed to intrafamilial violence during their childhood, whilst highlighting the complexity of trauma-related emotional regulation processes in vulnerable family and institutional contexts.

E. GENERAL CONCLUSION AND RECOMMENDATIONS

This study aimed to gain a better understanding of how parents who were exposed to intrafamilial violence during their childhood experience their emotions, manage their emotional distress and perceive their own parenting role in a context often characterised by social vulnerability and reliance on child protection services. Beyond identifying emotional difficulties or traumatic consequences, the accounts gathered during this research highlighted the complexity of emotional and relational trajectories shaped by violence, insecurity and unstable attachment experiences.

The primary contribution of this study is to investigate how parents who were exposed to intrafamilial violence as children subjectively view the relationships between past experiences, emotion regulation, parenting and intergenerational transmission processes. By concentrating on participants' narratives, the study provides a complex view of both continuity and transformation across generations, emphasizing how emotional and relational patterns can be replicated, questioned and adjusted throughout time.

One of the study's significant findings is that participants rarely portrayed violence as a succession of discrete occurrences. On the contrary, intrafamilial violence emerged as a pervasive relational climate that shaped emotional development over time through fear, unpredictability, emotional silence and chronic insecurity. From this perspective, difficulties with emotional regulation cannot simply be understood as individual deficits, but rather as adaptive responses gradually constructed within dangerous relational environments. This qualitative approach has therefore provided insight into the subjective logic underlying emotional suppression, hypervigilance, emotional withdrawal or emotional outbursts, which often proved to be survival strategies before becoming sources of suffering in adulthood.

The findings further highlight the central role of emotional parentification and hyper-responsibility as mechanisms linking childhood adversity to later emotional and relational functioning. Participants often described having taken on responsibility for the emotional well-being of others from a very young age, often at the expense of their own emotional needs. These experiences appeared to be closely linked to the suppression of emotions, the adoption of caregiving role and the difficulty, in adulthood, of prioritising their own distress.

At the same time, the interviews highlighted significant tensions between vulnerability and agency. Although participants described painful experiences from their

childhood and persistent emotional difficulties, many of them also demonstrated a strong capacity to reflect on their family history and parenting practices. Several participants actively challenged inherited relational patterns and stated a wish to provide alternative emotional environments for their children. It is worth noting that the participants' accounts indicate that intergenerational transmission is neither linear nor inevitable.

Reflection, emotional awareness, therapeutic experiences and intentional efforts to establish different relational contexts for their children all contributed to the emergence of rupture processes. Rather than reflecting a full departure from the past, transformation evolved as an ongoing process in which participants attempted to negotiate and partially modify inherited emotional and relational patterns. These findings emphasize the necessity of seeing intergenerational transmission as a dynamic and developing process, rather than a deterministic replication of trauma.

This study also highlights crucial methodological and therapeutic questions about research with very vulnerable groups setting social and medico-social services. The tiny sample size and participant discontinuity posed substantial restrictions throughout the research procedure. However, these challenges should not be construed as mere methodological flaws. On the contrary, they highlight the difficulty of forming a lasting relational commitment with persons whose lives are frequently distinguished by instability, distrust of institutions, traumatic experiences, emotional uncertainty and precarious living conditions.

Working with this population necessitates a rethinking of traditional expectations for continuity, availability and engagement, both in the research and clinical settings. For psychologists and researchers, the therapeutic connection frequently evolves slowly and in a non-linear fashion. Building trust may necessitate multiple meetings, flexible frames and the acceptance of interruptions, absences or equivocal engagement without immediately interpreting them as resistance or a lack of motivation. Furthermore, because all participants' children were in foster care or institutions at the time of the study, they all had to cope with multiple appointments with various services as well as monitored visits their children. In this way, the relational settings around the interaction may prove to be just as essential as the content of the intervention itself.

Future research should focus on developing approaches that are specific to these realities. Rather of depending solely on short-term recruitment processes, longitudinal and field-based approaches may promote higher relational continuity and participant retention over time. Collaboration among researchers, psychologists and social workers who are already present in families' daily lives may also serve to diminish mistrust of institutions and establish safer spaces for involvement. Similarly, integrating repeated informal contacts, flexible scheduling or multiple interview modalities could improve accessibility for participants facing unstable living conditions.

The issue of sample size also deserves consideration. Accessing larger samples within this population remains difficulty due to emotional vulnerability, administrative instability, child protection involvement and fluctuating engagement capacities. Future studies may therefore benefit from multi collaborations between several family services or institutions in order to diversify participant profiles while maintaining qualitative depth. Increasing the representation of fathers also remains essential, as paternal experiences continue to be largely underexplored in both research and clinical practice. Future research should also include more diverse samples, particularly fathers and parents not engaged in social or medico-social services, in order to explore whether similar emotional, relational and intergenerational processes emerge across different contexts and levels of psychosocial vulnerability.

From a clinical perspective, this research highlights the importance of trauma-informed and attachment-sensitive approaches when working with parents exposed to domestic violence during childhood. In the short term, clinical work may first require the establishment of emotional safety and relational predictability before any deeper exploration of traumatic experiences becomes possible. Emotional validation, stabilization and support in identifying emotional states may already represent significant therapeutic work for individuals who often grew up in emotionally invalidating environments. Future clinical interventions should specifically address emotional suppression, attachment-related insecurities, parentification-related burdens, hyper-responsibility and reflective parenting capacities among parents exposed to childhood violence. Supporting parents in recognizing these interconnected patterns may facilitate both emotional regulation and processes of intergenerational change.

Over the longer term, psychological support may aim to strengthen reflective functioning, emotional differentiation and relational security while helping parents

progressively reconstruct coherent narratives regarding their personal histories. Importantly, therapeutic work with this population often requires accepting slow progress, relational ambivalence and fluctuating investment without losing continuity of care. Maintaining a solid, nonjudgmental therapeutic presence can be a healing relational experience for those with a history of emotional instability, fear or neglect.

Finally, this study emphasizes the need of taking a nuanced and non-pathologizing approach to parents who experienced intrafamilial violence in their childhood. While trauma can leave deep emotional and relational scars, the participants' stories demonstrated capacities for reflection, adaptation, healing and transformation. Finally, the findings imply that childhood violence does not predict an individual's future relationship trajectory. Although the impact of hardships encountered in early childhood may persist over generations, individuals remain capable of reflecting on these experiences, modifying and reframing them, so creating new relational possibilities for themselves and for future generations.

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Appendix 1 : Interview guide

The interview guide I am proposing is still subject to change and may be modified throughout discussions with my internship supervisors and according to feedback from the field. The construction of this guide will consistently respect the ethical principles of benevolence, non-intrusion, and emotional safety for participants.

This tool is inspired by the *Meta-Emotion Interview* (Gottman, Katz & Hooven, 1996/1997), a reference instrument for exploring parental emotional awareness, regulation, and socialization. I have adapted it to the clinical context of the *Maisons des Solidarités et de la Vie Sociale* (MSVS), integrating theoretical contributions from the *Difficulties in Emotion Regulation Scale* (DERS; Gratz & Roemer, 2004) and the *Coping with Children's Negative Emotions Scale* (CCNES; Fabes et al., 1990; 2002; Coutu et al., 2002).

To explore how parents who experienced intrafamilial violence in childhood understand, regulate, and respond to emotions, both their own and their children's.

Structure of the interview

Before we begin, I'd like to explain the purpose of our conversation. The aim of this interview is to talk about your experience of emotions, both in your own life and in your role as a parent. There are no right or wrong answers; what matters is how you feel and what you've experienced.

Everything you share will remain strictly confidential. You are completely free to skip any question, take a break, or stop the interview at any time, whatever feels right for you. My role is to listen and to try to understand your perspective in a respectful and supportive way.

Before we start, I'd like to ask: **what do you expect from these interviews?** How would you know that these conversations have been helpful or meaningful for you, perhaps through a feeling, an emotion, or a change in state?

Brief Anamnesis

- Could you tell me a little bit about yourself?
    - age :

- family situation :
- children:
- daily life, job :

- How would you describe your current living situation? (housing, stability, support network)
- Are you currently receiving any kind of support? (psychological, social, medical, etc.)

About Their Own Family of Origin:

- Can you tell me about the family you grew up in? (who lived with you, siblings, caregivers)
- How would you describe the atmosphere at home during your childhood?
- Were there any significant events or difficulties that marked your childhood or adolescence?

Emotional Experiences and Family Climate in Childhood : *Inspired by the Meta-Emotion Interview (MEI)*

- When you think about your childhood, what emotions were most present at home? (fear, anger, sadness, joy, etc.)
- How did your parents usually react when you were angry or sad?
- Do you remember times when you needed comfort or understanding?
- Did you feel your emotions were understood, or rather ignored or punished?
- Were there emotions that felt "forbidden" in your family? Which ones?
- How did you learn, as a child, to deal with what you felt?
- How do you think these early experiences have influenced the way you experience or express emotions today?

Current Emotional Regulation (Adulthood) : *Inspired by the DERS and MEI*

- When you feel strong emotions (anger, fear, sadness…), what do you usually do?
- Are there emotions that you find difficult to recognize or control?
- Do you tend to keep emotions to yourself or express them quickly?
- In moments of stress, what helps you calm down?
- Are there emotions that feel "dangerous" or too intense to experience?
- Do you feel your way of managing emotions has changed since becoming a parent?

Supporting Children's Emotions (Parental Emotional Socialization) : *Inspired by the Coping with Children's Negative Emotions Scale (CCNES) and the parent version of the MEI.*

- When your child feels sad, angry, or scared, how do you usually respond?
- Do you tend to comfort, talk it through, distract, or calm your child?
- What do you feel when your child expresses strong emotions?
- Are there emotions your child expresses that make you uncomfortable?
- **(If there is more than one child in the household)**
  Are there certain emotions that you find more difficult to handle when they come from your son compared to your daughter? *(remplace by the name of the children)* Or, on the contrary, are there emotions that you find easier to accept when they come from your son or from your daughter? *(remplace by the name of the children)* If so, could you explain why?
- Do you find it easy or difficult to talk about emotions with your child?
- What would you like your child to learn about handling emotions?

Intergenerational Transmission and Change

- Do you think the way you handle emotions today is linked to what you experienced as a child?

- Are there things you feel you repeat from your own family, or things you consciously try to do differently?
- What has helped you to evolve or "break the cycle"?
- You've had a very difficult life story, one that has really tested you, how did you manage to survive all of that?
- If you could teach your child one thing about emotions, what would it be?

About Their Path to Parenthood:

- How was the experience of becoming a parent for you?
- What kind of parent would you say you are today?
- What strengths do you feel you bring to your parenting?

Closing the Interview

- How do you feel after talking about these experiences?
- Is there anything you'd like to discuss again with me ?

Appendix 2 : Visual color coding system

RED : Childhood trauma / domestic violence

YELLOW :Emotion regulation strategies

BLUE : Avoidance / suppression

GREEN : Parenting / emotional support

PURPLE : Intergenerational transmission / rupture

GREY : Emotional distress

Appendix 3 : Coding Process Illustration

Extract example	Color code	Initial descriptive codes	Interpretative codes	Theme construction
"When you grow up in chaos, suffering becomes normal." (M.G)	Childhood trauma / domestic violence	• chaotic environment; • chronic adversity; • normalized suffering; emotional insecurity	• internalization of violence; • normalization of distress; traumatic environment	**Domestic violence as an emotional and relational climate**
"Violence was both verbal and physical." (Mme BG)	Childhood trauma / domestic violence	• multiple forms of violence; • chronic exposure; family instability	• pervasive traumatic climate; • chronic emotional fear	**Domestic violence as chronic emotional insecurity**
"I cried alone without them seeing me." (Mme D)	Emotional avoidance / suppression	• crying alone; emotional concealment; • isolation; • secrecy	• hidden distress; emotional invisibility; • fear of emotional exposure	**Emotional suppression and avoidance strategies**
"I keep everything inside and then suddenly it explodes." (Mme D)	Emotion regulation strategies	• emotional accumulation; • explosive reactions; • inability to release emotions progressively	• suppression-overflow cycle; • emotional dysregulation	**Trauma-related emotional dysregulation**
"I learned to manage on my own." (Mme BG)	Emotion regulation strategies	• self-management; • refusal of help; autonomy; • emotional self-reliance	• defensive autonomy; • hyper-independence; • survival adaptation	**Hyper-independence and emotional self-reliance**

"When you get used to handling everything alone, you don't accept help anymore." (Mme BG)	Emotional suppression & hyper-independence	• difficulty asking for help; • excessive autonomy; • emotional distancing	• relational mistrust; • defensive independence	**Attachment insecurity and defensive autonomy**
"I was a little mother." (Mme BG)	Parentification / caregiving	• caregiving role; • caring for siblings; • premature responsibility	• role reversal; • emotional and instrumental parentification	**Parentification and emotional burden**
"I had to raise my little sister after my mother died." (Mme BG)	Parentification / caregiving	• loss of parent; • caregiving responsibilities • sibling care	• developmental role inversion; • traumatic responsibility	**Parentification and traumatic caregiving**
"I absorb everyone's emotions." (Mme P)	Emotional distress / emotional burden	• emotional overload; • absorption of others' emotions; • exhaustion	• hyper-empathy; • chronic emotional burden	**Emotional burden and hyper-responsibility**
"Who supports me?" (Mme BG)	Emotional distress / depressive affects	• lack of support; • loneliness; • emotional exhaustion	• invisible suffering; • unmet emotional needs	**Chronic emotional distress and relational loneliness**
"I want to help my daughter put words on emotions." (Mme D)	Parenting / emotional support	• supporting emotional expression; • emotional discussion; • emotional guidance	• emotional coaching; • reparative parenting	**Parenting as a reparative and transformative space**
"I try to let my children express themselves." (Mme BG)	Parenting & rupture	• validation of emotions; • emotional openness;	• rupture attempt; • corrective emotional experience	**Repair through parenting and emotional transmission**

		• supportive parenting		
"It's a cycle… we reproduce what our parents showed us." (Mme BG)	Intergenerational transmission / rupture	• family repetition; • inherited relational patterns; • learned behaviors	• awareness of intergenerational transmission; • implicit relational learning	**Intergenerational transmission and rupture attempts**
"I realized too late that some of my children needed me emotionally." (Mme BG)	Parenting & guilt	• parental regret; • emotional unavailability; • guilt	• reflective awareness; • emotional remorse	**Reflective parenting and parental guilt**
"I understand now that my reactions came from what I lived through." (Mme BG)	Trauma awareness & reflexivity	• self-awareness; • trauma insight; autobiographical reflection	• meaning-making process; • narrative reconstruction	**Trauma processing and psychological reflexivity**

Appendix 4 : Analytic Theme Development

Initial codes	Clustered meaning units	Emerging subtheme	Final overarching theme
emotional suppression; hidden distress; emotional withdrawal	Participants concealed emotions in order to remain functional and avoid conflict	Emotional invisibility	**Emotional suppression, hypercontrol and emotional overflow as emotional regulation strategies**
hyper-independence; refusal of support; defensive autonomy	Help-seeking associated with weakness, shame or fear of judgment	Defensive self-reliance	**Emotional suppression, hypercontrol and emotional overflow as emotional regulation strategies**
caregiving role reversal; sibling caregiving; excessive responsibility	Children progressively assumed adult emotional and practical responsibilities	Emotional and instrumental parentification	**Parentification, emotional burden and hyper-responsibility**
hypervigilance; emotional monitoring; anticipation of conflict	Participants remained highly attentive to relational tensions and emotional shifts	Relational hypervigilance	**Childhood domestic violence through an emotional relational climate**
guilt; emotional exhaustion; chronic burden	Feeling responsible for the emotional stability and wellbeing of others	Hyper-responsibility and self-neglect	**Parentification, emotional burden and hyper-responsibility**
awareness of repetition; inherited patterns; trauma continuity	Participants progressively identified links between childhood trauma and current parenting	Consciousness of intergenerational repetition	**Intergenerational transmission, resilience and rupture processes**

emotional validation; emotional support; encouragement of expression	Desire to create emotionally safer environments for children	Reparative parenting intentions	**Parenting between vulnerability, repair and emotional transmission**
reflective awareness; autobiographical reconstruction; trauma insight	Psychological support facilitated reinterpretation of traumatic experiences	Narrative reconstruction and reflexivity	**Intergenerational transmission, resilience and rupture processes**
mistrust; fear of vulnerability; emotional distancing	Participants described difficulties establishing trust within relationships	Relational insecurity	**Childhood domestic violence through an emotional relational climate**
resilience; emotional awareness; motivation for change	Despite adversity, participants demonstrated adaptive capacities and willingness to interrupt traumatic cycles	Transformative resilience	**Intergenerational transmission, resilience and rupture processes**

Appendix 5 : Repartition of interviews in the sample

Participants	Interviews
Mrs BG	**1**
Mrs P	**1**
Mrs D	**4**
Mrs B	**2**
Mrs F	**2**
Mr G	**3**

Appendix 6 : Informed Consent

CEEM
COMISSÃO DE ÉTICA EGAS MONIZ

Consentimento Informado
Código| IMP-EM-PE-17_04

Monte de Caparica, 23 de dezembro de 2025

Exmo.(a) Sr.(a),

Está a ser convidado(a) a participar no estudo Transmissão intergeracional de estratégias de regulação emocional entre pais que experienciaram violência intrafamiliar na infância ("Intergenerational transmission of emotion regulation strategies among parents who experienced intrafamilial violence in childhood"), realizado no âmbito do mestrado em **Psicologia Clínica e da Saúde** na Unidade Curricular de **Seminário de Dissertação**, da **Egas Moniz School of Health and Science,** sob a orientação da Professora Doutora **Marta Reis**.

O objetivo deste estudo é compreender de que forma os pais que vivenciaram violência durante a infância percebem, gerem e transmitem estratégias de regulação emocional aos seus próprios filhos. Os resultados poderão contribuir para uma melhor compreensão dos efeitos a longo prazo do trauma infantil e apoiar intervenções preventivas e terapêuticas junto das famílias.

Se aceitar participar, será convidado(a) a realizar, **no mínimo**, **duas entrevistas semiestruturadas,** e no **máximo quatros entrevistas** (incluíndo uma entrevista de restituição) **,** com duração aproximada de **45 a 60 minutos** cadas. Durante as entrevistas, ser-lhe-á pedido que reflicta sobre as suas experiências emocionais de infância, as formas atuais de gerir as emoções e a forma como apoia as experiências emocionais do(a) seu(sua) filho(a). Com a sua autorização, as entrevistas serão **gravadas em áudio** para permitir uma transcrição e análise rigorosas. As gravações serão utilizadas **exclusivamente para fins de investigação** e permanecerão **confidenciais e anónimas**.

Não existem benefícios diretos para si pela participação neste estudo. No entanto, o seu contributo poderá ajudar a ampliar o conhecimento sobre o trauma familiar e os processos de regulação emocional. Poderá sentir algum desconforto emocional ao recordar memórias difíceis. Caso tal aconteça, poderá fazer uma pausa, omitir alguma questão ou interromper a entrevista a qualquer momento. Se necessário, ser-lhe-á oferecida a possibilidade de contactar um psicólogo da MSVS (Maisons des Solidarités et de la Vie Sociale) para apoio emocional.

A sua participação é **totalmente voluntária**. Poderá decidir não participar ou retirar-se do estudo em qualquer momento, sem necessidade de justificar a decisão e **sem quaisquer consequências negativas** para si ou para a sua relação com a instituição ou profissionais que o(a) acompanham.

CEEM
COMISSÃO DE ÉTICA EGAS MONIZ

Consentimento Informado

Código| IMP-EM-PE-17_04

Toda a informação recolhida será **estritamente confidencial**.

Os seus dados serão **anonimizados**, sendo identificados apenas por um **código numérico**. A lista que relaciona o seu nome com esse código será guardada de forma segura pela investigadora principal e **não será partilhada**. Os dados serão conservados por **12 meses após o término do estudo** e, posteriormente, **eliminados de forma segura**.

As informações recolhidas serão utilizadas apenas para **fins académicos e científicos**, nomeadamente em relatórios de investigação, apresentações ou publicações, **sem incluir quaisquer dados pessoais identificáveis**. Os dados obtidos nas entrevistas serão partilhados com os **supervisores**, garantindo o acompanhamento científico adequado, mas **em nenhuma circunstância serão utilizados em procedimentos ou medidas pela MSVS ou pelos Serviços de Proteção de Menores**.
Esta investigação cumpre o **Regulamento Geral sobre a Proteção de Dados (RGPD)**. Tem o direito de **aceder, corrigir ou eliminar os seus dados**, bem como de **retirar o seu consentimento** a qualquer momento, sem qualquer consequência.

Se tiver dúvidas ou desejar mais informações, pode contactar a equipa de investigação através de Chrislène Livet, clivet@vosges.fr / 119567@alunos.egasmoniz.edu.pt , +33 6 74 34 44 66. Caso pretenda esclarecimentos sobre os seus direitos enquanto participante, poderá contactar diretamente a Comissão de Ética Egas Moniz, Campus Universitário, Quinta da Granja, Monte de Caparica, 2829-511 Caparica, Portugal, pelo telefone (+351) 212 946 767, ou através de e-mail comissaoetica@egasmoniz.edu.pt.

Confirmo que li e compreendi as informações acima, que tive oportunidade de colocar perguntas e que recebi respostas claras. Sei que a participação é voluntária e que posso desistir a qualquer momento sem consequências.

☐ ACEITO participar neste estudo
☐ NÃO ACEITO participar neste estudo

_____
Assinatura do participante

_____
Assinatura do tutor legal ***(se aplicável)***

Data ___/___/_____

Appendix 7 : « Proposta de Tese » document

Proposta de Tese

Dados do Aluno

Nome do proponente	**Chrislène Camille Livet**		
Nº do Aluno	119567	Data do pedido	23/12/2025
Email do Aluno	119567@alunos.egasmoz.edu.pt		
Nº do telemóvel	33771648966	Nome do Curso	MPCS
Unidade Orgânica	IUEM	CNAEF	311 (Psicologia)

Dados do Trabalho

Ano letivo de defesa da tese 2025/2026

Título da tese (PT) Violência intrafamiliar e regulação emocional: um estudo qualitativo sobre a transmissão intergeracional entre pais acompanhados pelos serviços de apoio familial

Título da tese (EN) Domestic violence and Emotion Regulation : A qualitative study on Intergenerational Transmission among Parents Supported by Family Services

Resumo da tese

A regulação emocional é definida como o conjunto de processos que permitem modular a intensidade, a duração ou a expressão de uma emoção, representando uma competência fundamental para a adaptação psicológica (Gross, 2015). Com base no modelo processual de Gross (2015), foram identificadas cinco etapas : situação, atenção, avaliação, resposta e modulação que ilustram a natureza dinâmica e contextual da regulação emocional. Adultos que viveram violência doméstica durante a infância apresentam, com maior frequência, dificuldades na regulação emocional. Estas dificuldades caracterizam-se pela evitação, impulsividade ou, pelo contrário, pela inibição excessiva das emoções (Gruhn & Compas, 2020; Jiménez et al., 2025). Estas dificuldades afetam não só o funcionamento intrapsíquico, mas também as relações interpessoais, nomeadamente a parentalidade.

A violência intrafamiliar representa um fator de risco significativo para o desenvolvimento socioemocional das crianças (Jiménez et al., 2025). A exposição precoce à violência, seja direta ou indireta, perturba o desenvolvimento das capacidades de regulação emocional, altera as representações de si e dos outros e aumenta a vulnerabilidade psicológica a longo prazo (Clinchard et al., 2025). Estas alterações são particularmente preocupantes, uma vez que tendem a ser transmitidas de uma geração para a outra. O trabalho de Madigan et al. (2019) confirmou a existência de uma "transmissão intergeracional dos maus-tratos", segundo a qual os pais que cresceram num ambiente violento apresentam maior risco de reproduzir dinâmicas relacionais disfuncionais com os seus próprios filhos.

De acordo com um modelo ecológico, o desenvolvimento ocorre dentro de sistemas interligados (micro, meso, exo e macro), onde a violência familiar perturba as interações relacionais e ambientais essenciais ao crescimento emocional e cognitivo (Bronfenbrenner, 1979). O modelo desenvolvimental-ecológico de Belsky (1993) sublinha, por
sua vez, que as práticas parentais são moldadas pelas experiências precoces dos pais, pelos seus recursos psicológicos e pelos fatores de stress contextuais. Nesta perspetiva, a transmissão intergeracional pode ser entendida tanto em termos psicológicos como comportamentais.

Ser pai ou mãe implica a capacidade de reconhecer, conter e apoiar as emoções da criança (Eisenberg et al., 1998; King et al., 2019). No entanto, os adultos que foram expostos à violência durante a infância podem enfrentar dificuldades específicas nesta área. De facto, os estudos mostram uma tendência para adotar práticas parentais mais coercivas, menos sensíveis ou mais inconsistentes (Chamberlain et al., 2019; Greene et al., 2020). Estas dificuldades não são sistemáticas: alguns pais desenvolvem estratégias resilientes e conseguem quebrar o ciclo da violência (Madigan et al., 2019). O conceito de resiliência (Masten, 2018) acrescenta uma dimensão protetora a este enquadramento, salientando que, apesar das experiências adversas na infância, alguns indivíduos desenvolvem estratégias emocionais adaptativas e interrompem o ciclo da violência.

A socialização emocional refere-se às práticas através das quais os pais apoiam, validam ou suprimem as emoções dos seus filhos (Eisenberg et al., 1998). Uma socialização emocional sensível promove o desenvolvimento de

práticas invalidantes, como minimizar, ignorar ou punir as emoções, estão associadas a dificuldades de desenvolvimento (King et al., 2019). Nas famílias afetadas pela violência, a capacidade de socialização emocional pode estar particularmente comprometida, contribuindo para um ciclo vicioso transgeracional (Katz et al., 2012).

Em França, a violência intrafamiliar continua a ser uma preocupação importante. Dados do inquérito "Cadre de vie et sécurité" (CVS) de 2023 indicam que 7% das mulheres e 5% dos homens declararam ter sofrido violência no seio do seu agregado familiar antes dos 15 anos (Insee & Ministério do Interior, 2024). Além disso, o "Plano 2023-2027 de Combate à Violência contra as Crianças" revela que 13% das mulheres e 5,5% dos homens foram vítimas de violência sexual durante a infância, incluindo 4,6% das mulheres e 1,2% dos homens em contexto incestuoso (Ministério das Solidariedades, 2023). Finalmente, o Observatório Nacional de Proteção da Criança sublinha a importância e a subnotificação dos casos de maus-tratos em França, observando que a prevalência é difícil de estimar devido às variações entre fontes e tipos de violência considerados (ONPE, 2023).

Torna-se, assim, necessário compreender de que forma estes pais articulam as suas experiências passadas, a sua regulação emocional atual e o seu papel parental. Este estudo centra-se em pais atualmente acompanhados pelos Serviços Familiares, com o objetivo de compreender de que modo a exposição precoce à violência familiar afeta as suas estratégias atuais de regulação emocional e a forma como acompanham as emoções dos seus filhos. Além disso, compreender os mecanismos de resiliência e de regulação emocional entre estes pais pode fornecer informações valiosas para intervenções clínicas e preventivas.

Metodologias

Esta investigação adota uma abordagem qualitativa centrada na compreensão da transmissão intergeracional das estratégias de regulação emocional de pais que cresceram em contextos de violência doméstica.
A população-alvo é composta por pais acompanhados pelos serviços familiares. Estes serão recrutados com base nos seus dossiês, nos quais a violência doméstica é mencionada pelos psicólogos e assistentes sociais, e de forma voluntária e mediante consentimento. Os pais serão entrevistados individualmente (e não em casal) para facilitar a recolha de dados.

No que diz respeito aos critérios de inclusão, os participantes devem ser pais de pelo menos uma criança (menor ou adulta), estar a ser acompanhados pelos serviços familiares (Maison de Solidarités et de la Vie Sociale) e ter vivido situações de violência intrafamiliar durante a infância. Os pais devem ter mais de 18 anos, possuir um domínio suficiente da língua francesa para participar numa entrevista semiestruturada, fornecer consentimento livre e informado por escrito para participar no estudo e concordar em participar numa entrevista individual (e não em casal).

Os critérios de exclusão incluem a presença de uma perturbação psiquiátrica aguda ou de uma situação de crise que exija cuidados imediatos, a recusa ou incapacidade de participar numa entrevista individual. Serão também excluídos os participantes cujo historial de violência infantil seja incerto ou que não desejem abordá-lo, bem como aqueles que apresentem dificuldades linguísticas significativas que impeçam a compreensão das perguntas ou a elaboração emocional.

A participação será voluntária, sendo obtido o consentimento informado de todos os participantes. A confidencialidade e o anonimato serão garantidos através da codificação dos dados e do seu armazenamento seguro. Dada a sensibilidade do tema, será oferecido apoio emocional e encaminhamento, caso surja algum tipo de sofrimento durante ou após a entrevista. O estudo será submetido à aprovação do Comité de Ética do Instituto Universitário Egas Moniz antes do início da recolha de dados.

Os dados serão recolhidos através de entrevistas semiestruturadas com duração aproximada de uma hora cada, estruturadas em torno de três temas principais:

- A experiência de violência na família de origem;
- As estratégias atuais de regulação emocional;
- As formas de apoio às emoções dos filhos.

Estão previstas, no mínimo, duas entrevistas com cada participante e, no máximo, quatros entrevistas semiestruturadas (incluíndo uma entrevista de restituição facultativa), que poderá ser realizada por correio eletrónico, sendo que o acompanhamento terapêutico poderá continuar para os participantes que necessitem, até ao final do meu estágio.

As entrevistas serão gravadas em áudio, mediante consentimento do participante, transcritas e submetidas a uma análise temática indutiva, permitindo a emergência de representações, experiências emocionais e padrões de

Proposta de Tese

transmissão intergeracional.

O guião de entrevista inspira-se no Meta-Emotion Interview (Gottman, Katz & Hooven, 1996/1997), um instrumento destinado a explorar a consciência emocional, a regulação e a socialização emocional parental. Foi adaptado ao contexto clínico das Maisons des Solidarités et de la Vie Sociale (MSVS), integrando contributos teóricos da Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) e da Coping with Children's Negative Emotions Scale (CCNES; Fabes et al., 2002).

Palavras-Chave (PT) Regulação emocional ; transmissão transgeracional ; parentalidade ; violência doméstica ; traumatismo infantil ; socialização emocional

Palavras-Chave (EN)

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Local de Realização do Estudo

Este estudo será realizado no local do meu estágio: os serviços de apoio à família e de proteção social à infância, designados por Maison des Solidarités et de la Vie Sociale. A recolha de dados será efetuada junto dos pais acompanhados por estes serviços familiares.

Objetivo de trabalho

O objetivo geral é compreender de que forma os pais acompanhados pelos serviços familiares, que foram expostos à violência doméstica durante a infância, percebem e expressam a regulação emocional e como apoiam as experiências emocionais dos seus filhos.

Os objetivos específicos são:

- Descrever as estratégias atuais de regulação emocional dos pais;
- Explorar as narrativas de violência na infância e o seu impacto percecionado na parentalidade;
- Identificar fatores de continuidade e de resiliência na transmissão emocional intergeracional.

Alinhamento estratégico da tese

O estudo está alinhado com o Plano Estratégico 2021-2025 da Egas Moniz, contribuindo para os eixos de Saúde, Bem-Estar e Cidadania Global e para a promoção de competências e comportamentos saudáveis em jovens adultos.

Transferência de conhecimento pra sociedade

O projeto reflete o compromisso da Instituição com os Objetivos de Desenvolvimento Sustentável 3 e 5 (Saúde e Igualdade de Género), respondendo à missão da Egas Moniz de promover investigação aplicada e transferência de conhecimento para a sociedade, no domínio da educação para a saúde e prevenção em contexto universitário.

A proposta está inserida em um projeto de investigação de laboratório ou Doutoramento?

Dados da Instituição

Dados da Instituição: Egas Moniz

Tipo de Trabalho

Tipo de investigação: Primária

Investigação primária: Fundamental

Metodologia de investigação: Qualitativa

Desenho estudo: Correlacional / Epidemiológico

Proposta de Tese

Grupo de investigação Não Aplicável

Enquadramento nos ODS

☑ 3. Saúde de qualidade

☑ 4. Educação de qualidade

Comissão de Ética

O trabalho submetido nesta proposta requer aprovação pela Comissão de Ética? Sim

Projeto Científico

Dissertação / Investigação Associada a Projeto Científico? Não

Clinica Dentária

Necessita de utilizar a clínica dentária Egas Moniz? Não

Necessita de utilizar o banco de dentes? Não

Clínica Fisioterapia

Necessita de utilizar a clínica fisioterapia Egas Moniz? Não

Necessita de consultar os registos clínicos? Não

Clínica Almada

Necessita de utilizar a clínica Almada? Não

Necessita de consultar os registos clínicos? Não

Laboratórios Egas Moniz

O trabalho requer utilização de Laboratórios Internos? Não

Cronograma

1-	Atividade:	• Finalização do enquadramento teórico e das questões de investigação• Revisão da literatura (fase 1)	Mês: Outubro	Ano: 2025
2-	Atividade:	• Conclusão da revisão da literatura (fase 2)• Elaboração do guião de entrevista (com base no MEI, DERS-F, CCNES-F)• Preparação dos documentos éticos (consentimento informado)• Apresentação do projeto às equipas dos serviços familiares (local de estágio)• Submissão ao comité de ética	Mês: Novembro	Ano: 2025

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Proposta de Tese

3-	Atividade:	• Aprovação ética esperada• Pré-seleção dos participantes• Início das entrevistas	Mês:	Dezembro	Ano:	2025
4-	Atividade:	• Entrevistas em curso• Registos reflexivos e ajustamentos• Início da transcrição	Mês:	Janeiro	Ano:	2026
5-	Atividade:	• Entrevistas em curso• Transcrição (contínua)	Mês:	Fevereiro	Ano:	2026
6-	Atividade:	• Término das entrevistas (dependendo da saturação dos dados)• Finalização das transcrições	Mês:	Março	Ano:	2026
7-	Atividade:	• Análise dos dados: codificação temática e desenvolvimento de temas• Redação dos resultados	Mês:	Abril	Ano:	2026
8-	Atividade:	• Redação da discussão, introdução e metodologia (se necessário completar)• Formatação da dissertação• Submissão para revisão do orientador	Mês:	Maio	Ano:	2026
9-	Atividade:	• Integração dos comentários e correções• Entrega final da dissertação	Mês:	Junho	Ano:	2026
10-	Atividade:	• Preparação para a defesa oral• Defesa final	Mês:	Julho	Ano:	2026

Financiamento

Custos Não Estimativa de Custos 0,00€ Fonte de Financiamento? Não

Dados dos Orientadores

Orientador Marta Sofia Reis 2624211

Nº de Co-orientadores 0

☐ Tem co-orientador externo

Parecer Orientação

Lista de pareceres dos Orientadores

	Tipo de parecer	Orientador	Data	Atual	Estado
1-	Orientador	Marta Sofia Reis	15/11/2025	Sim	Parecer positivo

PC

Aprovado por José Grillo Data 28/11/2025

Proposta aprovada? Sim

Proposta de Tese

Comissão de Ética

Aprovado por Filipa Vicente Data 23/01/2026

Proposta aprovada? Sim