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# Perceived Influence of Childhood Domestic Violence Exposure on Intimate Relationships Among Heterosexual African American Men

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*Walden University*

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# Walden University

College of Social and Behavioral Health

This is to certify that the doctoral study by

Ronnie Lyman Jr.

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

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Walden University  
2026

Abstract

Perceived Influence of Childhood Domestic Violence Exposure on Intimate Relationships

Among Heterosexual African American Men

by

Ronnie Lyman Jr.

MS, Walden University, 2018

BS, Ashford University, 2015

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

May 2026

## Abstract

Childhood exposure to domestic violence (DV) remains a significant and underexplored issue within clinical social work, particularly as it pertains to African American men. This doctoral project involved addressing limited understanding of how heterosexual African American men who were exposed to DV in childhood perceived these early experiences in terms of shaping their emotional wellbeing and intimate partner relationships in adulthood. Guided by the intergenerational transmission of violence theory, this study involved exploring reflective narratives of men who experienced such exposure. Via a basic qualitative research design, data were collected through semi-structured interviews with seven purposefully selected participants who were 25 and older. Participants were recruited via community outreach, social media, and DV support networks, and interviews were conducted via Zoom. Thematic analysis was employed to analyze transcribed interviews and identify patterns related to emotional regulation, trust, relational functioning, and coping mechanisms. This study has the potential to inform culturally-responsive and trauma-informed clinical social work practices that support African American men navigating relational consequences of childhood DV exposure. Findings are expected to contribute to developing targeted therapeutic interventions and broader social work efforts that advance emotional health, relational resilience, and positive social change.

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## Dedication

This capstone project is dedicated to my parents, Ronnie Lyman Sr. and Patricia Lyman, and my daughter, Nola Lyman. Thank you for believing in me, encouraging my growth, and being the foundation upon which this journey was built. I am honored to carry forward our family's legacy and to set an example for future generations. I love you deeply.

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## Section 1: Foundation of the Study and Literature Review

Between 10% and 20% of children in the United States witness domestic violence (DV) each year (Carter et al., 2022). Exposure to such violence in childhood has been consistently associated with a broad range of adverse psychological and relational outcomes, including internalizing disorders such as anxiety and depression (Oberheim et al., 2024). Early family violence exposure can disrupt emotional regulation and undermine trust in adult relationships, reinforcing intergenerational transmission of violence (Widom, 1989). While these effects have been well documented, literature has primarily included quantitative approaches that generalize outcomes across populations, often overlooking lived experiences of African American men.

African American men face distinct cultural and systemic barriers to disclosing trauma and accessing mental healthcare (Stewart & Haselschwerdt, 2023). Cultural stigma, mistrust of mental health systems, and social expectations involving emotional stoicism hinder help-seeking (Wang et al., 2025). Consequently, voices of African American men who have experienced DV during childhood remain underrepresented in academic and clinical discourse, particularly in qualitative studies which explore perceptions of emotional development and relational functioning in adulthood.

This study involved examining how heterosexual African American men who were exposed to DV in childhood perceived the influence of those experiences on their emotional wellbeing and intimate partner relationships. Using a basic qualitative research design, I centered participant narratives to better understand their experiences and coping strategies. Findings informed culturally competent and trauma-informed social work

practices that address historical trauma and promote emotional healing in underrepresented populations. Importantly, this study also had the potential to promote positive social change by advancing equity in mental health outcomes and guiding development of interventions that strengthen resilience, reduce disparities, and enhance relational wellbeing in African American communities.

Section 1 includes the problem statement and literature review. An overview of the research design and methodology follows in Section 2. Section 3 includes findings. Section 4 includes applications to professional practice and social change implications.

### **Problem Statement**

The specific social work practice problem I addressed was limited understanding of how heterosexual African American men who were exposed to DV in childhood perceived those experiences in terms of shaping their emotional wellbeing and intimate partner relationships in adulthood. Although childhood exposure to DV has been widely linked with long-term psychological and relational consequences, existing literature tended to emphasize quantitative associations or generalized population outcomes, with minimal focus on lived experiences of African American men.

Approximately one in 15 children in the United States are exposed to intimate partner violence (IPV) each year, and emotional and behavioral outcomes of this exposure vary across cultural and gendered contexts (Carter et al., 2022). African American men are a particularly understudied population in this regard due to cultural stigma, underuse of mental health services, and limited opportunities for emotional disclosure (Stewart & Haselschwerdt, 2023). This gap presented a pressing concern for

social work practice, where trauma-informed and culturally-competent interventions are essential to addressing intergenerational trauma and relational harm.

A gap also existed involving qualitative exploration of how African American men make sense of these early traumatic experiences within their adult relationships. While studies have demonstrated intergenerational patterns of violence, few have examined reflective narratives of African American men involving their emotional development and coping strategies. Methodological critiques further emphasize the need for studies that foreground participant perspectives to understand resilience and adaptation. Addressing this gap through a narrative inquiry will contribute to the knowledge base for equitable and effective clinical interventions.

### **Purpose Statement and Research Question**

The purpose of this qualitative study was to explore how heterosexual African American men who were exposed to DV during childhood perceived these experiences in terms of shaping their emotional wellbeing and intimate partner relationships in adulthood. For this study, I used the following research question:

RQ: How do heterosexual African American men who were exposed to DV during childhood perceive these experiences in shaping their emotional and relational patterns within their adult intimate partner relationships?

### **Definitions**

For this study, the following terms were used:

African American Men: Any man who self-identifies as having African heritable lineage and was born in the United States (Stewart & Haselschwerdt, 2023).

*Domestic Violence (DV)*: Pattern of abusive behaviors used by domestic partners to gain or maintain control over other intimate partners, which may include physical, emotional, psychological, and financial abuse (U.S. Department of Justice, 2022).

*Emotional Wellbeing*: Individual capacity for managing emotions, developing healthy relationships, and maintaining a stable mood or sense of self-worth (Moody et al., 2023).

*Intimate Partner Relationship*: Romantic or sexual relationships between adults, including dating, cohabiting, and married partnerships (Godbout et al., 2022).

### **Nature of the Doctoral Project**

I used a basic generic qualitative approach as outlined by Merriam and Tisdell involving semi-structured interviews. This design allowed for an in-depth exploration of the topic. Flexibility of this design supported open-ended and narrative-driven data collection, aligning with the study's purpose and question. The study included seven heterosexual African American men who were 25 and older and exposed to DV during childhood. Exposure involved directly witnessing violence between caregivers or experiencing indirect effects, such as living in environments that are marked by fear, tension, or disruption.

Participants were recruited via purposive and snowball sampling methods using email, social media, community organizations, and DV support groups. Participants did not need to be currently in relationships but were required to be able to reflect on how their early experiences shaped their perspectives on adult intimate relationships.

Interviews were conducted via Zoom and guided by a semi-structured protocol. Data

were analyzed using thematic analysis to identify common patterns and meanings in participant narratives. The final sample size was determined by data saturation.

### **Significance of the Study**

Exposure to DV in childhood is a serious public health concern and associated with increased risks for mental health issues, emotional dysregulation, and relational instability in adulthood (Oberheim et al., 2024). These risks may be particularly pronounced among African American men, who often face compounded challenges due to structural inequities and cultural barriers to accessing support (Stewart & Haselschwerdt, 2023). Despite their heightened vulnerability, this population remains underrepresented in literature involving how they perceive experiences in terms of shaping their emotional wellbeing and intimate partner relationships in adulthood.

This qualitative study was significant because it contributed to a deeper understanding of how heterosexual African American men perceive lasting emotional and relational effects of childhood DV. Culturally-adapted interventions that reflect lived realities of African American families are essential to effective trauma-informed care (Cervantes et al., 2024). By centering lived experiences, I provided insights that can inform clinical social work practice with survivors of childhood trauma, particularly within racially and culturally-diverse populations. Findings also extend the application of intergenerational transmission of violence (ITV) theory by examining how it operates within an underrepresented group, testing its relevance across cultural contexts.

Moreover, this research supports development of social work strategies that are aimed at enhancing wellbeing of African American men who are exposed to DV by

identifying specific barriers they face and internal resources they draw upon. Findings may inform practitioners and educators in terms of designing culturally-responsive programming and guide policymakers in strengthening support systems. In this way, the study has the potential to promote relational healing, advance equity in terms of mental health outcomes, and contribute to Walden University's mission of positive social change.

### **Theoretical Framework**

The guiding framework for this study is the ITV theory. Children who are exposed to violence in the home are at increased risk of reproducing or experiencing similar patterns of violence in adulthood (Widom, 1989). According to this theory, witnessing or experiencing violence in early life leads to behavioral models that shape internalized beliefs, coping strategies, and expectations for intimate relationships. The ITV framework has been used extensively to explain the connection between childhood exposure to DV and later relational and psychological outcomes. The theory has also been used to clarify why individuals who are exposed to DV during childhood often demonstrate heightened risks of emotional dysregulation, relational hostility, and involvement in IPV as adults (Oberheim et al., 2024).

Children who observe violence may internalize aggressive behavior as a legitimate means of resolving conflict or maintaining control within relationships. However, ITV also accounts for variability in outcomes. Some survivors resist these modeled behaviors by rejecting violence after recognizing its harmful consequences (Barnes et al., 2022). In other words, the way individuals interpret their childhood

exposure and whether they normalize, resist, or reframe it shapes their subsequent relational patterns.

Individual perceptions of childhood exposure to violence influence how they respond to intimacy and conflicts in adult relationships (Stewart & Haselschwerdt, 2023). In this study, I asked heterosexual African American men to reflect on how exposure to DV in childhood influenced their emotional wellbeing and intimate relationships in adulthood. The ITV theory was a guiding framework for interpreting participants' reflections, particularly in relation to emotional regulation, attachment security, and relational decision-making.

### **Values and Ethics**

This study was conducted in accordance with ethical standards of clinical social work and Walden University's Institutional Review Board (IRB). All participants received informed consent documents outlining the purpose, procedures, risks, and benefits of participation. They were reminded participation is voluntary and they may withdraw at any time without penalty. Data were kept confidential, stored securely in password-protected files, and retained for 5 years before being permanently destroyed, consistent with Walden IRB requirements. Because I addressed potentially distressing topics, participants were provided with mental health resources and referrals to ensure safety and support.

I maintained reflexivity throughout the study by monitoring personal assumptions, minimizing bias, and ensuring professional boundaries. This study adhered to principles of the National Association of Social Workers Code of Ethics, particularly values of

service, dignity and worth of the person, and social justice. These values support the project's emphasis on amplifying marginalized voices and addressing systemic inequities that affect African American men who are exposed to childhood DV. By grounding the research in ethical practice and cultural competence, the study not only protects participants but also aligns with the social work mission to promote equity, trauma-informed care, and positive social change.

### **Review of the Professional and Academic Literature**

The literature review for this study was conducted using the following databases through the Walden University Library: APA PsycInfo, SocINDEX, ProQuest Central, BioMed Central, and SAGE Journals. Additional searches were conducted using multidisciplinary databases and search platforms, including PubMed/MEDLINE and Google Scholar. These databases were selected for peer-reviewed scholarship on trauma, violence, cultural factors, and social work practice. I used the following search terms: *childhood exposure to domestic violence, intimate partner violence, African American men and trauma, masculinity and help-seeking, intergenerational transmission of violence, and resilience after childhood trauma*. The review was delimited primarily to studies that were published between 2020 and 2025 to ensure inclusion of the most recent research and methodological advancements. This emphasis on recency reflects the evolving landscape of IPV research and guaranteed findings applied to this study that were both relevant and timely.

Although recent sources were prioritized, older works were included when they were deemed seminal or foundational to the discipline. Including these works alongside

empirical studies that were published between 2020 and 2025 ensured this study was grounded in historical context while simultaneously reflecting contemporary debates and evidence. These seminal references were integrated into a broader analysis of IPV, cultural contexts, and resilience.

### **Theoretical Foundation**

The theoretical foundation for this study is the ITV theory. ITV posits that children who are exposed to violence in their homes are more likely to reproduce or experience similar patterns of violence in adulthood (Widom, 1989). This framework suggests that witnessing or experiencing violence provides behavioral models that shape internalized beliefs, coping strategies, and expectations for intimate relationships. More recent research has extended this work by examining the psychological and relational outcomes of early exposure, demonstrating links to adult emotional dysregulation, mental health difficulties, and involvement in intimate partner relationships (Eriksen et al., 2022). Additional studies support these findings, reporting consistent associations between childhood DV and adult relational instability (Oberheim et al., 2024).

Although ITV has been widely applied, scholars note variability in outcomes. Not all survivors replicate cycles of violence; some adapt by developing resilience strategies that disrupt these patterns (Barnes et al., 2022). This body of work underscores that while ITV is a valuable explanatory framework, outcomes are not deterministic but shaped by contextual and cultural moderators (Haselschwerdt et al., 2019). Researchers have also emphasized that not all forms of violence operate uniformly, with typologies distinguishing between intimate terrorism and situational couple violence (Johnson,

2008). Furthermore, socioecological models highlight how individual, relational, and systemic factors intersect to influence outcomes, particularly across diverse populations (Hardesty & Ogolsky, 2020).

For African American men, ITV must also account for unique cultural and systemic factors. Nelson (2024) noted that cultural stigma, masculinity norms, and racial discrimination influence how men disclose trauma and engage with services. Cooper (2024) emphasized the role of racial trauma and identity in shaping coping strategies and help-seeking. More recent scholarship has updated ITV specifically, calling for frameworks that integrate cultural context and intergenerational processes (Ehrensaft & Langhinrichsen-Rohling, 2022). These findings reinforce the importance of applying ITV in culturally responsive ways that attend to resilience as well as vulnerability. As such, ITV provides both a guiding theoretical model and a lens for exploring how this understudied population understand, challenge, or reproduce relational patterns rooted in early violence exposure.

### **Research Context**

Many scholars have examined the psychological, relational, and cultural consequences of childhood exposure to DV. However, much of this work has centered on women and children, with relatively little attention to men's experiences. African American men remain underrepresented, despite evidence that cultural scripts of masculinity, racialized trauma, and systemic inequities shape both exposure and recovery processes (Bent-Goodley, 2024). This gap in representation limits the development of culturally responsive interventions and perpetuates assumptions that survivors'

experiences are homogeneous. Building on the foundation of Widom's (1989) intergenerational transmission of violence theory, scholars now emphasize the necessity of attending to race, gender, and systemic factors when exploring pathways from childhood DV to adult relational outcomes (Ehrensaft & Langhinrichsen-Rohling, 2022).

Recent studies underscore the importance of considering cultural and systemic factors in IPV research. Scholars have highlighted how stigma, racial stereotypes, and mistrust of institutions constrain disclosure and help-seeking among African American men (Cooper, 2024). Wong and Wang (2022) further show that rigid masculine norms suppress willingness to seek mental health care, shaping patterns of silence around trauma. Related work documents that structural barriers and distrust also shape help-seeking pathways for Black male trauma survivors (Denhard et al., 2024). Together, these findings demonstrate that outcomes are not explained by exposure alone but by cultural and institutional contexts that shape interpretation, coping, and service use.

At the same time, resilience processes and culturally embedded coping strategies provide important counterpoints to deficit-oriented perspectives. Children exposed to IPV demonstrate better recovery when supported by stable caregiving and structured interventions (Galano et al., 2023). Among African American men, qualitative work highlights both maladaptive and adaptive coping, such as mentorship and storytelling that reflect culturally specific resilience (Byrd, 2024). Faith-based settings also function as resilience resources by reducing stigma and increasing engagement with care (Hankerson et al., 2021). These findings align with Masten's (2001) "ordinary magic" and Ungar's

(2011, 2018) ecological framing, which together conceptualize resilience as culturally situated and dynamic.

Systemic inequities in access to DV and mental health services remain a critical part of the research context. Culturally tailored IPV interventions co-developed with community stakeholders improve relevance and uptake (Cervantes et al., 2024). Evidence of racial bias in emergency care contributes to anticipatory mistrust and avoidance of services among Black patients (Agarwal et al., 2024). Faith-based, community-led approaches can counter stigma (Hankerson et al., 2021), while perceived discrimination in clinical settings further depresses engagement (Campbell et al., 2025). These findings illustrate that systemic inequities and institutional distrust are lived realities that shape recovery trajectories after childhood DV.

By framing the present study within this context, the review acknowledges both what is known and what remains underexplored. The lack of qualitative inquiry focused specifically on African American men's perspectives represents a critical gap this project sought to address. Incorporating perspectives on trauma, resilience, masculinity, and systemic racism ensured that the study is both culturally responsive and methodologically rigorous. Ultimately, this research aimed to extend the literature by amplifying marginalized voices and contributing insights that may inform clinical practice and policy interventions.

### **Childhood Exposure and Outcomes**

Childhood exposure to DV is recognized as one of the most common adverse childhood experiences (ACEs) worldwide. Recent data show that millions of children are

exposed to DV annually, often witnessing violence between parents or caregivers before the age of 18 (Carter et al., 2022). Global prevalence estimates suggest that between 25% and 30% of youth experience some form of interparental violence, with higher rates reported among communities experiencing systemic inequities and economic hardship (Oberheim et al., 2024). For African American children, the risks are compounded by intersecting social and structural factors, including poverty, racial discrimination, and community violence, which heighten both exposure and vulnerability to its effects (Campbell et al., 2025). This high prevalence underscores DV as both a widespread public health problem and a significant risk factor for long-term psychosocial outcomes (Kieselbach et al., 2021).

Exposure to DV in childhood is strongly linked to adverse psychological outcomes, including depression, anxiety, aggression, and posttraumatic stress. Oberheim et al. (2024) synthesized findings from multiple studies and confirmed that DV-exposed children were significantly more likely to present with poor emotional regulation, clinical symptoms of anxiety, and long-term difficulties with coping. Carter et al. (2022) found that childhood DV predicted persistent internalizing symptoms even when controlling for other ACEs, suggesting an independent and enduring effect on psychological functioning. These findings align with Widom's (1989; 2017) ITV framework, which argues that early experiences of violence can set behavioral and cognitive templates for future relationships. Building on this, Ehrensaft & Langhinrichsen-Rohling (2022) summarize contemporary evidence for intergenerational pathways in diverse populations. Together,

these studies demonstrate that childhood DV produces immediate psychological distress and contributes to lifelong risks for maladjustment.

Longitudinal studies further confirm the persistence of these effects into adulthood. Loxton et al. (2017) examined adults with childhood histories of DV and reported ongoing challenges, including diminished psychological well-being, unresolved trauma symptoms, and difficulty forming stable romantic partnerships. Eriksen et al. (2022) similarly found that early family violence exposure predicted difficulties with emotional regulation and trust in adult intimate relationships, reinforcing ITV's central premise. Baker et al. (2024) complement these findings through narratives of violently injured Black men, illustrating how ACEs and violence intersect to shape later relational vulnerabilities and cycles of trauma. At a global level, Jewkes et al. (2025) document that witnessing maternal abuse and broader childhood trauma independently predict adult IPV perpetration, underscoring the reach of intergenerational patterns. Importantly, Barnes et al. (2022) show variability: while many survivors report relational avoidance and emotional barriers, others develop adaptive boundary-setting and resilience in adult partnerships. These patterns suggest that childhood DV elevates risk but does not determine outcomes.

Biodevelopmental work clarifies how early violence becomes embedded in development. Sturge-Apple et al. (2012) show that exposure to interparental conflict is associated with disruptions in children's emotional security and regulatory processes, mechanisms linked to later difficulties with attachment and intimacy. These processes help explain hypervigilance, heightened reactivity, and trouble down-regulating after

stress in later relationships. In parallel, Widom (2017) reviews long-term sequelae of childhood maltreatment that map onto adult interpersonal functioning, aligning with a biopsychosocial reading of ITV. In the relationship domain, Vaillancourt-Morel et al. (2024) synthesize partner-level effects of childhood maltreatment, further connecting early adversity to adult relational risk. Together, this evidence explains why survivors may face persistent challenges even when removed from violent environments.

Scholars continue to debate whether DV has unique effects or is best viewed within a broader constellation of adversities. Carter et al. (2022) note that when socioeconomic status and co-occurring adversities are controlled, the direct effects of DV on psychological outcomes sometimes appear diminished. By contrast, Shields et al. (2020) report that childhood DV continues to predict later IPV involvement even after accounting for contextual risks. Johnson (2008) further reminds us that IPV is heterogeneous, distinguishing intimate terrorism from situational couple violence—typologies that help explain divergent developmental pathways. These debates highlight the methodological challenge of disentangling DV from overlapping risks. For African American men, these complexities are magnified by structural inequities, racialized experiences, and cultural expectations of masculinity, all of which shape how childhood DV is interpreted and carried into adulthood (Cooper, 2024).

Contemporary evidence affirms that childhood DV significantly increases risks across the life course, while variability and resilience temper deterministic readings of ITV. Protective factors such as caregiver support, positive attachment, and social resources mitigate risk, enabling some survivors to form healthy relational patterns

despite early adversity (Galano et al., 2022). Culturally grounded supports, including community mentorship, faith-based coping, and collective identity resources, provide additional buffering against distress for African American men with trauma histories (Moody et al., 2023). These observations reinforce the need for qualitative inquiry that centers heterosexual African American men's perspectives to illuminate divergent pathways and inform trauma-informed, culturally responsive interventions (Cervantes et al., 2024).

### **Relational Outcomes**

Childhood exposure to DV has significant implications for adult intimate relationships, influencing trust, attachment, and conflict resolution patterns. Recent studies confirm that individuals who experienced DV in childhood often face relational challenges, including heightened risk for IPV involvement. Eriksen et al. (2022) found that men exposed to family violence in childhood reported diminished trust and difficulties with emotion regulation in their adult partnerships. Similarly, Godbout et al. (2022) synthesized evidence showing that early interpersonal trauma disrupts attachment and emotion regulation pathways, producing enduring relational vulnerabilities. Vaillancourt-Morel et al. (2024) extended this evidence by demonstrating that childhood maltreatment in one partner predicts both partners' relational dissatisfaction, indicating a ripple effect across dyadic functioning. These findings align with the ITV theory, which posits that patterns of behavior learned in childhood become models for adult relational functioning (Widom, 1989).

Despite these risks, outcomes are not uniform across all survivors. Barnes et al. (2022) demonstrated that some individuals adopt adaptive strategies, such as setting clear relational boundaries, while others experience relational avoidance or emotional withdrawal. Longitudinal evidence supports this variability. Bae & Kogan (2020) identified distinct trajectories among African American men, with adverse childhood experiences predicting both conflictual and resilient relationship patterns. Social support also moderates these risks, protecting against relational distress when attachment insecurity is present (Ajani, 2023). Studies of African American men further confirm that social capital and culturally congruent supports reduce depressive symptoms and relational strain, buffering against adverse outcomes (Hankerson et al., 2021). Such heterogeneity suggests that exposure to DV does not inevitably lead to dysfunction but interacts with contextual and protective factors to shape adult relational outcomes.

Research has also emphasized the role of socioemotional traits and personality pathways. Plouffe et al. (2020) linked DV exposure to higher levels of maladaptive personality traits, such as Machiavellianism, which undermine empathy and trust in adult relationships. Bouchard et al. (2022) added that cumulative interpersonal trauma often predicts coercive conflict styles, further eroding intimacy and increasing IPV risk. Johnson (2008) highlighted that IPV is not monolithic but varies across typologies such as intimate terrorism and situational couple violence, illustrating how early adversity contributes to diverse relational trajectories. These findings indicate that both individual vulnerabilities and external supports shape relational outcomes. Integrating personality

research with relational typologies provides a more nuanced understanding of how adverse childhood experiences manifest in adulthood.

Taken together, research from 2020–2025 reinforces that childhood DV is a significant predictor of later relational difficulties, though outcomes vary depending on attachment processes, personality traits, cultural scripts, and social supports. While ITV provides a useful framework for understanding risk, qualitative inquiry is needed to capture how African American men interpret their experiences and construct meaning in their adult relationships. This study addressed that gap by examining relational narratives to illuminate when risk patterns persisted and when resilience emerged.

### **Cultural and Systemic Factors**

The experiences of African American men exposed to DV in childhood cannot be fully understood without considering the cultural and systemic contexts that shape their lives. Research consistently shows that cultural scripts of masculinity, racial stigma, and systemic inequities influence how men interpret, disclose, and seek support for trauma. Stewart and Haselschwerdt (2023) found that African American men often encounter stigma and racialized stereotypes that discourage disclosure of IPV, reinforcing patterns of silence and mistrust. These findings align with intersectional frameworks (Crenshaw, 1991), which emphasize that overlapping systems of race, gender, and class magnify invisibility and constrain access to care.

Systemic racism within healthcare and social service institutions further compounds these challenges. Agarwal et al. (2024) demonstrated that Black patients frequently anticipate discriminatory treatment in emergency care, leading to patterns of

distrust and avoidance. Similarly, Campbell et al. (2025) reported that experiences of perceived racism in clinical settings contribute to medical mistrust and reduce engagement with mental health services. Watkins et al. (2022) emphasized that historical trauma and systemic inequities remain powerful barriers for Black men, particularly when trauma is connected to family or relational violence. Rich et al. (2020) further showed that Black male survivors' help-seeking pathways are shaped by systemic disbelief and structural barriers, underscoring the relational nature of mistrust. Such findings are particularly relevant for African American men who have experienced DV, as mistrust of providers can limit opportunities for intervention and perpetuate untreated trauma. In these contexts, help-seeking is not merely an individual choice but a reflection of systemic inequities that shape access and perceptions of care.

Despite these barriers, community and culturally grounded resources provide vital support. Hankerson et al. (2021) demonstrated that faith-based interventions reduce mental health stigma and improve service utilization among African American men. Cervantes et al. (2024) emphasized the effectiveness of adapting IPV interventions through community stakeholder engagement to ensure cultural congruence. Extending this, Bacchus et al. (2024) synthesized global IPV interventions and concluded that culturally adapted and multi-level approaches were most effective, reinforcing the importance of tailoring services to survivors' social and cultural contexts. Sharpless et al. (2024) further highlighted how community-based and intersectional approaches can move toward transformative justice for survivors of IPV, stressing that culturally specific interventions promote engagement and trust. Collectively, these findings suggest that

culturally responsive approaches, rather than standardized models, are more effective in engaging African American men who experienced childhood DV.

Masculinity norms also play a significant role in shaping relational and help-seeking behaviors. Moody et al. (2024) reported that adherence to traditional masculine ideals significantly reduced African American men's willingness to access mental health services, even when symptoms of trauma and depression were present. Nelson (2024) added that racial identity and masculine expectations influence disclosure decisions among Black men, highlighting the need for culturally sensitive and gender-responsive services. Cooper (2024) emphasized the compounding effects of racial trauma on coping strategies, while Wong and Wang (2022) showed that masculine scripts often pressure men of color to suppress vulnerability, which contributes to both underreporting of trauma and reluctance to seek formal interventions. Byrd et al. (2024) observed that African American men frequently turned to informal strategies, such as storytelling and mentorship, as ways of navigating systemic stigma and cultural expectations. Taken together, these findings reinforce that African American men's experiences of childhood DV must be understood within the dual context of systemic oppression and cultural narratives of masculinity.

Overall, the literature indicates that cultural and systemic factors deeply influence how African American men navigate the effects of childhood domestic violence. Racism, stigma, and masculine scripts often suppress disclosure and limit formal help-seeking, while community-based and faith-based supports provide culturally congruent alternatives. These intersecting dynamics highlight the importance of qualitative inquiry

that centers African American men's perspectives, allowing for deeper understanding of how they interpret their experiences and pursue resilience within constrained social contexts.

### **Resilience and Coping**

Although much of the literature on childhood DV emphasizes negative outcomes, an equally important body of research highlights resilience and coping as dynamic, context-dependent processes. Masten's (2001) seminal concept of "ordinary magic" situates resilience as a common capacity, often fostered through secure relationships and supportive environments rather than as a rare trait. Ungar (2018) advanced this framework by emphasizing ecological and cultural dimensions, illustrating that resilience depends on access to resources embedded within communities. Contemporary reviews reaffirm that resilience is shaped by systemic supports, cultural identity, and individual agency, rather than a static trait (Nelson, 2024). These perspectives remain critical for understanding how African American men exposed to childhood DV adapt, as resilience is best conceptualized as an interaction of individual, relational, and systemic resources.

Research has demonstrated that protective factors can disrupt the intergenerational transmission of violence. Galano et al. (2023) found that children exposed to IPV who had access to stable caregiving and intervention programs showed improved recovery trajectories. Vaillancourt-Morel et al. (2024) reinforced these findings by showing how supportive relational contexts mitigate the long-term effects of childhood maltreatment. Widom (2017) extended this perspective by documenting that some individuals with histories of early adversity nonetheless achieved stability and positive adult functioning,

highlighting variability in long-term outcomes. Collectively, these findings underscore that resilience is not the absence of harm but rather the capacity to adapt and recover despite adversity.

Cultural and community-based strategies are particularly important for African American men. Byrd (2024) observed that Black men exposed to community and family violence employed both maladaptive coping strategies (e.g., substance use) and culturally embedded resilience practices such as storytelling, mentorship, and faith. Hankerson et al. (2021) demonstrated that church-based interventions reduce stigma surrounding mental health and provide culturally congruent support systems, while Cervantes et al. (2024) emphasized the effectiveness of adapting IPV interventions through community stakeholder engagement. Together, these studies highlight resilience as enacted through cultural practices that may not always be captured in traditional psychological measures.

Community-driven and faith-based resources also play a vital role in sustaining resilience. Bacchus et al. (2024) found that culturally adapted and multi-level IPV interventions were most effective in promoting engagement and trust. Sharpless et al. (2024) highlighted how community-based and intersectional approaches can move toward transformative justice for survivors, while Sucaldito et al. (2025) documented promising outcomes from survivor-centered interventions tailored to unique needs. These findings demonstrate that resilience is not only individually enacted but also collectively cultivated through culturally responsive community structures.

At the same time, resilience research highlights important limitations. Moody et al. (2023) noted that adverse and protective childhood experiences among minority men

influenced their sense of belongingness and mental health, showing how resilience pathways can be constrained. Cooper (2024) added that racial trauma complicates access to coping strategies by reinforcing mistrust and self-reliance. Wong and Wang (2022) similarly showed that cultural expectations of stoicism and masculine identity often suppress vulnerability, undermining the use of resilience pathways such as peer support or therapy. These findings underscore the importance of qualitative inquiry in capturing how African American men make meaning of both vulnerability and adaptation, as resilience may manifest in ways that challenge dominant models of recovery.

Taken together, recent studies affirm that resilience is both possible and prevalent among African American men exposed to childhood DV, but it is shaped by culture, systemic inequities, and community resources. Understanding resilience as a lived and culturally situated process highlights the need for qualitative research that prioritizes participants' narratives. By centering these perspectives, this study sought to elucidate how survivors interpreted their own coping and resilience strategies, thereby informing trauma-informed and culturally responsive social work practice.

### **Methodologies in Prior Research**

Research on childhood exposure to DV has historically been dominated by quantitative methodologies. Large-scale surveys, epidemiological studies, and longitudinal cohort designs have provided valuable prevalence data and established robust associations between childhood DV exposure and later psychological or relational outcomes. Carter et al. (2022), for example, used a national sample to demonstrate significant associations between childhood DV exposure and internalizing disorders such

as depression and anxiety. Eriksen et al. (2022) similarly found that early family violence exposure predicted difficulties with trust and emotion regulation in adult intimate relationships. Building on this, Jewkes et al. (2025) used cross-national data to confirm that witnessing maternal abuse and broader trauma independently predict men's IPV perpetration in adulthood, underscoring the predictive value of these large datasets. These designs offer strength in statistical generalizability and allow researchers to track patterns over time, providing compelling evidence for the intergenerational transmission of violence.

Despite these contributions, quantitative methodologies reveal important limitations. Oberheim et al. (2024), in a systematic review, observed that quantitative surveys often reduce complex experiences to standardized measures, obscuring survivors' subjective meaning-making and cultural context. Vaillancourt-Morel et al. (2024) further highlighted how deficit-oriented approaches tend to overemphasize pathology while overlooking adaptive responses and protective processes. For African American men in particular, such designs often fail to account for how systemic racism, cultural norms, and masculine identity shape disclosure, coping, and recovery (Stewart & Haselschwerdt, 2023). Methodological critiques have also noted inconsistencies in sampling strategies, coding practices, and measurement across studies, which hinder comparability (Haselschwerdt et al., 2019). These limitations highlight the need for methodologies that capture the cultural and interpretive nuances of survivors lived experiences.

Qualitative approaches, though less common, have begun to address these gaps by centering survivor voices and offering culturally specific insights. Barnes et al. (2022)

conducted qualitative interviews with young adults exposed to childhood DV, identifying heterogeneous outcomes that ranged from relational avoidance to adaptive boundary-setting. Stewart and Haselschwerdt (2023) employed qualitative methods to explore African American men's experiences of trauma disclosure, documenting how stigma, fear of racial stereotyping, and masculine norms complicated help-seeking. Similarly, Nelson (2024) investigated how racial identity and masculinity influenced Black men's decisions to seek therapy, highlighting narrative divergence from dominant recovery models. These studies illustrate the unique contributions of qualitative inquiry in revealing patterns of resilience and meaning-making that cannot be detected through survey-based methods.

Recent scholarship has also emphasized trauma-informed and culturally competent qualitative designs. Merriam and Tisdell (2016) underscored the importance of matching research questions with qualitative design, while Hennink et al. (2020) elaborated on best practices for data collection strategies that respect participants' contexts. Ahmed (2024) advanced this discussion by calling for transparency in maintaining rigor through audit trails, journaling, and participant validation. Drisko (2025) emphasized the importance of clarifying transferability and generalizability in qualitative research, while Padilla-Díaz (2015) explained phenomenology's role in capturing lived experience with philosophical depth. Collectively, these works underscore how qualitative studies can both document resilience and highlight systemic inequities while safeguarding rigor and trustworthiness.

Mixed-methods research represents a promising but underutilized approach in this field. Shields et al. (2020) integrated survey and interview data to explore

intergenerational IPV patterns, providing both statistical associations and nuanced personal accounts. Galano et al. (2023) adopted a mixed-methods design in evaluating an IPV intervention, combining quantitative outcome measures with qualitative feedback from participants to better understand resilience trajectories. However, Oberheim et al. (2024) cautioned that in many mixed-methods studies, qualitative findings are subordinated to quantitative results, limiting their interpretive power. Hennink and Kaiser (2022) also observed that even when qualitative methods are employed, sample sizes are sometimes too small to reach saturation, raising concerns about depth and rigor. Arrigo et al. (2025) reinforced that clarity in reporting methodological choices remains essential for strengthening validity across diverse designs.

The methodological landscape illustrates both strengths and weaknesses. Quantitative designs provide generalizable evidence and establish clear statistical links between childhood DV and long-term outcomes, but they often neglect survivors' cultural contexts. Qualitative studies capture lived experiences and reveal the intersection of trauma, race, and masculinity but remain few in number and small in scale. Mixed-methods research shows potential but is not consistently implemented with methodological rigor. As Haselschwerdt et al. (2019) argued, future research should prioritize methodological inclusivity and comparability across designs to address gaps in cultural representation and survivor perspectives.

This study responded directly to these gaps by employing a basic qualitative design focused on heterosexual African American men. By using in-depth interviews, the study aimed to amplify voices historically underrepresented in DV research and explore

how participants interpreted the influence of childhood exposure on their adult intimate relationships. This methodological choice addressed both a content gap (African American men's experiences) and a methodological gap (the scarcity of culturally sensitive qualitative work), contributing to the development of trauma-informed and culturally responsive social work practices.

### **Strengths and Weaknesses**

The existing body of research on childhood exposure to DV demonstrates several notable strengths. Large-scale quantitative studies provide strong evidence linking DV exposure to adverse mental health and relational outcomes. For example, Oberheim et al. (2024) used national samples and systematic reviews to confirm that childhood DV significantly increases risks of anxiety, depression, and relational instability. Longitudinal and cross-national designs also strengthen the evidence base by showing persistence of these outcomes over time. Jewkes et al. (2025) demonstrated that men exposed to family violence in childhood reported greater IPV perpetration risks in adulthood, confirming the durability of intergenerational patterns. Research on resilience has enriched the field by expanding beyond deficit-focused models. Galano et al. (2023) documented how supportive caregiving, caregiver mental health, and community resources buffer against the transmission of violence. Collectively, these strengths establish DV exposure as a critical social problem that warrants sustained scholarly and practical attention.

Another strength of the current literature is its increasing attention to diverse methodological approaches. Mixed-methods studies, such as Shields et al. (2020) and Galano et al. (2023), integrate quantitative prevalence data with qualitative narratives,

producing more holistic accounts of survivors' experiences. Additionally, recent qualitative research has begun to foreground the voices of marginalized populations. Stewart and Haselschwerdt (2023) examined disclosure among African American men, offering critical insights into how stigma and systemic racism complicate help-seeking. Barnes et al. (2022) similarly captured how survivors navigate both relational avoidance and adaptive boundary-setting, demonstrating variability across individuals. These studies illustrate that the field is moving toward more inclusive and nuanced methodologies that highlight resilience, identity, and cultural context alongside risk factors.

Despite these advances, the literature reflects important weaknesses that limit its scope and generalizability. One major limitation is the continued dominance of quantitative survey research, which, while valuable for identifying broad trends, often overlooks survivors lived experiences. Oberheim et al. (2024) noted that standardized instruments can obscure cultural differences in meaning-making, while Widom (2017) emphasized that long-term outcomes are often interpreted through deficit-based models that underplay adaptation. Another weakness lies in the underrepresentation of African American men. Studies disproportionately focus on women and children, resulting in a lack of culturally specific knowledge regarding how men interpret DV exposure and its impact on their adult relationships. This exclusion perpetuates stereotypes and limits the development of culturally responsive interventions (Nelson, 2024). Methodological critiques further show inconsistencies in recruitment, measurement, and coding practices

that hinder comparability (Haselschwerdt et al., 2019). Together, these weaknesses reveal critical gaps in knowledge and practice.

Findings across the literature are also inconsistent, reflecting further weaknesses in the evidence base. While some studies emphasize long-term dysfunction and relational instability following DV exposure (Jewkes et al., 2025), others report adaptive outcomes, including resilience and recovery under supportive conditions (Galano et al., 2023). These divergent findings suggest that outcomes are contingent on contextual factors such as race, gender, socioeconomic status, and access to culturally relevant supports. However, few studies systematically examine these moderators, leaving gaps in understanding when and how resilience processes emerge. Moreover, persistent reliance on generalized samples obscures cultural variation, particularly among African American men, who face distinct intersections of systemic inequities and masculinity norms (Johnson et al., 2024).

### **Research Gaps and Rationale**

Despite an expanding evidence base on childhood exposure to DV and its long-term psychological and relational consequences (Oberheim et al., 2024), critical gaps remain in understanding how heterosexual African American men interpret and make meaning of these experiences. Much of the literature establishes strong correlations between childhood DV and negative adult outcomes, yet these associations are often framed within generalized samples that obscure important cultural differences (Zhang et al., 2025). African American men remain particularly underrepresented, with their perspectives largely absent from relational trauma research despite heightened exposure

to systemic inequities, racial discrimination, and cultural stigmas (Nelson, 2024). This omission is especially problematic given that cultural norms around masculinity, racialized experiences of trauma, and limited access to mental health care significantly shape how African American men disclose, interpret, and cope with early violence. Without targeted inquiry, research risks homogenizing survivor experiences and producing interventions that do not address the cultural specificity of African American men lived realities.

Methodologically, the literature continues to rely heavily on quantitative designs such as large-scale surveys and longitudinal studies that privilege statistical associations over subjective meaning-making. While these designs have been invaluable in identifying prevalence rates and risk patterns (Jewkes et al., 2025), they often overlook the cultural and contextual nuances embedded in survivor narratives. For instance, Oberheim et al. (2024) noted that standardized measures flatten complex emotional and relational processes, while Widom (2017) argued that deficit frameworks overshadow adaptation. Calls for qualitative inquiry are increasingly evident, with scholars highlighting the need to amplify marginalized voices and capture experiences that cannot be reduced to numerical indicators (Stewart & Haselschwerdt, 2023). Recent qualitative research on African American men's trauma disclosure and coping strategies (Byrd, 2024) demonstrates the value of narrative-driven designs in surfacing cultural, systemic, and identity-based factors that shape recovery. Yet such studies remain limited in scope, often involving small samples or focusing on other racial and gender groups, leaving a critical gap this study intended to address.

Another persistent gap lies in the limited exploration of culturally specific resilience processes among African American men. While research has documented the protective effects of caregiver support, prosocial peer networks, and stable community structures (Galano et al., 2022), fewer studies have examined how Black men draw on cultural assets such as faith, storytelling, mentorship, and collective identity to foster resilience. Hankerson et al. (2021) found that church-based interventions significantly reduced stigma and promoted engagement in mental health services. These findings underscore that resilience is not only an individual attribute but also a culturally situated process enacted within relationships, communities, and systems (Ungar, 2018). However, resilience among African American men exposed to DV is frequently under-theorized, often overshadowed by deficit narratives that overemphasize pathology and risk (Bacchus et al., 2024). Without greater attention to strengths-based perspectives, interventions risk reinforcing harmful stereotypes and neglecting the ways survivors actively resist, reframe, and recover from trauma. This study addressed this gap by centering culturally embedded resilience as a key part of African American men's meaning-making.

Theoretical and practice gaps also remain evident. The intergenerational transmission of violence continues to serve as a foundational framework, demonstrating how exposure to violence in childhood can increase risks for relational difficulties and IPV involvement in adulthood. Yet findings reveal significant variability in outcomes, with some survivors perpetuating harmful patterns while others develop adaptive strategies such as boundary-setting or rejecting violence altogether (Barnes et al., 2022). Scholars argue that such variability is mediated by systemic inequities, racialized

masculinity norms, and community supports (Willie et al., 2025). Still, few studies adapt or extend theoretical models to account for these contextual moderators, leaving gaps in both conceptual understanding and practical application. Without frameworks that integrate cultural and systemic variables, trauma-informed interventions risk replicating one-size-fits-all models that fail to resonate with African American men (Cervantes et al., 2024; Taft et al., 2016). This study extended the ITV framework by examining how African American men interpreted their experiences through lenses of culture, resilience, and systemic inequities, thereby advancing theory and informing culturally responsive practice.

Addressing these gaps has direct implications for social work. Without culturally grounded research, interventions risk overlooking the systemic and cultural barriers that influence African American men's disclosure, coping, and healing. Scholars such as Johnson et al. (2024) and Watkins et al. (2022) note that rigid masculine norms and systemic mistrust of institutions often discourage help-seeking, creating further inequities in care access. By exploring how African American men reflected on childhood DV and its influence on adult relationships, this study contributed to the development of trauma-informed, culturally responsive interventions tailored to their lived experiences. Such knowledge directly supports the profession's goals of equity, empowerment, and cultural competence while aligning with Walden University's mission of positive social change. Ultimately, the study amplified marginalized voices, expanded theoretical understanding, and provided practice-relevant insights that can guide more equitable and effective

support for African American men navigating the long-term consequences of childhood DV.

### **Summary**

This study outlined a qualitative study exploring how heterosexual African American men perceived the influence of childhood domestic violence on their emotional well-being and adult relationships. Section 1 introduced the problem, research question, rationale for using a basic qualitative design, and the guiding theoretical framework of intergenerational transmission of violence. The literature review demonstrated that childhood exposure to domestic violence is consistently associated with negative psychological and relational outcomes, yet findings also highlight resilience pathways that disrupt intergenerational cycles. Despite this evidence, African American men remain underrepresented in existing research, particularly in qualitative studies that capture their lived experiences. Addressing this gap, magnified their voices and contribute culturally responsive insights to social work practice. Section 2 will describe the methodology, including recruitment, interview procedures, and data analysis, to capture reflective narratives that inform trauma-informed and culturally grounded interventions.

## Section 2: Research Design and Data Collection

Childhood exposure to DV can have significant lifelong effects on emotional and relational functioning, particularly for African American men who face distinct cultural and systemic barriers to healing (Oberheim et al., 2024). Although scholars have examined general outcomes of early DV exposure, few qualitative studies have explored how African American men interpret these experiences in the context of their adult intimate relationships and emotional wellbeing. This gap in culturally-responsive and trauma-informed research underscores the need for African American men's perspectives.

The purpose of this qualitative study was to explore how heterosexual African American men who were exposed to DV during childhood perceived these experiences in shaping their emotional development and intimate partner relationships in adulthood. The guiding research question was: How do heterosexual African American men who were exposed to DV during childhood perceive these experiences in terms of shaping their emotional and relational patterns within their adult intimate partner relationships?

This section includes the research design, methodology, and ethical considerations. I provide the rationale for using a basic qualitative approach, which is particularly suited for addressing participants' meaning-making processes. The section also includes recruitment strategies, participant selection criteria, data collection and analysis procedures, and steps to ensure trustworthiness, transferability, and ethical protections. These considerations are consistent with best practices for qualitative rigor and align with professional standards that were established by the NASW.

## Research Design

This study was focused on a social work practice problem related to perceived experiences of childhood exposure to DV among heterosexual African American men. Despite documented consequences of witnessing DV in early life, there is limited research addressing how African American men reflect on and interpret these experiences within their adult intimate relationships. This gap calls for a qualitative inquiry for participants to express how childhood trauma may continue to shape their emotional wellbeing and relationship dynamics.

A basic qualitative research design was used to explore this issue. This approach is appropriate for studies involving understanding how individuals make meaning of their experiences (Merriam & Tisdell, 2016). The design enabled rich narrative accounts from participants, aligning closely with the purpose of this study. In addition, qualitative rigor was addressed by incorporating strategies for trustworthiness and transparency.

I used a qualitative methodology for this study. Qualitative methods are used to understand lived experiences and how individuals assign meaning to those experiences (Hennink et al., 2020). While other qualitative designs such as case study and grounded theory were considered, the basic qualitative approach was chosen due to exploring reflective and personal narratives.

The design allowed for open-ended and in-depth data collection through interviews, enabling participants to share their thoughts, emotions, and perspectives in their own words. This approach supported my goal of maintaining fidelity to participants

accounts while generating insights leading to trauma-informed and culturally-responsive social work interventions for African American men with histories of childhood DV exposure.

## **Methodology**

### **Participants**

Participants in this study were heterosexual African American men who were 25 or older and had experienced exposure to DV during childhood. This includes either directly witnessing violence between caregivers or being affected by broader emotional and environmental impacts of such violence within the home. Participants self-identified as African American and had grown up in the United States. This population is selected because their perspectives remain underrepresented in literature despite evidence that cultural stigma, racialized trauma, and systemic inequities shape disclosure and coping.

Participants were recruited through purposive and snowball sampling strategies. Purposive sampling is appropriate for this study for deliberate selection of individuals who provided in-depth insights regarding the research question based on their lived experiences. I used snowball sampling by leveraging participant networks to identify additional individuals who met inclusion criteria, thereby expanding access to a population who were otherwise reluctant to participate due to stigma and cultural silence involving the topic.

Recruitment efforts involved outreach through social media, community-based organizations, churches, DV support networks, and professional social work networks. Interested individuals were invited to contact me directly and were screened for eligibility

using a brief intake form. Careful attention was paid to ensuring confidentiality and participant autonomy throughout recruitment, consistent with best practices for trustworthiness and ethical rigor in qualitative research .

The target sample size was between six and 12 participants, with a final determination of seven after reaching data saturation, the point at which no new themes or insights emerge from interviews. This range is consistent with recommendations for basic qualitative studies and provided sufficient depth for capturing complex narrative accounts while maintaining feasibility and manageability for analysis. This sampling strategy led to rich data involving shared and diverse perspectives among African American men who were exposed to childhood DV.

### **Instrumentation**

Data were collected using a semi-structured interview protocol developed by me. The protocol included open-ended questions that were designed to explore participants' experiences of childhood DV, emotional development, and intimate partner relationships. This approach was used for participants to share their stories in their own words while ensuring consistency in terms of data collection across interviews.

The interview guide was informed by existing literature on DV, emotional wellbeing, and adult relational functioning. Questions were reviewed by subject matter experts, including faculty advisors and licensed clinical social workers, to ensure content validity and cultural sensitivity. The semi-structured format allows flexibility to probe deeper into specific areas of interest as they arise during the interviews.

The interviews were conducted via phone or a secure Zoom platform to ensure accessibility and participant safety. All interviews were audio-recorded with participants' consent and transcribed verbatim for analysis. The interview protocol and consent form will be included in the appendix of the final proposal. This method is appropriate for this study as it balances structure and depth, allowing for detailed narratives to transpire while maintaining consistency across participants.

### **Data Analysis**

Transcribed interview data were analyzed using thematic analysis, a flexible approach appropriate for basic qualitative designs that emphasizes identifying, organizing, and interpreting patterns of meaning across participant narratives (Merriam & Tisdell, 2016; Hennink et al., 2020). The analytic process involved (a) carefully reading transcripts to become familiar with the data, (b) generating initial codes, (c) clustering codes into categories, and (d) developing themes that reflect participants lived experiences. This iterative process ensures the analysis remains grounded in the data while linking emergent themes to the study's theoretical framework. Analysis continued until saturation is reached, at which point no new insights or themes emerge (Hennink & Kaiser, 2022).

NVivo qualitative analysis software was used to support the organization and management of data, including coding, memoing, and tracking theme development. NVivo enhances transparency in the analytic process by allowing systematic retrieval and comparison of coded material, strengthening both reliability and dependability (Haselschwerdt et al., 2019).

To ensure rigor and trustworthiness, multiple strategies were implemented. Credibility was supported through member checking, where participants had the opportunity to review and validate transcripts or preliminary findings (Drisko, 2025). Transferability was addressed by providing thick, detailed descriptions of participant contexts (Drisko, 2025). Dependability was enhanced using an audit trail documenting coding and analytic decisions, while confirmability was established through reflexive journaling and peer debriefing with the dissertation chair (Ahmed, 2024). Collectively, these steps will ensure that the findings accurately reflect participants' perspectives and contribute meaningful insights to clinical social work practice.

### **Ethical Procedures**

This study adhered to the ethical standards outlined by the National Association of Social Workers (NASW, 2021) and Walden University's Institutional Review Board (IRB). No data were collected until formal IRB approval was granted, and the official approval number was documented in the final consent form. These safeguards ensure that the research is conducted with integrity and in compliance with professional and institutional requirements.

All participants received an IRB-approved informed consent form that clearly outlines the purpose of the study, data collection procedures, potential risks and benefits, and the measures taken to protect confidentiality. The form emphasized participants' right to withdraw at any point without penalty and described procedures in the event of participant distress, such as pausing or discontinuing an interview. In addition, the consent form provided information about available domestic violence and mental health

resources, ensuring that participants are aware of appropriate support services. Each participant received a copy of this form in advance, and the finalized consent document will be included in the Appendix of the capstone report.

Confidentiality was maintained throughout all phases of the study. Pseudonyms were assigned to participants, and no identifying information will appear in transcripts, field notes, or final reports. Data were stored in password-protected files on encrypted drives accessible only to the researcher. Audio recordings and transcripts were securely stored and will be for five years following study completion, after which they will be permanently deleted in accordance with Walden University policy. These procedures ensure that sensitive data are protected while balancing transparency and accountability.

Given the sensitive nature of the topic, additional protections were implemented to support participant well-being. Participants were reminded that while their data are confidential, they cannot be completely anonymous due to the nature of qualitative interviewing. To reduce potential risk, recruitment and consent communications emphasized confidentiality and safety. A resource list that includes local and national mental health and domestic violence support services was provided to all participants. If a participant experiences distress during an interview, they were encouraged to pause, take a break, or discontinue participation entirely. These steps ensure that the study prioritizes participant dignity and safety while contributing meaningful insights to clinical social work practice.

## **Summary**

Section 2 outlined the qualitative research design and procedures for examining how heterosexual African American men who were exposed to domestic violence during childhood perceived these experiences in shaping their emotional well-being and intimate relationships. It described using a basic qualitative design, sampling strategy, semi-structured interviews, thematic analysis with NVivo, and ethical protections including informed consent and data confidentiality. Section 3 will present the findings from the data and interpret them in the context of the study's purpose and theoretical framework.

### Section 3: Presentation of the Findings

Childhood exposure to DV remains a significant public health concern in the United States. Approximately one in 15 children are exposed to IPV annually, with higher rates among communities experiencing structural inequities (Carter et al., 2022). The purpose of this qualitative study was to explore how heterosexual African American men who were exposed to DV during childhood perceived these experiences in terms of shaping their emotional wellbeing and intimate partner relationships in adulthood. The guiding research question was:

RQ: How do heterosexual African American men who were exposed to DV during childhood perceive these experiences in shaping their emotional and relational patterns within their adult intimate partner relationships?

Data were collected between January 7 and January 31, 2026 through semi-structured virtual interviews with seven heterosexual African American men who were recruited via social media outreach. The ITV theory guided interpretation of participant narratives by providing a lens for understanding how relational behaviors may be internalized, adapted, or intentionally restructured across generations. Section 3 includes a discussion of demographic characteristics of participants. The section also includes a detailed description of data collection and data analysis procedures to clarify how data were gathered, organized, and interpreted. Evidence of trustworthiness is presented to demonstrate credibility, transferability, confirmability, and dependability of findings. The section then presents results derived from thematic analysis, which are organized according to the research question and emergent themes. Section 3 concludes with a

summary of key findings and transition to Section 4, which addresses implications for professional social work practice and positive social change.

### **Demographics**

Seven heterosexual African American men participated in this study. Pseudonyms were assigned to all participants to protect confidentiality. Participants ranged in age from 26 to 44, with a mean age of 34. Four participants were married, two were in committed relationships, and one was single at the time of interviews. Five participants reported having children. Educational attainment ranged from high school to graduate-level education.

All participants reported witnessing DV between caregivers during childhood. In addition to witnessing violence, three participants described exposure to chronic emotional abuse in the home, and one participant reported experiencing direct physical abuse alongside witnessing caregiver violence. These distinctions are presented to clarify the range of childhood exposure experiences that are represented within the sample and provide contextual grounding for interpretation of findings (see Table 1).

**Table 1**

*Demographic Characteristics and Childhood DV Exposure of Participants*

Pseudonym	Age	Relationship Status	Children	Education Level	Type of Childhood DV Exposure
Marcus	29	Married	Yes	Bachelor's	Witnessed caregiver violence

Pseudonym	Age	Relationship Status	Children	Education Level	Type of Childhood DV Exposure
David	34	Married	Yes	Master's	Witnessed + emotional abuse
Jamal	26	In relationship	No	High school	Witnessed caregiver violence
Andre	41	Married	Yes	Associate's	Witnessed + physical abuse
Terrence	37	Married	Yes	Bachelor's	Witnessed caregiver violence
Malik	44	Single	No	Some college	Witnessed + emotional abuse
Brandon	32	In relationship	Yes	Bachelor's	Witnessed caregiver violence

### **Data Analysis Techniques**

I followed a basic qualitative thematic analysis approach consistent with Merriam and Tisdell and Hennink et al. I began by reviewing verbatim transcripts of audio-recorded interviews to ensure accuracy and completeness of participant narratives. Transcripts were the primary dataset for analysis and served as the foundation for identifying patterns of meaning across interviews. Analysis focused on participants' perceptions of how childhood exposure to DV shaped their emotional wellbeing and adult intimate partner relationships. Data analysis continued until thematic saturation was reached. Saturation was observed after the sixth interview, and a seventh interview was conducted to confirm redundancy and strengthen confidence in thematic completeness.

NVivo qualitative software was used to facilitate systematic organization and coding of data. Software supported classification of excerpts, development of coding hierarchies, and comparison of patterns across participants. Careful attention was given to discrepant cases to ensure diverse perspectives were represented. Analysis remained guided by the research question and conceptually informed by the ITV theory. Data were analyzed through a four-step thematic process: data familiarization, initial coding, category development, and theme creation.

### **Step 1: Data Familiarization**

The first step involved immersion in data through repeated reading of transcripts. During this phase, I documented analytic memos and preliminary reflections related to emotional regulation, relational trust, coping behaviors, and intentional behavioral restructuring. This process was used to identify recurring language patterns and emotional descriptors within participants' narratives. Reflexive journaling was also used to bracket assumptions and monitor potential biases related to DV and masculinity norms. This stage ensured interpretation remained grounded in participants' lived experiences rather than my preconceptions.

### **Step 2: Initial Coding**

The second step involved open coding of transcripts. Significant words, phrases, and narrative segments were labeled to capture meaningful units of data that were relevant to the research question. Codes were initially descriptive and involved direct use of participants' language to preserve authenticity. Examples of early codes included emotional shutdown, difficulty trusting partners, hypervigilance in conflict, and

intentional rejection of violence. This systematic coding process reduced complex narratives into manageable analytic units that could be examined for patterns across cases.

### **Step 3: Category Development**

During the third step, related codes were grouped into broader conceptual categories. This process involved comparing codes across transcripts to identify similarities, distinctions, and recurring patterns. Categories included shared experiences such as emotional guardedness, conflict avoidance, adaptive coping strategies, and intentional relational restructuring. During this stage, analytic memos were used to document relationships between categories and explore how participants' reflections aligned with or diverged from the ITV theory. This step strengthened analytic coherence and ensured conceptual clarity before theme synthesis.

### **Step 4: Theme Creation**

The final step involved synthesizing categories into overarching themes that represented shared patterns across participants. Themes were refined through iterative comparison to ensure internal consistency and external distinction. Divergent and non-confirming narratives were retained to reflect variability in outcomes and resilience pathways. The resulting themes captured how participants perceived childhood domestic violence exposure as influencing emotional regulation, relational trust, vulnerability, and adaptive coping in adulthood (see Table 2).

**Table 2***Codes, Categories, and Themes*

Codes	Categories	Themes
Emotional shutdown in conflict Difficulty expressing vulnerability Fear of repeating father's behavior Hyper-awareness during arguments Avoiding emotional intimacy "Always on guard" in relationships	Emotional withdrawal and guardedness	Theme 1: Internalized Emotional Guardedness and Hypervigilance
Learning conflict from caregivers Normalizing yelling or silence Distrust of partners' intentions Expecting abandonment Controlling behaviors as protection Struggling with healthy communication	Observational learning and relational modeling	Theme 2: Relational Modeling, Trust Disruption, and Conflict Patterns
Deciding "I will not be that man" Seeking therapy or mentorship Practicing emotional regulation Establishing clear relational boundaries Choosing partners intentionally Developing emotional accountability	Intentional restructuring of relational behavior	Theme 3: Intentional Disruption of the Cycle and Adaptive Restructuring

## **Evidence of Trustworthiness**

Trustworthiness in qualitative research ensures that findings accurately reflect participants' perspectives and are conducted with methodological rigor (Lincoln & Guba, 1985). Several strategies were implemented to strengthen credibility, transferability, confirmability, and dependability. These procedures aligned with qualitative best practices and Walden University's expectations for rigorous doctoral research.

### **Credibility**

Credibility refers to the extent to which findings accurately represent participants' experiences. Credibility was enhanced through member checking, in which participants were offered the opportunity to review summarized interpretations of their interviews for accuracy and clarity (Drisko, 2025). Peer debriefing with the dissertation chair provided external review of coding structures and thematic development. Additionally, prolonged engagement with the data through repeated transcript review strengthened internal validity. These strategies ensured that themes reflected participants' intended meanings rather than researcher inference.

### **Transferability**

Transferability refers to the degree to which findings may be applicable in other contexts. To support transferability, thick, detailed descriptions of participant demographics and contextual factors were provided in Section 3. Inclusion criteria and recruitment procedures were clearly outlined to allow readers to evaluate comparability to other populations. Rather than claiming statistical generalizability, the study offers contextualized insights that may inform similar demographic groups. Providing detailed

narrative accounts enables readers to determine the relevance of findings to their own professional settings.

### **Confirmability**

Confirmability refers to the extent to which findings are grounded in the data rather than researcher bias (Ahmed, 2024). Reflexive journaling was maintained throughout the analytic process to monitor assumptions and bracket personal interpretations. Coding decisions were documented systematically within NVivo to maintain transparency in theme development. Discrepant cases were retained and analyzed to prevent selective interpretation of data. These procedures strengthened objectivity and demonstrated that findings emerged from participant narratives rather than preconceived expectations.

### **Dependability**

Dependability refers to the consistency and stability of findings over time (Lim, 2024). An audit trail was maintained throughout the research process, documenting recruitment, data collection, coding decisions, category revisions, and theme refinement. NVivo coding hierarchies and analytic memos provided an organized record of the analytic process. These materials allow another researcher to follow the methodological steps taken in the study. Maintaining systematic documentation enhanced procedural transparency and strengthened overall reliability.

## **Findings**

This section contains an overview of the findings derived from interview data drawn from seven heterosexual African American men who were exposed to domestic

violence during childhood. The data were analyzed using a basic qualitative thematic approach, and three major themes emerged that encapsulated participants' perceptions of how childhood exposure shaped their emotional well-being and adult intimate partner relationships. The findings reflect participants' emotional regulation patterns, relational modeling processes, and intentional efforts to disrupt intergenerational cycles of dysfunction. Quotes are provided to offer contextual depth and preserve participant voice in support of the identified themes (see Table 3).

**Table 3**

*Research Question and Themes*

Research Question	Themes
How do heterosexual African American men who were exposed to domestic violence during childhood perceive these experiences in shaping their emotional and relational patterns within their adult intimate partner relationships?	<p>Theme 1: Internalized Emotional Guardedness and Hypervigilance</p> <p>Theme 2: Relational Modeling, Trust Disruption, and Conflict Patterns</p> <p>Theme 3: Intentional Disruption of the Cycle and Adaptive Restructuring</p>

The purpose of this research question was to explore participants' lived perceptions of how early exposure to domestic violence influenced their emotional regulation, relational trust, and adult intimate partner functioning. Three themes emerged from the thematic analysis of the participants' responses. These themes were (a) internalized emotional guardedness and hypervigilance, (b) relational modeling, trust

disruption, and conflict patterns, and (c) intentional disruption of the cycle and adaptive restructuring.

### **Theme 1: Internalized Emotional Guardedness and Hypervigilance**

The first theme revealed how participants described developing emotional guardedness and heightened vigilance in their adult intimate relationships as a result of witnessing domestic violence during childhood. Most participants reported difficulty expressing vulnerability and described remaining “on guard” during relational conflict. Participants reflected that exposure to violence between caregivers shaped their expectations of conflict and contributed to emotional withdrawal, defensive communication patterns, and hyper-awareness during disagreements. These responses illustrate how early exposure influenced adult emotional regulation and relational functioning.

Several participants described emotional shutdown during moments of relational tension. For example, Marcus explained that when arguments arise, his immediate reaction is to disengage rather than escalate, stating, “When things get heated, I just shut down. I don’t want it to go where I saw it go growing up.” This response reflects a protective coping strategy shaped by early exposure to caregiver conflict. Similarly, Jamal described remaining hyper-aware during disagreements with his partner, noting that he is “always listening for tone changes” because raised voices trigger memories of childhood altercations in the home.

Participants also discussed difficulty expressing vulnerability. Brandon shared that emotional openness felt unsafe because vulnerability in his childhood environment was

often followed by chaos or unpredictability. He stated, “You learn early not to show too much because things can flip quick.” Malik echoed this sentiment, explaining that he prefers to process emotions privately rather than risk appearing emotionally exposed during conflict. These narratives demonstrate how emotional guardedness became internalized as a relational survival mechanism.

Although most participants described guardedness, one participant noted that over time he recognized how hypervigilance was affecting his relationship. David reflected that constant monitoring of his partner’s behavior created unnecessary tension, stating, “I realized she wasn’t my mom and I wasn’t my dad, but I was reacting like we were.” This awareness marked a shift from automatic defensive responses toward more intentional emotional regulation.

Theme 1 highlights how participants perceived childhood domestic violence exposure as shaping emotional withdrawal, heightened vigilance, and difficulty expressing vulnerability in adulthood. While these behaviors often functioned as protective strategies, they also created relational distance and tension. This theme aligns with the Intergenerational Transmission of Violence framework by illustrating how early exposure to conflict becomes internalized and influences later relational expectations and emotional responses.

## **Theme 2: Relational Modeling, Trust Disruption, and Conflict Patterns**

The second theme revealed how participants described learning relational behaviors by observing caregiver interactions and how those early models shaped trust, communication patterns, and conflict responses in adulthood. Most participants reflected

on internalizing either overt aggression, emotional withdrawal, or controlling behaviors that they later recognized in themselves during adult relationships. Participants described how witnessing domestic violence influenced their expectations of intimacy, their tolerance for dysfunction, and their perception of what constituted “normal” conflict. This theme highlights the role of observational learning in shaping relational schemas and expectations.

Several participants described normalizing unhealthy communication patterns because they had witnessed similar behaviors in childhood. Andre reflected that yelling during disagreements initially felt familiar rather than alarming, explaining, “That’s what I saw growing up, so at first it didn’t seem abnormal.” Terrence shared that silence and emotional shutdown were modeled frequently in his home, and as an adult he defaulted to avoidance during relational tension. These accounts illustrate how early exposure shaped participants’ understanding of acceptable relational behavior.

Trust disruption also emerged as a consistent pattern across narratives. Malik described expecting abandonment or betrayal in relationships, noting, “I always felt like it could fall apart quick because that’s what I saw happen.” Brandon similarly shared that he struggled to fully trust partners’ intentions, stating that he was “always preparing for the worst.” These responses suggest that witnessing instability between caregivers contributed to anticipatory mistrust and difficulty establishing secure attachment patterns.

While most participants acknowledged internalizing certain relational patterns, several described later recognizing and challenging these learned behaviors. David noted that early in his marriage he attempted to exert control during disagreements because it

mirrored what he observed in his father, but he later realized this approach created emotional distance. He explained, “I had to unlearn what I thought was leadership because it was really control.” This reflection demonstrates both the influence of modeling and the possibility of intentional correction.

Theme 2 underscores how participants perceived childhood domestic violence exposure as shaping relational expectations, communication habits, and trust patterns in adulthood. Through observational learning, participants internalized both overt and subtle relational behaviors that influenced their adult partnerships. Consistent with the Intergenerational Transmission of Violence framework, these narratives illustrate how relational models observed in childhood can influence later relational functioning, while also revealing variability in how those models are enacted or challenged over time.

### **Theme 3: Intentional Disruption of the Cycle and Adaptive Restructuring**

The third theme revealed how participants described intentionally working to disrupt intergenerational patterns of dysfunction and reconstruct healthier relational behaviors in adulthood. While earlier themes reflected internalized emotional guardedness and learned relational patterns, this theme highlights participants’ conscious efforts to reject violence, pursue emotional growth, and establish healthier intimate relationships. Most participants articulated a deliberate decision not to replicate the behaviors they witnessed in childhood. Their narratives reflected agency, accountability, and adaptive restructuring of relational expectations.

Several participants explicitly described making a conscious commitment to “not become that man.” Jamal stated, “I decided early I wasn’t going to repeat what I saw. I

didn't want my kids watching me the way I watched my dad." This declaration reflected both awareness and intentional behavioral redirection. Similarly, Marcus explained that witnessing violence motivated him to become more emotionally present in his marriage, noting, "I overcorrect sometimes because I don't want even a hint of what I grew up around." These accounts illustrate how early exposure became a catalyst for change rather than repetition.

Participants also described engaging in personal development and emotional skill-building. David shared that he sought mentorship through his church and later pursued therapy to address communication challenges in his marriage. He explained, "I realized I needed tools I didn't get growing up." Brandon similarly described learning emotional regulation strategies, including pausing during conflict and practicing calm communication. These adaptive strategies reflect intentional restructuring of conflict responses rather than automatic reenactment of learned behaviors.

Establishing boundaries and intentionally selecting partners also emerged as protective mechanisms. Malik explained that he became highly selective in choosing partners who demonstrated emotional maturity and conflict resolution skills. He stated, "I look for peace now. If there's chaos early, I'm out." Andre echoed this sentiment, emphasizing that walking away from unhealthy dynamics early was a lesson learned from observing the long-term harm of staying in violent environments. These narratives suggest that exposure to domestic violence did not deterministically dictate adult outcomes but instead informed future relational decision-making.

Although most participants described adaptive restructuring, one participant acknowledged that this process required time and self-awareness. Terrence shared that early in adulthood he repeated controlling behaviors before recognizing their connection to childhood modeling. He noted, “It took me years to see I was carrying stuff I thought I left behind.” This reflection underscores that disruption of intergenerational patterns is often gradual and requires intentional reflection and support.

Theme 3 demonstrates how participants perceived childhood domestic violence exposure as both a risk factor and a motivator for relational transformation. Consistent with the Intergenerational Transmission of Violence framework, early exposure influenced relational expectations; however, participants’ narratives also illustrate that these patterns are not deterministic. Through intentional reflection, mentorship, therapy, and boundary-setting, participants described actively disrupting learned dysfunction and constructing healthier relational models in adulthood. This theme highlights resilience, adaptive coping, and the potential for generational healing.

### **Summary**

The purpose of this basic qualitative doctoral project was to explore how heterosexual African American men who were exposed to domestic violence during childhood perceived these experiences in shaping their emotional well-being and adult intimate partner relationships. To examine this phenomenon, I posed one central research question: How do heterosexual African American men who were exposed to domestic violence during childhood perceive these experiences in shaping their emotional and relational patterns within their adult intimate partner relationships? The question was

designed to center participants' reflective meaning-making regarding emotional regulation, relational trust, and conflict patterns in adulthood.

Three themes emerged from the thematic analysis: (a) internalized emotional guardedness and hypervigilance, (b) relational modeling, trust disruption, and conflict patterns, and (c) intentional disruption of the cycle and adaptive restructuring.

Collectively, these findings indicate that childhood exposure influenced adult relational functioning in ways that are both risk-related and resilience-oriented, offering important insights for trauma-informed and culturally responsive social work practice. In Section 4, I discuss the implications of these findings for professional social work ethics, practice recommendations, and positive social change.

#### Section 4: Application to Professional Practice and Implications for Social Change

Childhood exposure to DV has been consistently associated with long-term emotional and relational consequences; however, lived perspectives of heterosexual African American men remain underrepresented in qualitative research. The purpose of this qualitative study was to explore how heterosexual African American men who were exposed to DV during childhood perceived these experiences in terms of shaping their emotional wellbeing and intimate partner relationships in adulthood. Guided by the ITV theory, I identified three themes: internalized emotional guardedness and hypervigilance, relational modeling, trust disruption, and conflict patterns, and intentional disruption of the cycle and adaptive restructuring. Collectively, these findings involve both vulnerability and resilience pathways among African American men who are exposed to childhood DV and underscore the importance of trauma-informed and culturally-responsive approaches within social work practice. By centering lived experiences of this underrepresented population, the study extends knowledge in the discipline by integrating the ITV theory with culturally-contextualized resilience processes. I apply findings to professional social work ethics, outline recommendations for practice and research, and describe implications for positive social change.

##### **Application to Professional Ethics in Social Work Practice**

Findings of this study have important implications for ethical social work practice, particularly when working with heterosexual African American men who were exposed to DV during childhood. I explored how participants perceived influence of childhood exposure on their emotional regulation, relational trust, and intimate partner

functioning in adulthood. Because I focused on participants' perceptions rather than behavioral outcomes, ethical practice requires clinicians to approach assessment and intervention without assuming pathology or inevitable intergenerational transmission. Instead, practitioners must ground their work in trauma-informed and culturally responsive engagement that is consistent with the NASW Code of Ethics.

One core ethical principle that was relevant to this study is dignity and worth of the person. This principle requires social workers to treat all individuals with respect and recognize inherent strengths and capacities of each client. Participants described emotional guardedness, hypervigilance, and distrust in relationships; however, they also demonstrated intentional efforts to disrupt violent patterns and build healthier relational behaviors. Ethical practice requires clinicians avoid deficit-based assumptions about African American men who are exposed to DV and instead acknowledge both vulnerability and resilience. Recognizing dignity and worth of these men supports strengths-based interventions that validate lived experiences while promoting adaptive growth.

A second relevant principle is social justice. Structural inequities, stigma, and cultural expectations involving masculinity often shape help-seeking behaviors among African American men. Several participants described reluctance to express vulnerability or seek support due to perceived expectations of emotional suppression. Ethical social work practice requires attention to these contextual barriers and active efforts to reduce systemic obstacles that prevent men from accessing trauma-informed services. Upholding the value of social justice means advocating for culturally-responsive programming,

increasing representation in terms of DV discourse, and challenging stereotypes that frame African American men solely as perpetrators rather than survivors of childhood exposure.

These findings also have implications for professional ethical decision-making. Ethical practice requires clinicians to conduct thorough trauma histories and relational assessments without overgeneralizing risk. Ethical assessment involves recognizing exposure does not predetermine perpetration or dysfunction; rather, participants demonstrated diverse trajectories involving adaptive restructuring and intentional behavioral changes. This protects against bias and promotes equitable client-centered care.

Finally, findings underscore the ethical responsibility of social workers to practice cultural humility. African American men who are exposed to DV may internalize conflicting narratives about masculinity, vulnerability, and emotional expression. Ethical engagement requires creating clinical spaces where emotional exploration is normalized rather than pathologized. By grounding practice in dignity, social justice, and individualized assessment, social workers can ethically support men in examining relational patterns while honoring autonomy and resilience. These ethical considerations directly inform practical recommendations that are outlined in the following section.

### **Recommendations for Social Work Practice**

Findings of this study suggest several implications for social work practitioners working with heterosexual African American men who were exposed to DV during childhood. Participants described internalized emotional guardedness, disrupted relational

trust, and intentional efforts to restructure relational behaviors. These findings indicate a need for trauma-informed and culturally-responsive interventions that address both vulnerability and resilience. Recommendations are grounded in study findings.

### **Trauma-Informed and Culturally Responsive Interventions**

First, social workers should intentionally integrate trauma-informed care principles when working with African American men who have experienced childhood exposure to DV. Trauma-informed practice emphasizes safety, trustworthiness, empowerment, and collaboration. Participants described hypervigilance, emotional shutdown, and guarded relational patterns, which are consistent with trauma-related adaptive responses. Clinicians should normalize these responses as protective strategies rather than pathologizing them, thereby reducing shame and fostering therapeutic alliance.

Additionally, interventions must be culturally responsive and attuned to masculine identity norms that may influence help-seeking behaviors. Rigid masculine scripts and racialized stigma can discourage emotional disclosure among African American men (Stewart & Haselschwerdt, 2023; Wong & Wang, 2022). Practitioners should create space for culturally-congruent expressions of vulnerability and incorporate strengths-based dialogue that affirms resilience, responsibility, and intentional behavioral restructuring. Such approaches align with adaptive restructuring as described by participants and may enhance engagement and retention in services.

### **Relational Skill-Building and Preventive Interventions**

Social workers should incorporate relational skill-building strategies that address communication patterns, emotional regulation, and trust repair. Participants described modeling conflict behaviors that are observed in childhood, and in some cases, consciously rejecting those models. Structured interventions such as emotionally-focused therapy principles, conflict deescalation training, and boundary-setting skills may support men who are actively attempting to disrupt intergenerational cycles of violence. By emphasizing emotional literacy and conflict management, practitioners can support clients in terms of building healthier relational patterns that are consistent with their stated intentions.

At the mezzo level, community-based workshops and fatherhood programs may provide preventive support for men seeking to redefine relational norms. Participants expressed concern about “not becoming that man,” indicating motivation for cycle disruption. Group-based interventions that integrate peer support, mentorship, and culturally grounded discussion of masculinity may enhance accountability and collective healing. Community-engaged approaches have demonstrated improved relevance and uptake among African American populations (Cervantes et al., 2024).

### **Policy and Systems Considerations**

At the macro level, findings suggest a need for increased inclusion of African American men in domestic violence prevention and trauma-informed programming. Historically, services have centered women and children, leaving male survivors underrepresented in prevention discourse. Policies that expand funding for inclusive

trauma services and mandate culturally responsive training for domestic violence providers may increase accessibility and engagement. Additionally, routine screening for childhood exposure to domestic violence in adult mental health and primary care settings could improve early identification and referral pathways.

### **Implications for My Professional Practice**

As an advanced clinical social worker, these findings reinforce the importance of approaching African American men with a balance of cultural humility, trauma awareness, and strengths-based framing. I will incorporate more explicit assessment of childhood relational modeling when working with adult men presenting with relational difficulties. I will also intentionally explore clients' efforts to disrupt cycles of harm, framing these efforts as indicators of resilience rather than solely focusing on risk factors. This study deepens my commitment to culturally attuned, ethically grounded, and trauma-informed practice.

### **Transferability and Usefulness to the Field**

Although the sample size was small and geographically limited, the findings offer transferable insights for practitioners serving African American men with histories of childhood trauma. Thick descriptions and thematic transparency allow readers to evaluate applicability within similar clinical contexts. The usefulness of these findings extends to practice settings focused on relationship counseling, fatherhood engagement, domestic violence prevention, and culturally responsive trauma services. By centering African American men's narratives, this study contributes nuanced knowledge that may inform future practice, training, and policy development.

### **Limitations and Recommendations for Future Research**

This study utilized purposive sampling and included seven participants recruited through social media outreach, which may limit transferability. Participants self-selected into the study, potentially reflecting men who were already willing to engage in reflective dialogue. Future research may benefit from larger, geographically diverse samples and inclusion of mixed-methods designs to examine patterns across broader populations. Additional inquiry into culturally specific resilience pathways, including mentorship and faith-based supports, may further strengthen intervention development.

### **Dissemination of Findings**

To maximize impact, findings from this project should be disseminated through at least two avenues. First, results may be shared through professional presentations at social work and domestic violence conferences to inform clinical practitioners. Second, a manuscript summarizing practice implications may be submitted to a peer-reviewed journal focused on trauma-informed or culturally responsive social work practice. Community presentations within African American faith-based or mentorship organizations may also extend the reach of these findings beyond academic settings.

### **Implications for Social Change**

The findings of this study suggest several implications for positive social change across micro, mezzo, and macro levels. By centering the voices of heterosexual African American men who were exposed to domestic violence during childhood, this study contributes to a more inclusive understanding of intergenerational trauma and relational healing. Participants described both vulnerability and intentional disruption of harmful

cycles, highlighting the importance of culturally responsive support systems. These insights offer pathways for strengthening relational health within families and communities.

### **Micro-Level Implications**

At the micro level, the findings highlight the potential for individual-level transformation through trauma-informed and culturally responsive social work practice. Participants demonstrated awareness of how childhood exposure influenced emotional guardedness, hypervigilance, and relational distrust, yet many described intentional efforts to disrupt these patterns. Supporting African American men in recognizing and restructuring maladaptive relational scripts may reduce the likelihood of perpetuating intergenerational cycles of violence. Increased access to safe, affirming therapeutic spaces may promote emotional literacy, accountability, and healthier intimate partnerships.

### **Mezzo-Level Implications**

At the mezzo level, the study underscores the value of community-based and group interventions that address masculinity, relational modeling, and trauma recovery. Participants expressed motivation to “not become that man,” suggesting readiness for preventive and restorative programming. Community workshops, mentorship initiatives, and fatherhood engagement programs may provide collective spaces for processing early exposure to domestic violence. Such interventions may strengthen peer accountability, reduce stigma around vulnerability, and foster relational resilience within African American communities.

### **Macro-Level Implications**

At the macro level, this study contributes to policy conversations regarding the inclusion of men in domestic violence prevention and trauma-informed programming. Domestic violence discourse has historically centered women and children, often overlooking male survivors of childhood exposure. Expanding screening practices and funding streams to include culturally responsive services for African American men may enhance early identification and intervention. Additionally, training domestic violence and mental health providers to recognize the long-term relational effects of childhood exposure may reduce systemic gaps in care and promote equity in service delivery.

### **Positive Social Change Alignment**

This study advances positive social change by amplifying underrepresented voices and challenging deficit-oriented narratives about African American men and violence. Rather than positioning participants solely as risk carriers, the findings reveal agency, reflection, and intentional cycle disruption. By shifting discourse toward resilience and relational restructuring, this study contributes to a strengths-based framework for social work practice. Supporting African American men in healing from childhood exposure has the potential to strengthen families, improve relational stability, and reduce the long-term social costs associated with intergenerational trauma.

### **Summary**

The purpose of this qualitative doctoral study was to explore how heterosexual African American men who were exposed to domestic violence during childhood perceived these experiences in shaping their emotional well-being and adult intimate

partner relationships. Guided by the Intergenerational Transmission of Violence (Widom, 1989), this study examined how early relational modeling influenced adult emotional regulation, trust, conflict patterns, and intentional behavioral restructuring. The findings revealed three central themes: internalized emotional guardedness and hypervigilance, relational modeling and trust disruption, and intentional disruption of intergenerational cycles through adaptive restructuring. Together, these themes illustrate the complexity of how childhood exposure is both internalized and actively challenged in adulthood.

Participants described emotional withdrawal, heightened vigilance during conflict, and difficulty expressing vulnerability within intimate relationships. At the same time, many articulated a deliberate commitment to “not becoming that man,” demonstrating awareness, accountability, and resilience. These findings complicate deficit-based narratives by highlighting both vulnerability and agency among African American men exposed to childhood domestic violence. Rather than portraying exposure as deterministic, the results reflect a dynamic process of reflection, resistance, and relational growth.

The study underscores the need for culturally responsive, trauma-informed social work practice that acknowledges both the protective functions of emotional guardedness and the capacity for intentional change. By centering the voices of African American men, this research contributes to a more inclusive understanding of intergenerational trauma and relational healing. Supporting African American men in disrupting cycles of violence has implications not only for individual well-being but also for family stability

and community resilience. Amplifying these narratives advances social work's commitment to equity, dignity, and positive social change.

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## Appendix A: Interview Guide

**Interview Guide** (*Interview questions were approved by the Walden University Institutional Review Board (Approval No. 01-05-26-0661426). Introductory and closing statements reflect standard ethical interviewing procedures and do not alter approved data collection methods.*)

### **Introductory Statement**

Thank you for agreeing to participate in this study. The purpose of this interview is to understand your perceptions of how childhood exposure to domestic violence may influence adult intimate relationships among heterosexual African American men. This is a safe and confidential space. You may skip any question or stop the interview at any time. Let's start with a general question.

### **Section 1: Building Rapport and Background**

1. Reflecting on your childhood, how would you describe the household environment you grew up in?
2. What was the atmosphere like in your home, especially in relation to any challenges or conflicts you may have witnessed?

### **Section 2: Perceptions of Childhood Experiences**

3. How do you think your exposure to domestic violence during childhood shaped your understanding of relationships as you grew up?

4. What, if anything, helped you cope with or make sense of those childhood experiences?

### **Section 3: Adult Relational Dynamics and Coping**

5. As an adult, have you noticed any patterns or behaviors in your intimate relationships that you believe are connected to your childhood experiences?
6. How have those early experiences influenced the way you communicate or manage conflict in your relationships?
7. What challenges or strengths do you think these experiences have contributed to your relationships?
8. Have you found strategies or approaches that have helped you build healthier relationships despite those early challenges?

### **Section 4: Emotional Well-Being and Resilience**

9. In what ways have your childhood experiences influenced your emotional well-being or sense of self within relationships?
10. What personal strategies have helped you heal or build resilience over time?

### **Section 5: Wrap-Up and Closing**

11. If you could share one message or piece of advice with another Black man who experienced similar challenges during childhood, what would it be?

12. Is there anything else you'd like to add about how your childhood experiences have influenced your adult relationships?

### **Concluding Statement**

Thank you so much for your time and willingness to share your experiences. Your insights are incredibly valuable and will contribute to a deeper understanding of this critical topic. If discussing these topics has caused any distress, please let me know, and I can provide you with resources for support. Remember, all information shared today will remain confidential. If you have any further questions or thoughts, please contact me.

Thank you again.