

OTTOMAN TURKISH GENOCIDE OF ARMENIANS: THE LEGACY OF TRAUMA

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PREVIEW

Abstract

Although there is a plethora of literature on the generational legacy of trauma in the offspring of Holocaust survivors, there are limited data on the impact of trauma on other populations. Despite being the first genocide of the twentieth century, the Ottoman Turkish Genocide of Armenians and its impact on the lives of the Armenian population has not been extensively studied. The purpose of the current study was to investigate the impact of the Ottoman Turkish Genocide of Armenians on second and third generation survivors. Eleven subjects participated in this qualitative study that was comprised of a semi-structured interview and the Relationship Scales Questionnaire (RSQ), used to better understand relationship dynamics among participants. Overall, the participants had difficulties coping with anger and either described having a temper, avoiding anger, projecting anger, or internalizing anger. The majority of participants had negative pervasive attitudes about the world, categorized as either anxious or a distrustful, fatalistic, or pessimistic perspective. Over half of the participants in this study demonstrated a capacity for resilience. The majority of participants seemed to have an attachment style characterized by being trustworthy and dependable but had difficulty trusting and depending on others. The findings of this study were consistent in both children and grandchildren of survivors and no differences were found between generations. Overall the findings of this study are congruent with the current literature. The findings may help clinicians better understand the psychological consequences of intergenerational trauma transmission among Armenians, thus enabling clinicians to develop more effective approaches to help this specific population.

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PREVIEW

CHAPTER I

Introduction and Literature Review

Research shows that trauma has an enduring impact on multiple facets of biopsychosocial functioning, and affects victims both consciously and unconsciously (Volkan, 1997). In addition, trauma can have pervasive effects on those who are indirectly impacted, such as the children of the victims (Sorcher & Cohen, 1997). This is referred to as intergenerational transmission of trauma or the multigenerational legacy of trauma (Freyberg, 1980). Despite a vast amount of research in this area, there is still controversy over whether a legacy of trauma passes on from generation to generation (Braga, Mello, & Fiks, 2012).

Due to the persistent nature of trauma, Danieli (1998) considered intergenerational trauma transmission to be a universal phenomenon and a fundamental aspect of human history. Intergenerational trauma was first recognized in 1966 when clinicians became alarmed by the number of children of Holocaust survivors who sought mental health treatment (Barocas & Barocas, 1973). The majority of the research on this topic has come from the Holocaust literature, when researchers began studying the issue, and there are now over 500 publications on intergenerational trauma from Holocaust survivors (Braga et al., 2012; Kellerman, 2014). However, the question remains as to whether researchers can extrapolate from these Holocaust survivor studies and apply the findings to other cultures that have endured widespread terror, trauma, and genocide (Braga et al., 2012). Human catastrophes such as the Nazi Holocaust of Jews, the legacy of slavery in America, Cambodian killing fields, and the genocide in Rwanda are well known and documented aspects of history. This stands in contrast to the relatively scant attention and concern for the “so called” Ottoman Turkish Genocide of Armenians (Danieli, 1998). I have used the phrase “so called” since, although the murder of 1.5 million Armenian

people from 1915-1924 has not been disputed, whether this event was genocide is contested to this day throughout the world (Ashford, 2012; Dagirmanjian, 2005).

The United Nations Genocide Convention defined genocide as “acts committed with the intent to destroy, in whole or in part, a national, ethnic, racial or religious group, as such” (Hovannisian, 2009, p. 16). The historical record of the Ottoman Turkish Genocide of Armenians is unambiguous and accurately documented and studied by genocide experts throughout the world (Hovannisian, 2009). In 2007, the International Association of Genocide Scholars publicly recognized that the events of 1915 met the criteria to be declared genocide (International Association of Genocide Scholars, 2007). The Ottoman Turkish Genocide of Armenians in 1915 has been described as the systematic annihilation of approximately 1.5 million Armenians by the Turkish government. The victims represented 80-90% of the total Armenian population and 98% of all Armenian males (Danieli, 1998). There has been limited research on the trauma of the Ottoman Turkish Genocide of Armenians and the psychological effects transmitted to future generations (Dagirmanjian, 2005; Kalayjian & Weisberg, 2002; Mangassarian, 2016). With this project, I sought to explore how the Ottoman Turkish Genocide of Armenians may have impacted second-generation survivors, both consciously and unconsciously.

Statement of the Problem

Although there is a plethora of literature on the generational legacy of trauma in the offspring of Holocaust survivors, there are limited data on the impact of trauma on other populations (Dagirmanjian, 2005; Kalayjian & Weisberg, 2002; Mangassarian, 2016). Despite being the first genocide of the 20th century (Danieli, 1998), the Ottoman Turkish Genocide of Armenians and its impact on the lives of the Armenian population has not been extensively

studied (Dagirmanjian, 2005; Kalayjian & Weisberg, 2002; Mangassarian, 2016). In the Holocaust literature, multiple studies have identified issues with separation and individuation among offspring of survivors and patterns of relating (Barocas & Barocas, 1979; Danieli, 1998; Freyberg, 1980; Kellerman, 2014; Mazor & Tal, 1996; Somer & Nizri, 2013). It is unclear if there are similar issues among offspring of survivors of the Ottoman Turkish Genocide of Armenians, and therefore there is a need to conduct research in this area.

Definition of Trauma

Trauma is generally defined as an extremely stressful situation or event (American Psychological Association, 2017). Psychological trauma refers to a stressful event that overwhelms the person involved and impacts the person's ability to cope and function optimally (Alayarian, 2008). Trauma was first identified as the *survivor syndrome* in the *Diagnostic and Statistical Manual for Mental Disorders* (DSM-III) and later defined as *posttraumatic stress disorder* (PTSD; Danieli, 1998). Currently, the DSM-V includes four dimensions of trauma that include negative thoughts and mood, avoidance, arousal, and re-experiencing (APA, 2013). Symptoms of PTSD are multidimensional and can appear different, both from an individual and cultural perspective (Tashdijian, 2014).

Theories of Trauma Transmission

The legacy of trauma among multiple populations is understood and conceptualized in various ways. Some researchers have suggested that trauma transmission is best understood from an integrated framework that accounts for the interplay among varying modes of transmission (Danieli, 1998; Kellerman, 2014). Multiple theories have been developed to help understand how trauma can be transmitted from one generation to the next (Alayarian, 2008; Barocas & Barocas, 1973; Felsen, 1990; Fonagy, 1999; Hayes, 2015; Janoff-Bulman, 1992; Kellerman, 2014; Leon,

Butcher, Kleinman, Goldberg, & Almagor, 1981; Lev-Wiesel, 2007; Mazor & Tal, 1996; Starman, 2006; Tashdjian, 2014; Wiseman et al., 2002; Yehuda & Bierer 2009; Yehuda, Halligan, & Grossman, 2001). These theories are derived from cognitive, biological, systems, and psychodynamic theory.

From a cognitive psychological perspective, Janoff-Bulman (1992) proposed a theory that provided a framework for understanding the traumatic assumptions and beliefs communicated from trauma survivors to their children through schemas. She asserted that individuals develop beliefs, assumptions, and internal representations of both the self and others, based on early interactions with primary caregivers. According to Janoff-Bulman, individuals perceive and make sense of the world through consistent and enduring schemas, which tend to remain unchanged unless there is a significant trauma. Three fundamental assumptions about the self and the world are shattered in the face of trauma: (a) the world is good, (b) there is meaning in the world, and (c) the self is valuable and worthy. These schemas can then be communicated, both consciously and unconsciously, from survivors to their offspring (Janoff-Bulman, 1992).

From a biological perspective, trauma transmission occurs as a result of a genetic or biochemical predisposition. These findings are derived from multiple studies examining PTSD, epigenetics, and trauma transmission (Yehuda & Bierer, 2007, 2009; Yehuda et al., 2014; Yehuda et al., 2001). Yehuda and Bierer (2009) found that there were permanent genetic changes as a result of trauma. The researchers explained that an epigenetic mark is a change to a gene or to the DNA environment that will subsequently alter how the DNA is read into the RNA. An epigenetic transformation occurs as a result of changes in the external environment that then affect the internal environment. These studies provided evidence that the brain can be rewired

after trauma and can permanently alter genes that are passed to future generations (Yehuda & Bierer, 2007, 2009; Yehuda et al., 2014; Yehuda et al., 2001).

According to Alayarian (2008), psychoanalysis is of historical importance in the study of trauma and specifically of atrocities such as genocide, since it is a theory that applies wide-ranging psychological understanding to human behavior. Psychoanalysis provides a model to understand trauma, specific to the psychological sequelae of genocide, as it provides a possibility to find meaning and a way to heal (Alayarian, 2008).

Genocide can be seen an unconscious attempt at treatment, carried out by a social institution that, precisely by institutionalizing it, increases the magnitude of destruction from what initially could have been an elementary defensive mechanism of the ego in the schizoid-paranoid phase. (Alayarian, 2008, p. 64)

From an attachment-based model of trauma transmission, Fonagy (1999) postulated that trauma is transmitted across generations by disorganized attachment behavior, which then leads to a fragmented sense of self. Barocas and Barocas (1973) asserted there is a vulnerability that relates to the object world of the survivor. The researchers asserted that survivors often experience a flood of unconscious processes that can lead to blurring of the identity of the other that can lead to problematic attachments with their children.

According to Kellermann (2009), intergenerational trauma transmission occurs when an older person in the family unconsciously externalizes a traumatized sense of self onto the child's developing personality. Kellerman postulated that the child then becomes "a reservoir for the unwanted, troublesome parts of an older generation" (Kellerman, 2009, p. 43). The task of the child is then to undo the feelings of helplessness connected to the trauma of the older generation (Kellerman, 2009).

Winnicott asserted that infants are impacted by the mourning and loss the mother experiences, which is communicated through the mother-infant dyad (Wilson, 1980). Wilson described this as a *symbiotic oneness*: Children of survivors often unconsciously feel the need to mourn the losses many years later. When survivors have children, the offspring often becomes a *symbiotic restitution object*. This powerful dynamic can then lead to an excessively involved parenting style and enmeshment (Wilson, 1980).

Generational Legacies of Trauma

The legacy of trauma is widely reported in the psychological literature (Danieli, 1998; Kellerman, 2009; Kupelian, Kalayjian, & Kasabian, 1998; Mangassarian, 2016). The majority of research has focused on the impact of genocide and mass trauma, and specifically the Nazi Holocaust of Jews (Boyajian & Grigorian, 1986; Danieli, 1998; Miller & Miller, 1993). While there is limited research, the intergenerational impact of the Ottoman Turkish Genocide of Armenians has also been studied (Mangassarian, 2016). Research has shown that historical trauma of oppressed groups, such as Native Americans, can also have a profound impact on multiple generations (Brave Heart & DeBruyn, 1998). Additionally, the legacy of individual trauma among victims of family violence and combat trauma are important facets to help understand intergenerational trauma (Danieli, 1998).

Legacy of Holocaust trauma. There is an inexhaustible selection of research on the legacy of trauma among Jewish survivors of the Nazi Holocaust (Kellerman, 2014). Beginning in the 1960s, children of concentration camp survivors presented to therapy in increasingly great numbers, which alerted clinicians and researchers to the phenomena of the generational legacy of the Holocaust (Barocas & Barocas, 1973). According to Wilson (1980), the psychodynamics of

concentration camp survivors and their children were unique from other Holocaust survivors, due to the extreme horror and dehumanization that occurred in camps.

Wilson (1980) asserted that concentration camp survivors did not repress their memories, but forgot in an adaptive way. These memories were stored in the preconscious and did not need to be consciously retrieved in order to be reactivated. Selective memory is essential to prevent an abundance of painful affect (Wilson, 1980). The feelings of horror, rage, and a sense of hopelessness and the memories that accompany the feelings are disassociated (Wilson, 1980).

While there is little debate about the effect of parental trauma on children of Holocaust survivors, the vast majority of research has shown that offspring did not exhibit signs of significant mental illness. Kellerman (2001) conducted a comprehensive meta-analysis that reviewed the findings from 35 comparative studies, published from 1973-1999, which examined the mental state of offspring of Holocaust survivors compared to a control group. Essentially, the studies showed no differences in psychopathology in the nonclinical population. On the other hand, the clinical population of offspring presented with a psychological profile that included issues with separation-individuation, impairment in self-esteem, difficulties with affect regulation, and a preoccupation with death (Kellerman, 2001).

These findings were consistent with other studies that identified similar themes. Barocas and Barocas (1973) found similar issues around separation-individuation and enmeshed parenting styles in their study. When survivors were released from concentration camps, they often married prematurely to create a new family in an attempt to start over (Barocas & Barocas, 1973). Subsequently, mothers often became overly invested in raising their children and an enmeshment dynamic was common. Due to the deprivation and harsh conditions of the camps, survivors often experienced malnourishment and many mothers feared being unable to nourish

their children. This preoccupation about starvation often caused the mothers to force their children to eat. Despite being overprotective of their children, survivors had difficulty expressing their love for their children, which left the children feeling emotionally deprived (Barocas & Barocas, 1979).

The individuation process is a developmental progression by which children form their own identity and begin to separate from their families (Freyberg, 1980). This process seems to be inhibited in children of Holocaust survivors (Freyberg, 1980; Mazor & Tal, 1996). Freyberg (1980) found that children of survivors experienced their parents to be emotionally unavailable, which contributed to the children yearning for a deeper connection, and fostered an overdependence on parents. Last (1989) found that offspring of Holocaust survivors tended to be more dependent and they reported that their parents discouraged independence and assertiveness. Children reported that they feared the normal developmental stages of separation and individuation, as they worried about re-traumatizing their parents due to the aggression and loss the parents faced during the Holocaust (Last, 1989).

Mazor and Tal (1996) conducted a quantitative study that explored the capacity for intimacy among offspring of Holocaust survivors. The research revealed that the adult children were more interconnected with their parents than those in the control group and they demonstrated a lower capacity for intimacy. This topic was examined further in a qualitative study that looked at both difficulties and strengths in intimacy, which can be transmitted from one generation to the next (Somer & Nizri, 2013). In depth semi-structured interviews were conducted among 30 adult children of survivors. Multiple respondents reported how they felt deeply affected by their parents' traumatic experiences but also needed to distance themselves from over-identifying with their parents.

The study found that partner relationships were seen as an essential space for childhood family experiences to be understood and processed. Many respondents reported that they needed to disengage from parents to be able to attach to their partners. Furthermore, participants reported that their ability to attach and connect on a deeper level was not negatively impacted, but enhanced by being a child of a Holocaust survivor (Somer & Nizri, 2013). Despite the divergent results, both studies suggested that the capacity for intimacy, whether it was impaired or enhanced, was an important implication of the legacy of the trauma.

The legacy of Holocaust trauma has been examined from a strength-based perspective. Kahane-Nissenbaum (2011) explored how third generation survivors of the Holocaust have been impacted. The author aimed to understand how and why some individuals were able to move beyond pathological symptoms and develop a legacy of pride, strength, and meaning. Qualitative interviews were conducted and the questions were derived from Victor Frankl's existential theory. Kahane-Nissenbaum (2011) aimed to understand the perceptions and meaning attributed to the Holocaust grandchildren of survivors. The author found that while some individuals did continue to harbor some feelings of anger, guilt, and resentment about what their grandparents endured, other positive themes emerged. Many of the subjects reported pride, gratitude, and strength as pervasive aspects of their family legacies, as a result of the Holocaust. While typically the legacy of trauma has been reported with negative implications, this research indicates that intergenerational trauma can be positively reframed, which can enhance coping.

Intergenerational communication style has also been studied. Wiseman and Barber (2008) utilized a combination of the Core Conflict Relationship Theme (CCRT) and narrative qualitative analysis in their study of children of Holocaust survivors. They described an intergenerational communication style of *knowing-not knowing*. There is a dialectical tension

amid knowing and not knowing about the horrors their parents experienced. The known can be often buried in the unconscious, as the individual does not realize that he or she knows about trauma (Wiseman & Barber, 2008). These findings demonstrate how intergenerational trauma can be transmitted both consciously and unconsciously.

Several core themes emerged in the narratives, including profound feelings of anger, anxiety, helplessness, joy, and pride. The CCRT model revealed the main relational themes of an inherent wish for closeness with parents and at the same time a wish for autonomy and independence. One adult child of a survivor shared that they felt a strong desire to protect their parents by letting go of their own wishes and avoiding any kind of confrontation (Wiseman & Barber, 2008). Wiseman and Barber's (2008) research suggested that offspring of survivors can experience a myriad of psychological symptoms, including internal conflict and guilt around needing to be independent, while fearing separation at the same time.

Legacy of combat trauma. Posttraumatic symptoms are recognized as a common reaction to combat trauma and can impact both the trauma survivor and their offspring. Harkness (1993) examined how children of Vietnam War veterans may be affected by combat-related PTSD and violent behaviors of their fathers. Results were obtained from parental feedback about their children. Boys were viewed as more disturbed overall, as compared to girls. Combat experience, impairment in family functioning, and paternal violence were associated with multiple negative outcomes, including academic issues, behavioral problems, and lack of social competence. Harkness (1993) concluded that actual violence in the family was the most influential factor in the development of psychopathology in children, rather than the presence of PTSD.

According to Danieli (1998), spouses of combat veterans were often secondarily affected by the trauma of war. Verbosky and Ryan (1998) found that wives experienced feelings of worthlessness, low self-esteem, and difficulties managing stress. Similar to what has been reported in the legacy of trauma among Holocaust survivors, Jurich (1983) observed enmeshed parent-child relationships between Vietnam veterans and their children.

Native American legacy of trauma. Native Americans experienced significant trauma when the United States was first established, since many lives were lost and most were forced from their homes and communities (Brave Heart & DeBruyn, 1998; Garrett & Pichette, 2000; Whitbeck, Adams, Hoyt, & Chen, 2004). The Native American legacy of trauma is often referred to in the literature as historical trauma (Rice, 2013). This term was coined by Brave Heart and DeBruyn (1998) through examining the literature on Jewish survivors of the Nazi Holocaust and their offspring. This theory of historical trauma, as it pertains to the Native American population, is widely recognized by both researchers and mental health clinicians (Brave Heart, Chase, Elkins, & Altschul, 2011; Goodkind, LaNoue, Lee, Freeland, & Freund, 2012; Myhra, 2011). The primary characteristic of historical trauma is that the trauma is transmitted intergenerationally through biological, psychological, social, and environmental mechanisms (Sotero, 2006).

Brave Heart and DeBruyn (1998) concluded that historical trauma is multi-generational, as it extends beyond the life span. Furthermore, it is considered to be cumulative, wounding the victim's psyche over time, as it is exacerbated by acculturative stress (Brave Heart & DeBruyn, 1998). This is a kind of stress that is brought on by the acculturation process, and can often result in identity confusion, depression, anxiety, and psychosomatic symptoms (Duran, Duran, Brave Heart, & Horse-Davis, 1998). The clinical implications are clear, since research has indicated

that Native Americans in the United States have experienced higher levels of psychological issues, including depression, alcoholism, and suicidal ideation (Rice, 2013).

According to Danieli (1998), genocide has been multifaceted in the Native American community. In addition to the genocide perpetrated by early settlers in what is now the United States, there is growing awareness of what is referred to as *cultural genocide* among Native Americans, as the integrity and viability of the people and social groups continues to be threatened (Duran et al., 1998). A *soul wound* is synonymous to terms such as historical trauma, intergenerational PTSD, and the American Indian Holocaust (Brave Heart & DeBruyn, 1998). The concept of a soul wound has been an integral aspect of the Native American knowledge and culture, dating back to when Columbus and Cortez landed in the northern hemisphere (Duran et al., 1998).

A majority of reports regarding the impact of historical trauma among Native Americans has been primarily anecdotal and there are limited data derived from clinical studies (Rice, 2013). Brave Heart (1998) conducted a study on historical trauma among the Lakota that utilized a group treatment model aimed at allowing for collective mourning, social support, tolerating affect, and the sharing of painful experiences. A healing and process of mourning was initiated, which resulted in a reduction of grief, an increase in identification with the group, and increased awareness about trauma and its impact. The researchers concluded that 100% of the participants reported that the intervention helped resolve grief related to the historical trauma (Brave Heart, 1998).

Intergenerational legacy of family violence. Childhood exposure to violence in the family, either as a witness or a victim, has been found to increase the chance of perpetuating violence in future generations. There is a cyclical nature to both domestic abuse and child abuse.

Hence, there can be an intergenerational impact from family violence (Danieli, 1998). However, there are conflicting findings reported in the literature. O'Leary (1988, as cited in Kalayjian, Shahinian, Gergerian, & Saraydarian, 1996) found that adults who were either victims or witnesses of family violence were at an elevated risk to become violent towards their own partner or child. A longitudinal study confirmed these findings. Straus, Gelles, and Steinmetz (1980), based on a seven-year study of over 2000 families, found that there was sufficient evidence supporting the commonly-held notion that children who witnessed physical abuse between their parents often became physically violent with their own children.

However, according to Kaufman and Zigler (1989), the majority of abused children do not become perpetrators of child abuse. The authors reviewed case histories, agency records, and self-report studies. Based on their review of the data, they concluded that approximately 70% of children who were abused did not grow up to abuse their children (Kaufman & Zigler, 1989). Despite the conflicting findings, there is sufficient evidence to indicate that there is an intergenerational legacy of family violence.

Armenian Culture, History, and Identity

Armenians emerged from the Hayasa and Armen people from the feuding Assyrians and Urartians. King Haik, the Armenian king who descended from Noah, settled Mount Ararat close to the Caucasus Mountains and formed the first words *hai* and *hayastan* to describe the new ethnic group (Tashdijian, 2014). This new ethnic group was unique and distinct from the neighboring nations, as they developed their own language and religion (Kalayjian & Weisberg, 2002). The distinct development of religion and language is an ongoing aspect of Armenian identity and pride (Tashdijian, 2014). In 301 A.D., Armenians adopted Christianity and became the first Christian nation in the world (Khazarian, 2017). The Armenian Indo-European language

was developed by Mesrob Mashots to translate the Bible and, with this, Armenians experienced significant intellectual growth (Tashdijian, 2014). Armenia was part of the Ottoman Empire until the Empire began to dissolve in the early 1900s (Morgenthau, 1918).

Today, Armenia is a small country, approximately the size of Maryland, and represents 10% of historic Armenia (Garavanian, 2000). Armenia was a state in the Soviet Union until 1991 when the Republic of Armenia was formed (Tashdijian, 2014). Prior to 1915, Armenians lived in the eastern part of Turkey that Armenians referred to as “Western Armenia” (Dadrian, 2003). Beginning on April 24, 1915 and lasting until 1923, the Turkish government carried out the Ottoman Turkish Genocide of Armenians, the first genocide of the 20th century. The vast majority of Armenians, approximately 80-90%, were killed (Danieli, 1998).

Many survivors then fled Turkey and settled in various countries throughout the world. Armenians immigrated to the United States in three distinct waves, beginning in 1890-1914. The second wave occurred between 1920 and 1924, when approximately 30,000 survivors came to the U.S. The final wave occurred after World War II, when there was a prevalence of Islamic fundamentalism, socialism, and hostility in Turkey (Garavanian, 2000). The last wave of immigrants settled primarily in Los Angeles, CA and they have remained to this day in an area there called “Little Armenia” (Tashdijian, 2014).

A distinct aspect of the Armenian culture is the need to preserve their ethnic identity and history. While Armenians have acculturated, they tended to resist complete assimilation. Throughout the world, Armenians have built communities enriched with Armenian customs, language, friendships, and intra-marriage. Armenians’ resistance to assimilation is often viewed in the context of the history of the Ottoman Turkish Genocide of Armenians and their will to survive and exist as a distinct people (Garavanian, 2000).

Armenian families tend to be patriarchal and fathers tend to be overprotective of their children. A child of a genocide survivor attributed her father's overprotective nature to an adaptation to the horrors he witnessed when children were raped and killed. Armenian fathers are often less involved in child rearing, as compared to mothers. This could have become a historical adaptation, as fathers were the first to be taken from families during the Genocide and widowed mothers were left to care for their children alone (Tashdijian, 2014).

Commemoration of the Genocide is an integral and important aspect of the Armenian culture. Throughout the world, Armenians gather on April 24th to mourn the loss of over 1.5 million Armenians and to further the cause of acknowledgment. This year marked the 100-year anniversary of the genocide and leaders throughout the world, including the Pope, acknowledged the day and its importance. In Armenia, an eternal flame remains lit in remembrance of the lives lost in the Genocide (Garavanian, 2000).

The Ottoman Turkish Genocide of Armenians

Throughout the years prior to the Genocide, Armenians were subjected to repeated massacres, forced migration, and enslavement at the hands of Turkish Muslims. It is believed that the Armenians were hated and discriminated against by the Turks due to their cultural and religious differences. In 1908, the Young Turkish government rose to power and envisioned the expansion of the Turkish Empire and control of the region heavily populated by Armenians. At the same time, World War I began and the Turks quickly aligned with Germany instead of Russia (Dadrian, 2003).

During the chaos of this time, the Young Turkish government began the systematic annihilation of Armenians in 1915 (Tashdijian, 2014). Similar to the Nazi Holocaust of Jews, this was a systematic annihilation of a people. All intellectuals, theologians, and leaders were