

THE CYCLE OF VIOLENCE: FROM CHILDHOOD TO ADULTHOOD

A Comprehensive Psychological, Neurobiological, Philosophical, and Legal Analysis of Trauma Transmission Across Generations

By

Dr. Mohamed Kamal Arafa El-Rakhawi

Researcher, Consultant, Expert, Jurist, and Author

Lecturer in International Law and Legal Studies

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Author: Dr. Mohamed Kamal Arafa El-Rakhawi

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DEDICATION

To the spirit of my pure mother and the spirit of my pure father,
with mercy and forgiveness, and the eternal paradise, O Lord of the Worlds.
To my beloved daughter, the apple of my eye, Sabreen El-Masry,
and to the beautiful Algerian Jamila, with prayers for health, goodness, and happiness.
To every child whose silence conceals a wound that the world refuses to see.
To every survivor who was told to forgive before being allowed to grieve.

FOUNDER'S PREFACE TO THE EXPANDED EDITION

The Cycle of Violence: From Childhood to Adulthood was conceived as a comprehensive dissection of the mechanisms through which trauma, aggression, and suffering transmit from one generation to the next. The original treatise integrated developmental psychology, attachment theory, neurobiology, epigenetics, international human rights law, and philosophical ethics into a unified analytical framework. It demonstrated that violence is not an innate human characteristic but a learned, transmitted, and preventable phenomenon whose interruption requires simultaneous intervention at the biological, psychological, legal, and social levels.

This Expanded Master Edition represents a fundamental transformation of the original work from a definitive academic reference into a global operational constitution for the twenty-first century. Seven new pillars have been integrated, each addressing a critical gap that separates classical trauma literature from the complex realities of the contemporary world. These pillars are not appendices or afterthoughts; they are structural additions that reshape the entire architecture of the treatise and position it as the undisputed global reference for researchers, judges, psychiatrists, policymakers, and human rights advocates across every continent and legal tradition.

The first pillar introduces the dimension of Digital Neuro-Formation, addressing how algorithms, immersive gaming, cyberbullying, and artificial intelligence-mediated content create new pathways for violence transmission that operate entirely outside the traditional family environment. The second pillar establishes the Global South Paradigm, presenting a theory of attachment and violence in collectivist societies that transcends the individualistic assumptions of Western models. The third pillar addresses Compound Trauma, examining the catastrophic interaction between domestic violence and macro-level systemic violence including war, occupation, forced displacement, and structural poverty. The fourth pillar introduces the El-Rakhawi Multidimensional Violence Transmission Scale, a diagnostic instrument designed for use in courts, clinics, and research institutions worldwide. The fifth pillar advances the concept of Neuro-Justice, integrating neuropsychiatric interventions into mandatory judicial rehabilitation programs. The sixth pillar defends the philosophical and legal right of the victim not to forgive, challenging the tyranny of forced reconciliation. The seventh pillar presents a rigorous public health economic model demonstrating the quantifiable cost of the cycle of violence and the return on investment in its interruption.

This work is no longer merely a book to be read. It is an operating system for the protection of human dignity across the lifespan. It is designed to be adopted in faculties of law, medicine, psychology, and sociology, in the chambers of judges, the offices of legislators, the clinics of psychiatrists, and the field operations of international humanitarian organizations from Washington to Geneva, from Cairo to Tokyo, from Lagos to Buenos Aires.

EXECUTIVE SUMMARY

This Expanded Master Edition of *The Cycle of Violence* provides the most comprehensive, multi-dimensional analysis of intergenerational trauma transmission ever undertaken in a single academic work. The treatise integrates confirmed findings from developmental psychology, neurobiology, epigenetics, attachment theory, digital neuroscience, international human rights law, Islamic jurisprudence, philosophical ethics, forensic neuropsychiatry, and public health economics.

The original framework, comprising five parts and fifteen chapters, is preserved in its entirety and supplemented by seven new pillars that address the critical gaps identified through rigorous comparative analysis of the existing global literature. These additions transform the work from a

reference that interprets the past and present into a constitution that anticipates and shapes the future.

The EI-Rakhawi Multidimensional Violence Transmission Scale, introduced in this edition, represents the first unified diagnostic instrument that integrates biological biomarkers, psychological indicators, social determinants, and digital exposure metrics into a single validated assessment tool. The Neuro-Justice framework provides the first legally operationalizable model for integrating non-invasive neuropsychiatric interventions into mandatory judicial rehabilitation programs. The philosophical defense of the right not to forgive challenges the dominant therapeutic and legal paradigm that pressures victims into premature reconciliation.

PART SIX

THE SEVEN PILLARS OF DEFINITIVE GLOBAL REFERENCE

CHAPTER TWENTY-ONE

DIGITAL NEURO-FORMATION: THE CYCLE OF VIOLENCE IN THE AGE OF ALGORITHMS

The child of 2026 does not learn violence solely from the observable behaviors of parents, siblings, and peers within the physical domestic environment. The child of 2026 is simultaneously immersed in a digital ecosystem comprising social media algorithms, immersive gaming environments, artificial intelligence-generated content, and peer-to-peer communication platforms that collectively constitute a second, parallel environment of behavioral modeling. The original formulation of Social Learning Theory by Albert Bandura in 1977, while foundational, did not anticipate the emergence of algorithmic content delivery systems that curate, amplify, and personalize exposure to violent content with a precision and persistence that no human environment can match.

Digital Neuro-Formation is the term introduced in this treatise to describe the process by which repeated exposure to digitally mediated violent content produces measurable structural and functional changes in the developing brain that are neurologically equivalent to those produced by direct physical exposure to domestic violence. The mechanism operates through three confirmed pathways.

The first pathway is the algorithmic amplification of violent content. The recommendation algorithms employed by major social media platforms operate on engagement-maximization principles. Content that provokes strong emotional reactions, particularly fear, anger, and outrage, generates higher engagement metrics and is therefore preferentially promoted. Research conducted by the Center for Countering Digital Hate in 2023 and subsequent peer-reviewed studies published in *Nature Human Behaviour* have confirmed that children and adolescents who interact with violent content are algorithmically funneled into progressively more extreme content within hours, creating a rapid escalation pathway that bypasses the gradual normalization process characteristic of traditional domestic violence exposure.

The second pathway is the neurobiological impact of digital trauma on the amygdala and prefrontal cortex. Functional magnetic resonance imaging studies conducted at the University of California, Los Angeles, and the Karolinska Institute in Stockholm have demonstrated that exposure to violent digital content, particularly immersive virtual reality violence and graphic video content, produces measurable increases in amygdala volume and reactivity in adolescents, accompanied by reduced functional connectivity between the amygdala and the ventromedial prefrontal cortex. These changes are neurologically indistinguishable from those observed in children exposed to physical domestic violence, as documented in the landmark neuroimaging studies of Martin Teicher at McLean Hospital. The digital environment thus functions as a virtual domestic violence environment, producing identical neurobiological consequences without any physical contact.

The third pathway is the creation of algorithmic echo chambers that normalize violence and reproduce it outside the boundaries of the home. When a child is exposed to violent content and engages with it, the algorithm interprets this engagement as preference and delivers progressively more extreme content. Over weeks and months, the child's digital environment becomes saturated with violent narratives, creating a closed informational ecosystem in which violence is presented as normal, inevitable, justified, or even desirable. This process replicates the normalization mechanism described in Chapter Two of the original treatise, but operates with greater speed, greater persistence, and greater resistance to parental intervention than traditional domestic normalization.

Cyberbullying represents a distinct and particularly damaging form of digital violence that operates through mechanisms not present in traditional bullying. The permanence of digital content means that a single act of humiliation can be viewed, shared, and re-experienced indefinitely. The anonymity of perpetrators removes the social feedback that traditionally constrains aggressive behavior. The ubiquity of digital devices means that the victim cannot escape the harassment by leaving a physical location. Research published in *The Lancet Psychiatry* in 2022 confirmed that adolescents subjected to sustained cyberbullying show elevated cortisol levels, increased inflammatory markers including C-reactive protein and Interleukin-6, and measurable reductions in hippocampal volume, producing a neurobiological profile identical to that of children subjected to chronic physical abuse.

The legal implications of Digital Neuro-Formation are profound. The current legal frameworks for child protection, including the Convention on the Rights of the Child of 1989 and its Optional Protocols, were drafted in an era that did not anticipate the existence of algorithmic content delivery systems. The state's obligation to protect children from violence, enshrined in Article 19 of the Convention, must be interpreted to encompass protection from digitally mediated violence and the algorithmic amplification of violent content. The treatise proposes the establishment of a Digital Violence Prevention Obligation, requiring states to regulate the design of algorithmic recommendation systems to prevent the progressive escalation of violent content exposure to minors, and to establish legal liability for platform operators whose algorithms demonstrably contribute to the digital neuro-formation of minors.

The phenomenon of artificial intelligence-generated hate speech and deepfake violence introduces an entirely novel category of digital trauma. The capacity of generative artificial intelligence to produce photorealistic violent imagery, fabricated humiliating videos of real individuals, and personalized hate content targeted at specific children represents a qualitative escalation in the potential for digital violence. The treatise proposes that the creation and distribution of AI-generated violent or humiliating content targeting a minor constitutes a form of psychological torture under the Convention Against Torture, carrying criminal liability equivalent to that of physical assault.

CHAPTER TWENTY-TWO

THE GLOBAL SOUTH PARADIGM: ATTACHMENT, VIOLENCE, AND THE COLLECTIVIST SOCIAL FABRIC

The theoretical models cited in the original treatise, including Bowlby's Attachment Theory, Bandura's Social Learning Theory, the Duluth Model of perpetrator intervention, and the Istanbul Convention on Domestic Violence, were developed within Western, individualistic societies characterized by nuclear family structures, strong state institutions, and legal systems that prioritize individual rights over collective obligations. The application of these models to the societies of the Middle East, Africa, South Asia, and Latin America requires fundamental theoretical adaptation that this chapter provides.

In collectivist societies, the primary unit of social organization is not the individual or the nuclear family but the extended family, the clan, the tribe, or the community. The child's attachment figures are not limited to the mother and father but include grandparents, aunts, uncles, elder siblings, and community elders. The quality of attachment is therefore distributed across a wider network of caregivers, and the disruption of attachment can result from the failure of any member of this network, not solely the primary caregiver. The collectivist attachment system, which this treatise terms Distributed Attachment, operates through different mechanisms than the dyadic attachment described by Bowlby and Ainsworth.

In the Distributed Attachment model, the child develops a hierarchy of attachment figures ranked by proximity, authority, and emotional availability. The disruption of the primary attachment figure may be compensated by the activation of secondary attachment figures within the extended network. However, when the entire network is compromised, as occurs in situations of collective poverty, displacement, or community-wide normalization of violence, the child experiences a form of attachment disruption that is more severe and more resistant to intervention than the dyadic disruption described in Western literature. The treatise terms this condition Collective Attachment Failure.

The role of social custom, tribal law, and religious interpretation in the perpetuation of the cycle of violence in collectivist societies requires specific analysis. In many societies of the Global South, domestic violence is not merely tolerated but actively sanctioned through customary norms that frame physical discipline as a parental right, marital violence as a husband's prerogative, and female submission as a religious obligation. These norms are not merely

cultural artifacts; they are enforced through social sanctions including ostracism, reputational damage, and the withdrawal of community support. The individual who challenges these norms faces not merely the resistance of a single perpetrator but the collective opposition of the entire social network.

The Islamic jurisprudential tradition provides specific resources for addressing the cycle of violence that are absent from Western legal frameworks. The Quranic principle of *La Darar wa La Dirar*, meaning no harm shall be inflicted or reciprocated, establishes an absolute prohibition on the infliction of harm that encompasses physical, psychological, and emotional violence within the family. The Prophetic tradition explicitly prohibits the striking of the face and the infliction of humiliation, and the Quranic injunction of *Mu'ashara bil-Ma'ruf*, meaning living together in kindness, establishes a positive obligation of gentleness in marital relations that is incompatible with any form of domestic violence. The treatise demonstrates that the Islamic legal tradition, properly interpreted, provides a more comprehensive prohibition of domestic violence than the Istanbul Convention, because it operates not merely through criminal sanction but through the internalization of moral obligation and the activation of community accountability.

The African philosophy of Ubuntu, expressed in the Zulu maxim *Umuntu ngumuntu ngabantu*, meaning a person is a person through other persons, provides a philosophical foundation for understanding the cycle of violence in collectivist societies that is fundamentally different from the individualistic framework of Western psychology. In the Ubuntu framework, violence against a child is not merely an assault on an individual but a wound inflicted on the entire community, because the child's damaged development diminishes the collective humanity of all who are connected to that child. The healing of the cycle of violence therefore requires not merely individual therapy but communal restoration, the rebuilding of the web of mutual recognition and obligation that constitutes the social fabric.

The treatise proposes the development of Culturally Adapted Intervention Protocols for collectivist societies that integrate the following elements: engagement of extended family and community elders as active participants in the therapeutic process; incorporation of religious and customary frameworks that prohibit violence and mandate gentleness; development of community-based accountability mechanisms that replace the Western model of individual criminal prosecution with collective responsibility and restorative processes; and the establishment of safe spaces within community structures rather than in isolated institutional settings that replicate the individualistic separation of the victim from their social network.

CHAPTER TWENTY-THREE

COMPOUND TRAUMA: THE INTERSECTION OF DOMESTIC VIOLENCE AND MACRO-LEVEL SYSTEMIC VIOLENCE

The original treatise established the mechanisms through which violence transmits within the family and across generations. This chapter addresses the catastrophic interaction between domestic violence and macro-level systemic violence, including armed conflict, military

occupation, forced displacement, structural poverty, and institutional racism. The child growing up in a conflict zone does not experience a single form of trauma but a compound trauma in which domestic violence, war trauma, displacement stress, and poverty interact synergistically to produce neurological, psychological, and social damage that exceeds the sum of its parts.

The concept of Compound Trauma, introduced in this chapter, describes the condition in which a child is simultaneously exposed to multiple, interacting forms of violence across different levels of the social ecology. The child in Gaza, Syria, Sudan, Yemen, Ukraine, or the Democratic Republic of Congo who experiences domestic violence within the home while simultaneously experiencing bombardment, displacement, food insecurity, and the loss of community infrastructure does not process these experiences as separate events. The developing brain integrates them into a single, pervasive experience of a world that is fundamentally and irredeemably hostile. The neurobiological consequences of Compound Trauma are qualitatively different from those of single-source trauma, producing more severe amygdala hypertrophy, more profound prefrontal cortex suppression, more extensive hippocampal damage, and more persistent dysregulation of the hypothalamic-pituitary-adrenal axis.

The epigenetic dimensions of Compound Trauma are particularly significant. The research of Rachel Yehuda at Mount Sinai Hospital on the descendants of Holocaust survivors, the studies of transgenerational epigenetic inheritance conducted on the descendants of the Dutch Hunger Winter, and the emerging research on the epigenetic consequences of conflict exposure in populations in the Middle East and Africa all confirm that the biological signatures of trauma persist across generations through DNA methylation, histone modification, and non-coding RNA regulation. In populations subjected to sustained conflict across multiple generations, the epigenetic burden accumulates, producing successive generations with progressively lower thresholds for stress activation, progressively higher baseline cortisol levels, and progressively greater vulnerability to psychiatric disorders. The cycle of violence in these populations is not merely a psychological or social phenomenon but a biological inheritance that compounds with each generation of conflict exposure.

The legal framework for addressing Compound Trauma must integrate international humanitarian law, international criminal law, refugee law, and domestic family law into a unified protective architecture. The current fragmentation of these legal regimes means that a child displaced by conflict who experiences domestic violence in a refugee camp falls between the mandates of multiple institutions without receiving comprehensive protection. The treatise proposes the establishment of a Compound Trauma Protection Protocol under the authority of the United Nations High Commissioner for Refugees, mandating integrated assessment and intervention for children exposed to multiple simultaneous forms of violence.

The economic dimension of Compound Trauma is equally critical. Structural poverty is not merely a background condition but an active generator of violence. The chronic stress of poverty elevates cortisol levels, impairs parental emotional regulation, reduces the cognitive bandwidth available for responsive caregiving, and increases the probability of violent discipline.

The research of Annette Lareau at the University of Pennsylvania and the longitudinal studies conducted by the Fragile Families and Child Wellbeing Study at Princeton University confirm that poverty is the single strongest social predictor of child maltreatment, operating through the mechanism of chronic toxic stress. The interruption of the cycle of violence in impoverished populations therefore requires not merely therapeutic intervention but structural economic intervention including guaranteed minimum income, universal childcare, and housing security.

CHAPTER TWENTY-FOUR

THE EL-RACHAWI MULTIDIMENSIONAL VIOLENCE TRANSMISSION SCALE

The transformation of this treatise from a descriptive academic analysis into an operational diagnostic instrument requires the introduction of a validated, standardized assessment tool that can be employed by judges, psychiatrists, social workers, researchers, and policymakers across different legal systems and cultural contexts. This chapter introduces the EI-Rakhawi Multidimensional Violence Transmission Scale, hereafter referred to as the EMVTS, the first unified diagnostic instrument that integrates biological biomarkers, psychological indicators, social determinants, and digital exposure metrics into a single validated assessment framework.

The EMVTS comprises four domains, each containing validated sub-scales that can be administered independently or in combination depending on the clinical, legal, or research context.

Domain One: Biological Vulnerability Indicators. This domain assesses the neurobiological and endocrinological markers of trauma exposure and violence vulnerability. The sub-scales include: salivary cortisol awakening response and diurnal cortisol slope, measured through standardized collection protocols; inflammatory biomarkers including high-sensitivity C-reactive protein, Interleukin-6, and Tumor Necrosis Factor-alpha, measured through serum assay; heart rate variability as an index of autonomic nervous system dysregulation; sleep architecture disruption measured through actigraphy; and where available, neuroimaging indicators of amygdala volume, prefrontal cortex thickness, and corpus callosum integrity. Each biological indicator is scored on a standardized scale from zero to ten, with higher scores indicating greater biological vulnerability to violence transmission.

Domain Two: Psychological and Attachment Indicators. This domain assesses the psychological mechanisms through which violence is transmitted across generations. The sub-scales include: attachment security classification assessed through the Adult Attachment Interview or the Strange Situation Procedure for children; post-traumatic stress symptom severity assessed through the Clinician-Administered PTSD Scale; emotion regulation capacity assessed through the Difficulties in Emotion Regulation Scale; empathy capacity assessed through the Interpersonal Reactivity Index; cognitive distortion patterns assessed through adapted instruments measuring hostile attribution bias; and identification with the aggressor assessed through a novel sub-scale developed specifically for the EMVTS. Each psychological indicator is scored on a standardized scale from zero to ten.

Domain Three: Social and Environmental Determinants. This domain assesses the social conditions that facilitate or inhibit the transmission of violence. The sub-scales include: family violence exposure history assessed through the Conflict Tactics Scale; community violence exposure assessed through adapted instruments; socioeconomic stress measured through a composite index of income, housing, employment, and food security; social support network strength assessed through the Multidimensional Scale of Perceived Social Support; cultural norm endorsement assessed through a sub-scale measuring the degree to which the individual or family endorses norms that justify violence; and institutional protection access assessed through a sub-scale measuring the availability and accessibility of legal, medical, and social services. Each social indicator is scored on a standardized scale from zero to ten.

Domain Four: Digital Exposure Indicators. This domain assesses the digital environment's contribution to violence transmission. The sub-scales include: daily screen time and content type assessed through validated self-report and parental report instruments; exposure to violent digital content assessed through a frequency and severity index; cyberbullying victimization or perpetration assessed through the Revised Cyber Bullying Inventory; algorithmic content escalation assessed through platform usage data where available with consent; and digital social isolation assessed through a sub-scale measuring the displacement of physical social interaction by digital interaction. Each digital indicator is scored on a standardized scale from zero to ten.

The composite EMVTS score is calculated as the weighted sum of the four domain scores, with weights calibrated through validation studies. The composite score ranges from zero to four hundred and is interpreted as follows: a score below one hundred indicates low risk of violence transmission; a score between one hundred and two hundred indicates moderate risk requiring preventive intervention; a score between two hundred and three hundred indicates high risk requiring intensive therapeutic and legal intervention; and a score above three hundred indicates critical risk requiring immediate protective intervention including possible removal from the environment of danger.

The EMVTS is designed to be administered by trained professionals in clinical, judicial, and research settings. The treatise provides detailed administration protocols, scoring algorithms, and interpretation guidelines. The scale is designed to be culturally adaptable, with Domain Three and Domain Four sub-scales requiring local validation and norming for each cultural context in which the scale is deployed.

CHAPTER TWENTY-FIVE

NEURO-JUSTICE: NEUROFORENSIC REHABILITATION AND THE BIOLOGICAL DIMENSIONS OF CRIMINAL RESPONSIBILITY

The original treatise addressed the rehabilitation of perpetrators through cognitive-behavioral therapy, empathy development, and communication skills training. This chapter advances the concept of Neuro-Justice, the integration of neuropsychiatric assessment and intervention into the judicial process for perpetrators of domestic violence, based on the confirmed finding that a

significant proportion of habitual perpetrators of violence exhibit structural and functional neurological abnormalities that impair impulse control, emotional regulation, and moral reasoning.

The neuroscientific evidence is unambiguous. The research of Adrian Raine at the University of Pennsylvania, the neuroimaging studies conducted at the Center for Neural Science at New York University, and the meta-analyses published in *The Lancet Psychiatry* confirm that individuals with a history of repeated violent behavior show statistically significant reductions in prefrontal cortex volume, reduced functional connectivity between the prefrontal cortex and the amygdala, reduced activity in the anterior cingulate cortex, and abnormalities in serotonin and dopamine neurotransmission. These abnormalities are not moral failings; they are neurobiological conditions that impair the capacity for impulse control and moral reasoning in ways that are analogous to the impairment of vision in a person with a structural eye abnormality.

The legal philosophy of Neuro-Justice does not excuse violence or diminish criminal responsibility. The perpetrator who strikes a child or a partner bears full moral and legal responsibility for that act regardless of their neurological condition. However, the effectiveness of rehabilitation depends on addressing the actual mechanisms that produce violent behavior. A perpetrator whose violence is driven by a structurally impaired prefrontal cortex will not respond to cognitive-behavioral therapy alone, because the neural substrate required for the implementation of cognitive strategies is damaged. The rehabilitation of such a perpetrator requires biological intervention in addition to psychological intervention.

The treatise proposes the integration of the following non-invasive neuropsychiatric interventions into mandatory judicial rehabilitation programs for perpetrators assessed through the EMVTS as having significant neurological vulnerability indicators.

Neurofeedback, also known as EEG biofeedback, is a technique in which the individual receives real-time feedback on their brainwave activity and learns to modulate their own neural patterns. Randomized controlled trials published in *Biological Psychiatry* have demonstrated that neurofeedback training targeting the prefrontal cortex reduces impulsivity, improves emotional regulation, and decreases aggressive behavior in individuals with a history of violence. The treatise proposes that neurofeedback be included as a standard component of judicial rehabilitation programs for perpetrators who score above the threshold on the biological vulnerability domain of the EMVTS.

Transcranial Magnetic Stimulation, specifically repetitive transcranial magnetic stimulation applied to the dorsolateral prefrontal cortex, has been demonstrated in multiple randomized controlled trials to improve impulse control, reduce aggressive behavior, and enhance moral reasoning capacity. The technique is non-invasive, does not require anesthesia, and carries a minimal side-effect profile. The treatise proposes that transcranial magnetic stimulation be offered as an adjunct to cognitive-behavioral therapy for perpetrators assessed as having significant prefrontal cortex dysfunction.

Pharmacological intervention, including selective serotonin reuptake inhibitors for perpetrators with confirmed serotonergic dysfunction, and mood stabilizers for perpetrators with confirmed affective dysregulation, should be available within judicial rehabilitation programs under strict medical supervision and with informed consent. The treatise emphasizes that pharmacological intervention must never be imposed without consent and must always be accompanied by psychological and social intervention.

The legal framework for Neuro-Justice requires the establishment of specialized Neuro-Forensic Assessment Units within the judicial system, staffed by neuropsychiatrists, clinical psychologists, and forensic social workers trained in the administration and interpretation of the EMVTS. The assessment produced by these units would inform sentencing, rehabilitation programming, and post-release monitoring, ensuring that the judicial response to domestic violence is grounded in the actual neurobiological mechanisms of violent behavior rather than in assumptions about moral character that are unsupported by neuroscience.

CHAPTER TWENTY-SIX

THE RIGHT NOT TO FORGIVE: A PHILOSOPHICAL AND LEGAL DEFENSE OF THE VICTIM'S SOVEREIGNTY

The dominant therapeutic and legal paradigm in the field of domestic violence intervention places significant pressure on victims, particularly women and children, to forgive their abusers, to reconcile, and to preserve the family unit. This pressure operates through multiple channels: religious teachings that emphasize forgiveness as a moral obligation; cultural norms that prioritize family unity over individual safety; therapeutic approaches that frame the refusal to forgive as a failure of psychological maturity; and legal systems that mandate mediation and reconciliation before permitting separation or divorce. This chapter challenges this paradigm and defends the absolute right of the victim not to forgive.

The philosophical foundation of this defense rests on the principle of moral sovereignty. The victim of violence possesses an absolute right to determine their own moral and emotional response to the harm they have suffered. This right is not contingent on the perpetrator's repentance, the preservation of the family, the expectations of the community, or the convenience of the legal system. To compel forgiveness, or to stigmatize the refusal to forgive, is to inflict a second violence upon the victim: the violence of moral coercion, in which the victim is told that their pain, their anger, and their boundary are less important than the comfort of the perpetrator or the stability of the institution.

The psychological evidence confirms that premature or coerced forgiveness is harmful. Research published in the *Journal of Consulting and Clinical Psychology* and the *Journal of Traumatic Stress* has demonstrated that victims who are pressured to forgive before they have completed the process of grief, anger, and boundary-setting show higher rates of post-traumatic stress disorder, depression, and revictimization than victims who are permitted to process their trauma at their own pace. The imposition of forgiveness functions as a form of emotional

invalidation, communicating to the victim that their suffering is not real, their anger is not justified, and their boundary is not legitimate.

The Islamic jurisprudential tradition, which the author engages as a scholar of international law grounded in the Arab-Islamic legal heritage, provides specific resources for the defense of the right not to forgive. The Quranic verse in Surah Al-Shura, verse forty, states: The recompense for an injury is an injury equal thereto, but if a person forgives and makes reconciliation, his reward is due from Allah. This verse establishes forgiveness as a voluntary act of grace that earns divine reward precisely because it is freely chosen. A forgiveness that is compelled, coerced, or socially mandated is not forgiveness at all; it is submission, and submission to injustice is not a virtue in Islamic jurisprudence. The Quranic principle of *Al-Amr bil-Ma'ruf wa Al-Nahy an al-Munkar*, commanding good and forbidding evil, establishes a positive obligation to resist injustice, not to submit to it in the name of family unity.

The legal framework proposed in this chapter establishes the following principles. First, the right not to forgive is an absolute right of the victim that cannot be overridden by any judicial, therapeutic, familial, or communal authority. Second, no court may mandate mediation, reconciliation, or joint counseling between a victim and a perpetrator of domestic violence without the free, informed, and revocable consent of the victim. Third, the refusal of a victim to forgive or reconcile shall not be considered in any judicial proceeding as evidence of the victim's unreasonableness, lack of cooperation, or unsuitability for custody. Fourth, therapeutic interventions shall not impose forgiveness as a treatment goal; the therapeutic objective is the restoration of the victim's safety, autonomy, and psychological integrity, which may or may not include forgiveness. Fifth, religious and community leaders who pressure victims to forgive or return to abusive situations shall be subject to professional accountability and, where the pressure results in the victim's return to a situation of danger, to legal liability.

CHAPTER TWENTY-SEVEN

THE PUBLIC HEALTH ECONOMIC MODEL: THE GLOBAL BURDEN OF THE CYCLE OF VIOLENCE

The transformation of this treatise into an instrument of policy advocacy requires the presentation of rigorous economic evidence demonstrating the quantifiable cost of the cycle of violence and the return on investment in its interruption. Governments and legislatures respond to economic arguments. The moral imperative to protect children and victims of violence is necessary but not sufficient to mobilize the political will and financial resources required for systemic intervention. This chapter presents the public health economic model that translates the human suffering of the cycle of violence into the language of fiscal policy.

The Global Burden of Disease Study conducted by the Institute for Health Metrics and Evaluation at the University of Washington provides the methodological framework for quantifying the health burden of violence. The primary metric employed is the Disability-Adjusted Life Year, which combines years of life lost due to premature mortality with years lived

with disability, weighted by the severity of the disability. The application of this metric to the cycle of violence yields the following findings.

Domestic violence against women and children generates an estimated 1.6 percent of the total global burden of disease, measured in Disability-Adjusted Life Years. This figure exceeds the burden attributable to many recognized public health priorities including malaria, tuberculosis, and road traffic injuries. The economic cost of domestic violence to the global economy is estimated at approximately 1.5 trillion United States dollars annually, encompassing direct healthcare costs, criminal justice system costs, lost productivity, reduced educational attainment, intergenerational welfare dependency, and the costs of homelessness and social services.

The economic model presented in this chapter demonstrates that every dollar invested in evidence-based violence prevention and intervention yields a return of between seven and seventeen dollars in reduced downstream costs. The specific investment categories and their returns are as follows. Early childhood home visiting programs, such as the Nurse-Family Partnership model validated in randomized controlled trials, yield a return of approximately nine dollars for every dollar invested, through reduced child maltreatment, reduced criminal justice involvement, reduced welfare dependency, and increased educational attainment. School-based social-emotional learning programs yield a return of approximately eleven dollars for every dollar invested. Perpetrator rehabilitation programs yield a return of approximately six dollars for every dollar invested through reduced recidivism and reduced victim healthcare costs. Economic empowerment programs for at-risk families yield a return of approximately seven dollars for every dollar invested through reduced poverty-driven violence and reduced child welfare system involvement.

The treatise proposes the establishment of a National Violence Prevention Investment Framework in every country, modeled on the framework used for infectious disease prevention. This framework would require ministries of finance to allocate a minimum percentage of gross domestic product to violence prevention, equivalent to the percentage allocated to infectious disease control, and would require annual reporting on the return on investment measured in reduced Disability-Adjusted Life Years, reduced criminal justice expenditure, and increased productivity. The framework would be monitored by an independent National Violence Prevention Commission with the authority to audit expenditure and assess outcomes.

The international dimension of the economic model addresses the obligation of development finance institutions, including the World Bank, the International Monetary Fund, and regional development banks, to integrate violence prevention into their lending and technical assistance programs. The treatise proposes that all development loans and grants to countries with high rates of domestic violence include a mandatory violence prevention component, funded at a minimum of five percent of the total project budget, with measurable outcomes assessed through the EMVTS and Disability-Adjusted Life Year metrics.

APPENDICES

APPENDIX F: GLOSSARY OF TERMS INTRODUCED IN THE EXPANDED EDITION

Digital Neuro-Formation: The process by which repeated exposure to digitally mediated violent content produces measurable structural and functional changes in the developing brain that are neurologically equivalent to those produced by direct physical exposure to domestic violence.

Distributed Attachment: The attachment system characteristic of collectivist societies, in which the child's attachment figures are distributed across a network of extended family members, community elders, and social caregivers rather than concentrated in a single primary caregiver.

Collective Attachment Failure: The condition in which the entire network of attachment figures in a collectivist society is compromised, producing attachment disruption more severe and more resistant to intervention than dyadic disruption.

Compound Trauma: The condition in which a child is simultaneously exposed to multiple, interacting forms of violence across different levels of the social ecology, including domestic violence, armed conflict, displacement, and structural poverty.

EI-Rakhawi Multidimensional Violence Transmission Scale: A validated diagnostic instrument comprising four domains: biological vulnerability indicators, psychological and attachment indicators, social and environmental determinants, and digital exposure indicators, scored on a composite scale from zero to four hundred.

Neuro-Justice: The integration of neuropsychiatric assessment and non-invasive biological intervention into the judicial rehabilitation of perpetrators of domestic violence, based on confirmed neurobiological abnormalities that impair impulse control and moral reasoning.

The Right Not to Forgive: The absolute right of the victim of violence to determine their own moral and emotional response to the harm they have suffered, free from coercion by judicial, therapeutic, familial, religious, or communal authorities.

Disability-Adjusted Life Year: A measure of overall disease burden, expressed as the number of years lost due to ill-health, disability, or early death, used to quantify the health and economic impact of the cycle of violence.

Algorithmic Echo Chamber: A digitally created informational environment in which a user is progressively exposed to increasingly extreme content of a single type, creating a closed system that normalizes violence and resists external intervention.

Tyranny of Forgiveness: The social, legal, and therapeutic pressure exerted on victims of violence to forgive their abusers prematurely, functioning as a form of moral coercion that invalidates the victim's suffering and undermines their psychological recovery.

APPENDIX G: THE TEN PRINCIPLES OF THE EXPANDED EDITION

One. The cycle of violence operates simultaneously across biological, psychological, social, and digital domains, and its interruption requires coordinated intervention across all four domains.

Two. The child of the twenty-first century is exposed to violence through algorithmic digital systems that operate outside the traditional family environment, and the legal obligation of the state to protect children from violence encompasses protection from digitally mediated violence.

Three. The theoretical models of attachment, learning, and intervention developed in Western individualistic societies must be adapted to the realities of collectivist societies in the Global South, where the extended family, the tribe, and the community play constitutive roles in the formation and transmission of violence.

Four. The interaction between domestic violence and macro-level systemic violence, including armed conflict, occupation, displacement, and structural poverty, produces Compound Trauma whose consequences exceed the sum of its parts and require integrated legal and therapeutic responses.

Five. The assessment of violence transmission risk must be conducted through validated, standardized instruments that integrate biological, psychological, social, and digital indicators, and the El-Rakhawi Multidimensional Violence Transmission Scale is provided as the first such unified instrument.

Six. The rehabilitation of perpetrators of violence must address the neurobiological substrates of violent behavior through non-invasive neuropsychiatric interventions integrated into mandatory judicial programs, without diminishing criminal responsibility.

Seven. The victim of violence possesses an absolute right not to forgive, and no judicial, therapeutic, familial, religious, or communal authority may compel forgiveness, mandate reconciliation, or stigmatize the refusal to forgive.

Eight. The economic cost of the cycle of violence is quantifiable, measurable, and exceeds the cost of prevention by a factor of between seven and seventeen, and governments have a fiscal as well as a moral obligation to invest in violence prevention.

Nine. The Islamic jurisprudential tradition, the African philosophy of Ubuntu, and the legal traditions of the Global South provide resources for the prohibition of violence and the protection of victims that are complementary to and in some respects more comprehensive than Western legal instruments.

Ten. The ultimate objective of this treatise is not merely to describe the cycle of violence but to provide the operational tools for its permanent interruption, ensuring that no child inherits the

wounds of the previous generation and that no survivor is compelled to carry the burden of forgiveness that belongs to no one but themselves.

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FINAL WORD

The cycle of violence is not a verdict of fate. It is a chain forged by unhealed wounds, sustained by silence, amplified by algorithms, compounded by war, and broken by knowledge, compassion, justice, and the sovereign will of the survivor. Every child protected from violence

is a generation saved. Every victim treated with dignity is a cycle interrupted. Every perpetrator held accountable and offered genuine rehabilitation is a future crime prevented. Every victim who is told that they need not forgive is a human being whose sovereignty is respected.

This Expanded Master Edition has traversed the landscape of human suffering from the molecular to the digital, from the synaptic to the civilizational, from the domestic to the global. It has demonstrated that violence is not a mystery beyond comprehension but a phenomenon with identifiable causes, measurable neurological effects, transmissible epigenetic signatures, interruptible transmission pathways, and quantifiable economic costs. The knowledge contained in these pages carries with it an obligation: the obligation to act, to protect, to heal, to measure, to invest, and to build.

The future belongs to those who refuse to accept that the suffering of one generation must inevitably become the suffering of the next. Let us be those who break the chain. Let us be those who transform the cycle of violence into a cycle of healing. Let us ensure that the children of tomorrow inherit not the wounds of yesterday but the wisdom to prevent them. Let us ensure that no survivor is compelled to forgive before they are ready, and that no child is left to navigate the digital wilderness without protection.

The end is always a new beginning. And the beginning is always with God.

Praise be to God, and with His success.

Dr. Mohamed Kamal Arafa El-Rakhawi
Researcher, Consultant, Expert, Jurist, and Author
Lecturer in International Law and Legal Studies

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