TRADITIONAL MASCULINE IDEOLOGIES AS A MEDIATOR OF THE
RELATIONSHIP BETWEEN WITNESSING VIOLENCE IN CHILDHOOD AND
INTIMATE PARTNER VIOLENCE RELATIONSHIPS

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This study examined the link between witnessing inter-parental violence in childhood and adult intimate partner violence (IPV) victimization. The researchers of this study explored the possibility that female participant’s endorsements of traditional masculine ideologies (TMI), or involvement with men who possess these ideologies, mediated this relationship between witnessing violence in childhood and adult IPV victimization.

Female college students (N=99) and female residents in a community drug and alcohol rehabilitation clinic (N=33) rated their experiences of childhood abuse and witnessing violence in childhood, as well as their endorsements regarding TMI and how they believed their ideal partner would endorse TMI statements. The results of this study replicated the finding that witnessing violence in childhood predicts adult IPV victimization; however, TMI endorsements did not mediate this relationship. The results also indicated that witnessing violence in childhood predicted IPV above and beyond other types of abuse experiences in childhood. Taken together, the findings of the current
study suggest that further research is needed regarding mediators of the relationship between witnessing violence in childhood and adult IPV.
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INTRODUCTION

Intimate Partner Violence (IPV) is a relatively recent term that encompasses many aspects of abuse between two romantically linked partners. Golding (1999) defines IPV as violence or physical force with the intent to cause physical harm, perpetrated by a man against a woman who is a current or previous spouse, an unmarried partner, or a partner in any intimate relationship. However, the term IPV can also include acts that lead to psychological abuse or battering, in addition to sexual abuse or forced sexual acts by a partner (Coker, Smith, McKeown, & King, 2000). More recent research now defines IPV as any type of violence (physical, sexual, threat of physical or sexual, emotional/psychological) that occurs between two individuals who are currently or formerly in some kind of a relationship (spouses, partners, dates, boyfriends or girlfriends) regardless of whether or not they are cohabiting (Lipsky & Caetano, 2009).

For the remainder of this text, the term abuse will always be used to describe acts from parent to child, however, abuse and violence may be used interchangeably to describe acts between adult romantic partners. The physical and psychological acts associated with IPV have become a widespread problem affecting women nationally and worldwide. In an international study that assessed over 35 countries carried out by the World Health Organization, it was found that between 10% and 52% of women reported being physically abused by an intimate partner at some point in their life (WHO, 2005).
In a more recent study of 10 countries throughout the world it was found that of women who had experienced violence with a partner, between 19% and 55% of these women sustained physical injury (WHO, 2005). Additionally, Uniform Crime Reports released by the Federal Bureau of Investigation for the year of 2009 reported that of all familial violent situations reported, 53% occurred within spousal relationships (FBI, 2004). These statistics reveal that not only is IPV occurring worldwide, but that a great deal of women are in danger of physical injuries from these violent intimate relationships.

In addition to the danger of physical abuse, IPV is linked with a number of other detrimental effects on victims. Studies have shown that victims of IPV are more likely to have higher rates of depression, poorer physical health, and greater utilization of health services (Fletcher, 2010). Furthermore, a meta-analysis of research studies by Golding (1999) indicated that victims of IPV had higher prevalence of suicidality, as well as mental disorders such as PTSD, alcohol abuse and dependence, and drug abuse than the general population. Due to the abundance of negative outcomes experienced by victims of IPV, researchers have attempted to comprehend what risk factors may make women more vulnerable to violent relationships or to become victims of IPV. A groundbreaking study by Walker (2000) found that a number of risk factors were associated with IPV victimization, such as witnessing violence in childhood, partner differences in gender attitudes or roles, learned helplessness, and having a higher education level than one’s intimate partner. Further research has indicated a number of additional risk factors for IPV victimization such as experiencing sexual abuse in childhood (Daigneault, Hebert, & McDuff, 2009), experiencing or witnessing physical abuse in childhood (Foshee, Bauman, & Linder, 1999), and power inequalities in intimate relationships (Chung,
Of these risk factors, prominent theorists in the field have argued that witnessing violence in the home in childhood is one of the most significant predictors of later experiencing of IPV (Bensley, Van Eenwyk, & Wynkoop Simmons, 2003; Coker et al., 2000; Foshee et al., 1999; Hotaling & Sugarman, 1986; Walker, 2000).

Based on the finding that witnessing violence in childhood is the one of the most significant predictors of later IPV, it is of interest to investigate possible mechanisms that may help to explain this link. Past research has focused on the influence of social learning theory as a possible explanation for why witnessing violence may lead individuals to be in violent relationships later in life (Foshee et al., 1999). Within this social learning theory view, it is thought that witnessing these interactions models violent behavior which leads to learning of the behaviors and an increased likelihood of exhibiting these behaviors later in life. Similarly, the social information processing model (SIP) suggests that how one encodes, interprets, responds, and evaluates interactions is predictive of behavior (Fite et al., 2008). Fite et al. (2008) suggest that certain SIP factors may help to explain the intergenerational transmission of violence in families such that individuals who witness violence in childhood may process the experience in a way that makes it more likely for them to repeat violence in later relationships. More specifically, they found that the response generation and evaluation stages of SIP mediated the relationship between parental conflict and eventual relationship conflict (Fite et al., 2008). This finding suggests that certain aspects of processing and responding to violence in childhood make it more likely to be utilized as a response in adulthood relationships.
There are also theories that gender roles developed in childhood may lead to justification of violent behavior, and therefore, involvement in violent relationships (Berkel, Vandiver, & Bahner, 2004). Many studies have investigated endorsement of gendered attitudes or traditional masculine ideologies (TMI) (i.e., the degree to which males endorse culturally defined gender roles or beliefs about what defines typical male behaviors) as a predictor of perpetration of IPV (Lichter & McCloskey, 2004). However, no study to my knowledge has examined women’s attraction or choice to date men with these ideologies as a predictor of the experience of IPV victimization in adulthood. It stands to reason that if men who endorse TMIs are more likely to engage in violence associated with IPV, female victims of IPV are more likely to be involved with men who hold these beliefs. Further, based on the link between witnessing violence and traditional attitudes in both men and women, I theorize that the correlation between witnessing interparental violence in childhood and later IPV victimization in women is partially mediated by the attraction to, or the decision to become intimately involved with, individuals with traditional gendered attitudes or traits. In the remainder of the introduction, I will review the current literature on IPV, witnessing violence in childhood, and gendered attitudes or traditional gender ideologies. First, I will further describe the link between witnessing violence in childhood and later experiences of IPV; then I will examine the link between witnessing violence in childhood and development of gendered attitudes or traditional masculine ideologies; and finally I will review the literature involving traditional masculine ideologies’ link to IPV victimization and perpetration. Following this review, I will discuss my theorized model connecting these variables and the study conducted to investigate this model.
Link Between Witnessing Violence in Childhood and Later Intimate Partner Violence

As previously discussed, witnessing violence in the home in childhood is one of the most significant predictors of negative outcomes in adulthood (Walker, 2000). These negative effects may take the form of either the perpetration of IPV, or becoming a victim of IPV. The literature generally focuses on the victimization of women and the perpetration by men. However, there is some evidence that IPV is not perpetrated solely by males, but rather it is reportedly perpetrated as frequently by females (Lichter & McCloskey, 2004; Robertson & Murachver, 2007). One possible explanation of these findings is the samples within these studies. For example, Robertson and Murachver (2007) looked at an incarcerated sample which could account for the high rates of violent behavior reported by women in that study. Another possible explanation is that although women also frequently report engaging in IPV, some researchers fail to assess other possible sources of this violence, such as self-defense. Also, it has been argued that the violence perpetrated by males is frequently more severe and leads to more injury than violence perpetrated by females, which may contribute to a heightened interest in samples of women as primary victims of IPV (Robertson & Murachver, 2007).

Nonetheless, in light of the prevalence of violence experienced by women internationally being between 10-52% (WHO, 2005), as discussed above, male perpetration of violence against female partners will be the focus of this paper.

Victimization. In a study assessing the most consistent risk factors of eventual victimization in intimate partner relationships, Hotaling and Sugarman (1986) reviewed the state of the literature and completed 52 case comparisons of risk factors. This review involved an analysis of 97 risk factors. Each of these risk factors was categorized as a
consistent risk marker, inconsistent risk marker, consistent non-risk marker (i.e., consistently not associated with IPV), or risk marker with insufficient data. In order to be considered a consistent risk marker, the characteristic or attribute had to be significantly related to IPV victimization of women in at least 70% of the studies reviewed (Hotaling & Sugarman, 1986). In terms of evidence for witnessing violence being tied to later victimization for women, Hotaling & Sugarman (1986) found that of the 42 characteristic risk factors of female victims, the only consistent predictor of IPV victimization was having witnessed violence between their parents in childhood. More specifically, this finding suggested that women who had experienced partner violence in adulthood were more likely to have witnessed violence between their parents while growing up. Additionally, this risk marker was more consistent than actually experiencing abuse in childhood (Hotaling & Sugarman, 1986). Walker (2000) also emphasized that witnessing violence is an extremely important risk factor for becoming involved in violent intimate partner relationships. In the study by Walker (2000), 400 women from physically violent relationships were interviewed with the goal of developing a better understanding of “the battered woman syndrome,” which is defined as the psychological symptoms of living in a violent relationship (Walker, 2000). The objectives of the study were to determine what psychological and sociological factors contributed to the battered woman syndrome. After looking at a variety of characteristics, Walker (2000) found that 2/3 of women who were battered had witnessed physical violence in their childhood homes, making it one of the most prominent risk factors of IPV victimization.

Another study in which findings were consistent with the above research is Coker, et al. (2000) in which interviews were conducted with 1443 women seeking medical care
at university hospitals. Through retrospective interviews they found that women who had witnessed their father engage in physically or emotionally abusive behaviors against their mother were at an increased risk of IPV in comparison to those who had not witnessed IPV in their family of origin (Coker et al., 2000). Some researchers have argued that the sample used by Coker et al. (2000) may have been biased due to the fact that individuals were recruited from a medical setting, and therefore, they may be at risk for increased likelihood of severe violence if medical attention was sought (Bensley et al., 2003). However, in a randomized community telephone survey Bensley et al. (2003) found similar results in that women who had witnessed inter-parental violence were four times more likely to have experienced recent IPV. Although this relationship has been consistently shown in multiple studies (Bensley et al., 2003; Coker et al., 2000; Foshee et al., 1999; Hotaling & Sugarman, 1986; Walker, 2000), it is yet to be determined why this link is so strong. This topic will be discussed later within this paper.

**Perpetration.** In addition to predicting IPV victimization in women, the experience of witnessing violence between parents in childhood has been found to be a consistent predictor of male perpetration of IPV (Hotaling & Sugarman, 1986). These results are interesting because they suggest that witnessing violence within the home as a child may be related to different negative outcomes for males and females. Many studies have found that men who have witnessed violence or are exposed to physical abuse are more likely to be aggressive in their later relationships. For example, in a self-report, retrospective study, O’Hearn and Margolin (2000) found that experiencing abuse in family of origin was correlated with higher perpetration of physical and emotional violence in adult relationships. Additionally, a regression analysis revealed that this
relationship was moderated by whether or not the male had attitudes condoning aggression, with those who had experienced abuse in their family of origin and had higher attitudes condoning aggression having higher rates of later aggressive behavior than those who had experienced abuse but had low attitudes condoning aggression. This study suggests that relationship between experiencing abuse in one’s family of origin and later perpetration of IPV may be moderated by other variables such as attitudes condoning violence. Another study that emphasizes the role of attitudes was conducted by Foshee and colleagues (1999) in which they assessed variables that might mediate the relationship between witnessing violence in childhood and later IPV perpetration in relationships by administering questionnaires to 1,965 middle school age students. They found that witnessing or experiencing violence in childhood was associated with increased social learning theory variables, such as acceptance of dating violence and increased aggressive response styles in males and females (Foshee et al., 1999). This finding suggests that the learning of attitudes, such as acceptance of dating violence, and aggressive response styles, are related to both witnessing violence in childhood, and later experiences of IPV. Additionally, Foshee et al. (1999) found that males who had witnessed or experienced violence in childhood had greater positive expectations for the use of violence in later relationships, meaning that they believed that using violence will result in positive consequences or be functionally positive in their dating relationships. One example of an item that indicated higher positive expectations is “if I hit a dating partner, my friends would think I was cool” (Foshee et al., 1999). These findings support the theory that attitudes about violence may, in part, be learned through early relationships, and be used as a guide for later behavior or attitudes.
These attitudes or expectations are of interest as a possible mechanism underlying experiences of IPV later in life. It is theorized that these attitudes may result in either perpetration or becoming a victim of IPV (Phillips & Phillips, 2010). In addition to learning of attitudes about aggression, some studies assess whether perpetrators of IPV could have learned attitudes about gender roles as well as violence. This finding leads us to the discussion of the link between witnessing violence and development of gendered attitudes.

**Link between Witnessing Violence in Childhood and Gendered Attitudes**

As mentioned above, the relationship between witnessing violence and eventual experiences of IPV may be moderated by the development of attitudes towards violence. In a longitudinal study, Lichter and McCloskey (2004) have illustrated the link between witnessing violence and gendered attitudes as well. The study involved interviewing 363 mother-child pairs from both violent and nonviolent homes over the course of 7-9 years. The interviews consisted of questionnaires regarding marital violence, adolescent dating violence, gender role attitudes, and acceptance of dating violence. Researchers found that witnessing marital violence in childhood was related to justifying violence in relationships later in life (Lichter & McCloskey, 2004). In addition, they found that gender stereotypes, such as traditional attitudes about the family, and traditional dating scripts, were more important than witnessing violence in predicting perpetration of IPV (Lichter & McCloskey, 2004). These findings suggest that witnessing violence in childhood plays a significant role in the likelihood of perpetration of IPV; however, there are also other factors such as gender role stereotypes and attitudes contributing to the
likelihood of perpetration. This is not to say that the witnessing violence is not somehow
connected to these stereotyped attitudes; it could be that several factors are interrelated.

Another term used in the literature in discussions of gendered attitudes is the
concept of Traditional Masculine Ideology (TMI). As stated previously, traditional
masculine ideology is conceptualized as the desire or importance for some men to adhere
to the culturally defined characteristics ascribed to the concept of male gender and
being made up of a variety of beliefs about cultural components of masculinity that may
be endorsed differently for each individual. Some of the typical components of this
ideology revolve around achievement, personal control, antifemininity, and homophobia
(Pleck, 1995). However, this concept can also involve other components such as lack of
emotional display, and risky or aggressive behavior. Additionally, the behavior of males
can be a product of how much they endorse these views and under certain circumstances
or stress can be related to violent behavior (Jakupcak, Lisak, & Roemer, 2002). These
attitudes have been assessed in the literature using a variety of terms and measures such
as endorsing gender role stereotypes, male role norms, or hyper-masculinity (Pleck,
1995).

Researchers have argued that witnessing inter-parental violence may be related to
development of these ideologies. One possible explanation of this relationship could be
that these ideologies may be developed through social learning if these attitudes are
present in the family of origin (Foshee et al., 1999). Furthermore, Phillips and Phillips
(2010) argue that it could be due to endorsing these views that men will stereotypically
become aggressive, and women will stereotypically become passive in order to fulfill
these roles. Therefore, prescribing to these roles could be one explanation of future IPV perpetration or victimization (Phillips & Phillips, 2010). These researchers conducted interviews, observations, and focus groups at a domestic violence housing program with 20 youth who had been exposed to domestic violence in their homes. The researchers encouraged the youth in this study to engage in “gender-resistant” practices, such as demonstrating language and behaviors that do not fit with stereotypical gender roles. For example, the males were asked to express their thoughts and feelings, and females were asked to use assertive language and boundaries. The purpose of this exercise was to limit the influence of gender stereotypes that may have resulted from witnessing violence in the home. Youth in this study were highly resistant or opposed to the use of these practices because they felt they were wrong and went against societal norms (Phillips & Phillips, 2010). This finding suggests that individuals who have experienced violence develop strict gender stereotypes, and use these views to guide behavior. However, one obvious limitation of this study is that the methodology was purely qualitative and lacked a control group. Because of this, there is no way to determine if individuals who had not witnessed violence in their home would have been any less resistant to these exercises as opposed to the possibility that this resistance could be a function of the age of the participants rather than a history of witnessing violence. Therefore, it should be acknowledged that the results of this study must be interpreted with this limitation in mind. Nonetheless, based upon the research connecting witnessing violence to IPV and witnessing violence to development of gendered attitudes, it is of interest to discuss the relationship between these gendered attitudes and later IPV in relationships.
Link Between Gendered Attitudes and Intimate Partner Violence

As discussed previously, Lichter and McCloskey (2004) found that witnessing violence was related to justifying violence in relationships; however, endorsing gender stereotypes were more important than witnessing violence in prediction of future perpetration of relationship violence. This finding suggests that gender stereotypes, such as traditional attitudes about family roles and dating relationships, are related to perpetration and victimization of IPV in males and females. Another example of this relationship was reported in Berkel and colleagues (2004), in which it was found that the most significant predictor of domestic violence beliefs was an individual’s gender role attitudes, where in both males and females who had higher traditional gender beliefs (e.g., beliefs about marital roles, parental roles, employment roles) endorsed more violence towards women. As discussed in the previous section, witnessing violence in childhood may have different effects on males and females. The same appears to be true for the effects of gendered attitudes. Research focusing on males generally discusses the link between the endorsement of masculine ideologies or attitudes condoning violence, and perpetration of IPV, whereas with females it discusses the endorsement of these beliefs in relation to victimization or involvement in IPV relationships. The remainder of the following sections will illustrate how these gendered attitudes are related to IPV specifically for males and females separately.

Effect of gendered attitudes in males. As illustrated above, the empirical literature suggests that there is a relationship between gendered attitudes and later IPV victimization or perpetration. However, this relationship may differ for males and females. The literature regarding males generally focuses on the presence of gendered
beliefs in relation to perpetration behaviors. Although females will be the focus of this study, it is necessary to discuss the effects of gendered attitudes in males because it directly relates to females as victims of IPV. One theory is that males who endorse these traditional masculine ideologies are less tolerant of females who do not fit their conceptual norms. For example, in an experimental study by Reidy, Shirk, Sloan, and Zeichner (2009) male participants were given the opportunity to “shock” a female participant, who was actually a confederate, as a punishment for the males beating them at a timed task. In addition, these male participants heard a clip of the confederate endorsing either traditional feminine roles or more egalitarian views. Reidy et al. (2009) found that in general, men who were higher in prescription to hypermasculine ideologies were more aggressive. Additionally, they found that these men who highly endorse gender role norms were even more aggressive in times when a female violated their concept of gender norm roles, as indicated by the level of shock they administered to women who did not endorse traditional feminine norms (Reidy et al., 2009). This finding suggests that aggressive behavior in males who endorse these beliefs may stem from their dissatisfaction with a female breaking these norms. If this is true, it would suggest that IPV may be more likely to ensue in relationships in which the partners have differing concepts of acceptable gender roles.

In general, a study by Fitzpatrick, Salgado, Suvak, King, and King (2004) found that males who had more egalitarian views (e.g., believing men and women should have equal roles) were less likely to report engaging in psychological abuse of a partner than males who had more traditional views. This suggests evidence for the speculation that absence of these traditional masculine ideologies or gendered attitudes may indicate a
lesser likelihood of violent behavior. Although more research is needed to pinpoint the exact mechanisms that account for this relationship between masculine ideologies and violent behavior, the above research indicates that these ideologies or attitudes may play an important role in IPV.

**Effect of gendered attitudes in females.** Whereas the research on males focuses on their likelihood of aggressive behavior as a result of these gendered beliefs, the research on females is focused on their likelihood of becoming a victim of violence in relation to their gendered views. The study mentioned above by Fitzpatrick et al. (2004) also evaluated women’s gender ideologies and experience of victimization. An interesting finding of the study was that women with highly traditional views were much more tolerant of aggression than women with more egalitarian views (Fitzpatrick et al., 2004). This finding suggests that adherence to traditional ideologies among women may be related to the acceptance of violence in one’s own relationship. Further, the research discussed previously, indicating that males with more traditional ideologies are more likely to perpetrate violence in dating relationships, implies that female victims of IPV are more likely to be involved in relationships with men who endorse these traditional masculine beliefs. While this supposition stands to reason, it has yet to be directly tested empirically.

**Gendered Attitudes, Attraction, and Violence**

One possible explanation of the prevalence of IPV victimization among young women is the idea that women may value the concepts of “romantic love” or the aspects of “falling in love” that are portrayed in popular culture (Power, Koch, Kralik, & Jackson, 2006). These aspects of “romantic love” are the beliefs that jealousy,
controlling partner’s activities and friends, possessiveness, daily phone calls, and constant attention are aspects of love (Power et al., 2006). While these traits are often indicative of IPV they can be misinterpreted as an expression of the partner’s love. Power et al. (2006) conducted a qualitative, narrative study in which 20 female survivors of IPV responded to local media ads seeking volunteers for a study in Australia. Participants’ ages ranged from early twenties to mid-sixties. These women had all experienced IPV at some point in their past, with some having had experiences as recent as one year ago, and others having experienced IPV at some point in the past 20 years (Power et al., 2006). They found that women often stated that a desire for romantic love was what led to getting into these relationships that resulted in IPV. More specifically, these women stated that although signs were present early in the relationship, they were often “desperate for a man” or interpreted signs of abuse such as jealousy or control, as signs or expressions of love (Power et al., 2006). These results suggest a possible socialization process whereby there is an overlap between concepts of romantic love and traditional gender roles which deem that men are dominant and aggressive, and women are passive and compliant. It is important to view these results with caution, due to the limitations of this study being based on a small sample size (N=20) and a qualitative design. However, with those limitations in mind, the results seem to indicate that this false pairing of love and power may contribute to some women becoming involved in relationships characterized by IPV.

A similar line of research has examined whether women may be attracted to certain traits in partners that are linked to violent behavior (Valls, Puigvert, & Duque, 2008). In a study conducted through focus groups with young women aimed at
preventing gender violence, Valls and colleagues (2008) attempted to understand whether attraction to “hegemonic masculinity” beliefs (e.g., beliefs that masculinity means males should be dominant, and “real men” are “macho”) may promote gender violence. They found that most teenagers who participated in the focus groups associated attractiveness with the hegemonic masculinity belief that domination by males is an attractive quality, with some individuals even rating the “bad boy” image as more important than physical appearance (Valls et al., 2008). Jealousy was seen as an indicator of love, and a young man who was aggressive was seen as someone who could protect a romantic partner (Valls et al., 2008). In addition, they also found that teenagers frequently reported that attraction was instinctual, and therefore, it could not be helped when someone is attracted to a violent individual. Similarly, this instinctual attraction was generally viewed as a reason why women would stay with a man whom was violent. Researchers also found that women often had a “double standard” approach in that they believed they would date the “bad boy” type while they were young but eventually end up with a “good guy” (Valls et al., 2008). Although this study is qualitative in nature and its results must be examined with caution, it makes a case for the possibility that attraction to masculine traits may be a possible explanation for gender violence against women.

A similar line of research discusses the concept of assortative partnering as a possible explanation of violent relationships. This theory posits that individuals select partners who are similar to themselves in certain traits. Capaldi and Crosby (1997) found that males who were higher in antisocial traits were more likely to be dating a female who was also high in antisocial traits. In addition, in males, these antisocial traits were predictive of greater physical and psychological aggression (Capaldi & Crosby, 1997).
This finding suggests that some traits may be sought out in a partner that are unknowingly associated with negative outcomes, such as IPV.

**Current Study**

The current study sought to understand the relationship between witnessing interparental violence in childhood, endorsing traditional masculine ideologies, and experiences of IPV. Specifically, this study attempted to answer the question of whether endorsement of traditional masculine ideologies, or attraction to individuals who possess traditional masculine ideologies, partially mediates the relationship between witnessing violence in childhood and IPV victimization. That is, I hypothesized that women who have witnessed physical abuse in their family of origin might be more likely to endorse traditional masculine ideologies and seek out partners who hold these views. Unfortunately, this may increase their chances of becoming victims of IPV.

Baron and Kenny (1986) state that in order to show evidence of mediation, the four following criteria must be met: (1) there must be a significant relationship between the predictor and criterion variables, (2) there must be a significant relationship between the predictor and mediator variables, (3) when the predictor variable is statistically controlled, there is still a significant relationship between the mediator and criterion variable, and (4) assuming full mediation exists, when the mediator variable is statistically controlled, there is no longer a significant relationship between the predictor and criterion variables. However, if the fourth condition is not met, there is still the possibility of mediation; however, such a pattern of findings would be suggestive of partial rather than full mediation. Based upon these criteria, the following hypotheses were offered:
Hypothesis 1: There would be a significant relationship between witnessing violence in childhood and adult IPV victimization.

Hypothesis 2: There would be a significant relationship between witnessing violence in childhood and the hypothesized mediator variables of ratings of how much they themselves endorse, and their ideal romantic partner would endorse, traditional masculine ideologies.

Hypothesis 3: When statistically controlling for witnessing violence in childhood, the relationship between self and ideal partner endorsements of traditional masculine ideologies and adult IPV victimization would remain significant.

Hypothesis 4: Assuming full mediation is present, when self or ideal partner endorsement of traditional masculine ideologies are statistically controlled, there would no longer be a significant relationship between witnessing violence in childhood and adult IPV victimization.
METHOD

Participants

Participants consisted of one hundred and thirty-two women recruited from multiple locations. Ninety-nine of the participants were undergraduate females recruited from a mid-size, private, Midwestern university. The remaining thirty-three females were recruited from an inpatient substance abuse clinic. This number of participants was determined based on a power analysis assuming moderate effect sizes (Green, 1991). These two different types of recruitment locations were utilized in order to ensure that the sample was diverse while also ensuring that at least some of the participants had experiences with IPV. Given the vast differences between the two populations used, the demographic information will be discussed separately. Within the student sample, the participants ranged in age from 18 to 20, with the average age being 18.6 years. Ninety one percent of this sample was Caucasian, 4% was African American, 2% was Asian or Pacific Islander, 1% was Latina and 1% categorized themselves as “other.” Additionally, 43.3% of students reported a yearly gross family income over $90,000. For the community sample, the participants’ ages ranged from 21 to 52 with the average age being 33.9 years. Regarding ethnicity, 75.8% of this sample was Caucasian, 21.2% was African American, and 3% was Latina. Regarding level of education, 36.4% reported that they completed less than 12 grades, 42.4% of the sample reported that 12th grade was the highest level of education completed, and 21.3% reported some college.
In terms of yearly gross family income 78.8% of the sample reported an income under $10,000.

Demographic information was also collected regarding relationships characteristics of their most recent partner, or a partner with which they had their most significant past conflict. In the student sample, 90.9% of the participants reported on male partners whereas 3% reported on female partners. For the community sample, 87.9% of participants reported on a male partner, whereas 9.1% reported on a female partner. Participants also responded to the question “How long were you in this relationship?” and were asked to report the number of years and months the relationship lasted. Upon entering the data it became clear that some participants misunderstood the form of the questions and simply checked the option of years or months. In the student sample, 12.1% checked the years option, and 26.3% checked the months option. Of those who reported exact years, the length of the relationship ranged from one month to five years. In the community sample, 9.1% checked the years option, and no one checked the months option. Of those who reported exact years, the length of the relationship ranged from one year to over thirty years. In terms of the status of the relationship, 90.9% of the student sample reported that they were dating but not living together at the time, and 3% reported they were dating and living together at the time. In the community sample, 54.5% of the participants reported that they were dating and living together, 33.3% were married, and 6.1% were dating but not living together. Lastly, when asked how long ago the relationship ended, or if they were currently dating the individual, 32.3% of students reported it ended over a year ago, 23.2% reported they were still in the relationship, 13.1% reported it ended six months to one year ago, and
18.2% reported it occurred less than six months ago. In the community sample, 60.6% of participants indicated the relationship ended over one year ago, 12.1% are still in the relationship, 12.1% indicated it ended six months to one year ago, and 9.1% reported it ended less than six months ago.

**Measures**

**Witnessing violence in childhood.** To assess the participants’ witnessing violence in childhood, three questions regarding experiences in childhood were asked. These questions were derived from current literature (Bensley et al., 2003). Participants rated their responses on a scale of 0 (the event never occurred) to 3 (the event occurred 10 or more times). Questions consisted of the following items, “In childhood did you ever witness one of your parents being kicked, slapped, punched, hit, or otherwise physically hurt by a spouse or partner?”, “In childhood did you ever witness one of your parents in a verbal argument with a partner or spouse that escalated to the point of one person being hurt?”, and “In childhood, did you ever witness one of your siblings or friends being kicked slapped, punched, hit or otherwise physically hurt by your parent or your parent’s spouse or partner?” The first of these two questions were adapted from Bensley and colleagues (2003), in which the same wording was used in the first question and the second question was adapted to capture witnessing emotional aggression; however, in their study the responses were measured in a yes or no fashion whereas this study utilized a continuous Likert scale rating. This adaptation allowed for a continuous measure of witnessing violence and also served as a measure of frequency of witnessing. A two-item measure was used because the reliance on just one or two items appears to be the norm in research on witnessing violence (Bensley et al., 2003; Foshee et al., 1999;
Trocki & Caetano, 2003), and longer measures of witnessing violence are not present in the literature. Bensley et al. (2003) found the responses gathered from these questions to be related to increased current adult physical abuse and greater mental distress, thereby speaking to the construct validity of these two items. The dependent measure of witnessing violence in childhood was assessed by summing the response to the first two questions; therefore, scores on the witnessing variable ranged from 0-6. The third question, regarding witnessing of sibling or friend abuse, was added to the questions used by Bensley et al. (2003) in order to assess for other aspects of violence that may have been witnessed by participants. This question was not used as a direct measure of witnessing violence because the focus of this study pertains to witnessing of inter-parental violence, however, this variable was examined in secondary analyses. Cronbach’s alpha for the current study was .85 for the entire three item measure. This measure can be found in Appendix B.

**Childhood abuse experiences.** To assess abuse history, participants completed the Childhood Trauma Questionnaire Short Form (CTQ-SF; Bernstein et al., 2003). The short form is a 28-item version that was shortened from the original 70-item questionnaire (CTQ; Bernstein & Fink, 1998). This short form is a retrospective measure of abuse and neglect experiences in childhood. Although the hypotheses of this study are focused on witnessing violence in childhood rather than abuse experiences, this measure was included in the current study in order to assess whether witnessing violence in childhood predicts IPV above and beyond experiencing these forms of abuse and neglect in childhood. This was tested in the secondary analyses along with assessing the relationship between these different types of abuse and self and ideal partner TMI.
endorsement. Participants rated their response to events in childhood on a 1 to 5 scale. A rating of 1 indicated that while growing up, the phrase or event listed was “never true” whereas a rating of 5 indicated that while growing up, the phrase or event listed was “very often true.” The scale has total scores ranging from 28 to 140. This scale can be broken down into five subscales including physical abuse, sexual abuse, emotional abuse, emotional neglect, and physical neglect (Bernstein & Fink, 1998). Each subscale contains 5 items and there are 3 additional items included for the purpose of minimizing denial of abuse; therefore, each subscale score ranges from 5 to 25 (Bernstein et al., 2003). Items were summed for each subscale with higher scores indicating greater severity of that particular abuse or neglect experience in childhood. For the purpose of this study, individual subscales were assessed in terms of their ability to predict IPV.

In a normative community sample of 1,007 male and female respondents, Scher, Stein, Asmundson, McCreary, and Forde (2001) found an overall alpha coefficient of .91. Scher et al. (2001) found subscale coefficients of .58 for physical neglect, .69 for physical abuse, .83 for emotional abuse, .85 for emotional neglect, and .94 for sexual abuse. These alpha coefficients are similar to those found in previous studies (Bernstein & Fink, 1998; Scher et al., 2001). Scher et al. (2001) also conducted factor analyses and confirmed the five factor solution suggested by Bernstein & Fink (1998). Convergent validity was demonstrated by Bernstein et al. (1994) for the 70-item CTQ by the finding that certain subscales of the CTQ were highly correlated with corresponding subscales on the Childhood Trauma Interview. In addition, Bernstein et al. (2003) further demonstrated convergent validity with the finding that participants’ therapist’s observational ratings were highly correlated with adolescents’ self-report ratings on the
five CTQ factors. Discriminate validity was evidenced by the finding that CTQ ratings did not highly correlate with verbal intelligence or social desirability scores (Bernstein et al., 1994). Furthermore, Bernstein et al. (2003) also found that self-reported CTQ factors did not predict observer ratings in other factor domains (with the exception of CTQ physical abuse predicting observed emotional abuse). In the current study, Cronbach’s alpha was .87 for the total measure, .89 for the emotional abuse subscale, .81 for the physical abuse subscale, .95 for the sexual abuse subscale, .90 for the emotional neglect subscale, and .76 for the physical neglect subscale. This measure is excluded from appendices due to copyright.

**Traditional masculine ideology.** To assess endorsement of, and attraction to, traditional masculine ideologies, participants completed the Male Role Norms Scale (MRNS) developed by Thompson and Pleck (1986). This 26-item scale is an abbreviated version of the Brannon Masculinity Scale (Brannon, 1985). Participants rated their level of agreement with items on a scale of 1(strongly disagree) to 7(strongly agree). Higher scores indicated a higher endorsement of traditional attitudes towards male role norms. The current study utilized the total score, which ranges from 26-182. This measure was completed twice, once with the instructions to answer the questions in terms of how much they personally agree in regards to men in general (Appendix C), and once with the instructions to respond in regards to how much their ideal romantic partner would agree with the statements (Appendix D). These two versions were utilized in order to account for the possibility that women may view men within the general population differently than men that they would consider their “ideal partners.” In addition, by measuring how much their “ideal partner” would endorse these beliefs, it provided a measure of how
likely the individual is to date someone or be attracted to someone with these beliefs as opposed to endorse these views themselves.

Factor analysis of MRNS revealed three distinct dimensions consisting of status, toughness, and anti-femininity (Thompson & Pleck, 1986). Items in the status dimension assess beliefs such as “Success in his work has to be a man’s central goal in this life” and “A man always deserves the respect of his wife and children.” Items in the toughness dimension assess beliefs that a man should always be tough, such as “I think a young man should try to become physically tough, even if he’s not big” and “Fists are sometimes the only way to get out of a bad situation.” Items in the anti-femininity dimension assess beliefs that men should not have any feminine traits, for example “It bothers me when a man does something that I consider feminine” and “I might find it a little silly or embarrassing if a male friend of mine cried over a sad love scene in a movie.” Such multidimensional findings support the construct validity of this measure (Thompson & Pleck, 1986). Additionally, convergent validity was supported by a study by Thompson and Pleck (1995) in which they found that MRNS was positively related to the Attitudes Toward Women Scale (AWS) and negatively related to the Sex-Role Egalitarianism Scale.

In terms of discriminant validity, the MRNS had a near-zero correlation with hypothesized scales within the Bem Sex Role Inventory (BSRI) indicating that endorsing traditional masculine ideologies is distinctly different than having a masculine sex role identity (Thompson & Pleck, 1995). This is important because traditional masculine ideologies are not simply an individual reporting being “masculine” in their activities or interests, but rather possessing more traditional attitudes towards roles and behavior for
males and females in society. The results of this study also indicated that the antifemininity subscale of the MRNS was positively related to adult men dropping out more quickly from psychotherapy. To assess reliability, Thompson and Pleck (1986) examined a college sample (N=400) and found subscale alpha coefficients of .81 for status, .74 for toughness, and .76 for anti-femininity, which suggests the subscales have moderate to good reliability. In an analysis of multiple college samples, (N=1,510) the alpha was .86 for the total scale score (Thompson, Pleck, & Ferrera, 1992). Cronbach’s alpha for the personal endorsement version of this scale was .85 and .90 for the ideal partner endorsement version. The two forms of this measure to be used in the current study can be found in Appendices C and D.

**Adult physical abuse.** To assess adult IPV experiences participants completed the Revised Conflict Tactics Scale (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996). The CTS2 measures the extent to which partners in an intimate relationship have utilized specific tactics, including acts of physical and psychological violence on each other, and also use of reasoning or negotiation to deal with relationship conflicts (Straus et al., 1996). The CTS2 is a 39-item measure on an 8-point scale. Participants indicate from a 0 to 7 frequency of specific conflict tactics. A response of “0” indicates that the behavior has never occurred; “1” indicates that the behavior has occurred once in their lifetime; “2” indicates that the behavior occurred twice in their lifetime; “3” indicates it happened 3 to 5 times in their lifetime; “4” indicates it happened 6-10 times in their lifetime; “5” indicates it happened 11-20 times in their lifetime; “6” indicates it happened 21-50 times in their lifetime; “7” indicates that the behavior has happened 51-100 times in their lifetime; and “8” indicates it happened more than 100 times in their lifetime. This
format was modified from the original version in which the individual rates the amount of times these behaviors occurred over the past year. Because this study focused on whether or not the individual had ever experienced IPV, it was preferable to ask about their lifetime experiences rather than only their experiences in the past year. Factor analysis has revealed a five scale model of the CTS2 including Negotiation (e.g., “My partner explained his or her side of a disagreement to me”), Psychological Aggression (e.g., “My partner did something to spite me”), Physical Assault (e.g., “My partner pushed or shoved me”), Injury (e.g., “I felt physical pain that still hurt the next day because of a fight with my partner”), and Sexual Coercion (e.g., “My partner used threats to make me have sex”), (Straus et al., 1996; Newton, Donaldson Connelly, & Landsverk, 2001).

Items pertaining to the Negotiation scale were excluded from this study on the basis that use of negotiation is fundamentally different from the other scales in that it is not a direct index of IPV. Therefore, this adapted format of the CTS2 contained 33 items. For the purpose of this study, a total IPV variable was created by summing responses to the 33 items. This variable then has a range of 0-264, with higher numbers indicating a greater number of IPV experiences, or greater severity of IPV.

Research suggests that the individual scales have high internal consistency and all coefficients were equivalent to or higher than the coefficients for the first version of the scale, CTS1. Cronbach’s alpha was .79 for the Psychological Aggression scale, .86 for the Physical assault scale, .86 for the Negotiation scale, .87 for the Sexual coercion scale, and .95 for the Injury scale (Straus et al., 1996). Newton et al. (2001) found similar alpha coefficients when assessing the Negotiation scale, and slightly lower alpha coefficients on the Psychological aggression (.77) and Physical assault (.78) scales. One possible
explanation for these differences could be that Newton et al. (2001) utilized an all female population whereas Straus et al. (1996) utilized a coed sample. Straus et al. (1996) presents evidence for construct validity. For example, as expected, Psychological aggression scale scores and Physical assault scale scores are highly correlated with each other for both men and women, r=.71 and .67 (respectively). In addition, discriminant validity has been demonstrated through the findings that Negotiation scores and Sexual coercion scores are non-related, as predicted by research and theory (Straus et al., 1996). The CTS2 has also been found to be correlated with measures assessing similar constructs such as the Abuse Behavior Inventory (ABI) (Zink, Klesges, Levin, & Putnam, 2007). Zink et al., (2007) found that CTS2 and ABI total scores, along with similar subscale scores were highly correlated. Similarly, Straus et al. (2009) demonstrated construct validity by finding that scores on the CTS2 subscales were significantly related to both diminished mental and physical health functioning. This finding is to be expected based upon the research findings that IPV, the construct measured by CTS2, can have detrimental health outcomes (Fletcher, 2010). Cronbach’s alpha in the current study was .98 for the total measure. This measure is excluded from appendices due to copyright.

**Reported physical and psychological symptoms.** In order to assess for current physical and psychological symptoms participants completed the Kellner Symptom Questionnaire (SQ; Kellner, 1987). This measure was included in order to assess for possible differences between the student and community samples. This is a 92-item yes/no measure that lists physical and psychological symptoms and asks the individual to mark “yes” if they currently have the symptom, or “no” if they do not currently have the symptom. The questionnaire measures four different scales consisting of depression,
anxiety, anger-hostility, and somatic complaints (Kellner, 1987). Fava and colleagues (1986) reported that the measure was able to discriminate between psychiatric depressed participants and those of normal functioning, thus supporting the discriminant validity of the measure. Researchers also found that means differed for those experiencing extreme physical conditions compared to those in good health. In addition, in an outpatient population with Major Depressive Disorder, scores on the somatic symptoms scale have been shown to decrease along with psychotropic treatments (Denninger et al., 2006). Further, construct validity was demonstrated by the finding that SQ scales were significantly correlated with corresponding symptom scales on the Hopkins Symptom Checklist (Kellner, 1987) as well as the Brief Depression Rating Scale (Fava et al., 1986). The test-retest reliability was relatively high over a four week period as well (Kellner, 1987). The alpha coefficient in the current study was .97 for the total score, and subscale coefficients ranged from (.89) to (.93). The entire SQ measure can be found in Appendix E.

**Procedures**

This study utilized two separate samples, one containing 99 female undergraduate students at a private Midwestern university; the other utilized 33 females in an inpatient substance abuse clinic. The procedure utilized for each of these samples will be outlined separately. For the student sample, participants were recruited through Sona Systems and rewarded one hour of research credit for their participation. In order to ensure confidentiality, students were not asked to sign any materials, and research credit was granted by checking an ID prior to the students completing questionnaires. These participants were required to read a consent form that stated by reading the form and
completing the questionnaires they indicated their consent to participate (Appendix G). Once they returned the packets, they were given a debriefing form (Appendix H). For the community sample, once permission was obtained from the substance abuse clinic as a data collection site, packets of questionnaires were handed out to individuals at a designated time that was announced to individuals by the clinic staff. Researchers briefly reviewed the purpose of the study and individuals were offered a five dollar Subway gift card in exchange for their voluntary participation. Individuals who chose to participate were given a consent form (Appendix I) that was read before completing the measures. Participants were not asked to sign the consent form in order to ensure confidentiality; however, they were required to read the consent prior to completing questionnaires and the form stated that by reading the form and completing the questionnaires they were indicating their consent to participate. Once individuals returned the packets, they were given their reward along with a debriefing form (Appendix J). All questionnaires, from both samples, were kept in a locked filing cabinet on campus.

The data collection effort for two theses was combined; therefore, the packets of questionnaires contained four additional measures unrelated to the current study. The demographics questionnaire (Appendix A) was always completed first, while the order of the remaining questionnaires was blocked into three groups. The first group consisted of the Male Role Norms Scale-In general (MRNS; Thompson & Pleck, 1986), the Adapted Male Role Norms Scale-Ideal partner, Social Provisions Scale (other thesis), and Rosenberg Self-Esteem Scale (other thesis). These four questionnaires in the first block were counterbalanced using a random starting order with rotation. The second block of questionnaires were completed in the following order the Witnessing of Abuse
questionnaire (Bensley et al., 2003; Foshee et al., 1999), Childhood Trauma Questionnaire (CTQ, Bernstein & Fink, 1998), Conflict Tactics Scale 2 (CTS2; Straus et al., 1996), and the Intense Relationship Questionnaire (Appendix F). Following these four measures, the Impact of Events Scale-Revised (other thesis), and Self-Blame Scale (other thesis), and Symptom Questionnaire (SQ; Kellner, 1987) were rotated. The packet concluded with a debriefing form, which differed for the student and community samples, which can be found in Appendices H and J respectively.
RESULTS

Preliminary Analyses

The means, standard deviations, and ranges of the continuous variables for this study for both the student and community samples combined are summarized in Table 1. Correlations between all study variables are presented in Table 2. Preliminary analyses were conducted examining the relationships between demographic variables and the criterion variable (IPV) in order to assess for potentially confounding variables. Zero-order correlations were conducted between the criterion variable of IPV and age, income, and education level. The results of these correlational analyses can be found in Table 3. All three of these variables, age ($r=.70$, $p<.05$), income ($r=-.61$, $p<.05$), and education level ($r=-.18$, $p<.05$) were found to be significantly related to IPV, therefore, they were controlled for in the primary analyses. Further, the relationship between ethnic background and IPV was analyzed using a one way Analysis of Variance (ANOVA). The results indicated that there was not a significant effect of ethnic background on IPV ($F(2, 128)=1.88$, $p>.05$). A one way ANOVA was also conducted to examine the relationship between the site of recruitment of the sample (i.e., University versus substance abuse treatment facility) and IPV. The results indicated that rates of IPV significantly differed between the student and community sample ($F(1, 129)=122.95$, $p<.05$). The participants in the community sample reported a much greater frequency of IPV ($M=80.23$, $SD=62.50$) than the student sample ($M=8.60$, $SD=9.62$).
Table 1

Means, Standard Deviations, and Ranges for the Continuous Study Variables, Student and Inpatient Treatment Facility Samples Combined

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Min-Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTS</td>
<td>26.09</td>
<td>44.23</td>
<td>0-240</td>
</tr>
<tr>
<td>TMI-I</td>
<td>105.53</td>
<td>22.98</td>
<td>47-162</td>
</tr>
<tr>
<td>TMI-S</td>
<td>94.13</td>
<td>18.43</td>
<td>54-140</td>
</tr>
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<td>WIT</td>
<td>0.94</td>
<td>1.66</td>
<td>0-6</td>
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<tr>
<td>CTQ-EA</td>
<td>9.02</td>
<td>4.80</td>
<td>5-25</td>
</tr>
<tr>
<td>CTQ-PA</td>
<td>6.82</td>
<td>3.38</td>
<td>5-25</td>
</tr>
<tr>
<td>CTQ-SA</td>
<td>6.89</td>
<td>4.61</td>
<td>5-25</td>
</tr>
<tr>
<td>CTQ-EN</td>
<td>8.38</td>
<td>4.17</td>
<td>5-24</td>
</tr>
<tr>
<td>CTQ-PN</td>
<td>6.27</td>
<td>2.60</td>
<td>5-18</td>
</tr>
</tbody>
</table>

Note. CTS=Conflict Tactics Scale. TMI-I=Traditional Masculine Ideologies-Ideal Partner. TMI-S=Traditional Masculine Ideologies-Self endorsements. WIT=Witnessing Violence in Childhood. CTQ-EA=Childhood Trauma Questionnaire-Emotional Abuse. CTQ-PA=Childhood Trauma Questionnaire-Physical Abuse. CTQ-SA=Childhood Trauma Questionnaire-Sexual Abuse. CTQ-EN=Childhood Trauma Questionnaire-Emotional Neglect. CTQ-PN=Childhood Trauma Questionnaire-Physical Neglect.
Table 2

**Correlations Between Main Study Variables**

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<th>8</th>
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<td>1. IPV</td>
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<tr>
<td>2. SCL</td>
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<td></td>
<td></td>
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<tr>
<td>3. TMI-I</td>
<td>-.01</td>
<td>-.12</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>4. TMI-S</td>
<td>-.02</td>
<td>-.01</td>
<td>.66**</td>
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<tr>
<td>5. CTQ_EA</td>
<td>.46**</td>
<td>.41**</td>
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<td>-.02</td>
<td>.06</td>
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<tr>
<td>6. CTQ_PA</td>
<td>.46**</td>
<td>.41**</td>
<td>.01</td>
<td>.12</td>
<td>.74**</td>
<td></td>
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<tr>
<td>7. CTQ_SA</td>
<td>.51**</td>
<td>.46**</td>
<td>-.17</td>
<td>.09</td>
<td>.47**</td>
<td>.40**</td>
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<tr>
<td>8. CTQ_EN</td>
<td>.57**</td>
<td>.47**</td>
<td>-.08</td>
<td>-.01</td>
<td>.68**</td>
<td>.55**</td>
<td>.56**</td>
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<td></td>
</tr>
<tr>
<td>9. CTQ_PN</td>
<td>.51**</td>
<td>.48**</td>
<td>.02</td>
<td>.10</td>
<td>.46**</td>
<td>.50**</td>
<td>.41**</td>
<td>.56**</td>
<td></td>
<td></td>
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<tr>
<td>10. WitTot</td>
<td>.53**</td>
<td>.29**</td>
<td>-.03</td>
<td>.03</td>
<td>.54**</td>
<td>.62**</td>
<td>.44**</td>
<td>.48**</td>
<td>.58**</td>
<td></td>
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</tr>
<tr>
<td>11. WitSib</td>
<td>.35**</td>
<td>.24*</td>
<td>.07</td>
<td>.13</td>
<td>.58**</td>
<td>.52**</td>
<td>.29*</td>
<td>.51**</td>
<td>.38**</td>
<td>.63**</td>
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</tbody>
</table>

Note. IPV=Intimate partner violence, CTS total score. SCL= total symptom checklist. TMI-I=Traditional masculine ideologies ideal partner rating. TMI-S=Traditional masculine ideologies self rating. CTQ-EA=Childhood Trauma Questionnaire-Emotional Abuse. CTQ-PA=Childhood Trauma Questionnaire-Physical Abuse. CTQ-SA=Childhood Trauma Questionnaire-Sexual Abuse. CTQ-EN=Childhood Trauma Questionnaire-Emotional Neglect. CTQ-PN=Childhood Trauma Questionnaire-Physical Neglect. WitTot=witnessing of physical and psychological violence in childhood. WitSib=witnessing abuse of sibling or friend in childhood.

*p<.05, **p<.001
Table 3

Correlations Between IPV and Age, Education, and Income.

<table>
<thead>
<tr>
<th>Variable</th>
<th>IPV</th>
<th>Age</th>
<th>Education</th>
<th>Income</th>
</tr>
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<tbody>
<tr>
<td>IPV</td>
<td>---</td>
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<td></td>
</tr>
<tr>
<td>Age</td>
<td>.70**</td>
<td>---</td>
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<td></td>
</tr>
<tr>
<td>Education</td>
<td>-.18*</td>
<td>-.143</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td>-.61**</td>
<td>-.63**</td>
<td>.42**</td>
<td>---</td>
</tr>
</tbody>
</table>

Note. *p<.05, **p<.01
Given the findings that age, income, education level, and recruitment sample were significantly related to IPV, these variables were controlled for in the remaining analyses. Lastly, in order to better understand the differences between the samples, independent samples t-tests were also conducted comparing the student versus the community participants on continuous demographic variables, and all main study variables. The means and standard deviations of these variables and the results of these t-tests can be found in Table 4. The samples significantly differed on all study variables, with the exception of self TMI endorsements, and ideal partner TMI endorsements.

**Primary Analyses**

The primary hypotheses were tested through a multiple regression analysis utilizing witnessing violence in childhood as the predictor variable, self and ideal partner TMI endorsement as mediators, and IPV experience as the outcome variable.

The first hypothesis (i.e., that there would be a significant relationship between witnessing violence in childhood and adult IPV victimization) was tested by running a hierarchical regression with IPV victimization (i.e., CTS2 total scores) as the criterion variable, and witnessing violence as the predictor variable. Age, income, education, and recruitment sample were entered in the first step. Witnessing violence was entered in the second step. This regression was significant, indicating that after controlling for demographic variables, witnessing inter-parental violence in childhood was predictive of IPV in adulthood ($R^2\Delta = .03, p<.01$). That is, participants who had witnessed physical violence between their parents in childhood, were more likely to experience IPV as adults ($\beta = .21, p<.01$). The results of this analysis can be found in Table 5. Because this relationship was significant, additional analyses were run to test the other hypotheses.
Table 4

*Independent Samples T-Test Analysis Identifying Differences in Continuous Study Variables Between Participants Recruited at Different Locations*

<table>
<thead>
<tr>
<th>Variables</th>
<th>University Mean (Std. Dev.)</th>
<th>Treatment Facility Mean (Std. Dev.)</th>
<th>t</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Age</td>
<td>18.63 (0.63)</td>
<td>33.94 (9.84)</td>
<td>-15.51</td>
<td>130</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Education</td>
<td>12.53 (0.61)</td>
<td>11.88 (1.64)</td>
<td>3.32</td>
<td>130</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Income</td>
<td>5.03 (1.07)</td>
<td>1.39 (0.90)</td>
<td>17.50</td>
<td>127</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>WitTot</td>
<td>0.39 (0.90)</td>
<td>2.58 (2.26)</td>
<td>-7.93</td>
<td>130</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>IPV</td>
<td>8.60 (9.62)</td>
<td>80.23 (62.50)</td>
<td>-11.09</td>
<td>129</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>TMI-S</td>
<td>93.35 (17.92)</td>
<td>96.47 (19.98)</td>
<td>-0.84</td>
<td>130</td>
<td>.40</td>
</tr>
<tr>
<td>TMI-I</td>
<td>106.93 (23.38)</td>
<td>101.05 (21.40)</td>
<td>1.23</td>
<td>124</td>
<td>.22</td>
</tr>
<tr>
<td>CTQ_EA</td>
<td>7.63 (3.23)</td>
<td>13.31 (6.21)</td>
<td>-6.74</td>
<td>129</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>CTQ_PA</td>
<td>5.66 (1.32)</td>
<td>10.41 (4.98)</td>
<td>-8.66</td>
<td>129</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>CTQ_SA</td>
<td>5.37 (1.44)</td>
<td>11.60 (7.23)</td>
<td>-8.16</td>
<td>129</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>CTQ_EN</td>
<td>7.04 (2.74)</td>
<td>12.55 (5.04)</td>
<td>-7.89</td>
<td>129</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>CTQ_PN</td>
<td>5.49 (1.36)</td>
<td>8.66 (3.84)</td>
<td>-6.99</td>
<td>129</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>SQ: Total Score</td>
<td>17.38 (14.20)</td>
<td>45.22 (22.17)</td>
<td>-8.31</td>
<td>129</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>SQ: Depression</td>
<td>3.55 (4.35)</td>
<td>11.86 (6.17)</td>
<td>-8.42</td>
<td>129</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>SQ: Anxiety</td>
<td>5.64 (4.01)</td>
<td>11.86 (7.17)</td>
<td>-6.17</td>
<td>129</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>SQ: Anger-Hostility</td>
<td>3.33 (4.06)</td>
<td>10.22 (6.26)</td>
<td>-7.23</td>
<td>129</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>SQ: Somatization</td>
<td>4.86 (4.27)</td>
<td>11.30 (5.82)</td>
<td>-6.75</td>
<td>129</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

Note. IPV=Intimate partner violence. CTS total score. SCL= total symptom checklist. TMI-I=Traditional masculine ideologies ideal partner rating. TMI-S=Traditional masculine ideologies self rating. CTQ-EA=Childhood Trauma Questionnaire-Emotional Abuse. CTQ-PA=Childhood Trauma Questionnaire-Physical Abuse. CTQ-SA=Childhood Trauma Questionnaire-Sexual Abuse. CTQ-EN=Childhood Trauma Questionnaire-Emotional Neglect. CTQ-PN=Childhood Trauma Questionnaire-Physical Neglect. WitTot=witnessing of physical and psychological violence. WitPhy=witnessing inter-parental physical violence.
Table 5

Hierarchical Multiple Regression Analyses Predicting Adult Intimate Partner Violence from Witnessing of Inter-parental Violence in Childhood

<table>
<thead>
<tr>
<th>Variable</th>
<th>b</th>
<th>SEb</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
<th>R^2 Δ</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
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<td>Step 1</td>
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<td></td>
<td></td>
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<td>.54</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Age,</td>
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<td>.57</td>
<td>.40</td>
<td>3.77</td>
<td>&lt;.001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income,</td>
<td>-2.94</td>
<td>2.83</td>
<td>-.12</td>
<td>-1.04</td>
<td>.30</td>
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<td>Education,</td>
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<td>-.00</td>
<td>.99</td>
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<td></td>
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<tr>
<td>Sample</td>
<td>27.19</td>
<td>15.36</td>
<td>.27</td>
<td>1.77</td>
<td>.08</td>
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<td></td>
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<tr>
<td>Step 2</td>
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<td></td>
<td>.03</td>
<td>.004</td>
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<tr>
<td>Wit</td>
<td>5.71</td>
<td>1.96</td>
<td>.21</td>
<td>2.92</td>
<td>.004</td>
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<td></td>
</tr>
</tbody>
</table>

Note. Wit=witnessing of parental violence in childhood

R^2 = .54 for step 1; R^2 = .57 for step 2.
The second hypothesis (i.e., that there would be a significant relationship between witnessing violence and the hypothesized mediator variables of self and ideal partner endorsement of TMI) was tested by running two bivariate regressions; one in which self TMI endorsement was the outcome variable, and the other in which ideal partner TMI endorsement was the outcome variable, both with witnessing violence as the predictor variable. The results of these analyses can be found in Table 6 and Table 7. These regressions were not significant for self TMI ($R^2 \Delta = 0.00$, $p = 0.70$) or for ideal partner TMI ($R^2 \Delta = 0.00$, $p = 0.72$). That is, witnessing violence between parents in childhood was not associated with endorsements of one’s own TMI beliefs ($\beta = 0.03$ $p = 0.70$), or one’s beliefs about their ideal partner’s endorsements of TMI ($\beta = -0.46$ $p = 0.72$). Given that this relationship was non-significant, additional analyses were not necessary to conduct, as mediation was not present.

Despite the non-significant finding of Hypothesis 2, the third hypothesis (i.e., when statistically controlling for witnessing violence in childhood, there will continue to be a significant relationship between self and ideal partner endorsement of traditional masculine ideology beliefs and adult IPV victimization) was tested by conducting two multiple regression analyses, both in which adult IPV victimization was the outcome variable. In the both regressions, the demographic variables mentioned above that were found to be significantly related to IPV were entered in the first step (i.e. age, income, education, and sample). In the first regression, witnessing violence and self TMI beliefs were entered as predictor variables in the second step. In the second regression, witnessing violence and ideal partner TMI beliefs were entered as the predictor variables in the second step. The results of these analyses can be found in Tables 8 and 9.
Table 6

*Regression Analysis Predicting Self Endorsement of Traditional Masculine Ideologies from Witnessing of Inter-parental Violence in Childhood*

<table>
<thead>
<tr>
<th>Variable</th>
<th>b</th>
<th>SEb</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
<th>R² Δ</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wit</td>
<td>.38</td>
<td>0.97</td>
<td>.03</td>
<td>.39</td>
<td>.63</td>
<td>.00</td>
<td>.70</td>
</tr>
</tbody>
</table>

*Note.* Wit=witnessing of parental abuse frequency

Table 7

*Regression Analysis Predicting Ideal Partner Endorsement of Traditional Masculine Ideologies from Witnessing of Inter-parental Violence in Childhood*

<table>
<thead>
<tr>
<th>Variable</th>
<th>b</th>
<th>SEb</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
<th>R² Δ</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wit</td>
<td>-.46</td>
<td>1.27</td>
<td>-.03</td>
<td>-.37</td>
<td>.87</td>
<td>.00</td>
<td>.72</td>
</tr>
</tbody>
</table>

*Note.* Wit=witnessing of parental abuse frequency
Table 8

Hierarchical Multiple Regression Analyses Predicting Adult IPV from Self Endorsement of Traditional Masculine Ideologies, and Witnessing of Inter-parental Violence in Childhood

<table>
<thead>
<tr>
<th>Variable</th>
<th>b</th>
<th>SEb</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
<th>R² Δ</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sample</td>
<td>27.19</td>
<td>15.36</td>
<td>.27</td>
<td>1.77</td>
<td>.08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>2.15</td>
<td>.57</td>
<td>.40</td>
<td>3.77</td>
<td>&lt;.001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>-.01</td>
<td>2.99</td>
<td>.00</td>
<td>-.00</td>
<td>.99</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td>-2.94</td>
<td>2.83</td>
<td>-.12</td>
<td>-1.04</td>
<td>.30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.03</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Wit</td>
<td>5.63</td>
<td>1.96</td>
<td>.21</td>
<td>2.88</td>
<td>&lt;.05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TMI-S</td>
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<td>.15</td>
<td>-.06</td>
<td>-1.04</td>
<td>.30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Wit=witnessing of parental abuse frequency, TMI-S=Self endorsement of TMI
Table 9

Hierarchical Multiple Regression Analyses Predicting Adult IPV from Ideal Partner Endorsement of Traditional Masculine Ideologies, and Witnessing of Inter-parental Violence in Childhood

<table>
<thead>
<tr>
<th>Variable</th>
<th>b</th>
<th>SEb</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
<th>R² Δ</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Sample</td>
<td>27.49</td>
<td>15.40</td>
<td>.27</td>
<td>1.79</td>
<td>.08</td>
<td>.55</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Age</td>
<td>2.17</td>
<td>.57</td>
<td>.41</td>
<td>3.81</td>
<td>&lt;.001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>.21</td>
<td>3.05</td>
<td>.01</td>
<td>.07</td>
<td>.95</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income</td>
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<td>2.87</td>
<td>-.12</td>
<td>-1.00</td>
<td>.32</td>
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<td></td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.03</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Wit</td>
<td>5.53</td>
<td>1.97</td>
<td>.21</td>
<td>2.81</td>
<td>&lt;.05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TMI-I</td>
<td>.11</td>
<td>.12</td>
<td>.06</td>
<td>.90</td>
<td>.37</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Wit=witnessing of parental abuse frequency, TMI-I=Ideal partner endorsement of TMI.
The results indicated that self TMI endorsement ($\beta = -.06 \ p = .30$) and ideal partner TMI endorsement ($\beta = .06 \ p = .37$) were non-significant in these regression, suggesting that they did not predict IPV above and beyond witnessing violence in childhood. That is, witnessing violence between parents in childhood predicted adult IPV above and beyond both one’s self TMI endorsement ($\beta = .21 \ p < .05$) and ideal partner reported TMI endorsement ($\beta = .21 \ p < .05$).

Lastly, Hypothesis 4 (i.e., Assuming full mediation is present, when self and ideal partner TMI beliefs are statistically controlled, there will no longer be a significant relationship between witnessing violence in childhood and adult IPV victimization) was tested using the output of the previous multiple regressions. The beta weights describing the relationship between witnessing violence in childhood and adult IPV remained significant when entered with self TMI endorsements ($\beta = .21 \ p < .05$), as well as ideal partner TMI endorsements ($\beta = .21 \ p < .05$); therefore, full mediation could not be assumed. That is, witnessing violence between parents in childhood influences adult experiences of IPV, regardless of self or ideal partner TMI endorsements.

Despite the fact that the pattern of associations that would have been supportive of mediation was not found, the bootstrapping method was utilized to further explore the possibility of mediation (Preacher & Hayes, 2008). Bootstrapping was conducted twice, in both analyses, the demographic variables related to IPV were controlled for as covariates, IPV was the dependent variable, and the form of TMI (i.e., self or ideal) was entered as the mediator. Neither self nor ideal partner TMI endorsements were found to be significant mediators, as evidenced by the fact that zero was contained in both 95% confidence intervals of these models; [-.32, .82] and [-.21, .80] respectively.
**Follow-up Analyses**

Follow-up analyses were run in order to test whether witnessing violence in childhood predicted IPV in adulthood above and beyond childhood abuse experiences. These analyses also assess whether witnessing violence in childhood was a stronger predictor of IPV than each different type of childhood abuse experiences. These questions were tested by running five hierarchical regressions, in each one IPV was the criterion variable and the demographic variables found to be significantly related to IPV (i.e., age, education, income, and sample) were controlled for in the first step. In each separate regression, one of the five types of abuse or neglect measured by the CTQ (i.e., sexual abuse, emotional abuse, physical abuse, emotional neglect, and physical neglect), was entered in the second step and witnessing violence in childhood was entered in the third step. The results of these five separate regressions can be found in Tables 10 through 14.

All types of abuse and neglect were predictive of IPV in adulthood, with the exception of the experience of physical abuse, as indicated by significant R square change values on the second step in four out of five regressions. In addition, witnessing violence in childhood added to the ability to predict IPV, above and beyond experiencing physical abuse ($R^2\Delta = .02, p<.05$), sexual abuse ($R^2\Delta = .02, p<.05$), and emotional neglect ($R^2\Delta = .02, p<.05$) in childhood, as indicated by the significant R square change values on step three in each of these regressions. However, witnessing violence in childhood did not add to the ability to predict IPV above and beyond emotional abuse ($R^2\Delta = .01, p>.05$) or physical neglect ($R^2\Delta = .01, p>.05$).
Table 10

Hierarchical Multiple Regression Analyses Predicting Adult IPV from Emotional Abuse Experiences in Childhood and Witnessing of Inter-parental Violence in Childhood

<table>
<thead>
<tr>
<th>Variable</th>
<th>b</th>
<th>SEb</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
<th>R² Δ</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sample</td>
<td>27.19</td>
<td>15.36</td>
<td>.27</td>
<td>1.77</td>
<td>.08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>2.15</td>
<td>.57</td>
<td>.40</td>
<td>3.77</td>
<td>&lt;.001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
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<td>-.00</td>
<td>.99</td>
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<tr>
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<td>-.12</td>
<td>-1.04</td>
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<td>Step 2</td>
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<tr>
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<td>1.93</td>
<td>.06</td>
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</tr>
</tbody>
</table>

Note. Wit=Witnessing Violence in Childhood. CTQ-EA=Childhood Trauma Questionnaire-Emotional Abuse.
Table 11

Hierarchical Multiple Regression Analyses Predicting Adult IPV from Physical Abuse Experiences in Childhood and Witnessing of Inter-parental Violence in Childhood

<table>
<thead>
<tr>
<th>Variable</th>
<th>b</th>
<th>SEb</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
<th>R² Δ</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
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</tr>
<tr>
<td>Sample</td>
<td>27.19</td>
<td>15.36</td>
<td>.27</td>
<td>1.77</td>
<td>.08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>2.15</td>
<td>.57</td>
<td>.40</td>
<td>3.77</td>
<td>&lt;.001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
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<td>2.99</td>
<td>.00</td>
<td>-.00</td>
<td>.99</td>
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</tr>
<tr>
<td>Income</td>
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<td>2.83</td>
<td>-.12</td>
<td>-1.04</td>
<td>.30</td>
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<td></td>
</tr>
<tr>
<td>Step 2</td>
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<td></td>
<td>.01</td>
<td>.06</td>
</tr>
<tr>
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<td>.06</td>
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<td>.19</td>
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<td>&lt;.05</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Wit=Witnessing Violence in Childhood. CTQ-PA=Childhood Trauma Questionnaire-Physical Abuse.
Table 12

_Hierarchical Multiple Regression Analyses Predicting Adult IPV from Sexual Abuse Experiences in Childhood and Witnessing of Inter-parental Violence in Childhood_

<table>
<thead>
<tr>
<th>Variable</th>
<th>b</th>
<th>SEb</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
<th>R² Δ</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>.54</td>
<td>&lt;.001</td>
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</tr>
<tr>
<td>Sample</td>
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<td>15.36</td>
<td>.27</td>
<td>1.77</td>
<td>.08</td>
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<tr>
<td>Age</td>
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<td>.57</td>
<td>.40</td>
<td>3.77</td>
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<tr>
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<td>2.83</td>
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<td>-1.04</td>
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<td>Step 2</td>
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<td>&lt;.05</td>
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<tr>
<td>CTQ-SA</td>
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<td>Step 3</td>
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<td>2.60</td>
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</tbody>
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_Note._ Wit=Witnessing Violence in Childhood. CTQ-SA=Childhood Trauma Questionnaire-Sexual Abuse.
Table 13

*Hierarchical Multiple Regression Analyses Predicting Adult IPV from Emotional Neglect Experiences in Childhood and Witnessing of Inter-parental Violence in Childhood*

<table>
<thead>
<tr>
<th>Variable</th>
<th>b</th>
<th>SEb</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
<th>R² Δ</th>
<th>Sig.</th>
</tr>
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<tbody>
<tr>
<td><strong>Step 1</strong></td>
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<tr>
<td>Sample</td>
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<td>15.36</td>
<td>.27</td>
<td>1.77</td>
<td>.08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>2.15</td>
<td>.57</td>
<td>.40</td>
<td>3.77</td>
<td>&lt;.001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
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<td></td>
</tr>
<tr>
<td>Income</td>
<td>-2.94</td>
<td>2.83</td>
<td>-0.12</td>
<td>-1.04</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
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</tr>
</tbody>
</table>

*Note.* Wit=Witnessing Violence in Childhood. CTQ-EN=Childhood Trauma Questionnaire-Emotional Neglect.
Table 14

Hierarchical Multiple Regression Analyses Predicting Adult IPV from Physical Neglect Experiences in Childhood and Witnessing of Inter-parental Violence in Childhood

<table>
<thead>
<tr>
<th>Variable</th>
<th>b</th>
<th>SEb</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
<th>R^2 Δ</th>
<th>Sig.</th>
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<tbody>
<tr>
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<td>.27</td>
<td>1.77</td>
<td>.08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>2.15</td>
<td>.57</td>
<td>.40</td>
<td>3.77</td>
<td>&lt;.001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
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</tr>
<tr>
<td>Income</td>
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<td>2.83</td>
<td>-0.12</td>
<td>-1.04</td>
<td>.30</td>
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<td></td>
<td></td>
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<td>.03</td>
<td>&lt;.01</td>
</tr>
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<td>CTQ-PN</td>
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<td>Step 3</td>
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<td>.01</td>
<td>.05</td>
</tr>
<tr>
<td>Wit</td>
<td>4.24</td>
<td>2.13</td>
<td>.16</td>
<td>1.99</td>
<td>.05</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note.* Wit=Witnessing Violence in Childhood. CTQ-PN=Childhood Trauma Questionnaire-Physical Neglect.
The ability of each type of childhood abuse to predict self and ideal partner endorsements of TMI was also analyzed in order to understand any possible differences in development of these attitudes. This was assessed by running five separate regressions in which self TMI endorsement was the criterion variable, and one of the five subscales of CTQ was the predictor variable. Another five regressions were run in which ideal partner TMI was the criterion variable and one of the five subscales of CTQ was the predictor variable. Although these regressions were run separately, the results of these analyses were combined for presentation and can be found in Tables 15 and 16. The first five regressions indicated that none of the five types of abuse or neglect in childhood predicted self TMI endorsement as indicated by the non-significant beta weights. The second set of regressions indicated that none of the five types of abuse or neglect in childhood predicted ideal partner TMI endorsement, as indicated by the non-significant beta weights.

Finally, additional analyses were done in order to assess whether witnessing violence between parents in childhood predicts IPV above and beyond witnessing violence against a sibling or friend. This was tested by running a hierarchical multiple regression with IPV as the criterion variable. The demographic variables found to be significantly related to IPV (i.e., age, education, income, and sample) were entered in the first step, the witnessing abuse of sibling or friend was entered in the second step, and witnessing inter-parental violence was entered in the third step. The results of this analysis can be found in Table 17. The $R^2$ change value for the second step, was non-significant ($R^2\Delta = .01, p > .05$) suggesting that witnessing abuse of a sibling in childhood does not predict experiences of IPV in adulthood.
Table 15

Combined Results of Separate Regression Analyses Predicting Self Endorsement of Traditional Masculine Ideologies from Childhood Abuse Experiences

<table>
<thead>
<tr>
<th>Variable</th>
<th>b</th>
<th>SEb</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
<th>R² Δ</th>
<th>Sig.</th>
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<td>CTQ-EA</td>
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<td>.06</td>
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<td>.47</td>
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<td>CTQ-PA</td>
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<td>.01</td>
<td>.19</td>
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<td>-.09</td>
<td>-1.06</td>
<td>.29</td>
<td>.01</td>
<td>.29</td>
</tr>
<tr>
<td>CTQ-EN</td>
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<td>-.01</td>
<td>-.09</td>
<td>.93</td>
<td>.01</td>
<td>.93</td>
</tr>
<tr>
<td>CTQ-PN</td>
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<td>.62</td>
<td>.10</td>
<td>1.13</td>
<td>.26</td>
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<td>.26</td>
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</tbody>
</table>

Note. CTQ-EA=Childhood Trauma Questionnaire-Emotional Abuse. CTQ-PA=Childhood Trauma Questionnaire-Physical Abuse. CTQ-SA=Childhood Trauma Questionnaire-Sexual Abuse. CTQ-EN=Childhood Trauma Questionnaire-Emotional Neglect. CTQ-PN=Childhood Trauma Questionnaire-Physical Neglect.
Table 16

*Combined Results of Separate Regression Analyses Predicting Ideal Partner Endorsement of Traditional Masculine Ideologies from Childhood Abuse Experiences*

<table>
<thead>
<tr>
<th>Variable</th>
<th>b</th>
<th>SEb</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
<th>R² Δ</th>
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<tr>
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<td>CTQ-PA</td>
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<td>.14</td>
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<td>.89</td>
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<td>.06</td>
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<td>CTQ-EN</td>
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<td>.37</td>
</tr>
<tr>
<td>CTQ-PN</td>
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<td>.82</td>
<td>.02</td>
<td>.19</td>
<td>.85</td>
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</table>

*Note.* CTQ-EA=Childhood Trauma Questionnaire-Emotional Abuse. CTQ-PA=Childhood Trauma Questionnaire-Physical Abuse. CTQ-SA=Childhood Trauma Questionnaire-Sexual Abuse. CTQ-EN=Childhood Trauma Questionnaire-Emotional Neglect. CTQ-PN=Childhood Trauma Questionnaire-Physical Neglect.
Table 17

*Hierarchical Multiple Regression Analyses Predicting Adult IPV Experience from Witnessing Abuse of a Sibling in Childhood*

<table>
<thead>
<tr>
<th>Variable</th>
<th>b</th>
<th>SEb</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
<th>R² Δ</th>
<th>Sig.</th>
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<tbody>
<tr>
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<td></td>
</tr>
<tr>
<td>Sample</td>
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<td>15.36</td>
<td>.27</td>
<td>1.77</td>
<td>.08</td>
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<tr>
<td>Age</td>
<td>2.15</td>
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<td>.40</td>
<td>3.77</td>
<td>&lt;.001</td>
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<td>Education</td>
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<td>-.00</td>
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</tr>
<tr>
<td>Income</td>
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<td>2.83</td>
<td>-.12</td>
<td>-1.04</td>
<td>.30</td>
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<td></td>
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<tr>
<td>Step 2</td>
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<td>.01</td>
<td>.10</td>
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<tr>
<td>Step 3</td>
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<td></td>
<td></td>
<td>.02</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Wit</td>
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<td>.20</td>
<td>2.36</td>
<td>&lt;.05</td>
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</tr>
</tbody>
</table>

*Note.* Wit=witnessing of parental abuse frequency, WITSIB=witnessing of sibling abuse frequency
In addition, the $R^2$ change value in the third step was significant ($R^2\Delta = .02, p<.05$).

Therefore, we can assume that witnessing inter-parental violence had an effect on adult IPV above and beyond witnessing sibling or friend abuse ($\beta = .20 p<.05$).
DISCUSSION

This study examined the relationship between witnessing inter-parental violence in childhood and adult IPV victimization in women. It was hypothesized that one’s own views regarding traditional gender role ideologies or one’s expected ideal partner’s views regarding traditional gender role ideologies would mediate the relationship between witnessing violence in childhood and adult IPV victimization. I did not find complete support for these hypotheses. While I did find that witnessing physical abuse between parents in childhood was predictive of IPV experiences in adulthood, neither self TMI endorsements nor expected ideal partner TMI endorsements mediated this relationship as tested through a bootstrapping technique. In the remainder of the discussion section, I will focus on examining the relationships identified in this study and possible implications of these results. I will conclude this section with a discussion of limitations and future research directions.

Explaining the Relationship between Witnessing Inter-parental Violence in Childhood and Adult IPV Experiences

TMI as the mediator (Hypotheses 1-4). In the primary hypotheses of this study, I predicted that a woman’s own personal endorsements of TMI or their perceptions of the degree of endorsement of TMI of their ideal partner would mediate the relationship between witnessing violence in childhood and IPV victimization in adulthood.
In terms of identifying the relationship between witnessing violence in childhood and adult IPV, my results were consistent with the literature in finding that witnessing inter-parental violence is a predictor of eventual adult IPV experiences (Bensley et al., 2003; Coker et al., 2000; Hotaling & Sugarman, 1986; Walker, 2000). Specifically, I found that reported witnessing of violence between parents was predictive of the likelihood of experiencing IPV in adulthood. In the current study, I asked about witnessing physical as well as psychological aggression between parents. While witnessing violence in childhood is frequently studied, there does not appear to be a consistently utilized measure of witnessing of physical or emotional abuse between parents. Future researchers should continue to refine and develop a more concrete measure to assess witnessing physical as well as psychological aggression.

The analyses testing for TMI as a mediator of the relationship between witnessing violence between parents and adult IPV victimization were all non-significant. This hypothesis was developed based on previous literature that has suggested that witnessing violence in childhood is predictive of traditional gender role stereotypes and attitudes (Lichter & McCloskey, 2004), and the finding that males who endorse more traditional gendered attitudes are also more likely to be violent towards women (Reidy et al., 2009). Therefore, it was surprising that ideal partner TMI was not a mediator of the relationship between witnessing violence in childhood and being a victim of IPV in adulthood. It was expected that women who had experienced IPV in their relationships would be more likely to report ideal partner TMI scores that were higher, indicating they were dating men with these more traditional views, and in turn experiencing higher levels of IPV.
One possible reason that this finding was not significant is that there was a great deal of confusion in participants’ completion of the MRNS (Thompson & Pleck, 1986), the measure used to assess TMI in the current study. For example, since this study included two versions of this scale, one with instructions to rate their personal views and a second to rate an ideal partner’s views, people often asked the researchers in the study sessions if they were to complete both, or at times only chose to complete one of the forms. There were six missing cases for the MRNS ideal partner ratings, indicating that perhaps the directions were unclear, or a number of participants chose only to respond to one version of the measure. Another point worth noting is that the community sample consisted of individuals currently in an alcohol and drug rehabilitation center, some of whom had just undergone detoxification from drugs and alcohol and were facing a great deal of environmental stressors. These circumstances may have affected their ability to comprehend the instructions, therefore, influencing the results obtained with this measure from this particular subsample.

Another possible explanation of the non-significant effect with respect to mediation could be related to the wording of the instructions for the MRNS. In order to assess whether these women were seeking out, or attracted to partners with these more traditional gender ideologies, I chose to assess what they perceived their “ideal partner’s” endorsements to be. A clearer way to word the directions might have been to ask them to rate how their current or past partners would have responded to these items. This change in wording to refer to their actual partners, rather than their ideal partners, would, therefore, assess if they are in fact dating individuals with these views rather than wanting or desiring partners with these views. It may be that these women do not, in fact,
desire to date men with these views, but in reality end up dating men with these views nonetheless.

**Additional Analyses.** In addition to the hypotheses regarding TMI as a mediator, the current study also explored a number of supplemental research questions. Most prominently, the CTQ (Bernstein et al., 2003) was included in this study in order to explore the degree to which witnessing violence predicted experiences of IPV in adulthood above and beyond actual abuse experiences in childhood. I made no specific hypotheses regarding this relationship, the results were surprising in that witnessing inter-parental violence in childhood predicted adult IPV experiences even after controlling for childhood physical and sexual abuse and emotional neglect experiences. Interestingly, witnessing violence in childhood did not predict IPV above and beyond emotional abuse or physical neglect, suggesting there might be a unique effect of these specific childhood experiences. While the literature regarding this exact question is limited, the current finding was consistent with a study by Maker, Kemmelmeier, and Peterson (1998) in which they found that after controlling for physical and sexual abuse experiences, those who had witnessed violence between parents were more likely to report greater levels of violence in their dating relationships.

Similarly, in a literature review, Hotaling and Sugarman (1986) concluded that witnessing violence between parents in childhood is a more consistent risk factor than actual abuse experiences. These researchers evaluated risk factors based on the statistical analyses presented in the original studies, and then compared these risk factors based on their consistency in statistically predicting IPV experiences (i.e., the frequency of studies in which a given variable was a statistically significant predictor of IPV). However,
because this was a literature review, they did not actually statistically control for abuse and neglect experiences in their analysis of witnessing violence in childhood as a risk factor for IPV or vice versa. Therefore, the unique aspect of the current study was that the results indicated that witnessing violence was a significant predictor of IPV even after accounting for sexual and physical abuse as well as emotional neglect in childhood.

While the literature regarding the ability of witnessing inter-parental violence in childhood to predict adult IPV experiences above and beyond actual abuse experiences is rather scant, a number of studies have directly compared witnessing violence versus abuse experiences in the ability to predict psychological dysfunction. One study found that parental violence exposure in childhood predicted psychological maladjustment in adulthood even after controlling for physical and sexual abuse experiences in a sample of Latina women (Davies, DiLillo, & Martinez, 2004). In this study, Davies and colleagues (2004) found that witnessing violence continued to predict trauma symptomatology, depression, and self-esteem after controlling for physical and sexual abuse experiences in a hierarchical regression analysis. Although the study by Davies and colleagues utilized a different criterion variable than the current study (i.e., psychological maladjustment versus IPV experience in adulthood), their finding lends evidence to the added detrimental effects of witnessing violence even after accounting for actual abuse experiences. In contrast to the findings of the current study, another study found that childhood abuse experiences alone predicted adult PTSD symptomatology, while witnessing violence in isolation did not (Kulkarni, Graham-Bermann, Rauch, & Seng, 2011). Taken together these studies suggest that there is a need for more research to
tease apart the complex relationship between childhood abuse experiences, witnessing family violence, and eventual psychological and relationship outcomes.

Other additional analyses were conducted to examine the ability of different abuse experiences to predict TMI endorsements, however, no hypotheses were made regarding these analyses. None of the five types of abuse or neglect experiences were predictive of self or ideal partner TMI endorsements. This is surprising given that research has linked certain abuse experiences in childhood to greater attitudes condoning violence and traditional gender role attitudes (O’Hearn & Margolin, 2000; Phillips & Phillips, 2010). It may be that the attitudes measured by the MRNS, used to assess TMI, are a unique set of attitudes that need further exploration in relation to abuse and neglect experiences. It might be interesting for future researchers to explore what might be related to the development of higher endorsement of specific TMI constructs. The next section of the discussion will cover the clinical implications of these findings.

**Clinical Implications**

The results of the current study could potentially inform future prevention efforts by providing evidence as to why clinicians should target those families in which children are exposed to inter-parental violence. As this study, and previously documented studies (Bensley et al., 2003; Coker et al., 2000; Hotaling & Sugarman, 1986; Walker, 2000), have demonstrated, witnessing inter-parental violence in childhood is a prominent risk factor for IPV victimization in adulthood. Therefore, a potential intervention could focus on educating parents of the impact that violence in the home could potentially have on their children. Foshee, McNaughton Reyes, and Wyckoff (2009) suggest the possibility
of intervening with parents to reduce their children’s exposure to risk factors, such as witnessing violence.

One possible way to accomplish this task is to target couples who come into therapy with IPV histories. This could be done by providing psycho-education concerning the potential effects of this violence on their children. Other possible interventions could incorporate modeling of healthy relationships for those children who have been exposed to violence in the home. Foshee et al. (2009) note the limited amount of research on prevention programs targeting populations in which children have witnessed IPV. This lack of research suggests a need for future researchers and clinicians to possibly develop and evaluate prevention programs for this at-risk population. If prevention programs can target these at-risk populations, or attempt to intervene in childhood, it may help to reduce the number of adult women exposed to intimate partner violence.

**Limitations and Future Directions**

A number of the limitations of this study arise from the use of a very unique sample. I attempted to utilize a sample likely to have a wide range on the variable of IPV as well as childhood experiences, and did not want to limit this sample to undergraduate students at a Midwestern, private university. In an attempt to obtain a diverse sample that might generalize to the community, a variety of community agencies were approached for recruitment of potential subjects including community recreation centers, domestic violence shelters, substance abuse clinics, and mental health centers. However, due to the sensitive nature of the topic and the inability to pay participants, the only community site that granted permission to recruit subjects was a substance abuse treatment facility.
Feedback from sites reflected concern about safety of victims at shelters (even though confidentiality was ensured), as well as lack of a large enough incentive for their participation.

The inclusion of only one substance abuse treatment facility in conjunction with student data created two very different samples within our participants. As noted above, these samples differed significantly on a number of demographic variables as well as the presence of certain mental health symptoms. Given these vast differences I controlled for the recruitment site in my statistical analyses, however, combining such dramatically different subsamples makes my findings less generalizable to the average population. In future research, it would be beneficial to provide some type of compensation to participants in order to obtain a more generalizable sample. It would also be necessary to use other forms of advertisement, such as newspaper and radio ads to reach participants rather than utilizing samples of convenience. Another methodological limitation of this study was the use of retrospective report of events in childhood. Asking individuals to report back to childhood likely reduced the accuracy of their responses. In the future, a longitudinal design might be more desirable.

Another limitation of my study may have been the particular instructions of the MRNS (Thompson & Pleck, 1986) utilized. As briefly mentioned above, in this study researchers asked participants to report on their own views regarding TMI, as well as their “ideal partner’s” views regarding TMI. These instructions and utilizing two forms of the same questionnaire with different instructions proved to be confusing for participants, and could have accounted for the non-significant findings. In future research, it may be beneficial to reframe this wording to ask participants what their
current or past partners might endorse on this scale. Another method might be to have participants rate vignettes depicting these characteristics and rating their attraction or desire to date these men, rather than simply asking what their preferred partner might believe. Related to difficulties with this questionnaire, a number of participants reported to researchers that they were not heterosexual and, therefore, did not know how to respond to these items concerning male behavior. Thus, another limitation of this study was that I failed to include a demographic question concerning sexual orientation which may have influenced ratings of TMI as well as IPV experiences.

A strength of the current study was the focus on evaluating a mediator of childhood witnessing violence on adult IPV victimization. Foshee and colleagues (2009) have called for research to attempt to identify mediators and moderators of the relationship between childhood violence exposure and eventual IPV victimization. Future research should continue to explore possible explanatory mechanisms of the relationship between witnessing violence and experiences of IPV. While TMI endorsements were not significant in this study, past research has identified traditional gender roles as well as hypermasculinity and attitudes towards women as being associated with both witnessing violence in childhood and IPV victimization. I limited the hypotheses in this study to TMI, which may have limited the ability to find mediation. A future research study could improve upon the current methodology by incorporating a number of different constructs as potential mediators. For example, instead of only assessing TMI, future research could also assess attitudes towards women in current partners or hypermasculinity as possible mediators. One limitation may be that TMI was too specific of a construct to assess and that a broader array of gendered attitudes or
personality characteristics may better account for this link between witnessing violence between parents in childhood and adult experiences of IPV.

In addition to assessing different gender ideology related constructs, it may be beneficial for future research to focus on personality factors of victims of IPV and their partners. While this study attempted to assess the gender ideologies of victim’s ideal partners, it may also be beneficial to assess certain personality characteristics of victim’s partners. Past research has identified antisocial behavior as a risk factor for IPV and researchers prompt for developmentally focused research to incorporate exploration of these characteristics as precursors to IPV (Ehrensaft, 2008). For example, in the future researchers could assess if antisocial characteristics or psychopathy of partners may mediate the relationship between witnessing violence in childhood and IPV.

Another strength of the current study is the emphasis placed on a developmental perspective of IPV in adulthood. Ehrensaft (2008) stressed the importance of IPV research to shift to a developmental focus and to help explain how individuals come to be involved in aggressive relationships. While the current research could not examine all factors related to developmental progression, in this study, I attempted to address one possible mechanism that may account for the link between childhood experiences and IPV victimization in adulthood. Future research should continue to focus on this developmental perspective in order to grasp a bigger picture of IPV and focus on mediating factors of the relationship between witnessing violence between parents in childhood and adult IPV victimization. In order to accomplish this goal, a greater reliance on longitudinal designs would be ideal.
In conclusion, this study helped to solidify the prominence of witnessing violence as a risk factor for IPV. The current study also provides a jumping off point from which to continue to explore a number of mediators to better understand the link between witnessing violence in childhood and experiences of IPV in adulthood. Identifying support for current hypothesized mediators or identifying new mediators or moderators will help to guide treatment as well as prevention of IPV. Given the prevalence rates of IPV and injury sustained, the need has never been more evident for researchers and clinicians to recognize the importance of creating and evaluating prevention programs and treatments for victims of IPV and their children.
REFERENCES


doi:10.1016/j.socscimed.2009.09.030

doi:10.2307/353752


doi:10.1023/A:1022079418229


health status: Associations with severity, danger, and self-advocacy behaviors.

*Journal of Women's Health, 18*, 625-631. doi: 10.1089/jwh.2007.0521


APPENDIX A

DEMOGRAPHICS

1. From what agency or center did you receive this questionnaire?

________________________________________________________________________

2. What is your age? ______

3. What is your gender? M    F

4. What is your ethnic background? (Check one)
   _White
   _African American
   _Latino/Latina
   _Native American
   _Asian or Pacific Islander
   _Other

5. Circle Highest Grade You Completed in School:

1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  Grad/Prof Training

List any College Degrees ______________________________________________________

6. Gross Family Income (yearly):

_______ Under 10,000    _______ 50,000 – 70,000

_______ 10,000 – 30,000    _______ 70,000 – 90,000

_______ 30,000 – 50,000    _______ Over 90,000
### APPENDIX B

**WITNESSING VIOLENCE**

1. In childhood, how often did you witness one of your parents being kicked, slapped, punched, hit, or otherwise physically hurt by a spouse or partner?

   0  
   1  
   2  
   3

   Never  1 or 2 times  3-9 times  10 or more times

2. In childhood, did you ever witness one of your parents in a verbal argument with a partner or spouse that escalated to the point of one person being hurt?

   0  
   1  
   2  
   3

   Never  1 or 2 times  3-9 times  10 or more times

3. In childhood, did you ever witness one of your siblings or friends being kicked slapped, punched, hit or otherwise physically hurt by your parent or your parent’s spouse or partner?

   0  
   1  
   2  
   3

   Never  1 or 2 times  3-9 times  10 or more times
APPENDIX C

MALE ROLE NORMS SCALE (GENERAL)

The following is a list of beliefs that some people subscribe to. Please rate each scenario in terms of how much you personally **agree or disagree with it**. Make these ratings on a 1 to 7 scale with 1 meaning that you strongly disagree and 7 meaning that you strongly agree.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
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<td>5</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
</tr>
</tbody>
</table>

1. A man should always try to project an air of confidence even if he really does not feel confident. ____
2. I think a young man should try to become physically tough even if he’s not big. ____
3. If I heard about a man who was a hairdresser and a gourmet cook, I might wonder how masculine he was. ____
4. A good motto for a man would be, “When the going gets tough, the tough get going.” ____
5. A man owes it to his family to work at the best-paying job he can get. ____
6. When a man is feeling a little pain, he should try not to let it show very much. ____
7. A man must stand on his own two feet and never depend on other people to help him do things. ____
8. A man should always refuse to get into a fight, even if there seems to be no way to avoid it. ____
9. A man whose hobbies are cooking, sewing, and going to the ballet probably wouldn’t appeal to me. ____
10. Success in his work has to be a man’s central goal in this life. ____
11. A man should never back down in the face of trouble. ____
12. I might find it a little silly or embarrassing if a male friend of mine cried over a sad love scene in a movie. ____
13. A man should generally work overtime to make more money whenever he has the chance. ____
14. Fists are sometimes the only way to get out of a bad situation. ____
15. I always like a man who’s totally sure of himself. ____

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16. Unless he was really desperate, I would probably advise a man to keep looking rather than accept a job as a secretary. ____
17. A real man enjoys a bit of danger now and then. ____
18. It is essential for a man to always have the respect and admiration of everyone who knows him. ____
19. I think it’s extremely good for a boy to be taught to cook, sew, clean the house, and take care of younger children. ____ *
20. A man always deserves the respect of his wife and children. ____
21. A man should always think everything out coolly and logically and have rational reasons for everything he does. ____
22. It bothers me when a man does something that I consider “feminine.” ____
23. Nobody respects a man very much who frequently talks about his worries, fears, and problems. ____
24. It is a bit embarrassing for a man to have a job that is usually filled by a woman. ____
25. In some kinds of situations a man should be ready to use his fists, even if his wife or his girlfriend would object. ____
26. The best way for a young man to get the respect of other people is to get a job, take it seriously, and do it well. ____

Scoring Note: Add raw scores of all responses; total scores can range from 26 to 182. Higher scores indicate more traditional gender role attitudes.
* = reverse-scored items
Thompson and Pleck (1986).
APPENDIX D

MALE ROLE NORMS SCALE (IDEAL PARTNER)

The following is a list of beliefs that some people subscribe to. Please rate each scenario in terms of how much your ideal romantic partner would agree or disagree with it. Make these ratings on a 1 to 7 scale with 1 meaning that your ideal romantic partner would strongly disagree and 7 meaning that your ideal romantic partner would strongly agree.

Strongly________________________ Strongly Agree
Disagree 1 2 3 4 5 6 7

1. A man should always try to project an air of confidence even if he really does not feel confident. _____
2. I think a young man should try to become physically tough even if he’s not big. _____
3. If I heard about a man who was a hairdresser and a gourmet cook, I might wonder how masculine he was. _____
4. A good motto for a man would be, “When the going gets tough, the tough get going.” _____
5. A man owes it to his family to work at the best-paying job he can get. _____
6. When a man is feeling a little pain, he should try not to let it show very much. _____
7. A man must stand on his own two feet and never depend on other people to help him do things. _____
8. A man should always refuse to get into a fight, even if there seems to be no way to avoid it. _____*
9. A man whose hobbies are cooking, sewing, and going to the ballet probably wouldn’t appeal to me. _____
10. Success in his work has to be a man’s central goal in this life. _____
11. A man should never back down in the face of trouble. _____
12. I might find it a little silly or embarrassing if a male friend of mine cried over a sad love scene in a movie. _____
13. A man should generally work overtime to make more money whenever he has the chance. _____
14. Fists are sometimes the only way to get out of a bad situation. _____
15. I always like a man who’s totally sure of himself. _____
16. Unless he was really desperate, I would probably advise a man to keep looking rather than accept a job as a secretary. _____
17. A real man enjoys a bit of danger now and then. _____
18. It is essential for a man to always have the respect and admiration of everyone who knows him. _____
19. I think it’s extremely good for a boy to be taught to cook, sew, clean the house, and take care of younger children. _____*
20. A man always deserves the respect of his wife and children. _____
21. A man should always think everything out coolly and logically and have rational reasons for everything he does. _____
22. It bothers me when a man does something that I consider “feminine.” _____
23. Nobody respects a man very much who frequently talks about his worries, fears, and problems. _____
24. It is a bit embarrassing for a man to have a job that is usually filled by a woman. _____
25. In some kinds of situations a man should be ready to use his fists, even if his wife or his girlfriend would object. _____
26. The best way for a young man to get the respect of other people is to get a job, take it seriously, and do it well. _____

Scoring Note: Add raw scores of all responses; total scores can range from 26 to 182. Higher scores indicate more traditional gender role attitudes.
* = reverse-scored items
Thompson and Pleck (1986).
APPENDIX E

KELLNER SYMPTOM QUESTIONNAIRE

Please describe how you feel IN GENERAL by circling the appropriate response for each word. A few times you have the choice of answering either TRUE or FALSE. Do not think long before answering. Work Quickly!

1. Nervous Yes No
2. Weary Yes No
3. Irritable Yes No
4. Cheerful Yes No
5. Tense, tensed up Yes No
6. Sad, Blue Yes No
7. Happy Yes No
8. Frightened Yes No
9. Feeling calm Yes No
10. Feeling healthy Yes No
11. Losing temper easily Yes No
12. Feeling of not enough air Yes No
13. Feeling kind toward people True False
14. Feeling fit Yes No
15. Heavy arms or legs Yes No
16. Feeling confident Yes No
17. Feeling warm toward people Yes No
18. Shaky Yes No
19. No pains anywhere True False
20. Angry Yes No
21. Arms and legs feel strong Yes No
22. Appetite poor Yes No
23. Feeling peaceful Yes No
24. Feeling unworthy Yes No
25. Annoyed Yes No
26. Feeling of rage Yes No
27. Cannot enjoy yourself True False
28. Tight head or neck Yes No
29. Relaxed Yes No
30. Restless Yes No
31. Feeling friendly Yes No
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>32. Feeling of hate</td>
<td>Yes No</td>
</tr>
<tr>
<td>33. Choking feeling</td>
<td>Yes No</td>
</tr>
<tr>
<td>34. Afraid</td>
<td>Yes No</td>
</tr>
<tr>
<td>35. Patient</td>
<td>Yes No</td>
</tr>
<tr>
<td>36. Scared</td>
<td>Yes No</td>
</tr>
<tr>
<td>37. Furious</td>
<td>Yes No</td>
</tr>
<tr>
<td>38. Feeling Charitable, forgiving</td>
<td>Yes No</td>
</tr>
<tr>
<td>39. Feeling guilty</td>
<td>Yes No</td>
</tr>
<tr>
<td>40. Feeling well</td>
<td>Yes No</td>
</tr>
<tr>
<td>41. Feeling of pressure in head or body</td>
<td>Yes No</td>
</tr>
<tr>
<td>42. Worried</td>
<td>Yes No</td>
</tr>
<tr>
<td>43. Contented</td>
<td>Yes No</td>
</tr>
<tr>
<td>44. Weak arms or legs</td>
<td>Yes No</td>
</tr>
<tr>
<td>45. Feeling desperate, terrible</td>
<td>Yes No</td>
</tr>
<tr>
<td>46. No aches anywhere</td>
<td>True False</td>
</tr>
<tr>
<td>47. Thinking of death or dying</td>
<td>Yes No</td>
</tr>
<tr>
<td>48. Hot tempered</td>
<td>Yes No</td>
</tr>
<tr>
<td>49. Terrified</td>
<td>Yes No</td>
</tr>
<tr>
<td>50. Feeling of courage</td>
<td>Yes No</td>
</tr>
<tr>
<td>51. Enjoying yourself</td>
<td>Yes No</td>
</tr>
<tr>
<td>52. Breathing difficult</td>
<td>Yes No</td>
</tr>
<tr>
<td>53. Parts of body feel numb or tingling</td>
<td>Yes No</td>
</tr>
<tr>
<td>54. Takes a long time to fall asleep</td>
<td>Yes No</td>
</tr>
<tr>
<td>55. Feeling hostile</td>
<td>Yes No</td>
</tr>
<tr>
<td>56. Infuriated</td>
<td>Yes No</td>
</tr>
<tr>
<td>57. Hearting beating fast or pounding</td>
<td>Yes No</td>
</tr>
<tr>
<td>58. Depressed</td>
<td>Yes No</td>
</tr>
<tr>
<td>59. Jumpy</td>
<td>Yes No</td>
</tr>
<tr>
<td>60. Feeling a failure</td>
<td>Yes No</td>
</tr>
<tr>
<td>61. Not interested in things</td>
<td>True False</td>
</tr>
<tr>
<td>62. Highly strung</td>
<td>Yes No</td>
</tr>
<tr>
<td>63. Cannot relax</td>
<td>True False</td>
</tr>
<tr>
<td>64. Panicky</td>
<td>Yes No</td>
</tr>
<tr>
<td>65. Pressure on head</td>
<td>Yes No</td>
</tr>
<tr>
<td>66. Blaming yourself</td>
<td>Yes No</td>
</tr>
<tr>
<td>67. Thoughts of ending your life</td>
<td>Yes No</td>
</tr>
<tr>
<td>68. Frightened thoughts</td>
<td>Yes No</td>
</tr>
<tr>
<td>69. Enraged</td>
<td>Yes No</td>
</tr>
<tr>
<td>70. Irritated by other people</td>
<td>Yes No</td>
</tr>
<tr>
<td>71. Looking forward toward the future</td>
<td>Yes No</td>
</tr>
<tr>
<td>72. Nauseated, sick to stomach</td>
<td>Yes No</td>
</tr>
<tr>
<td>73. Feeling that life is bad</td>
<td>Yes No</td>
</tr>
<tr>
<td>74. Upset bowels or stomach</td>
<td>Yes No</td>
</tr>
<tr>
<td>75. Feeling inferior to others</td>
<td>Yes No</td>
</tr>
<tr>
<td>76. Feeling useless</td>
<td>Yes No</td>
</tr>
<tr>
<td>77. Muscle pains</td>
<td>Yes No</td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td>78. No unpleasant feeling in head or body</td>
<td>True</td>
</tr>
<tr>
<td>79. Headaches</td>
<td>Yes</td>
</tr>
<tr>
<td>80. Feel like attacking people</td>
<td>Yes</td>
</tr>
<tr>
<td>81. Shaking with anger</td>
<td>Yes</td>
</tr>
<tr>
<td>82. Mad</td>
<td>Yes</td>
</tr>
<tr>
<td>83. Feeling goodwill</td>
<td>Yes</td>
</tr>
<tr>
<td>84. Feel like crying</td>
<td>Yes</td>
</tr>
<tr>
<td>85. Cramps</td>
<td>Yes</td>
</tr>
<tr>
<td>86. Feeling that something bad will happen</td>
<td>Yes</td>
</tr>
<tr>
<td>87. Wound up, uptight</td>
<td>Yes</td>
</tr>
<tr>
<td>88. Get angry quickly</td>
<td>Yes</td>
</tr>
<tr>
<td>89. Self-confident</td>
<td>Yes</td>
</tr>
<tr>
<td>90. Resentful</td>
<td>Yes</td>
</tr>
<tr>
<td>91. Feeling of hopelessness</td>
<td>Yes</td>
</tr>
<tr>
<td>92. Head pains</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1= Yes/True  
2= No/False

*REVERSE SCORE ITEMS  4 7 9 10 13 14 16 17 19 21 23 29 31 35 38 40 43 46 50 51 71 78 83 
TOTAL SCORE: Sum items as entered 
SUBSCALES:
-Somatic- Sum items *10(R), 12, *14(R), 15, *19(R), *21(R), 22, 28, 33, 41, 44, *46(R), 52, 53, 57, 65, 72, 74, 77,*78(R), 79, 85, 92 
-Anger-Hostility- Sum items 3, 11, *13(R), *17(R), 20, 25, 26, *31(R), 32, *35(R), 37, *38(R), 48, 55, 56, 69, 70, 80, 81, 82, *83(R), 88, 90 
- Anxiety Sum Items: 1, 5, 8, *9(R), *16(R), 18, *23(R), *29 (R), 30, 34, 36, 42, 49, *50 (R), 54, 59, 62, 63, 64, 68, 86, 87, 89.
- Depression Sum Items: 2, *4(R), 6, *7(R), 24, 27, 39, *40(R), *43(R), 45, 47, *51(R), 58, 60, 61, 66, 67, *71(R), 73, 75, 76, 84, 91
APPENDIX F

RELATIONSHIP DATA SHEET

INSTRUCTIONS: Think about your most intense conflict with a romantic partner. This conflict could have been with a current partner or partner in the past. Please answer the following questions in regards to the relationship in which this specific conflict occurred.

How long were you in this relationship?

___ Years ___ Months

If you are not currently in this relationship, how long ago did this relationship end?

___ Less than 2 months ago
___ 2-4 months ago
___ 4-6 months ago
___ 6 months-1 year ago
___ Over 1 year ago
___ I am currently in this relationship.

How long ago did this specific conflict occur?

___ Less than 2 months ago
___ 2-4 months ago
___ 4-6 months ago
___ 6 months-1 year ago
___ Over 1 year ago

What was the status of this relationship?

___ Dating (Living Together) ___ Dating (Not Living Together)
___ Married

What is the gender of this partner?

___ Male ___ Female
CONSENT TO PARTICIPATE IN RESEARCH

WOMEN’S INTIMATE PARTNER VIOLENCE RELATIONSHIPS, CHILDHOOD ABUSE EXPERIENCES, AND CURRENT MENTAL HEALTH STATUS:

PURPOSE OF THE STUDY: The purpose of this study is to better understand intimate partner violence relationships and their effects on women and their mental health outcomes, in addition to helping to understand the link between abuse experiences in childhood and violence in adult relationships. This study contains questions regarding intimate partner violence experiences and childhood physical and sexual abuse history. It is not necessary to have an abuse history in order to participate.

PROCEDURES: If you volunteer to participate in this study, we would ask you to do the following:

Read this form and keep it for your records. After you read this form, the researcher will give you a packet of questionnaires. You will be asked to complete a packet of questionnaires concerning sexual and physical abuse experiences in childhood, adult relationship experiences, violence experiences in adult relationships, attitudes about self and others, and mental health. We expect that this packet of surveys will take approximately 1 hour to complete.

POTENTIAL RISKS AND DISCOMFORTS: It is possible that you might experience emotional discomfort while answering some of these questions. Some of the questions asked pertain to childhood physical and sexual abuse experiences, and violent intimate partner relationships. Other questions focus on experiencing symptoms of anxiety or guilt which may also cause some discomfort. If at any time you feel uncomfortable answering a question, you may choose to leave it blank.

IN CASE OF RESEARCH RELATED ADVERSE EFFECTS: Following completion of this questionnaire, you may contact one of the researchers using the information listed below. In addition, if you feel that you may need emotional support, please contact the University of Dayton Counseling Center located in Gosiger Hall at
937-229-3141. Services are free and confidential for current University of Dayton students.

Further information concerning counseling services may also be obtained by contacting the researchers.

**ANTICIPATED BENEFITS TO PARTICIPANTS:** By participating in this research you will be helping investigators to better understand the influence of childhood experiences and violent romantic relationships on women’s mental health symptoms.

**PAYMENT FOR PARTICIPATION:** You will be awarded 1 hour of research credit for your participation. You will receive this credit through the University of Dayton SONA online experiment management system.

**CONFIDENTIALITY:** When the results of the research are published or discussed in conferences, no information will be included that would reveal your identity. All information and responses to questionnaires will be kept in a locked filing cabinet on University of Dayton’s campus. Only the investigators will have access to this information. As this study is being conducted anonymously, please understand that there is no way for the researchers to contact the participants if any of the participants’ responses on the questionnaires indicate any potential psychological problems for which they could benefit from counseling. If you answered yes to any questions concerning current violence in your relationships, past sexual abuse, or psychological distress and have not already approached a counseling center or women’s center, please consider contacting the University of Dayton Counseling Center located in Gosiger Hall at 937-229-3141.

**PARTICIPATION AND WITHDRAWAL:** Your participation in this research is voluntary. If you decide to participate, you are free to withdraw your consent and discontinue participation at any time without prejudice or penalty. The investigator may withdraw you from participating in this research if circumstances arise which warrant doing so.

**IDENTIFICATION OF INVESTIGATORS:** If you have any questions about this research, please contact one of the investigators listed below. Laura E. Stayton, B.A., StaytonL1@notes.udayton.edu, or Annie L. Steel, B.A., SteelA1@notes.udayton.edu, (937) 229-2175, or Dr. Catherine Zois, Ph.D, (937) 229-2164, Catherine.Zois@notes.udayton.edu

**RIGHTS OF RESEARCH PARTICIPANTS:** If you have questions regarding your rights as a research participant, you may contact the University of Dayton Institutional Review Board (IRB) Chair, Mary Connolly, PhD, (937) 229-3493, Mary.Connolly@notes.udayton.edu, Kettering Laboratories Room 542, 300 College Park Dr., Dayton, OH 45469-0104.
STATEMENT OF CONSENT

I have read the information provided above and understand my rights as a research participant. I have been given an opportunity to ask questions and all of my questions have been answered to my satisfaction. I will keep this form for my records. By completing the questionnaire materials provided, I am indicating my consent to voluntarily participate in the research study detailed above.
APPENDIX H

STUDENT DEBRIEFING FORM

Information about the Women’s Intimate Partner Violence Relationships, Childhood Abuse Experiences, and Current Health Status Study

Objective:
This study examined the relationship between intimate partner violence (IPV) in relationships and women’s mental health outcomes, in addition to the link between abuse experiences in childhood and violence in adult relationships. First, we sought to examine the link between IPV and the development of an anxiety disorder known as Posttraumatic Stress Disorder (PTSD: i.e., a set of symptoms that an individual may experience following a traumatic event such as nightmares, flashbacks, emotional numbing, etc.), as this relationship is well-established by previous research. Specifically, we were interested in whether factors such as self-esteem, self-blame, and perceived social support may account for this relationship. Second, we sought to examine the relationship between witnessing abuse during childhood and experiencing IPV during adulthood. We were particularly interested in whether this relationship is, in part, accounted for by traditional gender role beliefs.

Please note that some of the questions may have caused distress in some participants. Some items suggest the experience of IPV (e.g., “My partner choked me”), the witnessing of abuse during childhood (e.g., “In childhood, did you ever witness one of your parents being kicked, slapped, punched, hit, or otherwise physically hurt by a spouse or partner?”), the experience of physical abuse during childhood (e.g., “When I was growing up, I got hit or beaten so badly that it was noticed by someone like a teacher, neighbor, or doctor”), the experience of sexual abuse (e.g., “Someone tried to touch me in a sexual way, or tried to make me touch them.”) and experiences related to posttraumatic stress (e.g., “I found myself acting or feeling like I was back at that time”). Some items pertaining to IPV deal specifically with abusive sexual experiences (e.g., “My partner made me have sex without a condom”). If you endorsed any of these items or similar items and are currently in danger or emotional distress, you may benefit from counseling and should consider contacting the University of Dayton Counseling Center located in Gosiger Hall at 937-229-3141. This center offers free, confidential service to current University of Dayton students.
Hypothesis:
In the current study, we expected to find that victims of IPV are more likely to develop symptoms of PTSD than non-victims. We also expected that victims of IPV perceiving higher levels of social support will be less likely to develop PTSD than victims of IPV perceiving lower levels of social support. In addition, we expected that individuals who witness abuse in childhood will be more likely to experience adult IPV victimization and be involved with partners who have traditional gender beliefs.

Your contribution:
Because of your appreciated participation in this study, we will be better able to understand IPV and how it relates to health outcomes as well as abuse experiences during childhood. We will also be better able to determine whether factors such as perceived social support, self-esteem, self-blame, and traditional gender role beliefs play a substantial role in these relationships. With the help of your participation, we hope to further the existing research findings regarding IPV and in turn, aid mental health workers attempting to help victims of IPV as well as individuals witnessing or experiencing abuse during childhood.

Benefits:
Your participation has aided us in answering the research questions detailed above. You will find educational information and resources pertaining to IPV below as well as in the pamphlet included in the packet. In addition, you will be awarded 1 hour of research credit for your participation. You will receive this credit through the University of Dayton SONA online experiment management system.

Assurance of Privacy:
We are studying women’s IPV relationships, childhood abuse experiences, and current health status and are not evaluating you personally in any way. Your responses will be kept completely confidential and will be stored in a locked filing cabinet. Your responses will only be identified by a participant number in the data set with other participant numbers and your name will not be revealed in any document resulting from this study. As this study is being conducted anonymously, there is no way for the researchers to contact you if any of your responses on the questionnaires indicated any potential psychological problems for which you could benefit from counseling; however, the researchers highly encourage you to follow up with the University of Dayton Counseling Center located in Gosiger Hall at 937-229-3141 upon feeling any distress associated with your participation in this study.

Please note:
- We ask you to kindly refrain from discussing this study with others in order to help us avoid biasing future participants.
- If you have any questions please do not hesitate to contact any of the individuals listed on this page.
- For further information about this area of research, you may consult the references cited on this page.
Contact Information:
Participants may contact Laura E. Stayton, B.A., StaytonL1@notes.udayton.edu, (937) 229-2175, or Annie L. Steel, B.A., SteelA1@notes.udayton.edu, or Dr. Catherine Zois, Ph.D, (937) 229-2164, Catherine.Zois@notes.udayton.edu if you have questions or problems after the study. If you have questions regarding your rights as a research participant, you may contact the University of Dayton Institutional Review Board (IRB) Chair, Mary Connolly, PhD, (937) 229-3493, Mary.Connolly@notes.udayton.edu, Kettering Laboratories Room 542, 300 College Park Dr., Dayton, OH 45469-0104.

Thank you for your participation.

References:


APPENDIX I

COMMUNITY INFORMED CONSENT

CONSENT TO PARTICIPATE IN RESEARCH

WOMEN’S INTIMATE PARTNER VIOLENCE RELATIONSHIPS, CHILDHOOD ABUSE EXPERIENCES, AND CURRENT MENTAL HEALTH STATUS:

PURPOSE OF THE STUDY: The purpose of this study is to better understand intimate partner violence relationships and their effects on women and their mental health outcomes, in addition to helping to understand the link between abuse experiences in childhood and violence in adult relationships. This study contains questions about intimate partner violence experiences and childhood physical and sexual abuse history. It is not necessary to have an abuse history in order to participate.

PROCEDURES: If you volunteer to participate in this study, we would ask you to do the following:

Read this form and keep it for your records. After reading this form, you will be asked to complete a packet of questionnaires concerning sexual and physical abuse experiences in childhood, adult relationship experiences, violence experiences in adult relationships, attitudes about self and others, and mental health. We expect that this packet of surveys will take approximately 1 hour to complete and may be completed at your leisure. We ask that you return the completed questionnaires to the researchers in the envelope provided at the following designated date and time: ______________.

POTENTIAL RISKS AND DISCOMFORTS: It is possible that you might experience emotional discomfort while answering some of these questions. Some of the questions ask about childhood physical and sexual abuse experiences and violent intimate partner relationships. Other questions ask about symptoms of anxiety or guilt which may also cause some discomfort. If at any time you feel uncomfortable answering a question, you may choose to leave it blank.

IN CASE OF RESEARCH RELATED ADVERSE EFFECTS: Following completion of this questionnaire, you may contact one of the researchers using the information listed below. In addition, if you feel that you may need emotional support
please contact your local hospital or mental health service provider such as:

- Womanline Counseling Center at (937) 223-3446
- Kettering Counseling Care at (937) 395-8149
- Artemis Domestic Violence Center (937) 461-5091
- Ohio Domestic Violence Network for referrals at (800)-934-9840

Further information about these services may also be obtained by contacting the researchers.

**ANTICIPATED BENEFITS TO PARTICIPANTS:** By participating in this research you will be helping investigators to better understand the influence of childhood experiences and violent romantic relationships on women’s mental health symptoms.

**PAYMENT FOR PARTICIPATION:** You have the opportunity to receive a gift card valued at $5 when you return your completed questionnaire packet to a researcher at the following designated date and time: ______________.

**CONFIDENTIALITY:** When the results of the research are published or discussed in conferences, no information will be included that would reveal your identity. All responses to questionnaires will be kept in a locked filing cabinet on University of Dayton’s campus. Only the investigators will have access to this information. As this study is being conducted anonymously, please understand that there is no way for the researchers to contact the participants if any of the participants’ responses on the questionnaires indicate any potential psychological problems for which they could benefit from counseling. If you answered yes to any questions concerning current violence in your relationships, past sexual abuse, or psychological distress and have not already approached a counseling center or women’s center, please consider contacting one of the mental health resources listed above.

**PARTICIPATION AND WITHDRAWAL:** Your participation in this research is voluntary. **If you choose not to participate, that will not affect your relationship with the agency at which you obtained the questionnaires or other services to which you are otherwise entitled.** If you decide to participate, you are free to withdraw your consent and discontinue participation at any time without prejudice or penalty. The investigator may withdraw you from participating in this research if circumstances arise which warrant doing so.

**IDENTIFICATION OF INVESTIGATORS:** If you have any questions about this research, please contact one of the investigators listed below. Laura E. Stayton, B.A., StaytonL1@notes.udayton.edu, or Annie L. Steel, B.A., SteelA1@notes.udayton.edu, (937) 229-2175, or Dr. Catherine Zois, Ph.D, (937) 229-2164, Catherine.Zois@notes.udayton.edu

**RIGHTS OF RESEARCH PARTICIPANTS:** If you have questions regarding your rights as a research participant, you may contact the University of Dayton Institutional Review Board (IRB) Chair, Mary Connolly, PhD, (937) 229-3493,
STATEMENT OF CONSENT

I have read the information provided above and understand my rights as a research participant. I have been given an opportunity to ask questions and all of my questions have been answered to my satisfaction. I will keep this form for my records. **By completing the questionnaire materials provided, I am indicating my consent to voluntarily participate in the research study detailed above.**
APPENDIX J

COMMUNITY DEBRIEFING FORM

Information about the Women’s Intimate Partner Violence Relationships, Childhood Abuse Experiences, and Current Health Status Study

Objective:
This study looked at the relationship between intimate partner violence (IPV) in relationships and women’s mental health outcomes, in addition to the link between abuse experiences in childhood and violence in adult relationships. First, we looked at the link between IPV and the development of an anxiety disorder known as Posttraumatic Stress Disorder (PTSD: i.e., a set of symptoms that an individual may experience following a traumatic event such as nightmares, flashbacks, emotional numbing, etc.). Specifically, we were interested in whether factors such as self-esteem, self-blame, and perceived social support play a role in this relationship. Second, we wanted to look at the relationship between witnessing abuse during childhood and experiencing IPV during adulthood. We were particularly interested in whether this relationship is related to traditional gender role beliefs.

Please note that some of the questions may have caused some participants to feel upset. Some items suggest the experience of IPV (e.g., “My partner choked me”), the witnessing of abuse during childhood (e.g., “In childhood, did you ever witness one of your parents being kicked, slapped, punched, hit, or otherwise physically hurt by a spouse or partner?”), the experience of physical abuse during childhood (e.g., “When I was growing up, I got hit or beaten so badly that it was noticed by someone like a teacher, neighbor, or doctor”), the experience of sexual abuse (e.g., “Someone tried to touch me in a sexual way, or tried to make me touch them.”), and experiences related to posttraumatic stress (e.g., “I found myself acting or feeling like I was back at that time”). Some items relating to IPV deal specifically with abusive sexual experiences (e.g., “My partner made me have sex without a condom”). If you endorsed any of these items or similar items and are currently in danger or emotional distress, you may benefit from counseling and should consider contacting a local counseling agency, such as Womanline Counseling Center at (937) 223-3446 or Kettering Counseling Care at (937) 395-8149.

Hypothesis:
In the current study, we expected to find that victims of IPV are more likely to develop symptoms of PTSD than non-victims. We also expected that victims of IPV who believe
that they have higher levels of support from friends and family will be less likely to develop PTSD than victims of IPV who believe that they have less support. In addition, we expected that individuals who witness abuse in childhood will be more likely to experience adult IPV victimization and be involved with partners who have traditional gender beliefs.

**Your contribution:**
Because of your appreciated participation in this study, we will be better able to understand IPV and how it relates to health outcomes as well as abuse experiences during childhood. We will also be better able to determine whether factors such as perceived social support, self-esteem, self-blame, and traditional gender role beliefs play a role in these relationships. With the help of your participation, we hope to add to the existing research findings regarding IPV and in turn, aid mental health workers attempting to help victims of IPV as well as individuals witnessing or experiencing abuse during childhood.

**Benefits:**
Your participation has helped us in answering the research questions detailed above. You will find educational information and resources pertaining to IPV below as well as in the pamphlet included in the packet. In addition, you will receive a gift card valued at $5 when you return your completed packet.

**Assurance of Privacy:**
We are studying women’s IPV relationships, childhood abuse experiences, and current health status and are not evaluating you personally in any way. Your responses will be kept completely confidential and will be stored in a locked filing cabinet. Your responses will only be identified by a participant number in the data set with other participant numbers and your name will not be revealed in any document resulting from this study. **As this study is being conducted anonymously, there is no way for the researchers to contact you if any of your responses on the questionnaires indicated any potential psychological problems for which you could benefit from counseling; however, the researchers highly encourage you to follow up with the counseling agencies listed above upon feeling upset due to your participation in this study.**

**Please note:**
- We ask you to kindly refrain from discussing this study with others in order to help us avoid biasing future participants.
- If you have any questions please do not hesitate to contact any of the individuals listed on this page.
- For further information about this area of research, you may refer to the articles listed below.

**Contact Information:**
Participants may contact Laura E. Stayton, B.A., StaytonL1@notes.udayton.edu, (937) 229-2175, or Annie L. Steel, B.A., SteelA1@notes.udayton.edu, or Dr. Catherine Zois, Ph.D, (937) 229-2164, Catherine.Zois@notes.udayton.edu if you have questions or problems after the study. If you have questions regarding your rights as a research
participant, you may contact the University of Dayton Institutional Review Board (IRB) Chair, Mary Connolly, PhD, (937) 229-3493, Mary.Connolly@notes.udayton.edu, Kettering Laboratories Room 542, 300 College Park Dr., Dayton, OH 45469-0104.

If you are experiencing any kind of discomfort as a result of your participation in this study, you should consider contacting a local counseling agency, such as:

- **Kettering Counseling Care**: (937) 395-8149
- **Womanline Counseling Center**: (937) 223-3446, http://www.womanlinedayton.org/
- **Safe Horizon**: (800) 621-4673, www.safehorizon.org

Thank you for your participation.

**References:**


