

DIFFERENCES IN PREDICTORS OF INTIMATE PARTNER VIOLENCE  
FOR WHITE AND LATINO  
STUDENTS

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A Thesis

Presented

to the Faculty of

California State University, Chico

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In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

in

Psychology

Psychological Science Option

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by

Samantha Gonzalez

Spring 2016

DIFFERENCES IN PREDICTORS OF INTIMATE PARTNER VIOLENCE  
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## TABLE OF CONTENTS

	PAGE
Publication Rights .....	iii
List of Tables .....	v
Abstract .....	vi
CHAPTER I	
I. Introduction .....	1
Background .....	1
Statement of the Problem .....	2
Purpose of the Study .....	3
CHAPTER II	
II. Literature Review .....	4
Intimate Partner Violence .....	5
Cultural Differences in Experience of Intimate Partner Violence .....	7
Strain Theory .....	11
Hispanic Stress Perspective .....	11
Gender Role Attitudes .....	12
Attachment in Close Relationships .....	13
Intimate Partner Violence Attitudes .....	14
Quality of Parent-Child Relationships .....	15
Well-being .....	16
Research Questions .....	18
CHAPTER III	
III. Methodology .....	20
Participants .....	20
Procedures .....	20
Instruments .....	21
Analysis Plan .....	25

CHAPTER IV

IV. Findings and Results ..... 26

- Frequencies ..... 26
- Perpetration Correlations ..... 27
- Victimization Correlations ..... 28
- Comparative Multiple Regression ..... 29
- Perpetration Model ..... 31
- Victimization Model ..... 31

CHAPTER V

V. Conclusions and Recommendations .....33

- Discussion ..... 33
- Limitations ..... 37
- Recommendations ..... 39

References ..... 41

Appendices ..... 44

- A. IRB Approval ..... 45
- B. Informed Consent ..... 47

LIST OF TABLES

TABLE	PAGE
1. Predictor Variable Frequencies for White and Latino Participant .....	27
2. Correlations between Perpetration, Victimization, and Predictor Variables for White and Latino Population .....	28
3. Summary of Perpetration and Victimization Regression Models for White and Latino participants.....	30

## ABSTRACT

### DIFFERENCES IN PREDICTORS OF INTIMATE PARTNER VIOLENCE FOR WHITE AND LATINO STUDENTS

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Master of Arts in Psychology

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Intimate partner violence is a widespread public health issue that affects individuals in all social classes, ethnicities, and regions. However, despite much research surrounding risk factors and consequences of intimate partner violence there remains a lack of notably effective prevention and intervention programs for individuals experiencing this trauma. The literature has clearly shown that there are several risk factors that contribute to an individual's likelihood of experiencing intimate partner violence; however, the relationships between these factors and intimate partner violence remain complex and unclear. There are several individual and contextual factors to consider when studying predictors of intimate partner violence. Some of the most notably studied risk factors of intimate partner violence include: lower socioeconomic status, lower educational attainment, belonging to an ethnic minority group, substance use, attachment insecurity, and more.

The current study attempted to gain clearer insight into how demographic characteristics, such as ethnicity, interact with contextual risk factors to heighten an individual's risk of experiencing intimate partner violence. Comparisons were made between white and latino participants on how predictive known risk factors were of experiencing intimate partner violence. The primary focus was on attempting to find if these known risk factors held differential levels of predictive value between white and latino individuals. Results suggest that white and latino individuals do diverge on which predictive factors most influence the likelihood of experiencing intimate partner violence. However, more research is needed to gain a better understanding of the complex relationships between culture, individual identity, relational values, and these various risk factors of intimate partner violence.

## CHAPTER I

### INTRODUCTION

#### Background

According to the National Coalition Against Domestic Violence (2015), 1 in 3 women have been physically abused by an intimate partner. Intimate partner violence is a prevalent public health issue in the United States that affects individuals of all classes, socioeconomic statuses, ethnicities, and education levels. Despite its prevalence, there still remains a significant lack of truly effective prevention and intervention programs that address intimate partner violence. One reason for this is because intimate partner violence, and human behavior in general, is an exceedingly complex phenomenon to understand. Its complexity can be attributed to the various other stressors that it is tied to. For instance, intimate partner violence has been empirically linked with many factors including, but not limited to: substance use, low socioeconomic status, lower educational attainment, membership in an ethnic minority group, traditional gender roles, abuse in childhood, attachment insecurity, etc. There are several obstacles to gaining a better understanding of intimate partner violence both because of the sheer amount of associated risk factors and because each of these factors also have unique relationships with each other, not just direct relationships with intimate partner violence.

When considering the multiple relationships between all of these risk factors and intimate partner violence it is important to recognize that both demographic and contextual factors have been linked with intimate partner violence. This illustrates how external factors in the

environment as well as internalized value systems interact to form individuals' everyday habits and behaviors. For instance, ethnic minority groups are generally thought to experience higher rates of intimate partner violence, be in lower socioeconomic statuses, and have lower educational attainment. However, this is not true for every person that belongs to an ethnic minority group. So, it is important to better understand which of these factors is most influential on an individual's risk of experiencing intimate partner violence. In this example, is ethnicity, income, or education most predictive of intimate partner violence?

### Statement of the Problem

Current research surrounding intimate partner violence does not fully address this issue of disentangling various demographic and contextual risk factors of intimate partner violence in order to gain a better understanding of how to prevent it. Minority individuals, specifically latino individuals, are vastly underrepresented in empirical psychological research despite the fact that they make up one of the largest ethnic populations in the United States. This is a problem because it does not allow for research to find tailored solutions to pertinent social problems such as intimate partner violence. Without research participants from diverse backgrounds the field of psychology fails to be able to generalize findings to populations other than the Caucasian majority that most research is conducted with. It is clear that individuals that hold cultural ideals that diverge from the greater white-American culture experience many of these risk factors differently. Because so many of these risk factors for intimate partner violence are rooted in family values, personal ideologies, beliefs in relationships, and coping they are largely influenced by culture. Without research that recognizes these cultural differences in experience there will continue to be a disconnect between prevention efforts and the populations that these programs are attempting to reach.

## Purpose of the Study

Current research shows that minority populations are at higher risk for experiencing intimate partner violence, so there is a great need for research that specifically targets the unique experience of these populations. There are several factors known to be predictors of both acts of intimate partner violence and attitudes condoning intimate partner violence. However, a majority of the research surrounding intimate partner violence has been done on Caucasian college-aged students. While this developmental stage is important since most incidences of intimate partner violence are perpetrated and experienced by college-aged students, there is a greater need to understand distinctions between how diverse populations experience stressors and intimate partner violence differently. Without generalizable information there remains a great limitation to the effectiveness of clinical and community interventions to decrease family violence. The aim of the current study is to begin to disentangle these various risk factors and find which of these factors most influence an individual's risk for experiencing intimate partner violence. Further, the study will attempt to elucidate differences in which risk factors are most predictive of intimate partner violence for both white and latino individuals.

## CHAPTER II

### LITERATURE REVIEW

Ethnic minorities are disproportionately affected by intimate partner violence and yet are also vastly underrepresented in empirical research of intimate partner violence. Further, the little research that does exist does not often have a comparable sample size of ethnic minority individuals (Stockman, J.K., Hayashi, H., & Campbell, J.C., 2015). While there has been much research conducted on intimate partner violence there remains a scarcity of research that clearly elucidates the differences in predictive factors of intimate partner violence based on ethnic group membership (Cummings, A.M., Gonzalez-Guarda, R.M., & Sandoval, M.F., 2012; Aldarondo & Castro-Fernandez, 2011).

The Latino/Hispanic population is one of the largest groups in the United States and yet so little is known, empirically, about best practices for clinical interventions geared toward Latino/Hispanic individuals and families (Cummings, A.M., Gonzalez-Guarda, R.M., & Sandoval, M.F., 2012; Ennis et al, 2011). Latino/Hispanic individuals are also more likely to experience violence in their intimate relationships, so a great number of people that are being directly affected by this phenomenon are not being asked about their experiences of, or leading up to, violence (Cummings, A.M., Gonzalez-Guarda, R.M., & Sandoval, M.F., 2012). Further, this population is even more susceptible to the adverse physical and mental health effects of intimate partner violence due to various cultural factors such as: acculturation, perceived/actual isolation, language barriers, socioeconomic status, and traditional gender role attitudes (Cummings, A.M., Gonzalez-Guarda, R.M., & Sandoval, M.F., 2012).

## Intimate Partner Violence

According to the National Coalition Against Domestic Violence (2015), 1 in 3 women have been physically abused by an intimate partner. Intimate partner violence is a prevalent public health issue in the United States that affects individuals of all classes, socioeconomic statuses, ethnicities, and education levels.. Experiences of intimate partner violence affect individuals, relationships, family systems, the workplace, medical services, social services, mental health, and much more (Lagdon, S., Armour, C., & Stringer, M., 2014). Specifically, individuals that experience intimate partner violence are more likely to miss work, utilize healthcare services, miss work, have poorer workplace performance, and experience mental health issues related to post traumatic stress (Lagdon, S., Armour, C., & Stringer, M., 2014). Intimate partner violence can yield a variety of negative consequences for individuals involved such as depression, anxiety, substance use, PTSD, and suicidal ideation and attempts (Lagdon, S., Armour, C., & Stringer, M., 2014).

Men and women typically experience intimate partner violence differently. Research typically highlights the opinion that men are more often perpetrators of intimate partner violence and women are more often victims of intimate partner violence (Lagdon, S., Armour, C., & Stringer, M., 2014). Furthermore, research suggests that men and women have different motivations for perpetrating intimate partner violence as well as experience different consequences from occurrences of intimate partner violence (Mason, B. & Smithey, M., 2012). These perspectives surrounding risk factors and outcomes of intimate partner violence are rooted in various assumptions about culture and gender role. Thus, it is necessary to disentangle how the individual characteristics, relational factors, and contextual factors all interact to predict

intimate partner violence. While it is widely assumed that men perpetrate the majority of intimate partner violence there are clear differences in the types of intimate partner violence perpetrated between genders. Men are more often the aggressors in acts of physical violence whereas women are more often the aggressors in acts of verbal or psychological aggression (Lagdon, S., Armour, C., & Stringer, M., 2014). This discrepancy in perspective is most likely due to the nature of outcomes associated with these different types of violence. Because women are more likely to experience serious physical injury as a result of intimate partner violence, there is more information on female victimization and male perpetration (Lagdon, S., Armour, C., & Stringer, M., 2014). Motivations behind intimate partner violence also differ between genders. According to research, intimate partner violence is typically perpetrated by men who are more aggressive and who feel the need to have more coercive control over their partners (Finch, A., 2015). However, research discusses female perpetrators as being more often motivated by self-defense, fear, or desperation (Eriksson, L. & Mazerolle, P., 2013). Finally, the outcome of intimate partner violence is often different between genders. Men are more likely to externalize traumatic experiences through more violence, aggression, and substance use, whereas women are more likely to internalize these experiences, which manifest in depression and anxiety disorders (McDermott, R.C. & Lopez, F.G., 2013).

Like most experiences of trauma, there are several risk factors that lead up to and often contribute to acts of intimate partner violence. College students, in particular, experience high rates of intimate partner violence (IPV) in their dating relationships (McDermott, R.C. & Lopez, F.G., 2013; Cornelius & Resseguie, 2007). Specifically, most IPV research suggests that approximately 30% of students physically assault their partners (Arias, Samios, & O'Leary, 1987; Bryant & Spencer 2003; Riggs & O'Leary, 1996; Straus, 2004; Straus & Yodanis, 1996).

Some of the greatest factors that precede intimate partner violence specifically include low socioeconomic status, membership in ethnic minority groups, and a history of substance abuse (Erickson, 2014; Hotaling & Sugarman, 1986; Fals-Stewart, Golden, & Schumacher, 2003).

Because so many factors contribute to individuals' interpretations of their environments and the values they take away from those interactions, it is important to know more about group differences in the factors contributing to family violence.

#### Cultural differences in experiences of intimate partner violence

Intimate partner violence is prevalent across all cultures, classes, and countries. Varying cultural practices and beliefs play an important role in understanding individuals' risk factors, experience, and outcomes of intimate partner violence (White, M.E. & Satyen, L., 2015). White and Satyen (2015) define culture as a set of social rules or norms that a group of individuals belonging to the same region, religion, or ethnicity uphold. These cultural ideologies have the potential to affect how individuals perceive their autonomy, their gender role, values in relationships, and their place in society (White, M.E. & Satyen, L., 2015). These internalized values can result in differential tolerance of intimate partner violence, help-seeking behavior, and stigma surrounding reporting violence (White, M.E. & Satyen, L., 2015). Current research shows that minority populations are at higher risk for experiencing intimate partner violence, so there is a great need for research that specifically targets the unique experience of these populations (White, M.E. & Satyen, L., 2015).

The Latino/Hispanic population is one of the largest groups in the United States and yet so little is known, empirically, about best practices for clinical interventions geared toward Latino/Hispanic individuals and families (Cummings, A.M., Gonzalez-Guarda, R.M., & Sandoval, M.F., 2012; Ennis et al, 2011). Latino/Hispanic individuals are also more likely to

experience violence in their intimate relationships, so a great number of people that are being directly affected by this phenomenon are not being asked about their experiences of, or leading up to, violence (Cummings, A.M., Gonzalez-Guarda, R.M., & Sandoval, M.F., 2012). Further, this population is even more susceptible to the adverse physical and mental health effects of intimate partner violence due to various cultural factors such as: acculturation, perceived/actual isolation, language barriers, socioeconomic status, and traditional gender role attitudes (Cummings, A.M., Gonzalez-Guarda, R.M., & Sandoval, M.F., 2012).

Latino individuals, in particular, are more likely to tolerate instances of intimate partner violence because it is more normalized in this culture and is often considered something to merely be endured (White, M.E. & Satyen, L., 2015). Further, definitions of what is considered intimate partner violence varies across cultures, which blurs the lines of what should be considered abuse and what should be considered cultural differences. Latino cultural norms tend to emphasize male dominance and authority while females are expected to be the caretakers (White, M.E. & Satyen, L., 2015). This type of emphasis on women being the more submissive partner and responsible for the more relational duties could lend itself to more acceptance of intimate partner violence (White, M.E. & Satyen, L., 2015). Men with values rooted in this culture may be acutely aware of any perceived challenges to their masculinity and may react aggressively in order to regain a position of dominance (White, M.E. & Satyen, L., 2015; Grzywacz, Rao, Gentry, Marin, & Arcury, 2009; Pittaway & Rees, 2006). Latino culture also typically adheres to more traditional gender role attitudes, which could more easily lend itself to the types of patriarchal ideals that are known to precede intimate partner violence (White, M.E. & Satyen, L., 2015). Stigma also plays a significant role in cultural differences in experiences of intimate partner violence. Often in more traditional cultures, such as Latino culture, there is an

understanding that to not adhere to expectations of family and marriage is a shameful act despite experiences of abuse. This cultural threat of shame often keeps individuals in abusive relationships, discourages help-seeking behavior, and prohibits individuals from speaking about their experience in order to gain support (White, M.E. & Satyen, L., 2015). The outcomes of intimate partner violence are also different for ethnic minority groups. While women, in general, who experience intimate partner violence are twice as likely to experience depression as women who do not experience intimate partner violence, minority women are at an even greater risk due to the myriad other culture-specific stressors that contribute to these depressive feelings (White, M.E. & Satyen, L., 2015).

Ethnic minorities are disproportionately affected by intimate partner violence (Stockman, J.K., Hayashi, H., & Campbell, J.C., 2015). Even so, ethnic minorities are also vastly underrepresented in empirical research of intimate partner violence, and the little research that does exist does not often have a comparable sample size of ethnic minority individuals (Stockman, J.K., Hayashi, H., & Campbell, J.C., 2015). While there has been much research conducted on intimate partner violence there remains a scarcity of research that clearly elucidates the differences in predictive factors of intimate partner violence based on ethnic group membership (Cummings, A.M., Gonzalez-Guarda, R.M., & Sandoval, M.F., 2012; Aldarondo & Castro-Fernandez, 2011). Latino individuals are one of the largest and fastest growing populations in the United States, so it is of great clinical importance for practitioners to gain a deeper understanding of the cross cultural implications of risk factors and outcomes of intimate partner violence.

## Strain Theory

Strain theory is a sociological term that states that individuals resort to criminal behavior due to systematic societal pressures (Finch, A., 2015). Strain theory posits that individuals react to stressful situations, or feelings of strain, in different ways, which can potentially include deviant behavior (Finch, A., 2015). However, despite the fact that deviant behavior violates one cultural norm it is still possible for that same behavior to serve the purpose of fulfilling another cultural norm. This concept can be better understood when considering various levels of cultural expectations. For example: broad American values, gender norms, cultural norms, and norms of any subcultures that individuals identify as members of can affect how individuals perceive and react to stress. Gender role also affects strain theory because males and females differ in how they react to stressors. Typically, men react to stress with externalizing behaviors (i.e. substance use, physical aggression) and women tend to react to stress with internalizing behaviors (i.e. rumination, depression, anxiety) (Finch, A., 2015). Individuals' reaction to stress becomes even more complex to predict when considering the amount of variables that can contribute to deviant behavior. Cultural expectations further dictate individuals' worldview by prescribing expectations of behavior, gender role, lifestyle values, work ethic, relationships, and much more.

Individuals experience strain on many levels: internal, external, and interpersonal. Examples of some contributors to strain include mental illness, stress management and coping skills, academic stress, economic stress, relationship stress, gender role strain, cultural expectation strain, and much more (Mason, B. & Smithey, M., 2012). Intimate partner violence can be understood in terms of strain theory by considering individuals' cultural ideologies as well as their motivated behavior. For example, if a man adheres to the cultural belief that he is supposed to provide financially for his family and that his wife's sole responsibility should be to take care of the family then his wife getting a job or not being home when he needs her could

result in strain on his cultural beliefs. If he is motivated to physically abuse her because she is working outside of the home then that is an example of how cultural norms can put strain on individuals who then react with deviant behavior. While his act of physical violence violated one level of societal norms, his wish for his wife to return to her culturally prescribed role is within his cultural norm so his deviant behavior is purposeful on some level. Because Latino individuals are considered an ethnic minority in the United States they are expected to adhere to both the white-American cultural norms as well as Latino norms, which have the potential to be in conflict. Maintaining multiple cultural identities and expectations can certainly be a contributing factor to increased risk of intimate partner violence.

#### Hispanic Stress Perspective

The Hispanic stress perspective posits that Hispanic/Latino families experience unique stressors that differ significantly from stressors experienced by Caucasian families. This perspective explains this difference in terms of divergent sociocultural experiences and beliefs. For example, differences in family economic stress, acculturation-gap stress, culture and educational stress, discrimination stress, family immigration stress, community stress, and family and substance-related stress have all been factors identified as unique contributors to Hispanic/Latino families experience of stress in the United States (Cervantes, R.C.; Fisher, D.G.; Cordova Jr., D.; & Napper, L.E., 2012).

Cultural ecological models posit that interactions between the individual, family, and greater community context are integral components of development (Bronfenbrenner and Crouter 1983; Garcí'a Coll et al. 1996). This is an especially important consideration when studying how factors such as socioeconomic status, education level, and gender role attitudes affect the risk of IPV perpetration within various populations. Latino culture, for example,

typically upholds much more traditional gender role attitudes than White-European culture (Cauce and Domenech-Rodri'guez 2002; Raffaelli and Ontai 2004). Further, Latino families tend to place a greater emphasis on family interdependence, which strengthens the connection between parent and child gender role beliefs (Cauce and Domenech-Rodri'guez 2002). These more traditional gender role attitudes in Latino culture have also been linked to lower levels of educational and career attainment among Latino women (Crockett and Beal 2012; Judge and Livingston 2008). However, most of the current literature on IPV has focused on White-European families and lacks a multicultural lens for understanding.

### Gender role attitudes

Perpetrators of intimate partner violence often hold patriarchal views that allow them to externalize the blame for their violence by adhering to traditional gender roles of power and control (Whiting, 2009). Specifically, men are more likely to perpetrate intimate partner violence when they hold traditional gender role attitudes and those beliefs are violated by their partner. This concept is termed gender role stress, and often leads to frustration, distress, and ultimately violence (McDermott, R.C. & Lopez, F.G., 2013; Franchina, Eisler, & Moore, 2001; Moore et al., 2010).

Much like IPV, gender role attitudes have a strong intergenerational component especially as transmitted from mothers to children (Wight, 2009). Adhering to more traditional, as opposed to egalitarian, gender role attitudes also has been associated with perpetration of IPV (Anderson & Umberson, 2001; Berkel, Vandiver, & Bahner, 2004; DeKeseredy & Kelly, 1993; Finn, 1986; Fitzpatrick et al., 2004; Stith & Farley, 1993). In particular, males who hold more traditional gender role attitudes are found to be more supportive of acts of isolation, manipulation, and control of their intimate partners (Brownridge, 2002). It is important to

consider the acquisition of these gender roles within the broader sociocultural context in order to understand how they act as risk or resilience factors for perpetration of IPV. It is clear that certain cultural norms promote traditional gender role attitudes, which have the potential to normalize intimate partner violence, so it is important to understand the complex socio-cultural underpinnings of experiences of intimate partner violence in order to better prevent it (Speizer, I.S., 2010; Rani et al, 2004). There is a lack of research showing a direct connection between traditional gender role attitudes and attitudes condoning intimate partner violence, but it is very likely that the two are related in predicting experiences of intimate partner violence (McDermott, R.C. & Lopez, F.G., 2013).

#### Attachment in close relationships

There are clear theoretical and empirical connections between individuals' experiences in their family of origin and their behaviors and attitudes in their intimate adult relationships (McDermott, R.C. & Lopez, F.G., 2013; Mikulincer & Shaver, 2007). Adult attachment is an important area of study because it provides insight into the connections between their family of origin and their adult relationships as well as how individuals develop their values in regards to intimate relationships (McDermott, R.C. & Lopez, F.G., 2013). In other words, adult attachment provides insight into what individuals' past significant relationships looked like and how those are affecting current relationships. Research has shown that adults with anxious or avoidant attachment styles are more likely to feel threatened when they expect abandonment or feel too vulnerable in the relationship, respectively (McDermott, R.C. & Lopez, F.G., 2013; Bookwala & Zdaniuk, 1998; Dutton, 2007; Gormley, 2007). Individuals with anxious attachment styles would strive for even more closeness and reassurance, while those with avoidant attachment styles would display discomfort and distrust in intimate relationships. For men especially, these

insecure attachment styles can lead to extreme frustration when the need for closeness or distance is not met. It follows that this frustration has the potential to lead to impulsive and violent behavior in an attempt for these insecurely attached individuals to have more control over the level of closeness in their relationships (McDermott, R.C. & Lopez, F.G., 2013). Research has shown that adult attachment and gender role attitudes are related and both act as predictors of IPV attitudes (McDermott, R.C. & Lopez, F.G., 2013).

### Intimate partner violence attitudes

Research has shown that individuals that hold attitudes that condone intimate partner violence are more likely to perpetrate violence against their intimate partners (McDermott, R.C. & Lopez, F.G., 2013; Fincham, Cui, Braithwaite, & Pasley, 2008; Price & Byers, 1999; Stith, Smith, Penn, Ward, & Tritt, 2004). Research has shown that college men are much more likely to hold attitudes condoning intimate partner violence than women and further, men's acceptance of traditional gender roles has also been associated with intimate partner violence acceptance (McDermott, R.C. & Lopez, F.G., 2013). Attitudes typically associated with perpetration of intimate partner violence include issues of power and control (McDermott, R.C. & Lopez, F.G., 2013). However, intimate violence victimization is also influenced by attitudes and expectations surrounding relationships. Women, who are typically the victims of intimate partner violence, are more likely to condone and even expect intimate partner violence after witnessing intimate partner violence in the past (Speizer, I.S., 2010). Because of this, many prevention and intervention programs that address intimate partner violence focus on changing participants attitudes about intimate partner violence in hopes of changing their resulting behavior (McDermott, R.C. & Lopez, F.G., 2013; Cornelius & Resseguie, 2007).

### Quality of parent-child relationships

There is a plethora of research detailing how individuals' experiences in their family of origin affect their development and future relationships. Bowlby (1969/1982) explained attachment as the learned bond between parent and child that is determined by the parent acting as a safe haven for the child in times of distress or fear (Alexander, P.C., 2009). Securely attached children will consistently seek proximity to their attachment figure during times of stress and will retain the autonomy to explore their environment after being comforted by their caregiver. Insecure attachment has been linked to both intimate partner violence victimization and perpetration. This connection can be best understood when considering how the parent-child attachment relationship is meant to fulfill individuals' needs for safety, security, stability, respect, and acceptance. If individuals do not get these basic relational needs met as children then they will be fearful of these same shortcomings in future relationships (Gay, L.E., Harding, H.G., Jackson, J.L., Burns, E.E., & Baker, B.D., 2013). Parent-child attachment contributes to individuals' internal working models of themselves, how others perceive them, and their value in relationships (Gay, L.E., Harding, H.G., Jackson, J.L., Burns, E.E., & Baker, B.D., 2013). For example, insecurely attached individuals are more likely to feel isolated, rejected, emotionally inhibited, fearful of abandonment, disconnected, and do not believe that others will fulfill their basic relational and emotional needs. Early attachment to caregivers serves as the foundation for individuals' expectations in future intimate relationships, and thus, plays a significant role in understanding the complexity of experiences of intimate partner violence, its predictors, and its outcomes.

### Child abuse

Young children are the most vulnerable population for maltreatment and abuse, and this early experience with violence most often has long-term adverse consequences (Estefan, L.F.,

Coulter, M.L., VandeWeerd, C.L., Armstrong, M., & Gorski, P., 2013). Like most forms of trauma, child abuse is not an isolated incident. Child abuse is often associated with many other family risk factors, such as intimate partner violence, substance abuse, and mental illness (Estefan, L.F., Coulter, M.L., VandeWeerd, C.L., Armstrong, M., & Gorski, P., 2013). Research on the cumulative risk of experiencing multiple sources of trauma states that the greater number of risk factors present, the greater risk for mental and physical health problems in the future (Estefan, L.F., Coulter, M.L., VandeWeerd, C.L., Armstrong, M., & Gorski, P., 2013; Appleyard et al. 2005 & Sameroff, 2000). Further, the consequences of child abuse and noted predictors of intimate partner violence look incredibly similar when compared: mental health issues, substance use, difficulty in peer relationships, attachment insecurity, etc. Further, data is severely lacking not only on the effectiveness of parenting interventions but also on how demographic characteristics of the family effect the intervention outcomes (Estefan, L.F., Coulter, M.L., VandeWeerd, C.L., Armstrong, M., & Gorski, P., 2013).

### Well-being

Individuals' perceived well-being is often associated with intimate partner violence because both are deeply rooted in the structure of self-concept. Specifically, well-being is often tied to an individual's self-esteem, their feelings of autonomy, and their identity (Matheson, F.I., Daoud, N., Hamilton-Wright, S., Borenstein, H., Pedersen, C., & O'Campo, P., 2014). If these factors are not present, or not positive, then they are likely to decrease an individual's sense of well-being as well as increase their chances of experiencing intimate partner violence. Because control and coercion are integral pieces of intimate partner violence this decrease in self-concept and well-being has the potential to be both a predictor and outcome of violence (Matheson, F.I., Daoud, N., Hamilton-Wright, S., Borenstein, H., Pedersen, C., & O'Campo, P., 2014). A lower

sense of well-being and self-concept leaves individuals more vulnerable to experiencing intimate partner violence and is also associated with many other predictors of intimate partner violence such as mental illness, substance use, insecure attachment in intimate relationships, etc. Culture also plays a role in well-being because there are differing social expectations placed on individuals of various cultures that dictate their self-concept and their sense of worth (Matheson, F.I., Daoud, N., Hamilton-Wright, S., Borenstein, H., Pedersen, C., & O'Campo, P., 2014).

### Substance use

It is well-documented that substance use is a risk factor for experiencing intimate partner violence (Low, S., Tiberio, S. S., Shortt, J. W., Capaldi, D. M., & Eddy, J. M., 2016). These findings are supported not only in the literature but in clinical settings as well with most individuals that report seeking substance use treatment also reporting intimate partner violence and vice versa (Maria de Bruijn, D. & Maria de Graaf, I., 2016). Theories of the connection between substance use and intimate partner violence include the disinhibiting effect that substances could have on individuals' judgment and inclination toward intimate partner violence (Low, S., Tiberio, S. S., Shortt, J. W., Capaldi, D. M., & Eddy, J. M., 2016; Lennings, Copeland, & Howard, 2003). The psychopharmacological effects of substance use could also contribute to its relationship with intimate partner violence. Substance use causes psychological, physiological, and cognitive changes in individuals that could increase feelings of power, control, and ultimately, the likelihood of hostility and violence toward an intimate partner (Maria de Bruijn, D. & Maria de Graaf, I., 2016). Lastly, substance use often serves as a justification for behavior that is not normally socially acceptable, which could increase the likelihood of disinhibition toward acts of intimate partner violence (Maria de Bruijn, D. & Maria de Graaf, I., 2016). While there is clear evidence that substance use is connected to intimate partner violence,

it is still unclear as to whether it is a direct relationship or if the relationship is further dependent on other individual and contextual factors (Low, S., Tiberio, S. S., Shortt, J. W., Capaldi, D. M., & Eddy, J. M., 2016; Leonard, 2005). Considering that rates of both substance use and intimate partner violence are generally higher in college-age individuals, it is important to have an understanding of how substance use interacts with other socio-ecological factors to contribute to the experience of intimate partner violence.

### Research Questions

There are several factors known to be predictors of intimate partner violence. However, a majority of the research surrounding intimate partner violence has been done on Caucasian college-aged students. While this developmental stage is important since most incidences of intimate partner violence are perpetrated and experienced by college-aged students, there is a greater need to understand distinctions between how diverse populations experience stressors and intimate partner violence differently. Without generalizable information there remains a great limitation to the effectiveness of clinical and community interventions to decrease family violence.

Because of the significant lack of research on Latino individuals' experiences of stress and IPV differ from that of White-American individuals', the current study aims to examine differences in predictive factors of violence between White and Latino individuals experiencing IPV. It is difficult to get a clear picture of the predictability of trauma based on multiple risk factors of varying persistence because human behavior is complex. However, because the literature on intimate partner violence discusses the complexity of understanding the individual and contextual influences on IPV experiences, it is necessary to attempt to parse out cross-cultural differences in predictors of IPV. Research has shown that individuals that identify as

ethnic minorities not only experience unique stressors that Caucasian individuals do not but also have difficulties in accessing services because of cultural and systematic hurdles (Chanmugan, A., 2014). The literature is clear in asserting the need for a more complex, comprehensive understanding of the various risk factors that contribute to intimate partner violence, and there is a lack of research on the differences in these risk factors between white and latino individuals (Estefan, L.F., Coulter, M.L., VandeWeerd, C.L., Armstrong, M., & Gorski, P., 2013). Because of this, the current study will aim to assess whether latino individuals do experience more intimate partner violence than white individuals in the current sample. Further, this study will aim to distinguish the differences in how well known risk factors predict experiences of intimate partner violence for both white and latino individuals. It is expected that latino individuals will experience more intimate partner violence but that these known risk factors will better predict intimate partner violence for white individuals.

## CHAPTER III

### METHODOLOGY

#### Participants

Data was collected from 389 California State University, Chico undergraduate students recruited from multiple academic departments. Participants were asked to complete an online survey that included multiple scales measuring variables of gender role attitudes, wellbeing, attachment, substance use, child abuse, anger, intimate partner violence attitudes, violence perpetration, and violence victimization. The sample included 318 female participants (81.7%) and 71 male participants (18.3%). A majority of participants (88.2%) were age 18-25 years old, which is consistent with the overall campus population. The sample included 196 students that identified as “White” (50.4%), 131 as “Latino/Hispanic” (33.7%), 1 as “American Indian” (0.3%), 37 as “Asian/Pacific islander” (9.5%), 7 as “African-American/black” (1.8%), and 16 as “Other” (4.1%). According to data collected from the Revised Conflict Tactics Scale- short form, 31.9% of participants had been perpetrators of physical violence at some point in the past year, while 25.2% had been victims of physical violence at some point in the past year. However, when items measuring verbal abuse were added in to these prevalence scores, 64.3% of participants indicated that they had been victims of either physical or verbal abuse by an intimate partner, and 68.9% of participants indicated being perpetrators of either physical or verbal abuse toward an intimate partner.

#### Procedures

Data was collected via an online survey questionnaire composed of multiple scales measuring gender role attitude, child abuse, attachment, wellbeing, substance use, anger,

intimate partner violence attitudes, violence perpetration, and violence victimization. After obtaining informed consent, participants completed all survey items pertinent to their experience. Participation in this study took approximately 40 minutes. Students received course extra credit as an incentive for their participation in the study. The University's Institutional review Board approved all procedures.

## Instruments

### Demographic Characteristics

Students reported their gender (1= male, 2= female, 3=other) and were given space to further specify their gender identity. Students also reported their ethnicity (1= American Indian/Alaskan Native, 2= Asian/Pacific Islander, 3= African-American/Black, 4= Latino/Hispanic, 5= White, 6= other) and were given additional space to self-identify. Students also reported their age via free response.

### Substance use

Students indicated both the frequency and amount of their substance use via 4 items. Frequency of alcohol consumption within the last 30 days was reported as well as the amount of drinks that were consumed on a given day of drinking. Further, students reported the prevalence of their drug use by indicating whether they had ever used marijuana or other recreational drugs such as mushrooms, acid, ecstasy, cocaine, heroin, or amphetamines.

### Gender Attitudes Inventory

The Gender Attitudes Inventory was developed as a 109-item measure in 1995 by Ashmore, Del Boca, and Bilder to assess college students' attitudes about sex and gender. For the current study, students' ratings of gender role attitudes were obtained using the "Acceptance of Traditional Stereotypes," "Endorsement of Family Roles," and "Belief in Differential Work

Roles” subscales of the Gender Attitudes Inventory (GAI). Items are scored on a 1 (Strongly Disagree) to 5 (Strongly Agree) Likert scale. Some items were reverse coded so that higher scores reflected more traditional gender role attitudes. Internal consistency alphas for the Gender Attitudes Inventory ranged from .74 - .94 for each of the subscales included, and test-retest alphas ranged from .69 - .93, thus the scale exhibited high reliability. The scale also showed adequate validity when correlated with other established scales measuring traditional gender roles and conservatism. The average correlations between the Gender Attitudes Inventory and the other scales was .44 for men and .37 for women (Ashmore, Del Boca, & Bilder, 1995).

#### Positive Relationships with Parents Scale

The Positive Relationships with Parents Scale is a 6-item scale that was developed to measure the quality of adolescents’ relationships with their parents. Items were scored on a 0 (none of the time) to 4 (all of the time) Likert scale, and included items such as “I can count on my mother/father to be there for me when I need her/him.” Overall scores on the scale range from 0-24 with higher scores indicating more positive parent-child relationships. The Positive Relationships with Parents Scale is highly reliable ( $\alpha = .92$ ) and concurrent validity was exhibited by the scale’s correlations with better grades and lower likelihood of smoking, fighting, and depressive symptoms ([www.childtrends.org](http://www.childtrends.org)).

#### Revised Conflict Tactics Scale, Short Form

The Short Form of the Revised Conflict Tactics Scale is a 20-item scale composed of five subscales of “negotiation,” “physical assault,” “injury,” “sexual coercion,” and “psychological aggression.” For the current study, only the “physical assault,” “injury,” and “psychological aggression” subscales were used to compute overall scores of violence perpetration and victimization. Prevalence scores for perpetration and victimization were computed separately by

recoding scores into dichotomous values (0= this has never happened, 1= this has happened before). Frequency scores for perpetration and victimization were computed separately by recoding scores into their midpoints in order to gain more sensitivity to variability in participant responses. For both prevalence and frequency, higher scores indicated more instances of violence. The Conflict Tactics Scale, Short Form has been shown to have high concurrent validity scores for each of the subscales range from .72 - .94. Because this is a revised and short version of the Conflict Tactics Scale, and because there is no total score obtained, internal consistency cannot be evaluated (Straus & Douglas, 2004).

#### Parent-Child Conflict Tactics Scale, Short Form

The Parent-Child Conflict Tactics Scale, Short Form is a 10-item scale measuring experiences of child abuse. The scale is composed of five, two-item subscales: “Non-violent discipline,” “Corporal punishment,” “Physical abuse,” “Psychological aggression,” and “Neglect.” Items were scored on a 0 (This has never happened) to 6 (More than 20 times in the past year) Likert scale. Item values were recoded into their midpoints and then summed into subscale scores in order to be more sensitive to variability in participant responses. For the purposes of this study, the “non-violent discipline” subscale was not used for the analysis, and the “physical abuse” and “psychological aggression” subscales were combined to yield a total “abuse” score. Because this is a revised and short version of the Parent-Child Conflict Tactics Scale, and because there is no total score obtained, internal consistency cannot be evaluated. However, the scale showed high correlations, and thus concurrent validity, with the original form (Strauss & Mattingly, 2007).

#### Multidimensional Anger Inventory, Short Form

The original Multidimensional Anger Inventory was developed as a 38-item scale with six subscales indicating, “anger frequency,” “duration,” “magnitude,” “mode of expression,”

“hostile outlook,” and “range of anger eliciting situations.” Items were scored on a 1 (not at all like me) to 5 (completely like me) point Likert scale, with higher scores indicating greater problems with anger. The Multidimensional Anger Inventory was shown to have high reliability ( $\alpha = .93$ ) (Siegel, 1986).

#### Intimate Partner Violence Attitudes Scale- Revised

The revised version of the Intimate Partner Violence Attitudes Scale is a 17-item scale that takes items from each of the three subscales of the original Intimate Partner Violence Attitudes Scale: “abuse,” “violence,” and “control.” Items were scored on a 1 (Strongly disagree) to 5 (Strongly agree) point Likert scale. Overall scores ranged from 17-85 with higher scores indicating greater acceptance of attitudes condoning intimate partner violence. The Intimate Partner Violence Attitudes Scale- Revised showed adequate concurrent validity and internal consistency with subscale alphas ranging from .66 - .92 (Fincham, Cui, Braithwaite, & Pasley, 2008).

#### Experiences in Close Relationships Scale-Short Form

The Experiences in Close Relationships Scale- Short Form (ECR-S) is a 12-item scale that assesses quality of romantic attachment. The ECR-S is divided into two subscales, which provide scores on participants’ levels of “anxiety” and “avoidance” in romantic relationships. Items were scored on a 1 (Strongly Disagree) to 7 (Strongly Agree) Likert scale, and overall scores ranged from 12-84. Some items were reverse coded so that higher scores reflected higher levels of anxiety or avoidance in romantic relationships. The Experiences in Close Relationships

Scale, Short Form has been shown to have good validity and reliability with internal consistency alphas at .90 or above (Sibley & Liu, 2004).

### BBC Well-being Scale

The BBC Well-being scale was originally developed as a 24-item measure of overall well-being. This scale is composed on three subscales including measures of “psychological well-being,” “physical health and well-being,” and “relationships.” However, only the 12-item “psychological well-being” subscale was included for data collection in the current study. Items were scored on a 1 (Not at all like me) to 4 (Extremely like me) Likert scale, and overall scores ranged from 12-48. One item was reverse coded so that higher scores indicated higher levels of psychological well-being. The BBC Well-being scale had high internal consistency ( $\alpha = .94$ ) and adequate concurrent validity by being significantly correlated with key demographic variables and other measures of well-being (Kinderman, Schwannauer, Pontin, & Tai, 2011).

### Analysis Plan

Regression analyses will be done to examine the predictive value of various risk factors for IPV, including: gender role attitudes, intimate partner violence attitudes, parent-child attachment, adult attachment, wellbeing, child abuse, and substance use. Analyses of these factors will be compared between participants that identify as “white” and those that identify as “latino/hispanic” in order to determine if there are significant differences in the predictive value of known risk factors for IPV between the two groups. It is expected that individuals that identify as “latino/Hispanic” will have higher rates of experiencing IPV as well as more traditional gender roles than those that identify as “white”. Further, it is expected that the empirically grounded predictor variables for the study will be better predictors of IPV for “white” individuals than for “latino/Hispanic” individuals.

## CHAPTER IV

### FINDINGS AND RESULTS

#### Frequencies

The data was organized into a split file by ethnicity in order to compare results between groups. Of the 389 participants, 196 (50.5%) identified as white and 131 (33.8%) identified as latino/hispanic. Frequency data showed that white and latino participants perpetrated intimate partner violence at equal rates (32.1%). There was a small difference in intimate partner violence victimization between white (25.5%) and latino (22.9%) participants. Independent samples t-tests were conducted to evaluate whether white and latino participants differed significantly on predictor variable means. Means for gender role attitudes, substance use, attachment, child abuse, angry personality characteristics, intimate partner violence attitudes, and well-being were compared in order to evaluate group differences.

Independent samples t-tests did not show many significant differences between white and latino participants on each of the predictor variables examined. The test was significant for substance use,  $t(285.58) = 4.039, p < .001, d = .47$ . The 95% confidence interval for the substance use means ranged from .42 – 1.22. An examination of the group means indicated that white participants ( $M = 1.84, SD = 1.96$ ) had significantly higher substance use than latino participants ( $M = 1.02, SD = 1.54$ ). The test was also significant for child abuse,  $t(199.55) = .381, p < .05, d = .05$ . The 95% confidence interval for the child abuse means ranged from -3.77 – 5.58. An examination of the group means indicated that white participants ( $M = 30.68, SD = 16.90$ ) had significantly higher child abuse than latino participants ( $M = 29.78, SD = 21.31$ ). See Table 1.

Table 1

*Predictor Variable Frequencies for White and Latino Participants*

	Ethnicity		t	df
	White	Latino		
Gender role attitudes	47.42 (20.01)	50.94 (17.64)	-1.51	282
Substance use	1.84 (1.96)	1.02 (1.54)	4.04**	285.58
Child abuse	30.68 (16.90)	29.78 (21.31)	0.38*	199.55
Child neglect	15.99 (11.63)	9.43 (10.13)	4.97	292
Corporal punishment	20.05 (16.57)	21.85 (17.50)	-.887	291
Angry personality	35.10 (11.16)	35.03 (12.14)	.050	291
IPV attitudes	27.51 (7.72)	27.41 (6.89)	.116	291
Well-being	36.11 (7.22)	37.41 (7.12)	-1.52	294
Adult attachment anxiety	22.16 (6.20)	21.33 (7.00)	1.07	288
Adult attachment avoidance	15.94 (6.87)	15.26 (6.92)	.826	289

### Perpetration correlations

#### White population

Intimate partner violence perpetration appeared to be associated with many variables tested in the current study. For white participants, intimate partner violence perpetration was negatively associated with well-being,  $r(158) = -.163, p = .019$ . Perpetration was also positively associated with adult attachment anxiety,  $r(158) = .171, p = .015$  and intimate partner violence attitudes  $r(158) = .158, p = .023$ . For the current study, perpetration seemed to be most strongly associated with substance use,  $r(158) = .195, p = .007$  and angry/hostile personality characteristics for white participants,  $r(158) = .204, p = .005$ . See Table 2.

### Latino population

Intimate partner violence perpetration seems to be associated with slightly different variables for latino/hispanic participants. Similar to white participants, perpetration was negatively associated with well-being for latino participants,  $r(99) = -.166, p = .049$ . Perpetration was also positively associated with intimate partner violence attitudes,  $r(99) = .184, p = .033$  and corporal punishment,  $r(99) = .220, p = .014$  for latino participants. For latino participants, perpetration seemed to be most associated with substance use,  $r(99) = .333, p < .001$ . The relationship between perpetration and gender role attitudes was approaching significance,  $r(99) = .160, p = .055$ . See Table 2.

### Victimization correlations

#### White population

Several variables were correlated with intimate partner violence victimization for white participants. Victimization was negatively associated with positive parent-child attachment,  $r(158) = -.142, p = .037$  and well-being,  $r(158) = -.196, p = .006$ . Victimization was positively associated with childhood neglect,  $r(158) = .163, p = .020$  and corporal punishment,  $r(158) = .183, p = .01$ . For white participants, victimization was most strongly associated with adult attachment anxiety,  $r(158) = .235, p = .001$ , intimate partner violence attitudes,  $r(158) = .237, p = .001$ , and angry personality characteristics,  $r(158) = .261, p < .001$ . See Table 2.

#### Latino population

For latino participants, intimate partner violence victimization was correlated with different and fewer variables. Victimization was associated with intimate partner violence attitudes,  $r(99) = .206, p = .019$ , adult attachment avoidance,  $r(99) = .223, p = .012$ , and substance use,  $r(99) = .298, p = .001$ . Victimization was most strongly associated with corporal

punishment,  $r(99) = .413, p < .001$ . The correlation between victimization and angry personality characteristics was approaching significance for latino participants,  $r(99) = .153, p = .063$ . See Table 2.

Table 2

*Correlations between Perpetration, Victimization, and Predictor Variables for White and Latino Population*

	PERP	VICT	QPCR	GAI	DRG	CA	CA_N	CA_C	MAI	IPVA	ANX	AVOID
PERP	-											
VICT	.750**	-										
	.754**											
QPCR	-.058	-.131	-									
	-.057	-.085										
GAI	-.106	-.021	.004	-								
	-.072	-.087	-.013									
DRG	.233**	.160*	-.006	.051	-							
	.317**	.312**	-.128	-.057								
CA	.005	.062	-.215**	-.142	-.033	-						
	.061	.090	-.176	.008	.148							
CA_N	.099	.162*	-.122	.022	.041	.477**	-					
	-.050	-.001	-.174	-.010	.165	.420**						
CA_C	.124	.188*	-.322**	-.110	.140	.474**	.403**	-				
	.250**	.432**	-.358**	-.071	.196*	.608**	.310**					
MAI	.173*	.222**	-.211**	.048	.104	.195**	.295**	.301**	-			
	.126	.133	-.207*	.065	.171	.250**	.269**	.344**				
IPVA	.201**	.244**	-.044	.340**	.126	.003	-.024	-.018	.163*	-		
	.206*	.157	-.144	.241*	.009	-.105	-.090	.022	.183			
ANX	.173*	.248**	-.022	.094	.126	.036	.177*	.008	.283**	.300**	-	
	.082	.058	-.310**	.084	.139	.125	.061	.104	.354**	.117		
AVOID	.037	.121	-.146	.028	.095	.111	.127	.056	.190*	.171*	.367**	-
	.114	.219*	-.264**	-.063	.184*	.044	.036	.099	.328**	.291**	.463**	
WBS	-.154*	-.158*	.349**	-.065	-.091	-.155*	-.210**	-.123	-.507**	-.213**	-.367**	-.270**
	-.134	-.134	.330**	.038	-.101	-.020	-.067	-.099	-.474**	-.198*	-.431**	-.385**

\* $p < .05$ , \*\* $p < .01$  (PERP = IPV perpetration; VICT = IPV victimization; QPCR= parent-child attachment; GAI = gender role attitudes; CA = child abuse; CA\_N= child neglect; CA\_C= corporal punishment; MAI = angry personality; IPVA= IPV attitudes; ANX= adult attachment anxiety; AVOID= adult attachment avoidance; WBS= well-being)

Comparative multiple regression

A series of multiple regression analyses were run to evaluate how well known risk factors for intimate partner violence predicted both IPV perpetration and victimization. These predictors were intimate partner violence attitudes, gender role attitudes, well-being, anger, child abuse,

substance use, parent-child attachment, and adult attachment. These analyses were then compared to assess differences in models derived between white and latino/hispanic individuals.

See Table 3.

Table 3

*Summary of Perpetration and Victimization Regression Models for White and Latino participants*

	Perpetration						Victimization					
	White			Latino			White			Latino		
	B	SE	$\beta$	B	SE	$\beta$	B	SE	$\beta$	B	SE	$\beta$
Well-being	-.002	.006	-.025	-.007	.007	-.112	.001	.005	.014	-.003	.005	-.052
Adult Attachment Avoidance	-.009	.005	-.132	-.003	.007	-.040	-.004	.005	-.079	.010	.005	.187
Adult Attachment Anxiety	.007	.006	.099	.001	.007	.008	.010	.006	.153	-.004	.005	-.077
IPV attitudes	.014	.006	.241*	.010	.007	.144	.010	.005	.198*	.010	.005	.174
Angry personality	.006	.004	.146	-.002	.004	-.047	.005	.003	.140	-.002	.003	-.053
Child abuse	-.003	.002	-.112	-.001	.003	-.058	-.002	.002	-.089	-.005	.002	-.268*
Child neglect	.004	.004	.090	-.004	.004	-.108	.004	.003	.124	-.004	.003	-.107
Corporal punishment	.001	.003	.038	.006	.003	.268*	.002	.002	.093	.013	.002	.642**
Substance use	.033	.018	.146	.094	.028	.321**	.013	.016	.066	.053	.022	.215*
Gender role attitudes	-.003	.002	-.136	.005	.003	.215*	.001	.002	.055	-.002	.002	-.076
Parent-child attachment	-.001	.007	-.011	.008	.007	.117	-.006	.006	-.087	.011	.006	.186
$R^2$			.168			.242			.171			.381
$F$			2.47			2.35			2.52			4.52
$p$			<.01			<.05			<.01			<.01

\* $p < .05$ , \*\* $p < .01$

## Perpetration model

### White population

Results of the first model indicated a significant overall perpetration model for the white population,  $F(12, 147) = 2.465, p = .006$ , and explained 17% of the total variance. Intimate partner violence attitudes was determined to be significantly related to perpetration for the white population ( $\beta = .241, p < .05$ ) and contributed the most to the model. Substance use ( $\beta = .146, ns$ ) was approaching significant regression weight. See Table 3.

### Latino population

Results of the first model indicated an overall significant perpetration model for the latino population,  $F(12, 88) = 2.345, p < .05$ , and explained 24.2% of the total variance. Three of the predictor variables were determined to be significantly related to perpetration for the latino population: corporal punishment ( $\beta = .268, p < .05$ ) substance use ( $\beta = .321, p = .001$ ), and gender role attitudes ( $\beta = .215, p < .05$ ). Substance use seemed to contribute most to the model, followed by corporal punishment and gender role attitudes. See Table 3.

## Victimization model

### White population

Results of the second model indicated a significant overall victimization model for the white population,  $F(12, 147) = 2.522, p = .005$ , with 17% of the total variance accounted for. Intimate partner violence attitudes was determined to be significantly related to victimization in the white population, ( $\beta = .198, p < .01$ ) and contributed the most to the model. See Table 3.

### Latino population

Results of the second model indicated a significant overall victimization model for the latino population,  $F(12, 88) = 4.515, p < .001$ , with 38% of the total variance accounted for.

Three of the predictor variables were determined to be significantly related to victimization in the latino population: child abuse ( $\beta = -.268, p < .05$ ), corporal punishment ( $\beta = .642, p < .001$ ), and substance use ( $\beta = .215, p < .05$ ). See Table 3. Corporal punishment seemed to contribute most to the model, followed by substance use and child abuse.

## CHAPTER V

### CONCLUSIONS AND RECOMMENDATIONS

#### Discussion

The current study sought to understand if known predictors of intimate partner violence varied between cultural groups in their level of predictability. Specifically, if different variables predict experiences of IPV better for white or latino individuals. It was predicted that different variables would serve as better predictors for white and latino individuals because of the disparities in research inclusion between the two ethnic groups.

There are several known predictors of intimate partner violence cited in the literature such as insecure parent-child attachment, insecure adult attachment, child abuse, substance use, angry personality characteristics, traditional gender roles, lower subjective well-being, and attitudes condoning intimate partner violence. However, most empirical research on risk factors and outcomes of IPV do not include a diverse enough sample to make conclusions about cultural differences in experiences of intimate partner violence. This is an important issue to address because of the large latino population in the United States, because of the greater risk of ethnic minorities to experience IPV, and because many of these predictors have culturally rooted implications. For instance, traditional latino culture typically differs from white-American culture in gender role attitudes, family dynamics, personal values, etc. It is necessary to understand whether these cultural differences put latino individuals more at risk for experiencing IPV and if these same predictors can even be applied to latino individuals' experiences with IPV.

These comparative regression analyses were conducted in order to gain a better understanding of differences in predictor variables for intimate partner violence between white

and latino individuals. Based on frequency, correlation, and regression data it is difficult to draw one simple conclusion about differences in predictors of IPV for white and latino individuals. However, it is interesting to see where these fairly similar groups diverged on certain predictors of intimate partner violence. The distribution of white and latino individuals was comparable in the current study as was the gender distribution within each of the two groups. That being said, the strongest predictors for experiencing IPV differed between the groups.

Surprisingly, perpetration rates were the same for both white and latino individuals in this sample. Further, victimization rates were slightly higher for white participants in this sample. These statistics do not support the current conclusions in IPV research that state ethnic minorities experience IPV at higher rates than white individuals do. This could be for many reasons such as the much greater number of female participants than male participants in the current sample and the fact that all participants had at least some higher education. While research shows a trend of IPV being a more common experience for ethnic minority groups it is also clear that variables such as lower education level and lower SES are often also associated with ethnic minority groups in the literature. These results could be an indication that demographic characteristics such as education and income are actually more important predictors than membership in an ethnic minority group.

Frequency data showed very few group differences in how white and latino participants responded to items surrounding the predictor variables included in the current study. Averages for most of the variables were comparable; however, the most notable difference was the slightly higher scores indicating more traditional gender role attitudes for the latino group. The apparently more traditional gender role attitudes of the latino group was in line with current IPV research as well as the current study's hypothesis. However, the fact that no large discrepancies

were seen in scores between the white and latino group seemed to go against current literature on cross-cultural differences in relational values and behaviors.

The correlational data showed greater group differences in predictor variables between white and latino participants. For white and latino participants, well-being, intimate partner violence attitudes, and substance use were all significantly related to perpetration. However, anxious adult attachment style and angry personality characteristics were also significantly associated with perpetration for white individuals. Further, corporal punishment was significantly associated with perpetration for latino individuals. It is interesting to see the discrepancy in significant predictors of perpetration between the two groups because it seems to exhibit the need for more research on group differences in family dynamics and relational behavior. For instance, the behaviors associated with an anxious attachment style in adult relationships may not be acceptable or typical for latino individuals to display in their intimate relationships. Further, corporal punishment may not be used equally as often between white and latino families. There is a clear need for more depth in understanding in order to contextualize the data and understand how the variables themselves differ between groups.

The victimization correlations showed even more group discrepancies in which variables proved to be significantly associated with IPV experiences. For both white and latino individuals, intimate partner violence attitudes and corporal punishment were significant predictors of victimization. However, well-being, anxious adult attachment style, angry personality characteristics, childhood neglect, and quality of the parent-child relationship were all significantly related to victimization for white participants. Further, avoidant adult attachment style and substance use were significantly related to victimization for latino participants. As a whole, the predictor variables used in the current study seem to be more predictive of IPV

victimization than perpetration. However, the current literature on IPV notes that women are more often the victims of intimate partner violence, so the skewness of the gender of our participants may contribute to these results. It is interesting to note that different typologies of insecure adult attachment were related to victimization for the different groups. The fact that more white individuals identified with an anxious adult attachment style and more latino individuals identified with an avoidant adult attachment style could speak to many aspects of culture. Specifically, latino culture typically values discussing emotion and help-seeking behavior less than popular white-American culture, which could explain some of the group differences in experiences of insecure adult attachment.

Regression analyses were conducted separately to obtain both a perpetration and victimization model. For white participants, only intimate partner violence attitudes seemed to contribute significantly to the perpetration model. However, for latino participants corporal punishment, substance use, and gender role attitudes significantly contributed to the perpetration model while intimate partner violence attitudes did not. Interestingly, there was no overlap in significant predictors of perpetration between the white and latino groups and the model seemed to fit better for the latino group.

The victimization model also showed similar group differences. For white participants, intimate partner violence attitudes were again the only significant predictor in the victimization model. However, childhood abuse, corporal punishment, and substance use all contributed significantly to the victimization model for latino participants. Similar to the perpetration model, there was no overlap in significant predictors between the groups and the victimization model seemed to fit better for the latino group.

Based on the findings of the current study it is clear that there is still work to be done in elucidating the connection between culture and experiences of intimate partner violence. While there do seem to be cultural differences in childhood experiences, values, and relationship behaviors there is inconsistency in how, or to what extent, these variables differentially affect the likelihood of experiencing intimate partner violence. The data did show that individuals belonging to different ethnic minority groups do seem to have different experiences in relationships; however, based on the array of results, it is difficult to draw a clear conclusion about which predictor variables contribute most to experiences of intimate partner violence for white and latino individuals. It is important to consider these variables out of the context of the research setting and recognize the complexity and interdependence of these variables when considering the current findings. The data used in the current study, while comprehensive in its attempt to assess many predictor variables, lacked the ability to understand individuals' experiences with the variables in the context of their family of origin, their current environment, and over a period of time.

#### Limitations

While the study attempted to be inclusive of many predictors of intimate partner violence and of culturally different participants, there remained many limitations. The lack of clarity in the results could have perhaps been partly due to the fact that indices of verbal abuse were included in the perpetration and victimization outcomes that the variables were presumed to predict. Perhaps only including physical abuse in the perpetration and victimization outcomes would have lent itself to clearer predictor-outcome relationships. However, because the sample included a majority of women, it would have most likely been much more difficult to see significant predictors because of the presumed lower reporting of intimate partner violence.

Other demographic limitations of the study included income reporting and education level. Because the participants were all university students there was not a spread of socioeconomic statuses; in other words, nearly all of the participants were considered low income because they were students. This is an important limitation because lower socioeconomic status is often discussed as a strong predictor of intimate partner violence. However, for this sample the socioeconomic status of participants was confounded by other contextual factors. Further, all of the participants had obtained at least some level of higher education and were currently enrolled in university coursework. Lower education level is also commonly discussed as a predictor of intimate partner violence, and thus, the sampling method of the current study could have confounded results surrounding rates and correlates of intimate partner violence.

While all of the instruments used to assess predictors variables have been shown to have adequate reliability and validity, the Gender Attitude Inventory scale was developed using a sample of primarily “white” students (82%), so it may be limited in measuring Latino/Hispanic students’ experience with gender roles and attitudes (Ashmore, R.D., Del Boca, F.K., & Bilder, S.M., 1995). This is important to note both because it may not have encompassed culturally diverse perspectives and because it reinforces the notion that latino individuals are greatly underrepresented in empirical research.

It would have been useful to also have data from parents, other family members, and/or intimate partners to compare to student data in this sample. It is widely accepted that intimate partner violence is often prompted by traumatic experiences in the family of origin and is also highly likely to occur intergenerationally. For this reason, it is difficult to get a complete picture of group differences in intimate partner violence when nearly all predictor variables and outcomes are seen in the context of close relationships. It is also important to contextualize this

data in order to be better able to put these various experiences on a timeline and understand them as predictor variables, outcomes, or both.

Finally, there was no measurement of how much participants identified with their culture or self-identified ethnicity. For instance, even though a participant identified as latino does not necessarily mean that he/she adheres to the prototypical values and expectations of that culture. It would be important to consider effects of cultural assimilation, acculturation, and country of origin in future studies in order to get a clearer understanding of how culture is affected by these predictor variables.

### Recommendations

The research used a quantitative approach focusing on a wide spread of known predictor variables of intimate partner violence. There is a need for a more comprehensive mixed methods approach when researching differences in predictors of intimate partner violence between ethnic groups. Qualitative data would help explain some of the unsupported hypotheses by offering greater depth of understanding of individual experiences of culture and relationships. In order to get a more complete picture of how violence effects individuals it is necessary to put this data in context by gathering data on entire family units instead of just on the individual level. Further, longitudinal data would be useful in understanding differences in experiences that both lead up to and result from violence for white and latino individuals. Having only one point of data collection does not allow researchers to understand how the likelihood of violence develops in relationships and makes it more difficult to differentiate predictors and outcomes, which are often similar (e.g. substance use, depression, lowered well-being).

Overall, the variables in the current study seemed to better predict IPV victimization than perpetration. However, there were many more female than male participants and there is much

research that shows that women are more typically the victims, as opposed to perpetrators, of intimate partner violence. While the sample size of the current study was robust, future research should attempt to have a more evenly distributed sample of men and women in order to get a clearer picture of group differences both in gender and ethnicity.

Continued research on cross-cultural differences in experiences of intimate partner violence is necessary to improve clinical prevention and intervention programs. Ultimately intimate partner violence is a very applied problem that cannot be simply understood merely from quantitative research. Deeper understanding of this societal issue involves inclusion of culturally diverse individuals on both the side of the researchers and the participants. Despite best efforts to eliminate biases in research, a limited perspective will always be present when attempting to understand differing cultural values. Therefore, more field research must be done in order to contextualize and parse out the meaning of these various predictors and their effects on intimate partner violence.

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## APPENDIX A



**M E M O R A N D U M**

December 1, 2014

To: Kyle Hoist  
From: Linda Kline, Chair  
IRB/IC: Department of Psychology

Subject: Research Involving Human Subjects,  
Feedback on Exemption from Review

As chair of the Ethical Treatment in Human Investigation Committee, I am pleased to inform you that your application entitled, "Intergenerational transmission of intimate partner violence attitudes and other intimate relationship factors," has been approved under exempt classification. Your Experiment ID Number is 214-09. You may begin contacting potential participants. If you are contacting participants through the bulletin board or participant sign-up, please include the following information. If you are using a different participant source, be sure you have obtained permission from the appropriate individuals.

Sign-up forms for the Department of Psychology participant pool should display:

- 1) The psychology department stamp of approval with the experiment ID number
- 2) Title of the study
- 3) Name of the principle researcher
- 4) Name of the faculty sponsor/mentor if the principle researcher is a student
- 5) Contact information (phone, email) of the principle researcher or faculty sponsor
- 6) Length of time of participation
- 7) Title of the research activity
- 8) Days/times/rooms for the research
- 9) Mention that participation could qualify for extra credit in class if allowed by the instructor.

Please use the form and embosser available in the Psychology Department when providing participants with proof of extra credit. If you are using a raffle or drawing for a prize as an incentive to participants, please give me (Modoc 119) the names and contact information of those who won prizes.

When collection of your data has concluded, you will need to complete in the attached Post Data Collection Form for final approval. This form is to be completed and returned to Marsha Osborne (SSC 460).

If this research study is a part of your Master's thesis or project, you must provide a copy of this approval memo and a copy of the Post Data Collection Form (signed by John Mahoney) to your graduate committee for inclusion in your thesis or project.

## APPENDIX B

## **Informed Consent Form**

**STUDY TITLE:** Intergenerational Transmission of Relationship Attitudes and Beliefs

**PRINCIPAL INVESTIGATOR: CO-INVESTIGATOR(S):** Dr. Kyle Horst, Samantha Gonzalez, Luke Huckaby, Stephanie Chapman, and Mayra Puga

**CONTACT AND PHONE FOR ANY PROBLEMS/QUESTIONS:** [khorst@csuchico.edu](mailto:khorst@csuchico.edu), (530)898-5368

**PURPOSE OF THE RESEARCH:** The purpose of this research is to study undergraduates' and their parents attitudes, beliefs, and other aspects of relationships.

**PROCEDURES OR METHODS TO BE USED:** CSU Chico students, over the age of 18, will be offered the opportunity to take an online survey about romantic relationships, answering questions about themselves, their family, and their romantic relationships. The student participants will then be asked to provide an email address for their "primary caregiver" (e.g. parent). A link to a similar survey will then be sent to this primary caregiver's email.

**LENGTH OF STUDY:** The student and parent survey will take approximately **45 minutes**.

**RISKS ANTICIPATED:** Although we anticipate no risks associated with participating in this study; as you complete this survey, you may experience distress from answering questions about your life and/or romantic relationship. You are not required to complete any question items you feel uncomfortable with. If you experience any distress from this survey, or any other unanticipated negative experience from this survey, please contact Dr. Kyle Horst (contact listed above). Students may also take advantage of the counseling resources offered on campus. Counseling Center, Student Services Center 430, (530)898-6345.

**BENEFITS ANTICIPATED:** Completion of the survey will ask students to inquire about aspects of their relationship not otherwise considered. Potential insight regarding participant's relationship may be garnered from completion of this survey. Survey data will be used to advance the field of study on what is known about conflict in romantic relationships among young adults, as well as how attitudes about relationships are transmitted intergenerationally. Findings from this study can be used to help couples have more positive and satisfactory relationships.

**EXTENT OF CONFIDENTIALITY:** The complete confidentiality of your responses is very important, and multiple steps are taken to keep your results confidential. No identifying information will be asked of you. We will ask you to provide an email address to your primary caregivers and, because this is an online survey, their email address will be required so the surveys can be linked between student and primary caregiver. **Results from your survey will not be shared with your primary caregiver** and results from their survey will also be kept confidential. After the data are collected, all identifying information (i.e., email address) will be removed from the data file, and you will instead be given an anonymous identification number. All data will be securely stored digitally on the PI's password protected computer in his locked office.

**I understand this project is research, and that my participation is completely voluntary in completing these surveys and I am not required to answer any item I do not feel comfortable with. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation,**

**penalty, or loss of benefits, or academic standing to which I may otherwise be entitled.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature