

EXPOSURE TO PARENTAL CONFLICT AND VIOLENCE IN CHILDHOOD:
INFLUENCES ON EMERGING ADULTS' RELATIONSHIPS WITH PARENTS AND
PERCEPTIONS OF INTIMATE RELATIONSHIPS

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EXPOSURE TO PARENTAL PARTNER VIOLENCE

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INFLUENCES ON EMERGING ADULTS' RELATIONSHIPS WITH PARENTS AND
PERCEPTIONS OF INTIMATE RELATIONSHIPS

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(Note: This dissertation was written in accordance with the guidelines set by the

American Psychological Association – APA)

EXPOSURE TO PARENTAL PARTNER VIOLENCE

Dedicated to:

I want to dedicate this dissertation to all my family and friends who supported me through the years. To my family: you believed in me even when I did not believe in myself. To my friends: you helped me remember to live life one day at a time. You all stuck with me through the good times and bad – you have my eternal gratitude.

“Faithless is he that says farewell when the road darkens.” – Tolkien

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ABSTRACT

Parental partner-violence (PPV) is any type of physical, emotional/psychological, or sexual violence perpetrated by at least one parent against a partner in an intimate relationship. According to the U.S. Department of Justice (2011), 25.6% of children have witnessed PPV at some time in their lives, and 11.1% had witnessed PPV in the previous year. It is a goal of this study to add to the field of feminism in a manner that provides information about adult children's experiences with witnessing PPV, how they maintain relationships with partner violent parents, and how they perceive romantic relationships.

A nationally representative sample of 452 emerging adults (ages 18-25) completed a Qualtrics online survey. Participants responded to survey questions regarding their relationships with their mothers and fathers, perceptions of romantic relationships, and exposure to parental-partner violence. Overall, 73.5% of participants reported conflict and violence perpetrated by fathers, while 96.9% of participants reported conflict and violence perpetrated by mothers. Exposure to father's violence and mother's violence is associated with relationship quality for both mothers and fathers, as well as perceptions of intimate relationships. These results indicate a need to provide resources to adult children who have been exposed to parental-partner violence.

This study was funded by the 2015 Jessie Bernard Outstanding Research Proposal Award from the Feminism and Family Studies Section of the National Council on Family Relations.

Exposure to Parental Conflict and Violence in Childhood: Influences on Emerging Adults' Relationships with Parents and Perceptions of Intimate Relationships

The main goal of this dissertation was to examine the effects of witnessing parental-partner violence on emerging adults' relationship quality with their parents and perceptions of their romantic relationships. Witnessing parental-partner violence as a child has been shown to have long-term effects on the psychological and interpersonal well-being of adults (Hague, 2012). However, it is possible that the negative effects of witnessing parental-partner violence in childhood may be exacerbated by a continued relationship with parents or alleviated by ending relationships with them (Band-Winterstein, 2014; Roach & Anderson, 2013). The results of this exploratory study will benefit our understanding about how witnessing parental-partner violence as children affects young adults and their close personal relationships.

Purpose Statement

Quantitative survey data were collected from a nationally drawn sample. These research questions were examined:

- (1) Do adult children who have been exposed to PPV in childhood have lower relationship quality with their fathers than do non-exposed adult children?;
- (2) Do adult children who have been exposed to PPV in childhood have lower relationship quality with their mothers than do non-exposed adult children?;
- (3) Is relationship quality between emerging adults and fathers related to frequency of PPV, severity of PPV, who perpetrated PPV in childhood (i.e., father-mainly/mother-mainly/low father-low mother violence/high father-high mother violence), and type of exposure (i.e., direct/indirect exposure)?;

(4) To what degree is relationship quality between emerging adults and mothers related to frequency of PPV, severity of PPV, who perpetrated PPV in childhood (i.e., father-mainly/mother-mainly/low father-low mother violence/high father-high mother violence), and type of exposure (i.e., direct/indirect exposure)?;

(5) Does exposure to PPV in childhood affect emerging adults' perceptions of relationships (i.e., adult attachment style, trust, and relationship self-esteem) compared to those with no exposure to PPV?; and if so,

(6) Are emerging adults' perceptions of romantic relationships related to frequency of PPV, severity of PPV, who perpetrated PPV in childhood (i.e., father-mainly/mother-mainly/low father-low mother violence/high father-high mother violence), and type of exposure (i.e., direct/indirect exposure)?

The quality of adult child-parent relationships may vary due to the type and severity of violence witnessed and which parent(s) were violent. Extreme partner violence appears to be a gendered phenomenon (Johnson, 2011). Women, especially mothers, are more likely to be victims of extreme violence by their partners, while men (fathers) are more likely to perpetrate extreme violence against their partners. However, either males or females may perpetrate mild violence not resulting in injury (Johnson, 2011). In addition, violence is often used by both men and women as a method of exerting control over a partner (Swan & Snow, 2002), which results in an unequal distribution of power in the relationship that favors the violent partner. Indeed, samples of emerging adults in the general population have highlighted the prevalence of repeated exposure to PPV, which often was mutual violence between both parents (Straus, 2009; Straus & Michel-Smith, 2014). Adult children's experiences witnessing PPV include

perceptions of how frequently the violence was occurring, how severe the violence was, who was being violent, and whether they were exposed to the violence directly (saw it happen) or indirectly (heard it happen or saw the outcome). Children construct meanings about the experience and what witnessing violence entails for their relationships with parents and romantic relationships.

Intimate Partner Violence (IPV)

Violence between intimate partners (i.e., spouses, cohabiting partners, dating partners) is prevalent in the United States. A random digit dial study conducted by the Centers for Disease Control (CDC) found that 32% of women and 28% of men reported being victims of physical violence in an intimate relationship at some point in their lifetimes, with four percent of women and five percent of men reporting physical violence in the last year (Breiding et al., 2014). In addition, Breiding et al. found that 47% of women and men reported being victims of psychological aggression (e.g. yelling, name-calling, coercive control) at some point in their lifetimes, while 14% of women and 18% of men reported psychological aggression in the past year. Reports of physical and psychological violence occurred for all age groups, races, ethnicities, socioeconomic statuses, and sexual orientations (Breiding et al., 2014; Sugg, 2015).

It is apparent that IPV is a serious social problem in U.S. society. Consequently, it may not be surprising that IPV has been the focus of a great deal of research in the past two decades.

Much of this research has centered on the effects of IPV on the individuals in violent relationships. One of the most studied effects of IPV are the mental health consequences for victims (Sugg, 2015). Victims of IPV are more likely to experience depression, post-traumatic stress disorder, and suicide (Coker et al., 2002; Sugg, 2015). Short-term medical outcomes include injuries, such as “scratches, bruises, contusions, lacerations, fractured teeth, bone fractures, joint dislocations, strains, sprains, abdominal and pelvic injuries, head injuries, and strangulation-related injuries” (Sugg, 2015, p. 658). Long-term health consequences for survivors of IPV include chronic pain, gastrointestinal

disorders, chronic disease, and alcohol or substance abuse (Coker et al., 2002; Sugg, 2015). IPV can also result in murder, with women consisting of 70% of intimate partner homicide victims (Sugg, 2015).

The different types of violent couples and partner outcomes appear to be contingent on what kind of violence is occurring between intimate partners (Johnson, 2011). The most common form of violence between couples is situational couple violence, which is when both partners used violence against each other during arguments (Johnson, 2011). This type of violence rarely results in serious physical injury, PTSD symptomatology, or death (Hardesty et al., 2015). Situational couple violence exists as a form of conflict management rather than as a way to control or intimidate an intimate partner (Johnson, 2011). Since this violence occurs because of poor communication and inadequate conflict management, it is the most common, but not the most destructive

Intimate terrorism or coercive controlling violence occurs when one person is frequently violent and often causes injury to his/her partner (more often his; Johnson, 2011). This violence often occurs along with controlling behaviors such as preventing a partner from having contact with friends or extended family, controlling finances, or preventing a partner from sleeping. Outcomes for victimized partners include Post Traumatic Stress Disorder (PTSD), hospitalization, or death (Hardesty et al., 2015; Johnson, 2011).

Coercive controlling violence is often observed in samples from domestic violence shelters and batterer intervention programs (Johnson, 2011). Male dominance is often at the heart of coercive controlling violence (also known as Domestic Violence; Lockhart & Danis, 2010). Men who practice coercive controlling violence often hold

negative views of women and strongly believe in traditional gender roles, which hold that men should be dominant and women should be submissive. In comparison to situational couple violence, coercive controlling violence exists not as an inability to control anger or poor conflict management tactics but as a control tactic and means of oppressing a romantic partner through physical, psychological, and sexual oppression and other fear-based tactics (Hamby, 2009; Lockhart & Danis, 2010).

In coercive controlling violence, victimized partners may retaliate with violence (i.e. violent resistance; Johnson, 2011). Violent resistance is often a means to an end for individuals who use it against their intimate partners (Muftić, Bouffard, & Bouffard, 2007). Violent resistance occurs when a victim has been systematically oppressed by coercive controlling violence and is in fear of her life. Resistant violence may be planned or spontaneous self-defense. The use of violent resistance is less common than coercive controlling violence, but can result in serious injury or even death (Johnson, 2011).

Parental-Partner Violence (PPV)

In addition to research that has examined the effects of IPV on victims' wellbeing, many researchers have also studied how IPV affects other family members who witness the violence, particularly children. Scholars labeled violence between parents with many terms (e.g., family violence, domestic violence, intimate partner violence, parental violence, and partner violence). In this paper, I refer to any form of direct or indirect aggression between parents as parental-partner violence (PPV). This term does not place an assumption on the sex of the aggressor (domestic violence assumes the aggressor is male) and is more concise than repeatedly stating, "intimate partner violence (IPV) between parents." Parental-partner violence is any type of physical, emotional/psychological, or sexual violence perpetrated by at least one parent against a partner in an intimate relationship. This violence does not have to accompany efforts to control the partner's behavior. I use the terms "witnessed" and "exposed" interchangeably in this paper.

It is estimated that 339,000 to 2.7 million U.S. children under the age of 18 witness parental-partner violence (PPV) annually, while approximately 275 million children worldwide witness family violence per year (UNICEF, 2006). PPV can range from psychological aggression (e.g., yelling, belittling, or threatening) to physical assault with little to no injury (e.g., shoving, slapping), to physical assault with serious injury (e.g., punching, stabbing, beating up; Straus, Hamby, Boney-McCoy, & Sugarman, 1996), which children or adolescents can see, hear, or otherwise detect (Edleson, Shin, & Armendariz, 2007).

According to the U.S. Department of Justice (2011), 25.6% of children have witnessed PPV at some time in their lives, and 11.1% had witnessed PPV in the previous year. Previous research has shown that 19% of mothers of emerging adults reported psychological conflict (e.g., yelling, belittling) with their partners, while 7.6% reported physical violence (Schiff et al., 2014). Reports from emerging adults are similar to reports from mothers – 13% reported either or both parents were aggressive (i.e. yelling, slapping) in childhood, while 6.8% reported severe violence (e.g., punching, kicking; Straus, 2009). In addition, 27.4% of adolescents reported witnessing verbal aggression (e.g., name calling, yelling) between parents and 6.7% reported physical aggression (e.g., hitting, throwing objects) between parents (Winstok, Eisikovits, & Karnieli-Miller, 2004).

A large sample of emerging adults from 15 countries indicated that 13.4% of emerging adults were exposed to non-severe violence (e.g. pushed, shoved, or slapped). Of those who reported violence, 52.3% were exposed to bidirectional violence (both parents), 25.4% were exposed to father-only violence, and 22.4% were exposed to mother-only violence (Straus & Michel-Smith, 2014). In comparison, 6.6% of emerging adults reported exposure to severe violence (e.g. punched, kicked, or beat-up), where 53.3% reported violence between both parents, 30.2% reported father-only violence, and 22.4% reported mother-only violence. The percentages for North America were similar with non-severe violence reported by 14.3% of the population – 53.3% were bidirectional, 18.9% were fathers-only, and 25.4% were mothers-only. Severe violence was slightly higher in North America (7.2%) compared to the average, with 61% of the violence perpetrated bi-directionally, 21.2% by fathers only, and 17.8% by mothers only

(Straus & Michel-Smith, 2014). These statistics indicate that violence in the home is relatively common, is perpetrated by fathers and mothers, and can be one-sided or bidirectional.

Frequency and severity. Two important aspects of exposure to PPV are the frequency and severity of exposure (Holden, 2003). Researchers are not in agreement on how frequent or severe the violence has to be in order to say a child has witnessed PPV, but specific characteristics of exposure can help shed light on individual experiences. Children can be exposed to a variety of violent actions including physical and psychological aggression, visible (e.g. bruises, broken bones, death) and invisible (e.g. depression, anxiety, PTSD) outcomes, variable frequency, escalation, and de-escalation patterns, and differential patterns of resolution (when the abuser apologizes). It appears that frequency and severity of exposure are related to child outcomes (Haselschwerdt, 2014). Children who are exposed to more severe forms of violence, violence that occurs frequently, parental homicide, and/or violence that results in police involvement have more severe psychological effects than those who report less severe and/or infrequent violence (Holden, 2003).

Direct or indirect exposure. There is a distinction between children who are exposed to PPV either directly or indirectly (Holden, 2003). Direct exposure means a child is “actively involved in the violent incident” (Holden, 2003, p. 152) by observing or intervening when the violence occurs. Indirect exposure includes observing the immediate effects, as in seeing “bruises or injuries, police, ambulance, damaged property, intense emotions” (Holden, p. 152); experiencing the aftermath, such as maternal depression, changes in parenting behavior, and physically moving away from the parent

who is violent; and hearing about the violence “from mother, sibling, relative, or someone else” (Holden, 2003, p. 152). It is not clear whether indirect or direct exposure is more harmful to children, but it is apparent that there is a range of experiences related to exposure (Anderson, 2010; Haselschwerdt, 2014). Children’s interpretations of violent events also may be related to how they respond in terms of both negative affect and resiliency after exposure (Anderson, 2010; Haselschwerdt, 2014). Children who are exposed to similar types of PPV and siblings exposed to the same violent events can display a range of adverse effects.

Effects of Exposure to Parental-Partner Violence on Offspring

The effects of witnessing violence between parents in childhood has been a frequent topic of research in recent decades (Haselschwerdt, 2014). Children are likely affected by IPV in multiple ways.

Effects of parental-partner violence on children’s well-being. Childhood exposure to PPV is often portrayed as a traumatic experience, with negative outcomes for children such as Post-Traumatic Stress Disorder (PTSD), internalizing behaviors (e.g. depression, anxiety), and externalizing behaviors (e.g. acting out, poor school performance, aggression) (Graham-Bermann, Devou, Mattis, Lynch, Thomas, 2006; Graham-Bermann, Gruber, Howell, Girz, 2009; Kitzman, Gaylord, Holt, & Kenny, 2003). However, most of this research has sampled either minor-aged children and mothers living in shelters or mothers who replied to advertisements (Haselschwerdt, 2014). Consequently, what is known about minor-age children who have been exposed to PPV has focused heavily on families from one context - severe, male-dominated violence - with little attention to children ‘s outcomes after mothers’ perpetrated aggression,

bidirectional aggression (e.g. both partners act violently towards each other), or controlling behaviors between parents (Haselschwerdt, 2014).

Research on adult offspring who were exposed to PPV is not as well-developed as the literature on children and adolescents (Hague, 2012; Von Steen, 1997). It is known, however, that negative effects from witnessing PPV may continue into adulthood, as evidenced by individuals who seek clinical support as young, middle, or older adults to address mental health issues that still existed from having witnessed PPV as children (Von Steen, 1997). Similar to what is known about the effects of witnessing PPV on children, the range of adverse effects on adult offspring varies with the reported frequency and severity of violence that was witnessed (Anderson & Bang, 2012; Maker, Kimmelmeier, & Peterson, 1998; Silvern, Karyl, Waelde, Hodges, Starek, Heidt, & Min, 1995). Adults who witnessed PPV in childhood may show trauma-related symptoms (Henning, Leitenberg, Coffey, Turner, & Bennett, 1996; Silvern et al., 1995), depression (Maker et al., 1998), PTSD (Anderson & Bang, 2012), sleep disturbances (Hague, 2012), and self-harm (Hague, 2012). Adult children who reported witnessing more traumatic experiences also reported more trauma-related symptoms on average (Anderson & Bang, 2012; Henning et al., 1996; Maker, Kimmelmeier, & Peterson, 1998). These symptoms may be exacerbated for families where the violence continues from childhood to adulthood (Band-Winterstein, 2014).

Effects of parental-partner violence on parent-child relationships. The abusive parent, also known as the perpetrator or batterer, is the most prominent family member because he or she is the one who has created the environment that results in children witnessing PPV (Bancroft, Silverman, & Richie, 2012). For example, abusive

fathers can manipulate their young children to get the children to side with them (Bancroft et al., 2012). Children usually love both of their parents, and witnessing abuse between loved individuals is confusing, particularly for young children. Overall, abusive fathers are often viewed as authoritarian when they want to control a situation but otherwise uninvolved or neglectful towards children with regards to expectations for the child and relationship quality (Bancroft et al., 2012). Abusive fathers also control and influence the type of relationship children have with their mothers (Bancroft et al., 2012).

Older children and adolescents realize that the violence between their parents is not normal and they often want to be separated from the abusive parent (Holt, 2011). They may feel ambivalent about being apart from the violent parent, however; after separation or divorce, some children reported being disappointed when there was no contact with their abusive father but they were also upset when fathers contacted them in ways they did not want. Many scholars believe partner abusive fathers should not be given custody or visitation after a separation or divorce because the partner abuse can continue or get worse (e.g., Bancroft et al., 2012; Hague, 2012; Holt, 2011).

Adolescent children with witnessing histories reported closer relationships with their mothers than with their fathers (Moon, 2000). This was contingent upon the mother's use of verbal abuse towards the father, which resulted in lower reports of closeness with mothers but higher reports of closeness with fathers.

Similarly, adult children discussed feeling uncertain of their feelings toward their violent family of origin and their parents specifically (Band-Winterstein, 2014). Adults who witnessed PPV in childhood have to navigate their experiences with exposure to family violence and their relationships with family members. "As adult offspring of

[violent parents], this group deals with ambivalent feelings arising from the problematic ‘we-ness’ of the family, the mutual history, obligations, and responsibility” (Band-Winterstein, 2014 p. 452). Indeed, the relationships between parents and their children are expected to be life-long (Rossi & Rossi, 1990). However, adults exposed to PPV in childhood have to construct an understanding of their families in the context of violence, which leaves some individuals questioning whether or not to maintain relationships with aging parents.

Research I conducted with Dr. Kim Anderson (2013) indicated that some adult daughters with histories of witnessing PPV chose to maintain frequent contact and would take care of their abusive fathers, others would maintain minimal contact out of a sense of obligation, and a third group cut all contact with abusive fathers for their own self-preservation. There were other factors at play for these adult daughters in deciding whether or not to maintain contact with abusive fathers, including, but not limited to, whether or not the violence was ongoing, the father’s use of alcohol, and the perception that the father had changed for the better (Anderson & Roach, 2013). The variability in these daughters’ stories as well as the personal meaning for them with regards to their choices was intriguing. Further research needs to expand upon studies such as this one, exploring further the family relationships of adult children with histories of exposure to PPV. This study aims, in part, to directly explore the adult child-parent relationship after childhood exposure to PPV.

Effects of parental-partner violence on offspring’s romantic relationships.

Witnessing PPV in childhood also affects how children relate to peers and romantic partners. Witnessing domestic violence in childhood may normalize the use of violence

in friendships, in dating relationships, and in committed romantic relationships, thus increasing the likelihood that children with witnessing histories will use violent tactics in their relationships with romantic partners (Graham-Bermann & Levendosky, 1997; Green & King, 2009; McClosky & Stuewig, 2001; O'Keefe, 1998).

Children who have been exposed to PPV described friendships as less affirming, less helpful, and more difficult to maintain (Green & King, 2009), and with more conflict (McClosky & Stuewig, 2001) than children with non-witnessing histories. Overall, children who have been exposed to PPV have peer relationships that are characterized by higher levels of physical and relational aggression when compared to children who have not witnessed PPV (Graham-Bermann & Levendosky, 1997).

Adolescents who are exposed to PPV may be more likely to experience dating violence both as the instigator and as the victim (O'Keefe, 1998). However, the effects of witnessing PPV on the adult child's romantic relationships is less clear. It is not known, for instance, if adults who witnessed PPV as children are less likely to enter into romantic relationships than other emerging adults, if they are warier of romantic entanglements, or if they are more cynical about couplehood in general. Although these may be plausible outcomes about which to speculate, little is known about the effects of PPV on emerging adults' romantic relationships.

Although some evidence indicates that adult children with histories of exposure to PPV are more likely to be both perpetrators and victims in their own romantic relationships (O'Keefe, 1998), a meta-analysis of published and unpublished effect sizes from 124 studies indicates that the effects of exposure to PPV and perpetration or victimization in adult romantic relationships are small (Smith-Marek et al., 2015). Small

effects do not suggest that the impacts on individuals are not disruptive to their lives, however. It also may be that the effects of exposure to PPV are not easily measured in quantitative designs, or that quantitative measurements used in prior studies have not been designed to assess the particular ways in which offspring's romantic relationships are affected.

Theoretical Perspectives

Although there are a number of theories that may be used to frame research on the effects of PPV on emerging adults' relationships with parents and romantic partners, I have chosen three: (1) feminist theory, which focuses in part on how social constructions of gender and power are used in families (Beasley, 1999); (2) life course theory, which focuses on individuals' lives through time with emphases on transitions and turning points (Elder, 1998); (3) adult attachment theory, which focuses on individuals' willingness to connect with others and their anxiety about that connection. These are broad theoretical frameworks that are congruent with mixed methods designs and that provide guidance when exploring the lived experiences of adults.

Feminist Theory

Feminism is about understanding how gender and power influence the lived experiences of individuals and groups (Beasley, 1999). Gender and power are important concepts to consider when conducting research on IPV because both men and women use violence in intimate relationships (Johnson, 2011; Kelly, 1996). Kelly (1996) addressed the importance of conducting research that focuses on both male and female perpetrated violence while still addressing the sociological structures that favor male dominance. "We've spent too much time arguing about the 'who is more violent' question and too little time examining the 'why does gender matter' question" (Anderson, 2013, p. 314). Feminist theories will be used to understand how gendered violence compared to bidirectional violence may affect adult child outcomes. For example, because men tend to use more severe violence and control tactics in intimate relationships compared to women (Johnson, 2011), outcomes for adult children who have witnessed father-only violence

may be reflected in their relationships with their parent as well as their perceptions of themselves and romantic relationships. Specifically, adult children who witnessed father-only violence may have less positive/more negative relationships with their fathers but more positive/less negative relationships with their mothers because she was victimized and needs to be protected (Bancroft et al., 2012). However, it may also be that bidirectional or mother-only violence is just as influential for adult child outcomes especially considering approximately 7.2% of emerging adults in the United States have witnessed severe PPV, with 5.8% reporting severe violence perpetrated by mothers (Straus & Michel-Smith, 2014).

Little is known about the adult child-parent relationship after exposure to domestic violence. It is as if there is an assumption by the scholarly community that offspring are no longer exposed to domestic violence once they reach adulthood. More research is needed, however. Just as researchers have failed to adequately address “women’s agency and adaptation after they have left an abusive relationship” (Anderson, 2010, p. 48), a similar situation exists for adult children who have witnessed violence between their parents. Von Steen (1997) argued that adult children who have witnessed domestic violence have been forgotten. Indeed, Kimball (2015) wrote, “there has been little advancement over the last 15 years on gaining the perceptions of children exposed to domestic violence [and] understanding father-child relationships” (p. 3). Feminist theory “gives voice” to those who are marginalized or oppressed and I believe adult children with histories of exposure to PPV have been marginalized and forgotten by IPV and family violence researchers. As a result, it is a goal of this study to add to the field of feminism in a manner that provides information about adult children’s experiences with

witnessing PPV, how they maintain relationships with partner violent parents, how they perceive romantic relationships, and an analysis of how gender and power structures influence these concepts.

Life Course Framework and Attachment Theory

The developmental issues facing emerging adults are to become more independent from the family of origin than they were as adolescents (Arnett, 2007). Emerging adults often say they feel “in-between,” because they are no longer dependent adolescents and yet are not independent adults. Emerging adulthood is an important period in the life course for defining one’s self through familial and romantic relationships. Family relationships are influential because of the interactions family members have and the meanings individuals ascribe to those interactions (Bengtson & Allen, 1993). These relationships continue throughout a lifetime and as such, a family creates “a reality, enduring and continuing over time, passed on through the lineage” (Bengtson & Allen, p. 479) in what is termed *linked lives*. Emerging adult children’s lives are linked with their parents; the fact that an adult child no longer lives at home does not mean that parents do not influence them, and adult children continue to influence their parents (Fingerman & Bermann, 2000). Issues from the past that were not resolved may still influence family members years later. It is for these reasons that I have chosen to focus on how exposure to PPV in childhood may be effecting adult children’s relationships with parents.

In addition, these are reasons why I will be studying how PPV may affect how emerging adults interact with potential romantic partners, how they see themselves within love relationships, and how they orient themselves toward romantic partners. People

“generally live with implicit assumptions about themselves and their world and function in a way that reinforces these assumptions” (Fingerman & Bermann, 2000, p. 24).

Experiences with family relationships early in life are theorized to influence romantic relationships later in life.

Adult attachment styles exist as a compliment to infant attachment styles. Infant attachment theory was developed by John Bowlby, who observed a human need for bonding that exists for people of all ages and that begins in infancy (Rholes & Simpson, 2004). Children who have their needs met adequately and in a timely manner develop a secure attachment with primary caregivers, which is observed when stressful events happen and the infant seeks the caregiver for comfort and can be comforted. Children who have their needs met inconsistently develop an insecure, anxious-ambivalent attachment with primary caregivers, which is observed when stressful events occur and the infant seeks comfort in but cannot be consoled by a primary caregiver. Children who have their needs rarely met develop an insecure, avoidant attachment with primary caregivers, which is observed when a stressful event happens and the child does not seek comfort from the primary caregiver and ignores any comfort given. Similarly, adult attachment exists as a product of an adult’s willingness to seek comfort from others and their ability to recognize and respond to that comfort.

The two perspectives that are central to adult attachment are avoidance and anxiety, which are defined as:

Avoidance is defined in large part by discomfort with psychological intimacy and the desire to maintain psychological independence, even in close relationships....

Anxiety refers to a strong need for care and attention from attachment figures

coupled with a deep, pervasive uncertainty about the capacity or willingness of attachment figures to respond to such needs (Rholes & Simpson, 2004, p. 4).

A person low in anxiety and avoidance would have a secure adult attachment. Low anxiety but high avoidance would characterize a dismissive adult attachment. High anxiety and high avoidance would signify a fearful adult attachment. Finally, high anxiety but low avoidance would characterize a preoccupied adult attachment.

While individuals may have linked lives with their family members (and others), they also have their own life course trajectories to navigate. Individual perceptions, and personal agency can create transitions and turning points in trajectories that lead individuals to different outcomes from others. In fact, stressful and traumatic life events in childhood and adolescence that occurred within the family system (e.g., marital conflict, divorce) have been linked to insecure adult attachment styles (Mikulincer & Shaver, 2006). Attachment theory describes how individuals respond to experiences as based on “working models” (Mikulincer & Shaver, 2006; Rholes & Simpson, 2004), which allow an individual to make appraisals of experiences and change attachment orientations as a result (Collins, Guichard, Ford, & Feeny, 2004). Working models are not just used to appraise stressful life events but are also influential in the links between adult attachment styles and perceptions of the self and of others, specifically in the context of trusting others (Mikulincer & Shaver, 2006). This is a reason why adult attachment does not directly mirror infant attachment and why adult attachment may not be a stable concept that does not change over time. There is much variability to be seen in how adults view themselves and their romantic relationships but I hope to assess if some variation is due (at least in part) to exposure to PPV in childhood.

Methods

Sample

A review of the literature addressing the association between marital quality and parent-child relationship quality yielded 68 studies that provided a mean effect size of 0.46 (Erel & Burman, 1995). This indicates that marital quality was positively correlated with parent-child relationship quality, and a similar effect is expected in the proposed study. Thus, the suggested sample size for this study, based on the expectation of finding a moderate effect size with an Alpha = 0.05 and Beta = 0.80, was N (total) = 328. A conservative estimate of 13% was used for the expected percent of young adult children who have witnessed emotional and physical violence in the study population. This estimate was based on an average of the percentages for the prevalence of violence reported in studies by Schiff et al. (2014; 19% psychological, 7.6% physical), Straus (2009; 13% verbal and mild physical aggression, 6.8% severe violence), and Winstock et al. (2004; 27.4% verbal aggression, 6.7% physical aggression). Taking into account the estimate that 13% of the population will report witnessing emotional and physical violence, this suggested sample size was expected to yield 43 who had been exposed to PPV and 285 who had not been exposed (to review calculations, refer to the following website: <http://www.sample-size.net/means-sample-sizeclustered/>).

The final sample included 369 women (87.6%) and 53 men (11.7%) who ranged in age from 18 to 25 ($M = 21.8$, $SD = 2.19$). The 452 participants' demographic data are presented in Table 1. Most identified as White (73.0%), as heterosexual/straight (80.8%), never married (33.0%), Christian (44.0%), and with some college education (38.5%). The median length of time that it took to complete the survey was 15 minutes.

Effects of parental-partner violence procedures. Qualtrics Panels was contracted with to obtain a national sample. To be eligible, participants had to: (1) be between the ages of 18 and 25; (2) have had two biological or adoptive parents residing in the same household with them until they were 18 years old; (3) be able to read and understand English; and (4) have internet access. The choice to focus this study on young adults (aged 18 to 25) who had two residential parents until the age of 18 was made because (1) this study was retrospective in nature, so younger adults may remember their childhood experiences better than older adults who typically would have been outside of the parental home longer, and (2) narrowing the sample to adult children with parents who had experienced fewer transitions (i.e., divorce, dating after divorce or separation, remarriage) reduced the probability of finding spurious effects due (at least in part) to those transitions.

Through the process initiated by Qualtrics Panels, individuals interested in being in the study were connected to a Qualtrics online survey through a number of ways, including but not limited to website intercept recruitment, member referrals, targeted email lists, gaming sites, customer loyalty web portals, permission-based networks, and social media. Participants were verified through a double opt-in process and agreed to take part in the survey for an incentive including, but not limited to, rewards such as cash, airline miles, gift cards, redeemable points, sweepstakes entrance, and vouchers. Using profile information provided by participants, Qualtrics Panels sent email invitations to the survey. Panelists were informed and agreed at the beginning of the survey that they would only receive compensation upon completion of the survey if they elected to

participate. Participants were not compensated if they stopped before the survey was finished.

After accepting the invitation, volunteers were presented with a consent form that explained the general purpose of the study, their rights as research participants, and the researcher's contact information (see Appendix A). Those who read the consent form and chose to start the survey were presented with questions regarding the inclusion criteria (see Appendix B). Individuals who were not eligible to be in the study were redirected to a screen notifying them of their ineligibility and thanking them for their time. Participants who were eligible were directed to a screen where they were shown another consent form informing them of their eligibility to complete the survey and restating information about the study that had appeared in the prior consent form (see Appendix C). Participants who read the second consent form and agreed to continue were directed to a screen where they began responding to the measures.

Survey Measures

Childhood exposure to PPV, frequency and severity of exposure to PPV, and dyadic perpetration type were assessed with a modified version of the Child Exposure to Domestic Violence scale (CEDV; Edelson, Shin, & Armendariz, 2008). Relationship quality with both mother and father were assessed with the Parent-Child Relationship Survey (Fine, Worley, & Schwebel, 1985). Emerging adults' perceptions of relationships were measured with the Adult Attachment Scale (Collins & Read, 1990), Trust and Confidence in Others scale (Brennan & Shaver, 1995), and Self-Deprecation – Envy scale (Hupka & Rusch, 1992). Demographic data were collected via a questionnaire designed for this study.

Exposure to parental-partner violence. A modified version of the Child Exposure to Domestic Violence (CEDV) scale was used to assess three variables: (1) exposure to PPV or not before the age of 18; (2) frequency of exposure to PPV before the age of 18; and (3) the severity of the violence to which they were exposed before the age of 18 (see Appendix D). We modified the CEDV to be used with adults by including only the questions that asked about exposure to any form of intimate partner violence. We changed the wording of these items to ask about the father's actions towards the mother and added identical items to ask about the mother's actions towards the father. Two items from the original CEDV parent scale were not used because they were not deemed to be appropriate for young adults: "How often do adults in your family disagree with one another?" and "How often have your mom and her partner argued about you?" These items were not included because it seemed unlikely that young adults would not have witnessed parental disagreements, and this did not seem like an appropriate indicator of PPV. Additionally, we removed the subscales asking about community exposure to violence, involvement in the parental violence, risk factors, and personal victimization, as they were not relevant to the current study.

The original CEDV has shown good internal consistency for 10-16-year-old participants when addressing fathers' violence towards mothers (mean $\alpha = 0.85$; Edleson et al., 2008). The modified version of the CEDV consisted of 16 items, eight that assess exposure to father-perpetrated, and eight that assess exposure to mother-perpetrated violence. The modified CEDV used in this study showed good internal consistency for the father subscale (mean $\alpha = .875$) and for the mother's subscale (mean $\alpha = .875$).

Were they exposed to parental-partner violence and frequency of exposure to parental-partner violence. Exposure was measured by asking questions about eight specific types of violence. Each type of violence was asked about twice, once for fathers as perpetrators and again for mothers as perpetrators (e.g., “How often has your dad/mom actually hurt your mom/dad with a knife, gun, or other object?”). Items were responded to on a Likert-scale with 0 = never, 1 = one time, 2 = rarely, 3 = sometimes, and 4 = frequently. Scores of zero indicated no exposure to any form of violence; participants with total scores of zero were categorized as “never exposed.” Participants with total scores above zero were categorized as “exposed.” To measure frequency of exposure, scores on the father-perpetrated and mother-perpetrated items were combined to create frequency of exposure scores for each parent. Higher scores indicated greater frequency of exposure.

Severity of exposure to parental-partner violence. Severity of PPV was measured by five items from the modified CEDV indicating physical, “severe” violence (e.g., “How often has your mother/father actually hurt your father/mother with a knife, gun, or other object?”). Scores on these items were summed, with higher scores representing greater exposure to severe violence.

Parental-partner violence perpetrator type. The Dyadic Perpetration Type (DPT) classified exposure into one of four categories using the results from the 18-item CEDV. Cluster analysis was used to group participants into one of four categories based on scores for both father-perpetrated violence and mother-perpetrated violence from the CEDV. The four categories that emerged from the data were: father-mainly, mother-

mainly, low father-low mother, and high father-high mother. Participants who reported no violence will be considered to be in the “no exposure to PPV” group.

Type of exposure to parental-partner violence (direct and indirect). Type of exposure to PPV was measured with three questions, which were developed for this study to assess whether exposure was indirect or direct. Participants who reported any exposure in their responses to the CEDV items were prompted to respond to questions regarding how they witnessed the violence. Participants who reported zero violence were not asked these items. Indirect exposure was assessed with two items [e.g., “Thinking about the experiences you reported above, how often did you see the outcome afterward (like someone was hurt, something was broken, or the police came?”; “How often did you hear it from another room while it was happening?”). Direct exposure was assessed with one item (e.g. How often did you see it while it was happening?). Items were responded to on a Likert-scale with 0 = never, 1 = one time, 2 = rarely, 3 = sometimes, and 4 = frequently. Scores for indirect exposure were summed and then divided by two to produce a mean frequency of indirect exposure. The score for direct exposure was the numerical value given for that item. Higher scores indicated more frequent direct or indirect exposure, while lower scores indicated less frequent direct or indirect exposure.

Adult child-parent relationship quality. The measure of adult child-parent relationship quality was the Parent-Child Relationship Survey (Fine et al., 1985; Fine, Moreland, & Schwebel, 1983). This measure was chosen because it assesses the relationship qualities between emerging adults and both mothers and fathers. The measure includes a mother and father scale, each with 24 items that address identical topics (see Appendix E). Items were responded to on a Likert-scale, with response sets

that change slightly with the question but indicate a general scale of 1 = not at all, 2 = almost none, 3 = average or neutral, 4 = a lot, 5 = extremely. The participants were asked about multiple aspects of relationship quality including trust in parents (e.g., “How much do you trust your mother/father?” 1 = not at all, 5 = a great deal), perceived emotional closeness (e.g., “How close do you feel to your mother/father? 1 = very distant, 5 = very close), communication with parents (e.g., “How well do you communicate with your mother/father?” 1 = not at all, 5 = extremely), parental influence in the participant’s life (e.g., “How confused are you about the exact role your father/mother plays in your life?” 1 = not at all, 5 = a great deal), and anger with parents (e.g., “In general, how much do you resent your father/mother?” 1 = not at all, 5 = a great deal). Item scores were summed separately for each parent scale after negatively-worded responses were reverse coded, and the sum was divided by the total number of items to yield a mean item score for the mother and father. Higher scores indicate the parent-child relationship is perceived more positively, while lower scores indicate the relationship is perceived more negatively. Cronbach’s alpha has averaged .94 for the mother scale and .95 for the father scale (Fine et al., 1985; Inman-Amos, Hendrick, & Hendrick, 1994).

Perceptions of relationships: Adult attachment style. The Adult Attachment Scale was used to assess adult attachment style (Collins & Read, 1990), which is based on beliefs about dependence, the desire or avoidance for closeness, and the amount of anxiety one experiences in the context of intimate relationships (see Appendix F). This 18-item scale identifies whether a participant has a secure (high feelings for closeness and dependence, low anxiety), avoidant (low feelings for closeness and dependence, low anxiety), or anxious (high feelings for closeness and dependence, high anxiety) adult

attachment style. This measure of AAS was chosen because the items are mostly neutral regarding the relationship status of the participant, so a participant who is not currently in a relationship could still complete the measure. Items were responded to on a Likert-scale, with 1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, and 5 = strongly agree. The measure consists of the six-item feelings about closeness subscale (e.g., “I find it relatively easy to get close to others”), six-item beliefs about dependence subscale (e.g., “I know that others will be there when I need them”), and the six-item anxiety about relationships subscale (e.g., “I want to merge completely with another person”). Item scores were summed separately for each subscale after negatively-worded items were reverse coded, and the sum was divided by the total number of items in the subscale to yield a mean item score. A cluster analysis then separated participants into one of the three adult attachment styles based on their mean item scores for each subscale such that secure, anxious, and avoidant adult attachment styles can be assigned. Cronbach’s alphas were .75, .72, and .69 for the depend, anxiety, and closeness subscales respectively.

Perceptions of relationships: Trust. The measure of trust in others was the *Trust and Confidence in Others* subscale from the Multi-Item Measure of Adult Romantic Attachment (MIMARA; Brennan & Shaver, 1995). This instrument was chosen because it measures perceptions about trust in others, including romantic partners (see Appendix G). The 10 items in the measure were responded to on a Likert-scale, with 1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, and 5 = strongly agree. Trust was assessed with regards to intimate relationships (e.g. “It’s easy for me to trust romantic partners”) and in general (e.g. “Often, just when you think you can depend on

someone, the person doesn't come through"). Item scores were summed after negatively-worded responses were reverse coded, and the sum was divided by the total number of items to yield a mean item score. Higher scores indicate more positive perceptions about trust in others, while lower scores indicate more negative perceptions about trust in others. Cronbach's alpha for the subscale was .89 (Brennan & Shaver, 1995). This subscale has been significantly negatively correlated with anxious ($-.20; p < .01$) and avoidant ($-.58; p < .001$) adult attachments, but positively correlated with secure ($.57; p < .001$) adult attachment.

Perceptions of relationships: Relationship self-esteem. The measure of relationship self-esteem was the *Self-deprecation/Envy* subscale from the Interpersonal Relationship Scale (Hupka & Rusch, 1992), which is a measure of negative relationship beliefs and envy of good relationships (see Appendix H). The seven items in the subscale were responded to on a Likert-scale, with 1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, and 5 = strongly agree. Sample items include: "It is somewhat annoying to see others have all the luck in getting the best dating partners;" "When I see an attractive person, I feel inadequate;" and "I feel empty inside when I see a successful relationship." Item scores were summed and the sum was divided by the total number of items to yield a mean item score. Higher scores indicate more self-deprecating/envious relationship beliefs, while lower scores indicate fewer self-deprecating/envious beliefs. Cronbach's alpha for the scale was .85 (Hupka & Rusch, 1992). This subscale was chosen for its face validity in measuring "relationship self-esteem."

Demographic data. Demographic data were obtained from a questionnaire developed for this study (see Appendix I). The following participant-related variables were assessed: (1) age, (2) gender, (3) sexual orientation, (4) race/ethnicity, (5) religion, (6) relationship status, (7) highest level of education, (8) employment status, (9) experiences with child abuse, and (10) experiences with personal intimate partner violence. Other descriptive variables assessed were: (11) ages of both parents, (12) highest level of education for both parents (measure of SES), (13) length of parental relationship, and (14) genders and ages of siblings.

Data Analyses

Data obtained from the Qualtrics survey were downloaded and stored in a secure network folder. The survey data were analyzed using Statistical Analysis Software (SAS) and M-Plus. Table 2 outlines how the research questions are linked to the independent variables (IVs), dependent variables (DVs), and plan for analyses. Research questions 1, 2, and part of 5 were analyzed with multivariate analysis of variance models due to the categorical IV and continuous, mean scored DVs. Structural equation models were used with questions 3, 4, and parts of 6 because of the continuous measurements and substantial inter-correlations of both the IVs and DVs. Multinomial logistic regression models (MNL) was appropriate for parts of questions 5 and 6 because the IV (exposed/not exposed) and DV (adult attachment style) were categorical (Kwak & Clayton-Matthews, 2002). Multiple regression models with type of violence as a dummy variable were used for parts of research questions three, four, and six.

Results

Prevalence of Exposure to Parental-Partner Violence

See Table 3 for a full table of means, standard deviations, Pearson correlations, and Cronbach's alphas of the independent, dependent, and control variables used in the analyses. Overall, 80.5% (N = 364) of participants reported exposure to conflict or violence by either or both parents while they were living at home until they were 18 years old (19.5%, N = 88 were not exposed). The rates of exposure varied by gender of the parents and severity of the violence. Overall, 73.5% (N = 332) of participants reported violence perpetrated by fathers. The frequency with which the violence occurred varied for all participants (M = 5.7; SD = 6.6). In addition, 47.6% (N = 215) of participants reported severe violence by fathers (M = 2.3; SD = 3.8). In comparison, 96.9% (N = 438) of participants reported violence perpetrated by mothers. The frequency with which the violence occurred varied for all participants (M = 4.7; SD = 5.8). In addition, 34.1% (N = 154) reported severe violence perpetrated by mothers (M = 1.6; SD = 3.42).

Cluster analysis was used to assess dyadic-perpetration type (DPT) based on the average scores for participants who reported exposure to mother-perpetrated and father-perpetrated PPV. Participants who did not report any PPV were excluded from this analysis (N = 88). Results indicate that the most common DPT was low father-low mother (N = 235), followed by mother mainly (N = 54), then father mainly (N = 46), and lastly, high father-high mother (N = 29). Cluster analysis was also used to assess Adult Attachment Style (AAS) based on average scores on the depend, closeness, and anxiety subscales. Results indicate the most common AAS was secure (high depend and

closeness, low anxiety; $N = 159$), followed by avoidant (low depend, closeness, and anxiety; $N = 153$), and anxious (high depend, closeness, and anxiety; $N = 140$).

Demographic variables. Logistic regressions were used to assess the relationship between demographic variables and exposure to father- and mother-perpetrated PPV. Age, gender, race, sexual orientation, identifying as Latino, religion, relationship status, personal education, personal employment status, personal experiences with psychological violence in an intimate relationship, personal experiences with physical violence in an intimate relationship, and father's education were not significant predictors of father-perpetrated PPV. Reports of abuse during childhood ($OR = 3.331$; $p < .01$) was significant for father-perpetrated PPV. This indicates that participants who reported abuse during childhood were more likely to be exposed to father-perpetrated PPV. In addition, mother's education was significant for father-perpetrated PPV. Specifically, participants' whose mothers completed high school or a GED ($OR = .293$; $p < .05$) or had a bachelor's degree ($OR = .283$; $p < .05$) were less likely to be exposed to father-perpetrated PPV than mothers who had some high school education.

Age, gender, race, sexual orientation, identifying as Latino, relationship status, personal education, personal employment status, personal experiences with psychological violence in an intimate relationship, personal experiences with physical violence in an intimate relationship, father's education, and mother's education were not significant predictors of mother-perpetrated PPV. Reports of abuse during childhood ($OR = 3.286$; $p < .01$) was significant for mother-perpetrated PPV. This indicates that participants who reported abuse during childhood were more likely to be exposed to mother-perpetrated PPV. In addition, religion was significant for father-perpetrated PPV. Specifically,

participants who were Jewish ($OR = .128$; $p < .05$) were less likely to be exposed to mother-perpetrated PPV than participants who were Christian.

Control variables. Age, gender, race, experiences with child abuse, and father's education (as a proxy for socioeconomic status), were used as control variables. Each control variable was significantly correlated with at least one of the dependent variables (see Table 3). Control variables, also known as covariates, should be chosen based on the idea that it will remove "background noise" from the relationship between the IV and the DV (Spector & Brannick, 2011). So the use of age, gender, race, experiences with child abuse, and father's education as controls were meant to "purify" the model to get a clearer picture of the relations between PPV exposure and relationships with parents and perceptions of romantic relationships.

Research Questions One and Two

Data addressing research questions one (RQ1: "Do adult children who have been exposed to PPV in childhood have lower relationship quality with their fathers than do adult children who had never been exposed to PPV?") and two (RQ2: "Do adult children who have been exposed to PPV in childhood have lower relationship quality with their mothers than do non-exposed adult children who had never been exposed to PPV?") were analyzed using a 2 (exposure to father-perpetrated PPV) by 2 (exposure to mother-perpetrated PPV) multivariate analysis of variance (MANOVA). Significant multivariate effects were followed by univariate analysis of variance tests (ANOVA). Categorical variables were created based on reports of exposure to father- and mother-perpetrated PPV. Participants who reported no exposure were the comparison group. The dependent variables were respondents' relationship quality with their fathers and mothers.

There were significant multivariate main effects for exposure to father-perpetrated PPV (Wilk's lambda = .91; $df = 2, 447$; $p < .001$) and for exposure to mother-perpetrated PPV, (Wilk's lambda = .96; $df = 2, 447$; $p < .001$). There was no significant multivariate interaction effect, Wilk's lambda = 1.34; $df = 2, 447$; $p = .26$. These results indicate exposure to father- or mother-perpetrated PPV was associated with relationships with fathers and mothers. Since there were significant multivariate effects, follow-up univariate analysis of variance tests (ANOVA) were conducted.

For the dependent variable of the quality of the relationship with father, there was a significant univariate main effect of exposure to father-perpetrated PPV on the quality of the relationship with the father, $F(1, 451) = 42.78$; $p < .001$. The main effect of exposure to mother-perpetrated PPV on the quality of the relationship with the father was not significant, $F(1, 451) = .05$; $p = .83$. (See Table 4 for the ANOVA summary table). Adult children exposed to father-perpetrated violence reported significantly poorer relationship quality with their fathers than did young adults who were not exposed to father-perpetrated violence. Relationship quality with fathers was not affected by exposure to mother-perpetrated violence.

For the dependent variable of relationship quality with mothers, the analysis revealed a significant univariate main effect of exposure to mother-perpetrated PPV, $F(1, 451) = 16.31$; $p < .001$. The main effect of exposure to father-perpetrated PPV on the quality of the relationship with the mother was not significant, $F(1, 451) = .56$; $p = .46$ (See Table 5 for the ANOVA summary table). Adult children exposed to mother-perpetrated violence reported significantly poorer quality relationships with their mothers

than did adult children not exposed to mother-perpetrated violence. Relationship quality with mothers was not affected by exposure to father-perpetrated violence.

Research Questions Three and Four

There were relatively high and statistically significant bivariate correlations among all of the measures of violence (frequency, severity, and type of exposure; see Table 3 for a correlation matrix containing the independent, dependent, and control variables for these analyses). These high correlations raised concerns about multicollinearity if these variables were included as independent variables in regression models. Preliminary analyses did show that multicollinearity was a problem, so consequently data addressing the various parts of research question three [RQ3a & 4a: “Is relationship quality between adult children, their fathers, and their mothers related to frequency of father-perpetrated and mother perpetrated PPV, severity of father-perpetrated and mother-perpetrated PPV, and type of exposure (direct and indirect) to PPV?; RQ3b: “Is relationship quality between adult children and their fathers related to who perpetrated PPV in childhood (i.e., father-mainly/mother-mainly/low father-low mother/high father-high mother)?”]; RQ4b: “Is relationship quality between adult children and their mothers related to who perpetrated PPV in childhood (i.e., father-mainly/mother-mainly/ low father-low mother/high father-high mother)?”] were analyzed using structural equation models, which allowed us to account for the high correlations between variables. In these models, each violence measure was utilized as a predictor of relationship quality with fathers (RQ3) and relationship quality with mothers (RQ4), along with control variables (see Figure 1). Respondent age, respondent gender, respondent race/ethnicity, father’s education (as a proxy for socioeconomic status), and

whether or not the respondent had been abused as a child by either parent were included as controls.

RQ3a & 4a: Frequency, severity, and type of exposure to PPV and relationship quality with fathers and mothers. In research question 3a and 4a, the outcome variables were relationship quality with fathers and mothers, while the predictor variables were frequency of exposure to father-perpetrated and mother-perpetrated PPV, severity of father-perpetrated and mother-perpetrated PPV, and type of exposure (direct and indirect) to PPV. The model fit was good (see Table 6) and the model is shown in Figure 1. Of the control variables, age was significantly related to relationship quality with fathers ($\beta = .078$; $p < .05$) and mothers ($\beta = .106$; $p < .01$); gender was significantly related to relationship quality with fathers ($\beta = .438$; $p < .001$) and mothers ($\beta = .458$; $p < .001$); race was significantly related to relationship quality with fathers ($\beta = .135$; $p < .001$) and mothers ($\beta = .102$; $p < .01$); experiences with child abuse was significantly related to relationship quality with fathers ($\beta = .122$; $p < .001$) and mothers ($\beta = .102$; $p < .01$); father's education (as a proxy for SES) was significantly related to relationship quality with fathers ($\beta = .103$; $p < .05$) but not mothers ($\beta = 1.64$; $p = .056$). These results indicate that participants who were older, were female, were a person of color, or reported abuse during childhood were more likely to have better relationships with both fathers and mothers. In addition, participants who had fathers with higher levels of education were more likely to have better relationships with fathers but not mothers.

Of the outcome variables of interest, frequency of exposure to father-perpetrated PPV was significantly related to relationship quality with fathers ($\beta = -.469$; $p < .001$) and relationship quality with mothers ($\beta = -.543$; $p < .001$). Frequency of exposure to mother-

perpetrated PPV was not significantly related to relationship quality with fathers ($\beta = .059$; $p = .568$) nor relationship quality with mothers ($\beta = .107$; $p = .300$). Severity of exposure to father-perpetrated PPV was not significantly related to relationship quality with fathers ($\beta = .067$; $p = .368$) nor relationship quality with mothers ($\beta = .122$; $p = .106$). Severity of exposure to mother-perpetrated PPV was not significantly related to relationship quality with fathers ($\beta = .105$; $p = .122$) nor relationship quality with mothers ($\beta = .012$; $p = .860$). Type of exposure was not significantly related to relationship quality with fathers ($\beta = .021$; $p = .787$) nor relationship quality with mothers ($\beta = .042$; $p = .586$). These results indicate that more frequent exposure to father-perpetrated PPV predicted lower relationship quality with fathers and mothers. However, exposure to mother-perpetrated PPV, severity of father- and mother-perpetrated PPV, and type of exposure were not related to relationship quality with fathers nor mothers.

RQ3b: Who perpetrated PPV and relationship with father. For RQ3b, dummy variables were created to reflect who perpetrated the partner violence from the Dyadic Perpetration Type measure (i.e., low father-low mother/high father-high mother/father mainly/mother mainly). Participants who had not witnessed any PPV were dropped from this analysis ($N = 88$). Low mother-low father DPT was the reference group.

The multiple regression model containing who perpetrated the violence was significantly related to relationship quality with father (see Table 7), $F = 14.56$, $df = 8$; $p < .001$. The adjusted R^2 was .23. Of the controls, age ($\beta = .165$; $p < .001$) and reports of child abuse ($\beta = -.256$; $p < .001$) were significantly related to relationship quality with fathers. DPT fathers mainly ($\beta = -.288$; $p < .001$), mothers mainly ($\beta = -.116$; $p < .05$), and high father-high mother ($\beta = -.141$; $p < .01$) types were significantly negatively

related to relationship quality with fathers. These results indicate that dyadic perpetration types of fathers mainly, mothers mainly, and high father-high mother perpetration predicted lower relationship quality with fathers compared to the low father-low-mother dyadic perpetration type. In addition, older age predicted higher relationship quality with fathers and abuse during childhood predicted lower relationship quality with fathers.

RQ4b: Who perpetrated PPV and relationship with mother. For RQ4c, dummy variables were created to reflect the Dyadic Perpetration Type measure (i.e., low father-low mother/high father-high mother/father mainly/mother mainly Participants who did not experience any violence were dropped from this analysis ($N = 88$). Low father-low mother DPT was the reference group. The multiple regression model containing who perpetrated the violence was significantly related to relationship quality with mother (see Table 8), $F = 6.72$, $df = 8$; $p < .001$. The adjusted R^2 was .11. Of the controls, reports of child abuse ($\beta = -.245$; $p < .001$) was significantly related to relationship quality with mothers. DPT mothers mainly ($\beta = -.193$; $p < .001$) was significantly related to relationship quality with mothers. DPT fathers mainly ($\beta = .040$; $p = .443$) and high father-high mother PPV ($\beta = -.059$; $p = .259$) were not significantly related to relationship quality with mothers. When mothers were the main perpetrators of partner violence, adult children had lower relationship quality with mothers compared to the low father-low mother dyadic perpetration type. In addition, abuse during childhood predicted lower relationship quality with mothers.

Research Question Five

Two analyses were run to address the three parts of research question five [RQ5a: “Do adult children who have been exposed to PPV in childhood differ in adult attachment

style compared to adult children with no exposure to PPV?"; RQ5b: "Do adult children who have been exposed to PPV in childhood differ in trust in romantic relationships compared to adult children with no exposure to PPV?", and RQ5c: "Do adult children who have been exposed to PPV in childhood differ in relationship self-esteem compared to adult children with no exposure to PPV?"]. RQ5a was analyzed with multinomial logistic regression and RQ5b and RQ5c were analyzed with MANOVAs.

RQ5a: Exposure to PPV and adult attachment style. For RQ5a, participants were first categorized into one of three Adult Attachment Styles (i.e. secure, anxious, or avoidant) based on a cluster analysis. Secure attachment style was used as the reference category. Exposure to father-perpetrated violence was significantly related to anxious AAS (OR = 2.47; $p < .001$) and avoidant AAS (OR = 1.9; $p < .05$; see Table 9). Exposure to mother-perpetrated violence was a significant effect for both anxious AAS (OR = 3.15; $p < .001$) and avoidant AAS (OR = 2.99; $p < .001$; see Table 9). Adult children exposed to father-perpetrated and mother-perpetrated violence were significantly more likely to have anxious or avoidant adult attachment than to have secure attachment styles.

Exposure to PPV, trust in relationships, and relationship self-esteem. In a 2 (exposure to father-perpetrated PPV) by 2 (exposure to mother-perpetrated PPV) MANOVA, the dependent variables were trust and relationship self-esteem. Categorical variables were created based on reports of exposure to father- and mother-perpetrated PPV. Participants who reported no exposure were the comparison group. There was a significant multivariate effect for exposure to mother-perpetrated PPV, Wilk's lambda = .92; $df = 2$; $p < .01$. There was not a significant multivariate effect for exposure to father-perpetrated PPV, Wilk's lambda = .99; $df = 2$; $p = .55$, nor was there a significant

multivariate interaction effect, Wilk's lambda = .99; $df = 2$; $p = .77$. These results indicate there is a significant relationship between exposure to mother-perpetrated PPV and trust in relationships as well as relationship self-esteem. Since there was a significant multivariate effect, follow-up univariate analysis of variance tests (ANOVA) were conducted.

The test of the relationship between exposure to PPV and perceptions of trust in intimate relationships (RQ5b) indicated a significant univariate main effect for exposure to mother-perpetrated PPV, $F(1, 451) = 32.87$; $p < .01$. (See Table 10 for the ANOVA summary table). Adult children exposed to mother-perpetrated violence had significantly lower levels trust in relationships compared to those who were not exposed to mother-perpetrated violence. In addition, adult children who were exposed to father-perpetrated violence or violence perpetrated by both parents did not have significantly different perceptions of trust in relationships compared to those who were never exposed.

The test of the relationship between exposure to PPV and relationship self-esteem (RQ5c) indicated a significant univariate main effect for exposure to mother-perpetrated PPV, $F(1, 451) = 7.85$; $p < .01$. (See Table 11 for the ANOVA summary table). Adult children exposed to mother-perpetrated violence had significantly lower relationship self-esteem compared to those who were not exposed to mother-perpetrated violence. Adult children who were ever exposed to father-perpetrated violence or violence perpetrated by both parents did not differ significantly on relationship self-esteem compared to those who were never exposed.

Research Question Six

There were relatively high and statistically significant bivariate correlations between all of the measures of violence (frequency, severity, and type of exposure; see Table 3 for a correlation matrix containing the independent, dependent, and control variables for these analyses). Preliminary analyses did show that multicollinearity was a problem, so consequently data addressing the various parts of research question six [RQ6a: “Are emerging adults’ Adult Attachment Styles related to frequency of PPV?”; RQ6b: “Are emerging adults’ Adult Attachment Styles related to severity of PPV?”; RQ6c: “Are emerging adults’ Adult Attachment Styles related to who perpetrated PPV in childhood (i.e., father-mainly/mother-mainly/low bidirectional violence/high bidirectional violence)?”; RQ6d: “Are emerging adults’ Adult Attachment Styles related to type of exposure (i.e., direct/indirect)?”] were analyzed using a series of multinomial logistic regressions and [RQ6e: “Are emerging adults’ perceptions about trust in intimate relationships and relationship self-esteem related to frequency of father-perpetrated and mother-perpetrated PPV, severity of father-perpetrated and mother-perpetrated PPV, and type of exposure (direct or indirect) to PPV?”; RQ6f: “Are emerging adults’ perceptions about trust in intimate relationships related to who perpetrated PPV in childhood (i.e., father-mainly/mother-mainly/low father-low mother/high father-high mother)?”; RQ6g: “Are emerging adults’ relationship self-esteem related to who perpetrated PPV in childhood (i.e., father-mainly/mother-mainly/low father-low mother/high father-high mother)?”;] were analyzed using a structural equation model (RQ6e), which allowed us to account for the high correlations between variables, and multiple regression models (RQ6f and RQ6g). In these models, each violence measure was utilized as a predictor of perceptions of romantic relationships (RQ6), along with control variables. Respondent

age, respondent gender, respondent race/ethnicity, father's education (as a proxy for socioeconomic status), and whether or not the respondent had been abused as a child by either parent were included in the SEM and regression models as controls.

RQ6a: Frequency of exposure to PPV and Adult Attachment Style. For RQ6a, data on Adult Attachment Style (AAS) were analyzed using multinomial logistic regression. Participants were categorized into one of three Adult Attachment Styles (i.e. secure, anxious, or avoidant). Secure attachment style was used as the reference category. The multinomial logistic regression model containing frequency of exposure to father-perpetrated PPV was significantly related to AAS (see Table 12), $Chi^2 = 48.91$; $df = 11$; $p < .001$. Of the control variables, gender was significantly related to anxious AAS (OR = 11.21; $p < .001$) and reports of child abuse were significantly related to anxious AAS (OR = 2.94; $p < .01$). Frequency of exposure to father-perpetrated violence was significantly related to anxious AAS (OR = 1.80; $p < .001$) and avoidant AAS (OR = 1.05; $p < .05$). Adult children who were frequently exposed to father-perpetrated violence were significantly more likely to have an anxious or avoidant adult attachment style than to have a secure attachment style. In addition, identifying as female and experiencing abuse in childhood were related to a greater likelihood of having an anxious adult attachment style than a secure attachment style.

The multinomial logistic regression model containing frequency of exposure to mother-perpetrated PPV was significantly related to AAS (see Table 12), $Chi^2 = 48.91$; $df = 11$; $p < .001$. Of the control variables, gender was significantly related to anxious AAS (OR = 11.99; $p < .001$) as well as avoidant AAS (OR = 1.99; $p < .05$) and reports of child abuse were significantly related to anxious AAS (OR = 3.01; $p < .01$). Frequency of

exposure to mother-perpetrated violence was significantly related to anxious AAS (OR = 1.10; $p < .001$) and avoidant AAS (OR = 1.07; $p < .01$). Adult children frequently exposed to mother-perpetrated violence were significantly more likely to have an anxious or avoidant adult attachment style than a secure attachment style. In addition, identifying as female was related to a greater likelihood of having an anxious or avoidant adult attachment style, and experiencing abuse in childhood was related to a greater likelihood of having an anxious adult attachment style.

RQ6b: Severity of PPV perpetrated by fathers and mothers and Adult Attachment Style. For RQ6b, data on Adult Attachment Style (AAS) were analyzed using multinomial logistic regression. The multinomial logistic regression model containing exposure to severe father-perpetrated PPV was significantly related to AAS (see Table 12), $Chi^2 = 43.08$; $df = 11$; $p < .001$. Of the control variables, gender was significantly related to anxious AAS (OR = 10.65; $p < .001$) and reports of child abuse were significantly related to anxious AAS (OR = 3.47; $p < .001$). Exposure to severe father-perpetrated violence was significantly related to anxious AAS (OR = 1.08; $p < .05$) but not avoidant AAS (OR = 1.04; $p = .342$). Adult children exposed to more severe father-perpetrated violence were significantly more likely to have an anxious AAS than a secure AAS. In addition, identifying as female and experiencing abuse in childhood were related to a greater likelihood of having an anxious adult attachment style.

The multinomial logistic regression model containing exposure to severe mother-perpetrated PPV was significantly related to AAS (see Table 12), $Chi^2 = 44.33$; $df = 11$; $p < .001$. Of the control variables, gender was significantly related to anxious AAS (OR = 10.93; $p < .001$) and reports of child abuse were significantly related to anxious AAS

(OR = 3.48; $p < .001$). Exposure to severe mother-perpetrated violence was significantly related to anxious AAS (OR = 1.11; $p < .05$) but not avoidant AAS (OR = 1.09; $p = .056$). More severe mother-perpetrated violence was significantly related to greater likelihood of having an anxious but not avoidant adult attachment style. In addition, identifying as female and experiencing abuse in childhood were both related to a greater likelihood of having an anxious adult attachment style.

RQ6c: Who perpetrated PPV and Adult Attachment Style. Low mother-low father DPT and secure attachment style were used as the reference categories. Those who experienced no PPV were dropped from this analysis. The multinomial logistic regression model containing who perpetrated the violence was significantly related to AAS (see Table 13), $Chi^2 = 45.85$, $df = 15$; $p < .001$. Of the controls, gender was significantly related to anxious AAS (OR = 11.18; $p < .001$), reports of child abuse was significantly related to anxious AAS (OR = 2.52; $p < .05$), and father's education was significantly related to anxious AAS (OR = .831; $p < .05$). DPT mothers mainly was significantly related to anxious AAS (OR = 6.40; $p < .001$) and avoidant AAS (OR = 4.02; $p < .01$). DPT fathers mainly was not significantly related to anxious AAS (OR = 1.16; $p = .318$) or avoidant AAS (OR = .58; $p = .238$). DPT high mother-high father was not significantly related to anxious AAS (OR = 1.29; $p = .636$) or avoidant AAS (OR = .78; $p = .650$). These results indicate that dyadic perpetration type of mothers mainly predicted anxious or avoidant attachment compared to the low mother-low father dyadic perpetration type.

RQ6d: Direct and indirect exposure to PPV and Adult Attachment Style. For RQ6d, data on Adult Attachment Style (AAS) were analyzed using multinomial logistic

regression. Secure attachment style was used as the reference category. The multinomial logistic regression model containing direct exposure to PPV was significantly related to AAS (see Table 13), $Chi^2 = 35.36$; $df = 11$; $p < .001$. Of the control variables, gender was significantly related to anxious AAS (OR = 8.19; $p < .01$), reports of child abuse were significantly related to anxious AAS (OR = 2.66 $p < .01$), and father's education was significantly related to anxious AAS (OR = .837; $p < .05$). Direct exposure to PPV was not significantly related to anxious AAS (OR = 1.20; $p = .079$) or avoidant AAS (OR = 1.160; $p = .119$). These results indicate that direct exposure to PPV is not significantly related to greater likelihood of having an anxious or avoidant adult attachment style. However, identifying as female and experiencing abuse in childhood were related to a greater likelihood of having an anxious adult attachment style.

The multinomial logistic regression model containing indirect exposure to PPV was significantly related to AAS (see Table 13), $Chi^2 = 36.30$; $df = 11$; $p < .001$. Of the control variables, gender was significantly related to anxious AAS (OR = 7.61; $p < .01$), reports of child abuse were significantly related to anxious AAS (OR = 2.59; $p < .01$), and father's education was significantly related to anxious AAS (OR = .844; $p < .05$). Indirect exposure to PPV was significantly related to anxious AAS (OR = 1.28; $p < .05$), but not avoidant AAS (OR = 1.15; $p = .198$). These results indicate that more frequent indirect exposure to PPV was significantly related to greater likelihood of having an anxious but not avoidant adult attachment style in comparison to having a secure attachment. In addition, identifying as female and experiencing abuse in childhood are both related to a greater likelihood of having an anxious adult attachment style.

RQ6e: Frequency, severity, and type of exposure to PPV and perceptions about trust in intimate relationships and relationship self-esteem. In research question 6e, the outcome variables were trust in intimate relationships and relationship self-esteem and the predictor variables were frequency of exposure to father-perpetrated and mother-perpetrated PPV, severity of father-perpetrated and mother-perpetrated PPV, and type of exposure (direct and indirect) to PPV. The model fit was decent (see Table 6) and the model is shown in Figure 2.

Of the control variables, only race was significantly related to perceptions of trust in intimate relationships ($\beta = -.154; p < .05$). Race was not significantly related to relationship self-esteem ($\beta = -.117; p = .148$). Age was not significantly related to perceptions of trust ($\beta = -.128; p = .065$) nor relationship self-esteem ($\beta = .003; p = .962$). Gender was not significantly related to perceptions of trust ($\beta = .002; p = .978$) nor relationship self-esteem ($\beta = -.094; p = .204$). Abuse during childhood was not significantly related to perceptions of trust ($\beta = .134; p = .051$) nor relationship self-esteem ($\beta = .020; p = .788$). Father's education (as a proxy for SES) was not significantly related to perceptions of trust ($\beta = -.029; p = .667$) nor relationship self-esteem ($\beta = .040; p = .573$). These results indicate that participants of color were less likely to be trusting in intimate relationships.

Of the dependent variables of interest, frequency of exposure to father-perpetrated PPV was significantly related to trust ($\beta = -.585; p < .05$) but not relationship self-esteem ($\beta = .196; p = .443$). Frequency of exposure to mother-perpetrated PPV was not significantly related to trust ($\beta = .080; p = .690$) but was significantly related to relationship self-esteem ($\beta = .456; p < .05$). Severity of father perpetrated violence was

significantly related to trust ($\beta = .343$; $p < .05$) but not relationship self-esteem ($\beta = .141$; $p = .392$). Severity of mother-perpetrated violence was not significantly related to trust ($\beta = -.009$; $p = .950$) but was significantly related to relationship self-esteem ($\beta = -.307$; $p < .05$). Type of exposure was not significantly related to trust ($\beta = .044$; $p = .793$) nor relationship self-esteem ($\beta = -.199$; $p = .258$). These results indicate that frequency and severity of father-perpetrated violence was related to lower trust in intimate relationships. In addition, frequency and severity of mother-perpetrated violence was related to lower relationship self-esteem (i.e. higher levels of self-deprecating/envious relationship beliefs).

RQ6f: Who perpetrated PPV and perceptions about trust in intimate relationships. For RQ6g, dummy variables were created to reflect who perpetrated the partner violence from the Dyadic Perpetration Type measure (i.e., low father-low mother/high father-high mother/father mainly/mother mainly). Participants who had not witnessed any PPV were dropped from this analysis ($N = 88$). Low father-low mother DPT was the reference group.

The multiple regression model containing who perpetrated the violence was significantly related to trust in intimate relationships (see Table 14), $F = 7.49$, $df = 8$; $p < .001$. The adjusted R^2 was .13. Of the controls, gender ($\beta = -.114$; $p < .05$), reports of child abuse ($\beta = -.175$; $p < .001$), and father's education ($\beta = .174$; $p < .001$) were significantly related to perceptions about trust. DPT fathers mainly ($\beta = -.177$; $p < .001$) and mothers mainly ($\beta = -.111$; $p < .05$) were significantly negatively related to perceptions about trust. DPT high father-high mother was not significantly related to perceptions about trust ($\beta = .037$; $p < .483$). These results indicate participants whose

parents were dyadic perpetration types fathers mainly or mothers mainly were more likely to have lower trust in intimate relationships. Identifying as female and experiencing abuse during childhood again predicted lower levels of trust, while having a more educated father predicted higher levels of trust.

RQ6g: Who perpetrated PPV and relationship self-esteem. For RQ6k, dummy variables were created to reflect who perpetrated the partner violence from the Dyadic Perpetration Type measure (i.e., low father-low mother/high father-high mother/father mainly/mother mainly). Participants who had not witnessed any PPV were dropped from this analysis ($N = 88$). Low father-low mother DPT was the reference group.

The multiple regression model containing who perpetrated the violence was significantly related to relationship self-esteem (see Table 15), $F = 2.05$, $df = 8$; $p < .05$. The adjusted R^2 was .02. No controls were significantly related to relationship self-esteem. DPT fathers mainly ($\beta = .143$; $p < .01$) was significantly related to relationship self-esteem. DPT mothers mainly ($\beta = -.070$; $p = .202$) and high father-high mother ($\beta = .104$; $p = .061$) were not significantly related to relationship self-esteem. These results indicate that dyadic perpetration types of fathers mainly predicted higher levels of self-deprecating/envious relationship beliefs.

Discussion

Adult Children's Relationships with Parents after Exposure to Parental Partner Violence

Adult children's relationships with parents are negatively affected after exposure to parental partner violence in childhood. Exposure to a parent's violence against the other parent negatively affects relationships with the perpetrator - father's violence negatively affects relationships with fathers, and mother's violence negatively affects relationships with mothers. More frequent exposure to father-perpetrated PPV was negatively associated with the relationship with fathers and mothers. The dyadic perpetration type (DPT) mothers mainly, fathers mainly, and high father-high mother were also significantly negatively associated with relationship quality with fathers compared to the low father-low mother DPT, while only the mothers mainly DPT was significantly negatively related to relationship quality with mothers.

These findings have implications for other aspects of adult child-parent relationships. For instance, levels of social and instrumental support exchanged between family members may be lower when relationship quality is lower (O'Connor, Allen, Bell, & Hauser, 1996). Adult children with histories of exposure to PPV may be less willing to provide emotional and/or instrumental support to aging parents who perpetrated violence against the other parent when the adult child was young. Norms of filial obligations are based on the belief that adult children owe their parents aid and support in later life for the childrearing sacrifices made by the parents when the children were young (Ganong & Coleman, 1999). Parents who were violent against their coparents may not engender strong feelings of filial obligation in later life, as there is growing evidence that

intergenerational obligations are rooted in parent-child relationship quality (Ganong & Coleman, 1999; Ganong, 2008). Even if adult children provide some minimal levels of care and support to violent parents, they may do so unwillingly, out of respect for the other parent, to meet societal expectations about parent care, or because they perceive no other options. It is more likely that these adult children will actively reject obligations to care for and maintain contact with violent parents. In addition, lower-quality relationships may mean that violent parents may be less likely to provide support or care for adult children. Future research is needed to investigate how support is negotiated between adult children with histories of exposure to PPV and their aging parents. Of particular concern should be exchanges of assistance and resources between adult children and parents who perpetrated violence against the other parent.

Future researchers should also focus on adult children's contact with parents. Are adult children who witnessed violence less likely to maintain contact with violent parents? What types of contact are likely? Perhaps lower relationship quality after childhood exposure to violence results in less time spent with or less time per month talking to violent parents.

Relationship quality between adult children and their violent parent(s) may influence intergenerational family relationships as well. For example, adult children with violent parents may choose to not let those parents interact with grandchildren or they may restrict violent parents' contact with the children. Future research is needed to investigate the intergenerational relationships between violent grandparents, grandchildren, and the gatekeeping behaviors of adult children.

Other family relationships also may be affected by PPV. For instance, future research should investigate sibling relationships during childhood, adolescence, and after leaving the violent parental home. How does exposure to violence affect sibling relationships? Future research should investigate the relationship between adult children and their grandparents after exposure to parental partner violence. Lastly, longitudinal research is needed to examine these family relationships over time. Does relationship quality fluctuate over time or does it progressively lower if parental partner violence continues?

Child abuse and relationships with parents. A serendipitous finding of this study was that child abuse was a predictor of relationship quality with both mothers and fathers as well as exposure to PPV. Child abuse predicted lower relationship quality with both violent mothers and fathers in the dyadic perpetration type models. Nearly one-fourth (23.90%) of the sample (n = 87) experienced some level of PPV and were abused as children, while only 5 participants reported child abuse but had no exposure to PPV. Participants who reported abuse during childhood were more likely to report exposure to father- and mother-perpetrated PPV. Future research that investigates exposure to PPV needs to attend to experiences with child abuse as it is also influential on outcomes for adult children, and child abuse tends to co-occur with exposure to parental partner violence.

Adult Children's Perceptions of Romantic Relationships after Exposure to Parental Partner Violence

The results of this study suggest that the intimate relationships of adult children of parents who have been violent with each other may be negatively affected by having been

exposed to parental partner violence. Both short-term and long-term consequences for young adults are possible.

Adult attachment style. Adult attachment style (AAS) is associated with having witnessed PPV. Although we cannot know for certain when the participants in this study were exposed to PPV, it appears that childhood exposure to the mother behaving in aggressive, controlling, and/or physical ways to the father, or the father behaving in these ways toward the mother, may be related to adult child's intimate romantic attachments. Adult children who witnessed PPV as children are more likely to be characterized by either a high desire for closeness and dependence in relationships with high anxiety (insecure adult attachment) or little desire for closeness or dependence and a low amount of anxiety (avoidant adult attachment). Having witnessed PPV may make it harder for adult children to have secure attachment styles, which is considered the healthiest style because of the mental and physical health benefits that come from creating and maintaining satisfying intimate relationships with others (Mikulincer & Shaver, 2007). Besides interfering with the development of rewarding intimate relationships, anxiety can be detrimental to personal mental and physical health (Maunder & Hunter, 2001). Avoidance of relationships has also been linked to detrimental health outcomes, such as depression and chronic illness (Kotler, Buzwell, Romeo, & Bowland, 1994).

Perceptions of trust in intimate relationships. Trust is theorized to be essential in the process of developing and maintaining intimate relationships (Brennan & Shaver, 1995). Trust develops throughout the life course as a result of the interactions and outcomes of interpersonal relationships (Simpson, 2007). The results of this current study highlight how exposure to mother- and father-perpetrated PPV is associated with more

negative perceptions of trust in intimate relationships. Trust was also lower if either one of the parents was the main perpetrator. Witnessing PPV may make it harder for young adults to trust potential romantic partners, which in turn may create barriers to engaging in the kinds of emotional risk-taking and openness of feelings that contribute toward building and maintaining satisfying romantic partnership. Future research should explore young adults' feelings about trusting in relationships and their perceptions about how exposure to PPV in childhood may have affected their romantic relationships.

Relationship self-esteem. For this study, relationship self-esteem was defined as the absence of self-deprecating or envious beliefs about relationships. It appears that exposure to PPV is associated with low relationship self-esteem. Relationship self-esteem was negatively associated with frequency of exposure to mother-perpetrated PPV and severity of PPV initiated by mothers. Relationship self-esteem was also lower when fathers were the main dyadic perpetrators. As with attachment style and trust, exposure to PPV seems to make it harder for young adults to approach romantic relationships with a sense of optimism and confidence in how things will turn out in the relationship.

Overall perceptions of romantic relationships. The results from the three measures of perceptions of romantic relationships imply that adult children with exposure to violence are susceptible to having less satisfying, lower quality, less stable relationships. Exposure to PPV may create doubts in adult children's minds about romantic relationships due in part to growing up without a model of a violence-free relationship. Adult children with histories of exposure to PPV see parental relationships that may be conflictual and stressful, and they may perceive these relationships to be less satisfying ways to interact than what they want for themselves as adults. Adult children

may not want to imitate what they have seen modeled by their parents, but feel unsure how to relate to a romantic partner differently than their parents related to each other. Future research should address how adult children who were exposed to PPV conceptualize their romantic relationships in comparison to their parent's relationship. Although a recent meta-analysis indicated adult children with histories of exposure to PPV may not be significantly more likely to use violence in their intimate relationships compared to adult children with no exposure to PPV (Smith-Marek et al., 2015), future research should examine the quality of relationships and relationship outcomes (e.g. marriages, divorce, dissolution of cohabiting relationships).

Of course, correlation is not causation, and the mechanisms of why exposure to PPV may damage self-esteem in regards to romantic bonds is not known, but the results of this study provides evidence that should stimulate researchers to explore these links further, perhaps with qualitative methods that will allow researchers to examine in-depth how young adults exposed to PPV make sense of relationships and their abilities to create and maintain satisfying romantic unions.

Practical Implications

The sample for this study was not a clinical sample, nor was it limited to individuals who resided in shelters or participated in intervention programs. This sample from the general population of young adults highlights the variability adult children have with exposure to PPV in childhood. Research using samples from batterer intervention programs and shelters consist mainly of family members that have experienced violence perpetrated by fathers in a controlling and oppressive manner (commonly known as “coercive controlling violence” or “domestic violence”; Haselschwerdt, 2014). This type

of violence is important to study as it causes serious psychological and physical harm to the survivors and their children. However, it is not the only type of violence that occurs within families. The results from this dissertation study indicate that violence is prevalent in many households and that both mothers and fathers are using aggressive and violent tactics to which their children are exposed. Regardless of who the perpetrator is, exposure to this violence is associated with negative outcomes in the adult child-father relationship, adult child-mother relationship, and adult children's perceptions of intimate relationships.

Adult children with histories of exposure to PPV may independently seek out treatment to cope with their experiences but there are few resources outside of therapy and counseling. Family violence programs should treat not only the perpetrator and survivor but also the children, regardless of their ages. In addition, due to the prevalence of exposure to PPV seen in this sample and in other broad samples, coupled with the negative outcomes seen here, it is highly recommended that all secondary schools adopt programs to teach teenagers about how to have healthy communication and conflict resolution in intimate relationships. Our findings indicate adult children who have witnessed PPV may need to learn new, healthy ways to interact in romantic relationships.

Theoretical Implications

This study adds to the body of literature described as feminist family studies. Future research needs to “give voice” to adult children with histories of exposure to PPV. This study starts to shed light on potential outcomes for this population. In attending to the practice of studying all forms of oppression, our study highlights negative associations between exposure to father-perpetrated and mother-perpetrated violence and

outcomes for adult children. The dynamics of male-dominated compared to female-dominated violence are extensive and were briefly described in the literature review of this study. Our results indicate that father-perpetrated violence is associated with negative outcomes in family relationships and perceptions of intimate relationships. However, mother-perpetrated violence is also influential. To continue to ignore violence perpetrated by women would be a form of erasure for the men who experience it in heterosexual relationships, for the women who experience it in lesbian relationships, and for the children who are exposed to it in any relationship.

Qualitative disclosures would provide a clearer picture into how the different types of violence that emerged from the data were actually experienced through the eyes and ears of the individual. It could be that the bidirectional, father mainly, and mother mainly violence we found through the quantitative measurement we used here looks very different to the people who were exposed to the violence. We may find that the violence used by mothers is mostly in response to the violence, control, and psychological aggression used by fathers (Lloyd, Emery, & Klatt, 2009). Future research investigating the outcomes for adult children after exposure to PPV needs to address the gendered dynamic that often exists for women who live with violent partners.

Feminist scholarship also tries to adhere to research practices that break the scholarly hierarchy, which exists as a product of the ivory tower, to conduct research “from the bottom up” rather than “from the top down” (Mies, 2007). While this study misses that mark, future research needs to be conducted in a qualitative fashion to allow adult children to share their experiences as well as how they perceive those experiences have influenced their lives. It is a personal goal of mine to use the results from this

quantitative study to inform a phenomenological study to “give voice” to adult children and give them a platform to share their experiences in an effort to complete the feminist-informed work I have begun.

This study also adds to life course theory and attachment theory. As individuals progress through the life course, the events they experience can create turning points or transitions as they navigate their life’s trajectory. Future research needs to address how and why these processes unfold through the life course but this study shows that exposure to PPV is associated with differences in family relationships and perceptions of intimate relationships. In addition, the linked lives of adult children with their parents both in childhood and as adults appear to influence adult attachment styles for adult children. Specifically, of interest, adult children with exposure to mother mainly perpetrated violence were more likely to have an anxious or avoidant compared to secure attachment. Future research needs to address this association in more depth.

Limitations

There are several limitations of this study. The sample is primarily female and White/Caucasian. A sample with more men and people of color would allow more confidence in the ability to generalize from this sample. In addition, our sample consisted of young adults aged 18-25, and we asked them to report about exposure to PPV from birth to age 18. Retrospective data are subject to inaccuracies of reporting due to inability to recall. On the other hand, we suspect these young adults could be more open about reporting violence than if we had asked them when they were still minors living at home. In addition, teen-aged and young adult individuals are in a period of life in which reflection about the past, present and future is common. Young adults may be developmentally more ready to reflect on their childhoods and the parenting practices of their caregivers during this time than if they were in adolescence.

This study asked questions about a sensitive topic – violence between parents. The survey was anonymous and participants were informed of this when they consented to participate in the study. Anonymity may have allowed the participants to be more honest about their experiences. However, social expectations are that families should not be places where violence occurs. While there was no scale given to gauge participants' level of social desirability, it could be that some participants withheld or underreported their exposure to violence in order to make themselves and their families seem more acceptable.

It could also be that participants opted-out or opted-in of the survey based on the description provided in the consent form. Potential participants may have read the survey would ask about experiences with parental conflict or violence and chose not to take the

survey because they did not have any such experiences. Alternatively, participants who had experiences with exposure to PPV may have opted-in because of the subject matter. Little research has been done with this population and participants may have seen this as an opportunity to share their experiences in a society that tends to silence them. Families are often viewed as private institutions, thus what happens behind closed doors is that family's problem. In addition, families are not supposed to be sources of violence, so when violence occurs, it is considered "abnormal" (although research indicates it is quite common). The "private" distinction in combination with desiring to appear "normal" may have silenced many children who witnessed PPV throughout childhood, so they may have viewed this survey as a welcome opportunity to share their experiences. This may be why we had such a high rate of participants who reported exposure to PPV.

This study requested participants report their exposure to violence between parents before the age of 18. Future research needs to ask about exposure after leaving the violent home. The choice to not include exposure after the age of 18 was made because there is no measure that currently addresses this topic. A measure will need to be designed and tested for reliability and validity, which was beyond the scope of this dissertation. We used the Childhood Exposure to Domestic Violence (CEDV) measure, which was designed and used with 10-16-year-old children to assess their exposure to father-perpetrated violence. We modified it a great deal to be used with our age group but our changes appear to create good subscales for asking about exposure to father-perpetrated and mother-perpetrated violence during childhood. However, exposure to violence does not likely end simply because adult children move out of the parental home.

Another aspect of the study that is both a strength and a limitation is the requirement that participants have lived in the same home as both of their parents until the age of 18. While this requirement was created to minimize the number of family transitions that may occurred within the family, future research should include families that have experienced separation, divorce, and remarriage. Families experiencing violence, especially ones in which the father is the main perpetrator, may be more likely to separate or divorce before children turn 18. Often in cases where fathers are practicing what is often known as “coercive controlling violence” or “domestic violence,” the mothers reach a point during which they realize they can no longer live with their partner because the violence has escalated to include violence against children. At this point, a woman may leave and seek respite in a shelter – which is where much of our research on IPV and domestic violence comes from. No family that separated or divorced before the age of 18 was included in our sample. Future research should attend to this population. Adult children’s relationships with partner violent parents and survivors who are separated or divorced may be very different than what was captured within this study.

Lastly, Qualtrics Panels was contracted with to collect the data. Qualtrics dropped participants who repeatedly answered reverse-coded items the same as non-reverse-coded items, those who entered jibberish answers into the open-ended questions at the end of the survey, and those who did not answer any one item. As a result, there was no missing data in the final sample. Dropping participants who responded the same to all items or who entered jibberish was a protective measure to drop participants who were not paying attention or who were not real people (internet “bots”). However, dropping incomplete surveys may have resulted in dropping participants who were important. This was not

something that could be negotiated with Qualtrics, as they (and the participants) are paid based on completed surveys so that is what they deliver.

Conclusion

The results of this study are clear: Adult children who were exposed to parental partner violence are more likely to have lower quality relationships with mothers and fathers as well as have more negative perceptions of intimate relationships than adult children who were not exposed to parental partner violence. Outcomes for adult children with histories of exposure to PPV have long been under-investigated (Band-Winterstein, 2014; Von Steen, 1996), but this study adds to the field. That being said, there is a need to further study this population, as the effects of exposure to PPV appears to have real and lasting effects on adult children. A qualitative study as a follow-up to the quantitative results presented here, would provide greater detail as to how adult children perceive their exposure to PPV has influenced their relationships with parents and their perceptions of romantic relationships. A phenomenological study, which would allow adult children to share their lived experiences, would also provide insight into the strengths individuals have to overcome negative life events. Exposure to PPV has an influence on adult children's lives but we need to better understand the processes by which experiences during childhood influence the lives of adults. Once we understand these processes better, educational programs, counselors, and therapists can begin to address healthy coping mechanisms and relationship tactics with children, of all ages, who have been exposed to parental partner violence.

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Appendix A

Consent Script - Inclusion Questionnaire

Before inclusion questions starts:**Project Title**

Exposure to Parental Conflict and Violence in Childhood:

Influences on Emerging Adults' Lives and Relationships with Parents

You are invited to participate in a study about adult child-parent relationships being conducted by the Department of Human Development and Family Science at the University of Missouri. The purpose of this research is to gain an understanding of how exposure to parental conflict is related to adult child-parent relationships and perceptions of romantic relationships. You are being asked to complete a short 2-minute questionnaire to determine your eligibility for participation in the study.

To be able to participate in this study, you must: 1) be 18-25 years old and 2) have biological or adoptive parents who resided in the same home with you until you were at least 18 years old.

Participation in this project is completely voluntary, and there will be no negative consequences if you choose not to participate.

Information produced by this study will be stored in an online secured network accessible only to the investigators. This password-protected and secured database is provided by

the University of Missouri. Data collected by this survey will not contain any identifiable information. You will not be asked to provide any identifying information and IP addresses will not be collected.

Your completion of the survey indicates your willingness to participate. In the event that you have any problems, questions, or concerns, you can contact the principal investigator, Andrea Roach, by phone at (636) 577-3577 or by email at andrearoach@mail.missouri.edu. You may also contact Dr. Lawrence Ganong, advisor and investigator, at ganongl@missouri.edu or 573-882-6852. In addition, you may contact the University of Missouri Campus Institutional Review Board at (573) 882-9585 with any questions about research involving human participants. Thank you!

Appendix B

Inclusion Questions

To be used to screen out ineligible participants.

Directions: Please answer the questions honestly.

1. How old are you?
 - a. Options will be given for age from 0-100.
2. Did you live with both of your biological or adoptive parents until you were 18 years old?
 - a. Yes
 - b. No

All eligible participants will be directed to a screen with the study consent form (Appendix D).

Participants who were not aged 18 to 25 years or who answer no to question 2 will be directed to a screen with the following message:

You completed survey questions to assess your eligibility for a research project about adult child-parent relationships and exposure to parental conflict. I regret to inform you that you are not eligible to be in the study. If you have any questions, please do not hesitate to contact me by email andrearoach@mail.missouri.edu or by phone (636) 577-3577. Thank you for your time.

Eligibility requirements:

1. Participant is between the ages of 18 and 25

2. Participant's biological or adoptive parents resided in the same home until participant was at least 18 years old

Appendix C

Consent with Waiver of Documentation:

Nationally Representative Population

To be used at the beginning of the survey that will be sent by Qualtrics to a nationally representative sample. The survey is the same but the process of consent will be anonymous for this population.

Before survey starts:

Project Title

Exposure to Parental Conflict and Violence in Childhood:

Influences on Emerging Adults' Lives and Relationships with Parents

Congratulations! You are eligible to complete the full survey.

You are invited to participate in a study about adult child-parent relationships being conducted by the Department of Human Development and Family Science at the University of Missouri. The purpose of this research is to gain an understanding of how exposure to parental conflict influences the adult child-parent relationship and perceptions of romantic relationships. You are being asked to complete a 15-20-minute online survey.

To be able to participate in this study, you must: 1) be 18-25 years old; 2) have biological or adoptive parents who resided in the same home until you were at least 18 years old; 3) be able to read English; and 4) have access to the internet.

Participation in this project is completely voluntary, and there will be no negative consequences if you choose not to participate. The study has little risk, but you may experience feelings of discomfort when reflecting on potentially upsetting childhood experiences. However, these risks are no greater than discussing sensitive issues with friends and family in an everyday setting. If you experience any problems as a result of participating in the study, you can choose to quit completing the survey. A list of support services will be provided at the end of the survey. You will be encouraged to contact the principal investigator with any problems or concerns.

The benefit of participation is that you are contributing to knowledge about adult child-parent relationships. You will receive the payment agreed upon when you joined the study panel, an amount that can range from 50 cents to \$2, points, or credit toward a sweepstakes. In this survey, you will be asked questions about the quality of your relationships with your parents and your experiences witnessing parental conflict.

Information produced by this study will be stored in an online secured network accessible only to the investigators. This password-protected and secured database is provided by the University of Missouri. Data collected by this survey will not contain any identifiable information. You will not be asked to provide any identifying information and IP addresses will not be collected.

Your completion of the survey indicates your willingness to participate. In the event that you have any problems, questions, or concerns, you can contact the principal investigator, Andrea Roach, by phone at (636) 577-3577 or by email at andrearoach@mail.missouri.edu. You may also contact Dr. Lawrence Ganong, advisor and investigator, at ganongl@missouri.edu or 573-882-6852. In addition, you may contact the University of Missouri Campus Institutional Review Board at (573) 882-9585 with any questions about research involving human participants. Thank you!

Please choose an option and then click the arrow below to proceed.

- I agree to participate in this study
- I do not agree to participate in this study

Appendix D

Modified Childhood Exposure to Domestic Violence (CEDV)

Answer the question about how often something happened when you were living at home with your parents *before you were 18 years old*.

1. Did your dad ever hurt your mom's feelings by calling her names, swearing, yelling, threatening her, screaming at her, or things like that?
2. Did your mom ever hurt your dad's feelings by calling him names, swearing, yelling, threatening him, screaming at him, or things like that?
3. How often did your dad ever stop your mom from doing something she wanted to do or made it difficult for her to do something she wanted to do, like leave the house, go to the doctor, use the telephone, or visit her friends or relatives?
4. How often did your mom ever stop your dad from doing something he wanted to do or made it difficult for him to do something he wanted to do, like leave the house, go to the doctor, use the telephone, or visit his friends or relatives?
5. How often did your dad stop your mom from eating or sleeping, or made it difficult for her to eat or sleep?
6. How often did your mom stop your dad from eating or sleeping, or made it difficult for him to eat or sleep?
7. How often did your dad hurt, or try to hurt, a pet in your home on purpose?
8. How often did your mom hurt, or try to hurt, a pet in your home on purpose?
9. How often did your dad ruin, break, or destroy something on purpose, like punching a wall, ripping a phone cord out of the wall, smashing a picture, or things like that?

10. How often did your mom ruin, break, or destroy something on purpose, like punching a wall, ripping a phone cord out of the wall, smashing a picture, or things like that?
11. How often did your dad do something to hurt your mom's body like hitting her, punching her, kicking her, choking her, shoving her, pulling her hair, or things like that?
12. How often did your mom do something to hurt your dad's body like hitting him, punching him, kicking him, choking him, shoving him, pulling his hair, or things like that?
13. How often did your dad *threaten* to use a knife, gun, or other object to hurt your mom?
14. How often did your mom *threaten* to use a knife, gun, or other object to hurt your dad?
15. How often did your dad *actually* hurt your mom with a knife, gun, or other object?
16. How often did your mom *actually* hurt your dad with a knife, gun, or other object?

Appendix E

Parent-Child Relationship Survey

Please complete the following items about your *father/mother*.

1. How much time do you feel you spend with your father/mother?
(1 = none at all, 5 = a great deal)
2. How well do you feel you have been able to maintain a steady relationship with your father/mother?
(1 = not well at all, 5 = extremely well)
3. How much do you trust your father/mother?
(1 = not at all, 5 = a great deal)
4. How confident are you that your father/mother would not ridicule you or make fun of you if you were to talk about a problem?
(1 = not at all, 5 = extremely)
5. How confident are you that your father/mother would help you when you have a problem?
(1 = not at all, 5 = extremely)
6. How close do you feel to your father/mother?
(1 = very distant, 5 = very close)
7. How comfortable would you feel about approaching your father/mother about a romantic problem?
(1 = extremely uncomfortable, 5 = extremely comfortable)

8. How comfortable would you feel about approaching your father/mother about a problem at school or work?
(1 = extremely uncomfortable, 5 = extremely comfortable)
9. How confused are you about the exact role your father/mother plays in your life?
(1 = not at all, 5 = extremely)
10. How accurately do you feel you understand your father's/mother's feelings, thoughts, and behavior?
(1 = not at all, 5 = extremely)
11. How easily do you accept the weaknesses in your father/mother?
(1 = not at all, 5 = extremely)
12. To what extent do you think of your father/mother as an adult with a life of his/her own, as opposed to thinking of him/her only as your father/mother?
(1 = think of only as father/mother, 5 = see only as an adult with a life of his/her own)
13. How often do you get angry with your father/mother?
(1 = never, 5 = always)
14. In general, how much do you resent your father/mother?
(1 = not at all, 5 = a great deal)
15. How well do you communicate with your father/mother?
(1 = not at all, 5 = extremely)
16. How well does your father/mother understand your needs, feelings, and behavior?
(1 = not at all, 5 = extremely)

17. How well does your father/mother listen to you?

(1 = not at all, 5 = extremely)

18. How much do you care for your father/mother?

(1 = not at all, 5 = a great deal)

19. When you are away from home, how much do you typically miss your father/mother?

(1 = not at all, 5 = a great deal)

20. How much do you respect your father/mother?

(1 = not at all, 5 = a great deal)

21. How much do you value your father's/mother's opinion?

(1 = not at all, 5 = a great deal)

22. How much do you admire your father/mother?

(1 = not at all, 5 = a great deal)

23. How much would you like to be like your father/mother?

(1 = not at all, 5 = a great deal)

24. How much would you be satisfied with your father's/mother's lifestyle as your own?

(1 = extremely dissatisfied, 5 = extremely satisfied)

Appendix F

Adult Attachment Scale

Please respond to the following items with the extent to which you agree with the statement.

1. I find it difficult to allow myself to depend on others. (*; D)
2. I do not often worry about being abandoned. (*; A)
3. I find it relatively easy to get close to others. (C)
4. People are never there when you need them. (*; D)
5. I often worry that my partner does not really love me. (A)
6. I do not often worry about someone getting too close to me. (C)
7. I am comfortable depending on others. (D)
8. I find others are reluctant to get as close as I would like to be. (A)
9. I am somewhat uncomfortable being close to others. (*; C)
10. I know that others will be there when I need them. (D)
11. I often worry my partner will not want to stay with me. (A)
12. I am nervous when anyone gets too close. (*; C)
13. I find it difficult to trust others completely. (*; D)
14. I want to merge completely with another person. (A)
15. I am comfortable having others depend on me. (C)
16. I am not sure that I can always depend on others to be there when I need them. (*; D)
17. My desire to merge sometimes scares people away. (A)

18. Often, love partners want me to be more intimate than I feel comfortable being.

(*; C)

(* - indicates reverse coded item; D – depend subscale; A – anxiety subscale; C – closeness subscale)

Appendix G

Perceptions of Trust in Relationships

Please respond to the following items with the extent to which you agree with the statement.

1. I find it easy to trust others.
2. I think most people are trustworthy.
3. It's easy for me to trust romantic partners.
4. You can't trust most people. (*)
5. Most people are well-intentioned and good-hearted.
6. It's best to be cautious in dealing with most people. (*)
7. I find it difficult to depend on others. (*)
8. Often, just when you think you can depend on someone, the person doesn't come through. (*)
9. It's risky to open up to another person. (*)
10. My romantic partners have generally been trustworthy.

(* - indicates reverse coded item)

Appendix H

Relationship Self-Esteem

Self-deprecation regarding relationships:

Please respond to the following items with the extent to which you agree with the statement.

1. It is somewhat annoying to see others have all the luck in getting the best dating partners.
2. I don't imagine I'll ever have a romantic relationship as good as some I've seen.
3. When I see an attractive person, I feel inadequate.
4. I often find myself idealizing persons or objects.
5. I don't know why, but I usually seem to be the underdog.
6. I feel empty inside when I see a successful relationship.
7. Most of my friends have a more exciting love life than I do.

Appendix I

Demographic Questions

Please answer the following questions about yourself and your family.

1. What is your age?

18-25

2. Gender: Male / Female / Transgender / Non-binary

3. What is your sexual orientation?

Heterosexual / straight

Gay

Lesbian

Bisexual

Other

4a. What is your racial background?

White/Caucasian

Black/African-American

Asian

American Indian or Alaskan Native

Native Hawaiian or other Pacific Islander

Two or more races/Other

4b. Are you Latino?

Yes / No

5. What is your religion?

Christian

Catholic

Baptist

Jewish

Muslim

Buddhist

Hinduist

Taoist

Pagan

Spiritual/non-denominational

Agnostic

Atheist

Other

6. What is your current relationship status?

Single, not dating, never married

Dating, never married

Single, divorced

Dating, divorced

Committed relationship, divorced

Committed relationship, never married

Married (first marriage)

Remarried

Widowed

Other

7. What is your highest level of education?

Some high school

Completed high school or GED

Some college

Associate's degree

Technical school degree/certification

Bachelor's degree

Graduate degree

8. What is your employment status?

Unemployed

Full-time student

Part-time

Full-time

9. Growing up, did you ever experience child abuse?

Yes / No

10. Have you ever had a partner yell at or verbally abuse you?

Yes / No

11. Have you experienced physical violence in a romantic relationship?

Yes / No

12. How old is your father?

0 – 100

13. How old is your mother?

0 – 100

14. What is your father's highest level of education?

Some high school

Completed high school or GED

Some college

Associate's degree

Technical school degree/certification

Bachelor's degree

Graduate degree

15. What is your mother's highest level of education?

Some high school

Completed high school or GED

Some college

Associate's degree

Technical school degree/certification

Bachelor's degree

Graduate degree

16. How long have your parents been married or in a committed relationship?

0 – 50 years

17. Please list the ages of any siblings you may have:

Brothers

Sisters

Appendix J

Script for conclusion of survey

When participants have completed the survey, they will be presented with the following information:

Thank you again for your participation.

If you or someone you know are experiencing or have experienced intimate partner violence and would like to seek advice or help, please contact loveisrespect.org by calling 866-331-9474 or by texting “loveis” to 22522.

Table 1

Demographic characteristics of participants and their parents

Characteristic	<i>N</i> <i>Unexposed</i>	<i>N</i> <i>Father-</i> <i>Perpetrated</i>	<i>N</i> <i>Mother-</i> <i>Perpetrated</i>	<i>N</i> <i>Total</i>	%
Gender					
Male	13	39	36	53	11.73
Female	75	290	396	449	87.61
Transgender*	0	1	1	1	0.22
Non-binary*	0	2	1	2	0.44
Sexual Orientation					
Heterosexual/straight	78	261	256	365	80.75
Gay	0	6	6	7	1.55
Lesbian	1	10	9	11	2.43
Bisexual	9	49	47	62	13.72
Other	0	6	6	7	1.55
Racial/ethnic background					
White/Caucasian	60	247	237	330	73.01
Black/African American**	14	41	42	59	13.05
Asian**	3	15	16	20	4.42
American Indian or Alaskan Native**	0	0	0	0	0.00
Native Hawaiian or Pacific Islander**	0	4	4	4	0.88
Two or more races/Other**	11	25	39	39	8.63
Latino	12	53	51	69	15.27
Religion					
Christian	44	141	135	198	43.81
Catholic	8	60	56	75	16.59
Baptist	6	12	14	21	4.65
Jewish	3	2	2	5	1.11
Muslim	0	4	4	4	0.88
Buddhist	2	2	2	4	0.88
Hinduist	0	0	0	0	0.00
Taoist	0	0	0	0	0.00
Pagan	1	4	3	5	1.11
Spiritual/Non- denominational	7	22	22	30	6.64
Agnostic	3	17	19	23	5.09
Atheist	8	36	37	48	10.62
Other	6	32	30	39	8.63
Participant's relationship status					
Single, not dating, never married	28	106	109	149	39.96
Dating, never married	24	84	77	113	25.00

Single, divorced	0	4	4	4	0.88
Dating, divorced	0	0	0	0	0.00
Committed relationship, divorced	0	1	2	2	0.44
Committed relationship, never married	19	82	76	110	24.34
Married, first marriage	16	51	52	69	15.27
Remarried	0	1	1	1	0.22
Widowed	0	0	0	0	0.00
Other	1	3	3	4	0.88
Participant's highest education					
Some high school	2	14	12	17	3.76
Completed high school or GED	24	91	89	120	26.55
Some college	31	125	128	174	38.50
Associate's degree	8	23	23	33	7.30
Technical school degree/certification	4	4	3	8	1.77
Bachelor's degree	16	71	66	93	20.58
Graduate degree	3	4	3	7	1.55
Participant's employment status					
Unemployed	18	83	80	105	23.23
Full-time student	27	97	96	134	29.65
Part-time	14	68	68	90	19.91
Full-time	29	84	80	123	27.21
Child abuse					
Experienced	5	81	82	92	20.35
Did not experience	83	251	242	360	79.65
Participant's experience with psychological violence in a romantic relationship					
Experienced	25	148	160	194	42.92
Did not experience	63	184	164	258	57.08
Participant's experience with physical violence in a romantic relationship					
Experienced	15	90	97	116	25.66
Did not experience	73	242	227	336	74.34
Participant's father's highest education					
Some high school	9	53	47	63	13.94
Completed high school or GED	33	100	104	144	31.86
Some college	12	48	46	65	14.38

Associate's degree	7	18	17	25	5.53
Technical school degree/certification	3	20	20	25	5.53
Bachelor's degree	18	61	57	87	19.25
Graduate degree	6	32	33	43	9.51
Participant's mother's highest education					
Some high school	5	42	38	48	10.62
Completed high school or GED	32	82	79	119	26.33
Some college	12	56	56	73	16.15
Associate's degree	9	44	43	55	12.17
Technical school degree/certification	4	10	10	15	3.32
Bachelor's degree	19	71	74	105	23.23
Graduate degree	7	27	24	37	8.19

Note. *were dropped from analysis; **were combined into one group "persons of color"

Table 2

Plan for Analyses

Research Question	Independent Variables	Dependent Variables	Analysis*
1. Do adult children who have been exposed to PPV in childhood have lower relationship quality with their fathers than do non-exposed adult children?	CEDV – Exposure to PPV (zero – not exposed; 1+ exposed)	Parent-child relationship survey – Relationship quality with father (mean score)	One-way Multivariate ANOVA (MANOVA) with relationship quality with fathers and mothers as DV
2. Do adult children who have been exposed to PPV in childhood have lower relationship quality with their mothers than do non-exposed adult children?	CEDV – Exposure to PPV (zero – not exposed; 1+ exposed)	Parent-child relationship survey – Relationship quality with mother (mean score)	Same as Research Question #1
3. To what degree is relationship quality between emerging adults and fathers related to frequency of PPV, severity of PPV, who perpetrated PPV in childhood (i.e., father-mainly/mother-mainly/low father-low mother/high father-high mother), and type of exposure (i.e., direct/indirect exposure)?	CEDV – Frequency exposure to PPV (summed score) CEDV – Severity of exposure to PPV (summed score for 3 subscales – psychological, coercive controlling, and physical) CEDV – PPV perpetrator type (summed score for father and mother subscales – cluster analysis to assess father-only, mother-only, or bidirectional violence)	Parent-child relationship survey – Relationship quality with father (mean score)	Structural equation modeling with frequency, severity, and type of exposure as predictors of relationship quality with fathers and mothers (DV). Multiple regression with type of violence [as a dummy variable] as predictors of relationship quality with fathers and mothers (DV).

Created item – Frequency of direct exposure (saw) to PPV (score)

Created items – Frequency of indirect exposure (heard or saw the aftermath) to PPV (mean score)

4. To what degree is relationship quality between emerging adults and mothers related to frequency of PPV, severity of PPV, who perpetrated PPV in childhood (i.e., father-mainly/mother-mainly/low father-low mother/high father-high mother), and type of exposure (i.e., direct/indirect exposure)?

CEDV – Frequency exposure to PPV (summed score)

CEDV – Severity of exposure to PPV (summed score for 3 subscales – psychological, coercive controlling, and physical)

CEDV – PPV perpetrator type (summed score for father and mother subscales – cluster analysis to assess father-only, mother-only, or bidirectional violence)

Created item – Frequency of direct exposure (saw) to PPV (score)

Parent-child relationship survey – Relationship quality with mother (mean score)

Same as Research Question 3

Created items – Frequency of indirect exposure (heard or saw the aftermath) to PPV (mean score)

<p>5. Does exposure to PPV in childhood affect emerging adults' perceptions of relationships (i.e., adult attachment style, trust, and relationship self-esteem) compared to those with no exposure to PPV?; and if so,</p>	<p>CEDV – Exposure to PPV (zero – not exposed; 1+ exposed)</p>	<p>AAS - Adult attachment style (mean scores from three subscales – anxiety, closeness, and dependence – clustered into three categories based on scores)</p>	<p>Multinomial logistic regression with exposure to PPV as a predictor of adult attachment style.</p>
		<p>Trust – trust and confidence in others subscale (mean score)</p>	<p>One-way Multivariate ANOVA (MANOVA) with trust and relationship self-esteem as DVs</p>
		<p>Relationship self-esteem – self-deprecation/envy subscale (mean score)</p>	
<p>6. To what degree are emerging adults' perceptions of romantic relationships related to frequency of PPV, severity of PPV, who perpetrated PPV in childhood (i.e., father-mainly/mother-mainly/low father-low mother/high father-high mother), and type of</p>	<p>CEDV – Frequency exposure to PPV (summed score)</p>	<p>AAS - Adult attachment style (mean scores from three subscales – anxiety, closeness, and dependence – clustered into three categories based on scores)</p>	<p>Multinomial logistic regression with frequency, severity, type of violence, direct/indirect [as dummy variables] as predictors of adult attachment style.</p>
	<p>CEDV – Severity of exposure to PPV (summed score for 3 subscales – psychological, coercive controlling, and physical)</p>		
	<p>CEDV – PPV perpetrator type (summed score for father and</p>	<p>Trust – trust and confidence in others subscale (mean score)</p>	<p>Structural equation modeling with frequency, severity, and type of exposure as predictors of trust in intimate</p>

exposure (i.e., direct/indirect exposure)?	mother subscales – cluster analysis to assess father-only, mother-only, or bidirectional violence) Created item – Frequency of direct exposure (saw) to PPV (score) Created items – Frequency of indirect exposure (heard or saw the aftermath) to PPV (mean score)	Relationship self-esteem – self-deprecation/envy subscale (mean score)	relationships and relationship self-esteem (DVs) Multiple regression with type of violence [as a dummy variable] as predictors of trust in intimate relationships and relationship self-esteem (DVs)
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Note. * Demographic variables may be used as control variables for each of the models listed.

Table 3

Means, Standard Deviations, Pearson's Correlations, and Cronbach's alpha

Variable	M	SD	Intercorrelations																
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
1. Frequency of exposure to father-perpetrated PPV	5.723	6.582	(.875)																
2. Exposure to father's severe violence	2.301	3.791	.919*	(.846)															
3. Frequency of exposure to mother-perpetrated PPV	4.721	5.785	.695*	.659*	(.875)														
4. Exposure to mother's severe violence	1.642	3.424	.629*	.681*	.904*	(.878)													
5. Direct exposure to PPV	1.173	1.436	.574*	.484*	.540*	.435*	(1.00)												
6. Indirect exposure to PPV	1.200	1.338	.627*	.455*	.550*	.460*	.807*	(.828)											
7. Relationship quality with fathers	3.367	0.907	-.463*	-.355*	-.204*	-.146*	-.356*	-.398*	(.961)										
8. Relationship quality with mothers	3.728	0.831	-.202*	-.173*	-.360*	-.272*	-.285*	-.303*	.383*	(.956)									
9. Perceptions of trust in intimate relationships	2.708	0.716	-.260*	-.169*	-.208*	-.125*	-.287*	-.287*	.369*	.273*	(.857)								
10. Relationship self-esteem	3.008	0.949	-.232*	.190*	.208*	.128*	.176*	.155*	-.199*	-.133*	-.353*	(.855)							
11. Age	21.84	2.193	.020	.005	.048	.037	.026	.002	.141*	.070	-.049	-.027	(1.00)						
12. Gender	.882	.323	.025	.035	-.010	.008	.076	.120*	-.040	-.027	-.142*	-.006	.082	(1.00)					
13. Race	.270	.444	-.014	.000	-.048	-.011	-.10*	-.059	-.057	.071	-.025	-.115*	-.095*	-.101*	(1.00)				
14. Father's education	2.527	2.034	-.130*	-.161*	-.075	-.104*	-.049	-.091	.086	-.013	.207*	-.013	-.151*	-.094*	-.101*	(1.00)			
15. Reports of child abuse	.204	.403	.346*	.312*	.314*	.262*	.337*	.346*	-.371*	-.296*	-.241*	.114*	-.019	.080	.027	-.066	(1.00)		

Note. * $p < .05$; Items on the diagonal represent Cronbach's alpha.

Table 4.

MANOVA Summary Table for the Relationship between Exposure to Father's Violence, Mother's Violence, and Adult Child-Parent Relationships with Fathers.

Source	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>R</i> ²
Exposure to father's violence (A)	1	30.22	30.22	42.78*	.08
Exposure to mother's violence (B)	1	.03	.03	.05	.00
AxB Interaction	1	1.49	1.49	2.10	.00
Within groups	448	316.56	.71		
Total	451	370.7			

Note. N=452; * $p < .01$

Table 5

MANOVA Summary Table for the Relationship between Exposure to Father's Violence, Mother's Violence, and Adult Child-Parent Relationships with Mothers.

Source	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>R</i> ²
Exposure to father's violence (A)	1	.36	.36	.56	.00
Exposure to mother's violence (B)	1	10.57	10.57	16.31*	.03
AxB Interaction	1	.03	.03	.04	.00
Within groups	448	290.43	.65		
Total	451	311.59			

Note. N=452; * $p < .01$

Table 6

Model Fit Indices for the Structural Equation Models

Model	X ²	df	RMSEA	90% CI	CFI	TLI	SRMR	ΔX ²	Δdf	p-value
Relationship quality with fathers and mothers	385.113	138	.063	.056 .070	.954	.934	.037	5610.546	200	.001
Perceptions of romantic relationships	609.635	358	.056	.048 .063	.898	.879	.059	2898.329	425	.001

Table 7

Results of Analyses for Regression Model for Relationship Quality with Father

Model 5: RQ3b ^a			
Variables	<i>B</i>	<i>SE B</i>	β
Age	.066	.019	.165***
Gender	-.003	.132	-.001
Race	-.142	.095	.135
Father's education	.016	.021	.036
Reports of child abuse	-.532	.102	-.256***
Father mainly DPT	-.766	.129	-.288***
Mother mainly DPT	-.287	.120	-.116*
High father-high mother DPT	-.464	.161	-.141*
$R^2 = .249***$			

Note. ^aLow father-low mother DPT was used as the reference group * $p < .05$. ** $p < .01$. *** $p < .001$

Table 8

Results of Analyses for Regression Model for Relationship Quality with Mother

Model 5: RQ4b ^a			
Variables	<i>B</i>	<i>SE B</i>	β
Age	.030	.019	.079
Gender	.056	.134	.021
Race	.101	.096	.053
Father's education	.008	.021	.019
Reports of child abuse	-.482	.104	-.245***
Father mainly DPT	.101	.132	.0400
Mother mainly DPT	-.451	.123	-.193***
High father-high mother DPT	-.185	.164	-.059
$R^2 = .113***$			

Note. ^aLow father-low mother DPT was used as the reference group * $p < .05$. ** $p < .01$.
*** $p < .001$

Table 9

Results of Analyses for Odds Ratios for Adult Attachment Style

Variables	Model 1: RQ5a ^a		Model 1: RQ5a ^a	
	Anxious	Avoidant	Anxious	Avoidant
Exposure to father-perpetrated violence	2.474***	1.850*		
Exposure to mother-perpetrated violence			3.152***	2.991***
	$X^2 = 12.526^{**}$		$X^2 = 26.639^{***}$	

Note. * $p < .05$. ** $p < .01$. *** $p < .001$; ^aReference group was secure AAS

Table 10

MANOVA Summary Table for the Relationship between Exposure to Father's Violence, Mother's Violence, and Perceptions of Trust in Relationships.

Source	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>R</i> ²
Exposure to father's violence (A)	1	.21	.21	.46	.00
Exposure to mother's violence (B)	1	14.95	14.95	32.87*	.06
AxB Interaction	1	.06	.06	.14	.00
Within groups	448	203.79	.45		
Total	451	231.2			

Note. N=452; * $p < .01$

Table 11

MANOVA Summary Table for the Relationship between Exposure to Father's Violence, Mother's Violence, and Relationship Self-Esteem.

Source	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>R</i> ²
Exposure to father's violence (A)	1	.92	.92	1.06	.00
Exposure to mother's violence (B)	1	6.83	6.83	7.85	.02
AxB Interaction	1	.41	.41	.47	.00
Within groups	448	390.2	.87		
Total	451	406.58			

Note. N=452; * $p < .01$

Table 12

Results of Analyses for Odds Ratios for Adult Attachment Style: Part 2

Variables	Model 1: RQ6a ^a		Model 1: RQ6a ^a		Model 1: RQ6b ^a		Model 1: RQ6b ^a	
	Anxious	Avoidant	Anxious	Avoidant	Anxious	Avoidant	Anxious	Avoidant
Age	.917	.976	.912	.973	.923	.981	.919	.978
Gender	11.205***	1.877	11.985***	1.985*	10.645***	1.809	10.932***	1.869
Race	.791	.991	.816	1.017	.779	.985	.783	.992
Father's education	.908	.948	.895	.945	.903	.945	.897	.947
Reports of child abuse	2.936**	1.620	3.014**	1.552	3.471***	1.793	3.480***	1.719
Frequency of exposure to father-perpetrated violence	1.80***	1.045*						
Frequency of exposure to mother-perpetrated violence			1.097***	1.072**				
Exposure to severe father-perpetrated violence					1.076*	1.036		
Exposure to severe mother-perpetrated violence							1.113*	1.086
	$X^2 = 48.906***$		$X^2 = 48.912***$		$X^2 = 43.081***$		$X^2 = 44.329***$	

Note. * $p < .05$. ** $p < .01$. *** $p < .001$; ^aReference group was secure AAS

Table 13

Results of Analyses for Odds Ratios for Adult Attachment Style: Part 3

Variables	Model 1: RQ6c ^a		Model 1: RQ6d ^a		Model 1: RQ6d ^a	
	Anxious	Avoidant	Anxious	Avoidant	Anxious	Avoidant
Age	.902	.934	.899	.939	.903	.942
Gender	11.181***	2.026	8.193**	1.599	7.613**	1.554
Race	.742	.986	.777	1.032	.766	1.009
Father's education	.831*	.900	.837*	.926	.844*	.929
Reports of child abuse	2.527*	1.512	2.664**	1.372	2.589**	1.428
Father mainly DPT	1.156	.579				
Mother mainly DPT	6.398***	4.018**				
High father-high mother DPT	1.291	.780				
Direct exposure to PPV			1.195	1.160		
Indirect exposure to PPV					1.281*	1.146
	$X^2 = 45.851***$		$X^2 = 35.355***$		$X^2 = 36.300***$	

Note. * $p < .05$. ** $p < .01$. *** $p < .001$; ^aReference group was secure AAS

Table 14

Results of Analyses for Regression Model for Perceptions of Trust in Intimate Relationships

Variables	Model 5: RQ6f ^a		
	<i>B</i>	<i>SE B</i>	β
Age	-.009	.015	-.029
Gender	-.243	.107	-.114*
Race	-.002	.077	-.002
Father's education	.056	.017	.174***
Reports of child abuse	-.276	.083	-.175***
Father mainly DPT	-.359	.105	-.177***
Mother mainly DPT	-.208	.097	-.111*
High father-high mother DPT	.092	.130	.035
			R ² = .126***

Note. ^aLow father-low mother DPT was used as the reference group * $p < .05$. ** $p < .01$. *** $p < .001$

Table 15

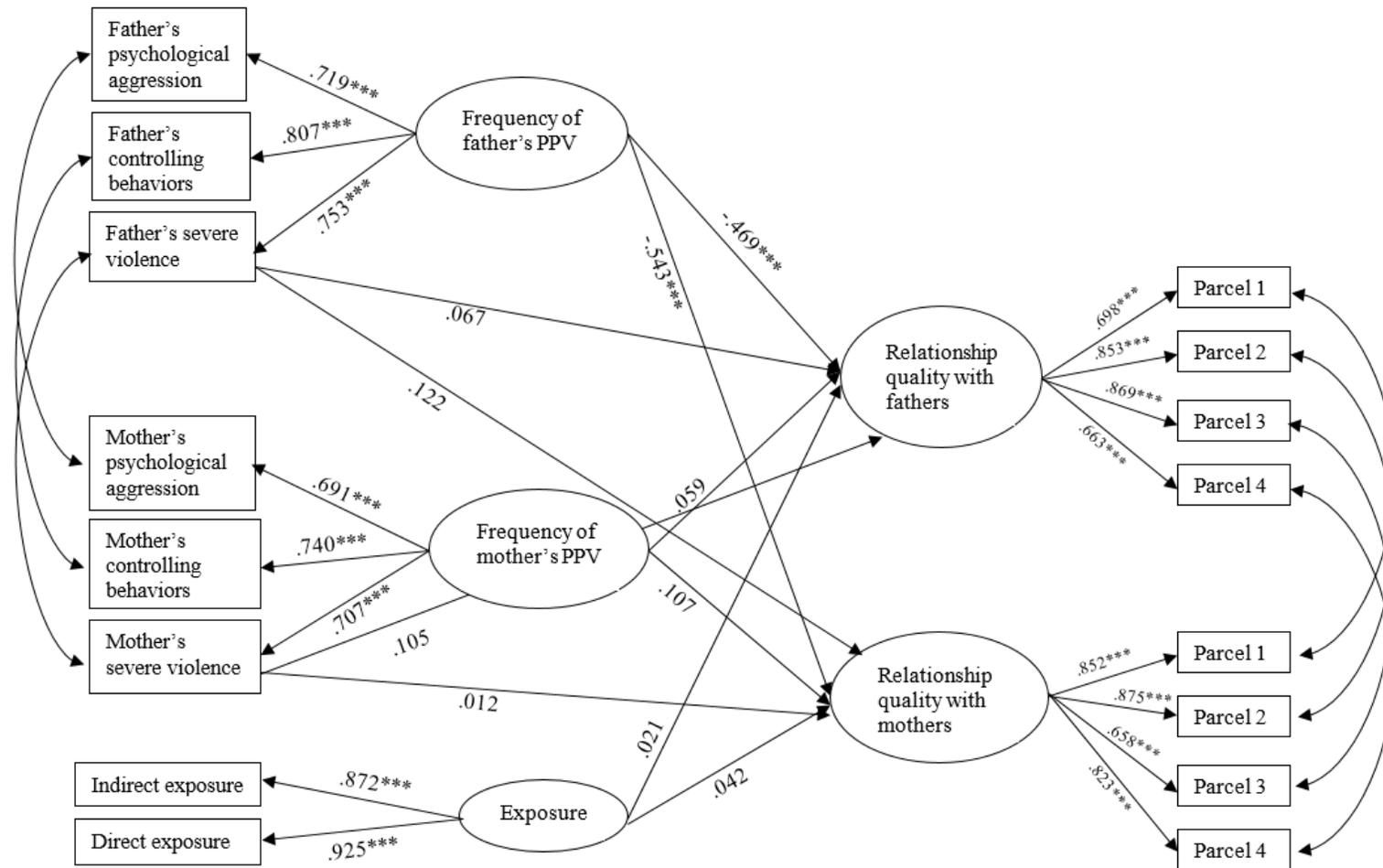
Results of Analyses for Regression Model for Relationship Self-Esteem

Model 5: RQ6g ^a			
Variables	<i>B</i>	<i>SE B</i>	β
Age	-.021	.023	-.050
Gender	-.017	.158	-.006
Race	-.204	.113	-.100
Father's education	-.010	.025	-.022
Reports of child abuse	.055	.122	.025
Father mainly DPT	.404	.155	.143**
Mother mainly DPT	.184	.144	.070
High father-high mother DPT	.362	.193	.104
$R^2 = .023^*$			

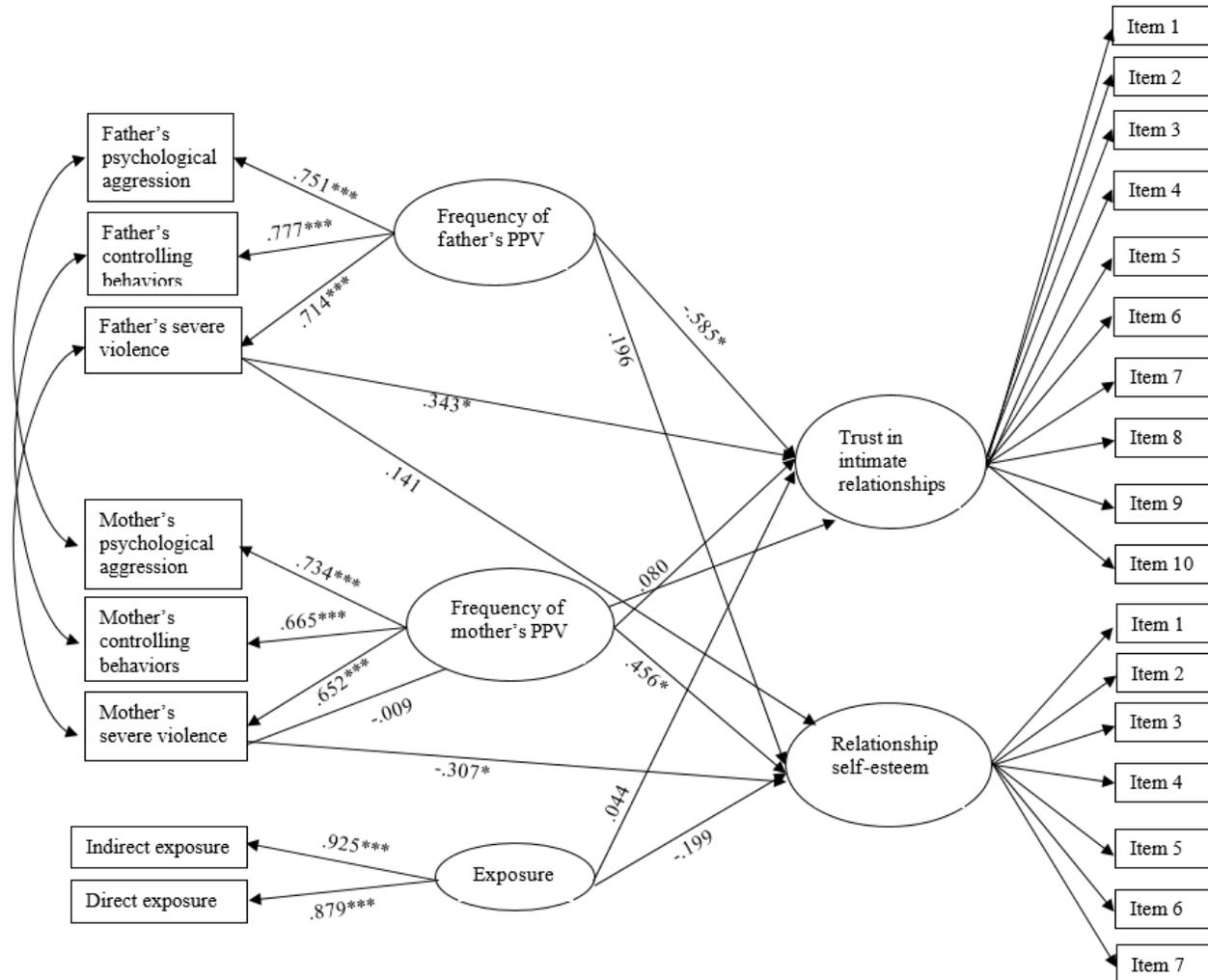
Note. ^aLow father-low mother DPT was used as the reference group * $p < .05$. ** $p < .01$.
*** $p < .001$

Figure 1

Structural Equation Model for Relationship Quality with Fathers and Mothers



Structural Equation Model for Perceptions of Trust in Relationships and Relationship Self-Esteem



VITA

Andrea Roach began the doctoral program in Human Development and Family Science at the University of Missouri – Columbia in 2011, where she has focused on family relationships and domestic violence. She received her Bachelor’s degree in Vocational Family and Consumer Sciences from Missouri State University in 2007. She then taught four years of high school FACS for the Ferguson-Florissant school district in Missouri. She earned her Master’s degree in Child and Family Studies from Fontbonne University in 2011. She has been an active member of NCFR since 2011, is a member of the Journal of Family Theory and Review inaugural Digital Scholarship Board, and is a Student/New Professional Officer for the Feminism and Family Studies Section.