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Patterns, Precursors, and Consequences of Teen Dating Violence:

Analyzing Gendered and Generic Pathways

A Final Summary Overview

National Institute of Justice Grant 2012-IJ-CX-0015

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Abstract:

Objectives: Despite the general recognition of the seriousness of teen and young adult dating violence, existing research does not provide a comprehensive portrait of the ways in which gender influences the etiology and sequelae of teen dating violence and intimate partner violence in early adulthood. Using five waves of structured interview data from the Toledo Adolescent Relationships Study (TARS), this research examined gender-specific and generic (that is, applicable regardless of gender) IPV pathways to further develop both theory and applied efforts designed to have a positive impact on this serious social problem.

Results:

Patterns of physical violence. Life course trajectories of perpetration and victimization were examined along with early risk factors and contemporaneous circumstances associated with different patterns. Results indicated that IPV peaks during young adulthood, and suggested a somewhat later age peak for young women who participated in the study. Findings indicate further that these trajectories are linked to traditional risk factors such as parent-child relationship quality, but also to characteristics of the intimate relationships within which they occur, as indexed by reports of such dynamics as frequency of disagreements, feelings of jealousy and mistrust, and perceptions of a lack of partner validation. Harsh parenting is also identified as a risk factor for subsequent involvement in violent relationships, although its effect is conditioned on the presence of relationship-specific precursors. Examination of the patterning of IPV across this developmental period revealed greater variability than stability in the experience of partner violence, and furthermore, changes in the character and dynamics of relationships (i.e., developmental shifts in qualities of intimate relationships) corresponded to declines in IPV risk over time.

Gender mistrust and the neighborhood normative climate. Longitudinal analyses were conducted examining correlates of gender mistrust, as well as the extent to which gender mistrust influenced the perpetration of relationship violence over time. The results indicated that feelings of mistrust have

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implications for the healthy functioning of intimate relationships by heightening the risk of IPV perpetration. Moreover, individual trajectories of gender mistrust were associated with parents' gender mistrust and a range of socioeconomic factors, but prior relationship experiences further contributed to within-individual changes in levels of mistrust across the transition to adulthood. In a separate but related investigation, neighborhood-level analyses assessed whether the neighborhood normative climate with respect to dating and attitudes about the opposite sex influenced the experience of IPV net of individual-level attitudes and beliefs. Findings revealed that neighborhood norms exert a positive influence on patterns of IPV perpetration over time, and that this effect is stronger in more disadvantaged contexts.

IPV and physical and emotional well-being. Analyses of within-individual changes in emotional wellbeing across the study period suggest that while young women generally report higher levels of depression, IPV victimization is similarly linked to variability in men's and women's self-reports of depressive symptoms. A similar pattern of findings emerged in our analyses of self-rated health; reports of IPV (both victimization and perpetration) were associated with declines in self-rated health among men and women. A more focused analysis relying on waves 4 and 5 of the data also found that self-reports of perpetration and victimization were associated with changes in levels of anxiety across these two points in time among both male and female respondents.

Implications of study. These findings suggest the utility of a longitudinal approach to partner violence as they highlight sources of continuity, as well as factors associated with variation in the experience of IPV over time. That relationship risk factors were particularly salient predictors of variation in IPV also suggests the utility of a dyadic or 'relational' approach to partner violence. Further, the lack of differential effects of risk factors on IPV for men and women provides insight to future research and theorizing on the role of gender in partner violence. Finally, the link between IPV and a broad range of attitudes and beliefs suggests that future programs may benefit from approaches targeting specific norms and attitudes, as

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these appear to be related to the development of healthy relationships in adolescence and young adulthood.

Purpose:

This research (Grant 2012-IJ-CX-0015) relies on five waves of structured interview data from the Toledo Adolescent Relationships Study (TARS) to identify neighborhood, family, peer, and intimate relationship factors that may have applicability for understanding male and female IPV, and/or those that may be uniquely gendered. This information provides a useful knowledge base about the etiology and costs of IPV, and in turn, for designing programs that resonate with the lived experiences of teens and young adults at risk of experiencing intimate partner violence in their dating relationships. The research aims included the following:

- To examine patterns of physical violence over time, and how gender shapes these patterns by focusing on patterns of escalation, persistence, and desistance in IPV experiences (perpetration and victimization) both within and across intimate relationships using latent class analysis to identify distinct trajectories.
- To analyze the gender-specificity of risk factors across multiple social domains (e.g., neighborhood, parent, peer, partner) and their influences on trajectories of physical violence.
- 3) To examine the extent to which IPV outcomes such as depressed mood and overall physical health are gender-specific, and whether these outcomes vary by victimization or perpetration status using linear mixed-effects models (LMEM).

Project subjects, design, and methods:

TARS respondents initially were aged 12-18 when interviewed in 2001/02, with four additional interviews completed (2002/2, 2004/5, 2006/7, 2011/12), and one parent/guardian interview completed at the initial assessment (2001-2002). The sampling universe, derived from a total enumeration of youths

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enrolled in grades 7th, 9th, and 11th in Lucas County, Ohio, encompassed 62 schools across seven districts. Under the Ohio Open Records Act, the principal investigators obtained names/addresses, and youths did not have to attend school to be in the study. This is a particularly important design feature, as numerous prior studies have relied on school based high school and college samples. Devised by NORC, the stratified, random sample includes over-samples of Black and Hispanic respondents. Although regional, the sample mirrors similarly aged individuals nationally regarding race, family status, parents' education, and income. Interviews are in-person, and respondents use laptops to answer questions ensuring privacy. At wave 1, parents answered a paper and pencil questionnaire eliciting demographic, IPV, and parenting data. Attrition analyses across the waves indicated that wave 1 violence (whether assessing perpetration or victimization) was not significantly associated with the odds of reinterview at subsequent waves.¹

The interviews focus on a range of influences on adolescent and young adult development, including detailed information about neighborhood and family influences, but are particularly rich in tapping the character and dynamics of extra-familial influences during these phases of the life course (i.e., peers and intimate partners). In addition to its relational focus, because the study collects IPV data at each interview wave, these data are well suited for these analyses; and importantly, responses to scales tapping IPV perpetration and victimization were elicited at all five waves of interviews. The protocols contain extensive information about the respondents' current life course circumstances at each wave (e.g., fertility experiences, educational and occupational status, cohabitation experience), and other behavior patterns (e.g., drug and alcohol use/abuse, criminal involvement), which are known risk factors for IPV. Thus, longitudinal models provided a life course lens on IPV by taking into account not only background characteristics (i.e., early family exposure), but relational histories and contemporaneous circumstances as influences on IPV and physical/emotional well-being.

Analytic plan:

¹ For additional information on the sampling strategy and data collection procedures for the Toledo Adolescent Relationships Study (TARS), see http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/00252.

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Statistical models were estimated in a variety of statistical packages, including StataSE 13, HLM 7, and SAS 9.3. Analyses that supported our objectives focused on physical violence (using perpetration, victimization, or a combined index of any violence that included both perpetration and victimization experience), depressive symptoms, and self-rated health. Models included traditional predictors of IPV (e.g., coercive parenting, disadvantaged neighborhood, delinquency involvement), as well as controls for sociodemographic characteristics. Analyses also accounted for the relationship context by including a range of relationship dynamics indicators (e.g., prior relationship experiences, relationship qualities, relationship type). Analyses of physical and emotional well-being controlled for prior levels of health and depressive symptoms, and assessed the association between IPV and health to determine the extent to which the experience of IPV was associated with changes in overall health and well-being.

Patterns of physical violence. For the examination of trajectories of IPV over time, we used data from all five waves of the TARS. We began with descriptive analyses examining the variability of a range of time-varying measures (e.g., general antisocial behavior, depressive symptoms, and relationship risk factors) by age. Next, we examined the association between IPV perpetration and age, behavioral and psychological risk factors, as well as the relationship context, focusing on within-individual change across the study period. We employed a 2-level hierarchical generalized linear model (HGLM) for binary outcomes in StataSE13. First, we estimated a random effects model for our binary measure of IPV perpetration. Next, we included a range of behavioral and psychological risk factors, examining the extent to which these factors explained the age trend in IPV perpetration, relative to relationship-specific factors (see Johnson et al., 2015). In other analyses, we examined the influence of harsh parenting in adolescence on IPV in young adulthood using both quantitative and qualitative analyses. For the quantitative portion, we employed logistic regression to assess whether measures of adolescent experiences of harsh parenting and romantic involvement were associated with the perpetration of IPV in young adulthood. Qualitative analyses drew on 102 interviews conducted at the time of the fifth

interview to examine patterns of continuity and discontinuity in the association between harsh parenting and IPV.

Risk factors across multiple social domains. We employed both linear and nonlinear growth-curve analyses to model gender mistrust and IPV perpetration. First, gender mistrust was modeled as a function of age, prior relationship experiences, and a range of sociodemographic and family background factors (including parent gender mistrust, coercive parenting, neighborhood poverty, gender, race, family structure, and mother's education). We estimated gender mistrust with linear mixed-effects models using restricted maximum likelihood estimates in SAS 9.3. Next, a binary version of IPV perpetration was estimated using population-averaged logistic regression models for the probability of perpetrating violence toward a current/most recent partner, and was modeled as a function of age, gender mistrust, prior relationship experiences, and controls (see Copp et al., 2015).

In separate analyses, 3-level hierarchical logistic regression models were used to examine the multilevel association between the neighborhood normative climate and IPV perpetration. Models were estimated using HLM 7 in several stages. First, an unconditional model was estimated to derive the total variation that occurs between individuals and between census tracts. Next, we fit an unconditional growth model to determine the functional form of IPV perpetration over time. In order to explain within-individual variation in trajectories of IPV perpetration over time, we began by entering a series of time-varying measures of individual- and neighborhood-level norms at level-1 (liberal dating norms and gender mistrust), traditional risk factors at level-2 (gender, age, race, family structure, mother's education), and grand mean estimates of neighborhood norms and neighborhood disadvantage at level-3.

Physical and emotional well-being. We examined the influence of IPV victimization and perpetration as well as IPV by type (victimization, perpetration, mutual, none (reference category)) on changes in depressive symptoms using a two-level model assessing change across waves 1 through 4 of the study.

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We first assessed the association between IPV victimization and depressive symptoms, followed by an examination of IPV perpetration and depressive symptoms. We then examined whether IPV victimization or perpetration interact with age, gender or non-IPV victimization experiences (i.e., parental or peer victimization). Next, we assessed whether cumulative victimization or perpetration is significantly associated with depressive symptoms by considering both additive and multiplicative models. Finally, we explored whether the individual experiences victimization only, perpetration only, or mutual violence (see Johnson et al., 2014). In an identical set of analyses, we examined whether IPV experiences are associated with self-rated health and health concerns ("How stressed have you been in the past two years about your own health?"). Finally, we assessed whether IPV victimization or perpetration is two years about your own health?").

Key Findings:

Patterns of physical violence. While it is generally assumed that IPV peaks during young adulthood, this has not been empirically verified and documented. Furthermore, previous longitudinal studies have focused primarily on patterns of victimization, with less attention given to patterns associated with the perpetration of IPV. Those examinations that do focus on perpetration have generally been concerned with identifying risk factors that distinguish between trajectories, with little attention given to factors that influence within-individual change. Furthermore, adolescence marks the time when many young people enter the world of romantic relationships. As youth make the transition to adulthood, romantic relationships increase in duration, and take on greater meaning (Giordano et al., 2010). While these changes largely reflect positive development for most young people, for some they may also be associated with problematic outcomes such as IPV. Prior work has highlighted that adolescence and young adulthood are periods when there is considerable turnover in romantic partnerships (Furman & Shaffer, 2003). A certain degree of turnover is considered not only normative, but also beneficial (Connolly &

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McIsaac, 2011). Yet frequent turnover often signifies a larger number of dating (and potentially sexual) partners that may be linked to problematic outcomes. Thus, there is a need to situate IPV experiences within the context of partner turnover and number of relationships.

Findings indicate that IPV peaks during young adulthood, and the trajectories of both IPV perpetration and victimization are nonlinear over time (see Figures 1 and 2). Results indicate further that these trajectories are linked to traditional behavioral and psychological risk factors such as coercive parenting and parent-child relationship quality, but also to characteristics of the intimate relationships within which they occur, as indexed by reports of such dynamics as frequency of disagreements, feelings of jealousy and mistrust, and perceptions of a lack of partner validation. Recognizing gender differences in the meaning/severity of perpetration, a potentially important finding is that young women self-report higher levels of perpetration at all waves of the study. The trajectory is higher, and results suggest a somewhat later age peak for young women.



Figure 1. Age curve for IPV perpetration by gender from age 13 to 28.

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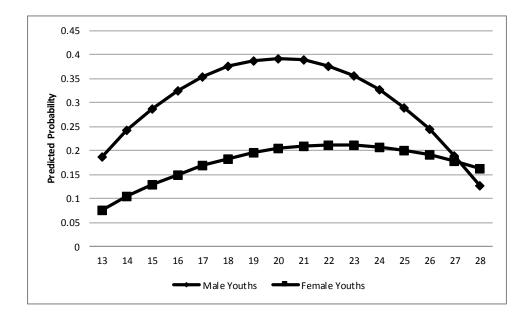


Figure 2. Age curve for IPV victimization by gender from age 13 to 28.

Longitudinal examination of relationship quality (assessed using indicators of frequency of disagreements, trust, and jealousy) and continuity revealed that IPV experiences demonstrated patterns of greater variability than stability across adolescence and young adulthood. While more than half of respondents reported at least one IPV experience, only a small percentage reported IPV across all study waves. Consistent with the view that development of adolescent and young adult relationships follows a sequential progression (Connolly & McIsaac, 2009), relationships increased in trust and intimacy, while decreasing in relationship churning (breaking up and getting back together). These patterns were associated with a lower proportion of relationships with IPV, supporting the notion of a relationship learning curve (Giordano et al., forthcoming) in which young adults draw on the full breadth of relationship experiences to inform future choices such as stay/leave decisions, developing criteria for the selection of a new partner, and creating boundaries regarding behavior within the relationship.

Finally, harsh parenting has been recognized as a predictor of intimate partner violence (IPV). Yet not everyone who experiences harsh parenting will go on to experience IPV. Qualitative and quantitative analyses focused attention on young people who reported exposure to harsh parenting, and

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examined how sexual and dating risk behaviors and attitudes (including early sexual debut, number of sex partners in adolescence, problematic partners, sexualized identity, and permissive attitudes towards sex) conditioned the effects of harsh parenting on the odds of reporting IPV perpetration. Results revealed that a range of behaviors and attitudes were associated with the perpetration of IPV, and that for those who had backgrounds characterized by harsh parenting, attraction to problematic partners (based on level of agreement with the following: "I tend to be attracted to girls/guys who are no good for me") and adoption of a sexualized identity (a mean scale consisting of three items in which respondents were asked how much they (dis)agreed that others would describe them as: "flirty," "good-looking," and "sexy/hot") were particularly problematic.

Risk factors across multiple social domains. Both qualitative and quantitative research have forged a link between economic conditions and gender mistrust, and others have acknowledged the potential for intergenerational transmission of attitudes and beliefs about the opposite sex. Results of linear mixedeffects models identified a range of sociodemographic and family background factors as significant predictors of gender mistrust including parent's gender mistrust, neighborhood poverty, race/ethnicity, and mother's education. Yet whereas prior research has been largely cross-sectional, the current analyses shed additional light on the nature of these associations. That is, although these early social learning and other structural considerations are important factors in the development of feelings of mistrust, they do not appear to alter trajectories of mistrust over time. Thus, young people may learn to be wary of relationships, but those expectations have little opportunity to be reinforced prior to involvement with intimate partners (Furstenberg, 2001). Relationship experiences, including partner non-exclusivity, involvement with controlling partners, and partner-specific mistrust, provide the potential for reinforcement of such negative views of the opposite sex and are associated with changes in feelings of gender mistrust over time.

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Whereas most of the prior work on gender mistrust focuses on relationship formation, the results of these analyses suggest that feelings of gender mistrust have consequences for the quality of intimate unions, including the use of violence. Increases in feelings of gender mistrust were associated with increases in the odds of IPV perpetration at any given point in time across the period from adolescence to early adulthood. A contribution of these findings is that net of individual feelings of trust toward a partner, the more general notion of gender mistrust remains an important factor leading to IPV perpetration among women. Indeed, after controlling for the more immediate relationship context via items tapping prior relationship experiences (IPV victimization, partner non-exclusivity, partner influence attempts, and trust), the effect of gender mistrust on IPV perpetration is not significant for males.

In a related set of analyses, we focused on the neighborhood normative climate with particular attention to neighborhood norms related to dating and the opposite sex. Specifically, we focused on liberal dating norms, or the extent to which respondents agreed that "It's ok to date more than one person at a time," and gender mistrust (i.e., "You can't trust most guys/girls). This research used longitudinal data to examine whether changes in the neighborhood normative climate corresponded to changes in patterns of IPV perpetration over time. The results indicated that neighborhoods norms are associated with heightened odds of perpetration, and additionally, that their effects are conditioned by neighborhood levels of disadvantage. More specifically, dating norms were positively associated with the risk of IPV perpetration, however, the effect of neighborhood-level norms regarding the acceptability of dating more than one person on IPV perpetration was greater within disadvantaged contexts. Similarly, gender mistrust was associated with increased odds of IPV perpetration. The effect of gender mistrust, however, was similar across levels of disadvantage. Broadly speaking, these findings indicate that the neighborhood normative climate has implications for IPV perpetration, and further, that the neighborhood effect depends, in part, on the level of disadvantage.

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Physical and emotional well-being. Researchers have emphasized the association between intimate partner violence and a range of indicators of emotional and physical well-being (e.g., Fergusson, Horwood, & Ridder, 2005). Yet much of the prior work is cross-sectional and does not account for underlying predispositions toward depressive symptoms and poor physical health, nor does it consider the potential for contextual changes that may affect variations in mental and physical well-being over time.

Findings indicated that both IPV victimization and perpetration corresponded to increases in depressive symptoms. Furthermore, these patterns were present for young men as well as young women, and did not appear to exert a stronger influence on depressive symptoms among women. The accumulation of IPV did not appear to offer additional negative contributions to the relationship between IPV and depressive symptoms beyond those demonstrated by the current or most recent relationship. Similarly, prior IPV exposure does not amplify the relationship between IPV exposure and depressive symptoms. These results suggest a recency effect, suggesting that it is the most recent IPV exposure that is particularly salient when thinking about current levels of depressive symptoms.

Similarly, longitudinal analysis revealed that across five waves of interviews, IPV is associated with detriments to self-rated health among men as well as women, even after taking into account initial levels of overall health and other possible confounds. And while a link to IPV victimization is more intuitive, IPV perpetration was also associated with decreases in self-rated health. Analyses reveal a similar pattern of effects of IPV on 'health concerns.' A more focused set of analyses examined changes in anxiety across waves 4 and 5 and found that self-reported IPV perpetration and victimization were associated with increases in anxiety across this period among men and women.

Implications for criminal justice policy and practice in the United States:

Intimate partner violence is seriously underreported because it often occurs in private spaces (Tolman & Edleson, 1995). Nevertheless, a significant percentage of police calls involve domestic disputes, which are difficult, sensitive situations to manage, and to prosecute (Hirschel & Hutchinson, 2001). Sentencing

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and treatment options vary widely across jurisdictions, and programs targeting behavior change have not consistently shown positive effects (Saunders, 2008). A prior history of intimate partner violence is a risk factor for assaults that are more serious and homicides, statistics that further highlight the importance of interrupting these patterns early, before they become entrenched modes of handling conflict. Recently, Seffrin and colleagues (2012) found that IPV is significantly related to the risk of persistent involvement in other forms of crime, arguing that these conflictual interactions minimize the potential benefits of intimate relationships that for some can provide an effective mechanism associated with criminal 'desistance.'

Thus, it is intuitive to focus efforts in this area on the teen years, before problems become more serious and chronic. Currently, many program materials and websites focusing on IPV during the teen years have been developed based on understandings about gender and relationships that may not fully capture the situations of many contemporary teens, including those who have experienced violence. There is a general awareness that it is inappropriate to simply transport programs based on samples of older, married women to programs targeting teens and young adults. Yet, aside from the introduction of some discussions of peer influences, many of the programs are quite similar (e.g., reliance on the power and control wheel to organize discussions of relationship dynamics). It is important to base "fact sheets" and other program materials on clearly documented research findings, rather than broad theories about masculinity and femininity. These theories provide a useful general backdrop for discussing gendered relationship dynamics, but do not offer a blueprint for understanding variations in risk within populations of teens and young adults.

Our research documented developmental trends in the experience of violence, and highlighted risk factors associated with more serious trajectories that extended to the young adult period. These analyses further highlighted the important role of early formative experiences, including violence in the family of origin, while pointing to other social and contextual sources of influence that further contribute to variation in the experience of IPV. Although our findings suggest that IPV is very prevalent among

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young adults, attention to the patterning of IPV experiences indicates that it does not represent a consistent experience. Consequently, policy makers should exercise caution in their efforts to target specific individuals for prevention and intervention. The possibility of stigmatizing youth as perpetrators or victims has the potential to ultimately inhibit help-seeking behavior (Ashley & Foshee, 2005) and possibly produce other unforeseen harm. Use of a longitudinal lens highlighted the difficulty in using childhood and adolescent experiences to prospectively identify IPV perpetrators in adulthood. Harsh parenting, for example, remains a strong predictor of IPV perpetration, although it is not a perfect one-to-one relationship. Rather, its effects are conditioned on the presence of more proximal risk factors that are also linked to IPV, suggesting that prevention and intervention efforts must seek a holistic approach that will take into account multiple domains of risk.

With respect to gender, the lack of evidence to suggest that risk factors associated with IPV exert differential effects for men and women does not mean that gender-specific theories are not needed, only that the emphasis may need to be shifted. Findings also signal the need to include young men, as well as young women, when considering the deleterious effects of IPV on mental health. Whereas considerable attention has been directed to the issue of male perpetration, a dynamic that is particularly consequential as many scholars have noted, there has been less of a focus on female perpetration. As the results of these analyses suggest, the prevalence of self-reported female perpetration is higher at all points during the study period, suggesting the need to focus additional research attention on this phenomenon.

Finally, our findings consistently linked attitudes and beliefs to the experience of partner violence. Examination of neighborhood normative climates further reinforced these findings, and suggested that the effect of neighborhood norms on individual perpetration may be particularly salient in contexts of disadvantage. These results suggest that future programs may benefit from taking a community-based approach to IPV, targeting norms and attitudes regarding dating and the opposite sex, and building healthy relationships more generally.

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Appendix: Scholarly products produced or in process

- 2015 Copp, Jennifer E., Peggy C. Giordano, Wendy D. Manning, and Monica A. Longmore. "The Influence of Gender Mistrust on Trajectories of Intimate Partner Violence." Under review at the *Journal of Marriage and Family*.
- 2015 Copp, Jennifer E., Peggy C. Giordano, Wendi L. Johnson, Monica A. Longmore, and Wendy D. Manning. "Neighborhood Norms, Disadvantage, and Intimate Partner Violence Perpetration Across Adolescence and Young Adulthood." Paper presented at the annual meeting of the Population Association of America, May, San Diego, CA.
- 2015 Copp, Jennifer E., Peggy C. Giordano, Wendi L. Johnson, Monica A. Longmore, and Wendy D. Manning. 2015. "Complicating the IPV-Health Link: The Role of Relationship Context." Paper at the National Conference on Health and Domestic Violence, March, Washington, DC.
- 2015 Copp, Jennifer E., Peggy C. Giordano, Wendy D. Manning, and Monica A. Longmore. "The Influence of Gender Mistrust on Trajectories of Intimate Partner Violence." Center for Family and Demographic Research (CFDR) Speaker Series, Bowling Green State University, January 2015.
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