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PERPETRATION, AND VICTIMIZATION IN ADOLESCENT DATING RELATIONSHIPS

Distinguishing between Risk Factors for Aggression Perpetration, and Victimization in
Adolescent Dating Relationships

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DISTINGUISHING BETWEEN RISK FACTORS FOR AGGRESSION PERPETRATION, AND VICTIMIZATION IN ADOLESCENT DATING RELATIONSHIPS

Abstract

Objective: Aggression in adolescent romantic relationships occurs at a substantial rate and has negative effects on victims. This study will investigate risk factors that may anticipate a person's role as a victim or perpetrator of aggression in dating relationships. Also, this study will examine whether males or females are more likely to perpetrate or be victimized by dating aggression. Expanding research on relationship aggression is important because TDV can cause significant mental and physical health problems (e.g. distress, physical injuries, and panic attacks). We focused on risk factors in four general categories: family, cognitions, emotions, and alcohol use. Some of these risk factors include: exposure to relationship violence, whether between the child and a parent or between parents, internalizing cognitions and behaviors, depressive symptoms, alcohol use, and hostility. *Methods:* Participants were undergraduate students from a private institution. Data was collected through a number of questionnaires completed online. *Results:* We found that majority of the predictors were common to both victimization and perpetration, such as alexithymia, callous, interparental and parent-child conflict. We also found unique predictors of both victimization and perpetration, which were alcohol use, and relationship quality with one's partner. Also, attitudes accepting and justifying dating aggression uniquely predicted perpetration only. *Conclusion:* Our findings suggest that each unique predictor should be considered when developing strategies to reduce or prevent aggression in romantic relationships. Our study implies that couples should use alcohol moderately, find satisfaction in one's relationship partner, and evaluate one's beliefs about dating aggression in order to avoid TDV.

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Teen dating violence (TDV) is a serious issue that occurs frequently in adolescent and adult relationships. A wide variety of research found that adolescents and young adults are more at risk of IPV (American Psychological Association, 2013): “About 1 in 5 women and nearly 1 in 7 men who ever experienced rape, physical violence, and/or stalking by an intimate partner, first experienced some form of partner violence between 11 and 17 years of age” (Centers for Disease Control and Prevention, 2010). According to American Psychological Association (2013) “One in five female high school students reports being physically and/or sexually abused by a dating partner.” The severity of IPV differs depending on the form of violence committed. “Common couple violence,” is a less severe form of IPV involving pushing, shoving, and grabbing (Marshall, Jones, & Feinberg, 2011). More severe forms of IPV include rape, beating, and choking. IPV can be physical, sexual, or verbal, and could cause psychological, emotional and/or physical problems.

Research studies have identified multiple risk factors for aggression perpetration and victimization. Fifty-three risk factors for perpetration of adolescent dating violence were discovered through a literature review of 20 articles (Vagi, Rothman, Latzman, Tharp, Hall, Breiding, 2013). These risk factors can be arranged into 9 general categories, 4 of which were included in this study: aggressive thoughts/cognitions (e.g. tolerant attitudes, internalized cognitions/behaviors), substance use (e.g. alcohol), poor relationship and friendship quality (e.g. hostility, antisocial), and poor family quality (e.g. interparental or parent-child violence). Depression, general aggression, prior dating violence, and parental marital conflict were also among the most frequently studied risk factors (Vagi *et al.*, 2013).

Other research studies (e.g. Rothman, Stuart, Winter, Wang, Bowen, Bernstein, & Vinci, 2012; Jouriles, Grych, Rosenfield, McDonald, & Dodson, 2011) have found the same risk factors

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to be associated with victimization as well. However, few studies have investigated risk factors for perpetration and victimization in the same sample. Perpetration and victimization often co-occur, and consequently, it is not clear if there are unique predictors of each. The goal of the present study was to attempt to identify whether there are risk factors for TDV that are specific to perpetration or victimization. We examined the following types of risk factors.

Family factors

Exposure to IPV as a child, whether between the child and a parent or between parents, increases internalizing behaviors, as well as the likelihood of one becoming “a victim of relational victimization” (Camacho, Ehrensaft, Cohen, 2011). Internalizing behaviors may include experiencing depressive symptoms or even substance abuse. Foundational beliefs and values are usually established at a young age in the home. Therefore, witnessing IPV is problematic, since children may learn to accept such violence. It’s possible violence may even become a part of one’s nature. So, what may appear “violent” to a non-exposed individual may seem “normal” to an exposed individual, an increase the likelihood that they will become a victim or perpetrator of dating violence. Studies have found that exposure to violence in the home affects adolescents’ relationship skills, such as problem solving, and controlling emotions. Exposed adolescents may display aggressive behaviors with peers. According to Camacho *et al.* (2011) these aggressive behaviors are due to the fact that “exposed individuals are less well regulated emotionally and behaviorally.” Childhood neglect (where the parent is not consistently present) is another family related risk factor, which predicted aggression perpetration among females (Renner, & Whitney, 2012). Renner *et al.* (2012) found childhood neglect to be the “single type of childhood maltreatment that predicted all IPV outcomes among females.”

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Cognitive factors

How an individual perceives and understands events has an important role in guiding their actions. Beliefs and attitudes accepting violence have been found to be predictors of perpetration in adolescent dating relationships (Vagi *et al.*, 2013). For example, Jouriles *et al.* (2011) found that attitudes condoning dating violence increase the chance of perpetrating teen dating violence, whereas intolerance of dating violence decreases the possibility of perpetration. Automatic cognitions, which are mental “representations capable of promoting behavior without subjective awareness,” were found to be associated with perpetration of teen dating violence “concurrently and prospectively” (Jouriles *et al.*, 2011). This finding was especially significant among teens that did not believe negative consequences would result from dating violence.

Emotional factors

Emotions such as depressive symptoms and hostility have been linked to IPV through a number of research studies. Coyne (1976) found that depressive symptoms are connected to expressions of hostility, irritability and aggression, which may provoke negative reactions. Depressive symptoms hinder couple conflict resolution due to “verbal hostility, defensiveness, withdrawal, and insults, as well as more displays of negative affect (anger and sadness)” (Du Rocher Schudlich, Papp, & Cummings, 2004). Kahn, Coyne & Margolin (1985) findings support Du Rocher Schudlich *et al.* (2004) suggesting that frustration and sadness arises from communication and problem solving issues. According to these research findings, depressive symptoms are directly linked to negative relationship attributions (e.g. hostility, withdrawal) causing poor relationship quality. These negative emotions strain relationships and provoke negative responses, such as arguments and physical fights.

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Alcohol use

Alcohol is the form of substance abuse that is most strongly associated with IPV. In comparison to cannabis, cocaine, and opioid, alcohol use disorders were the most common among perpetrators and victims of IPV (Smith, Homish, & Leonard, 2012). In the investigation of dating abuse among adolescents who drank alcohol and were in a dating relationship, it was found that the chance of victimization increased by 23% to 35% on drinking days compared to nondrinking days, as for perpetration there was a 70% increase on drinking days (Rothman *et al.*, 2012). Rothman *et al.* (2012) proposed possible reasons for the strong relationship between alcohol and youth dating violence:

“(a) youth participants may have had strong alcohol-aggression expectancies, (b) participants may be more likely to report TDV as co-occurring with drinking because they felt it reduced the stigma of having been involved in a TDV incident, and (c) participants may have been more likely to engage in TDV when drinking because they believed that they would face less severe consequences (i.e. a type of deviance disavowal).”

The role of gender

Men and women often are portrayed differently in popular conceptions of IPV. Usually men are assumed to be the perpetrators, while women are assumed to be the victims. This male perpetrator representation may be due to the fact that the consequences (e.g. injuries, medical bills, work absence) of men’s violence toward women tend to be worse than women’s violence toward men (O’Leary, 2000; McDermott & Lopez, 2013). Risk factors for perpetration appears to be consistent among both genders, but Marshall, Jones, and Feinberg (2011) found some differences. In relation to frequency and occurrence of IPV Marshall *et al.* (2011) found: women’s IPV perpetration was more likely to be a result of couple conflict, rather than

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individual characteristics, and “couple conflict predicted the occurrence of men’s IPV,” but not the frequency. So, men’s intimate partner violence usually occurred due to couple conflict, but how often this violence occurred could not be predicted. Also, women’s IPV perpetration was predicted by men’s antisocial behavior and depressive symptoms, in contrast, the frequency of men’s IPV perpetration was predicted by women’s depressive symptoms (Marshall *et al*, 2011).

The Present Study

This study will investigate risk factors associated with TDV perpetration or victimization. Each risk factor is from one of the following four categories: family, cognitions, emotions, and alcohol use. These general categories have been investigated in previous research studies associated with IPV, and this study will examine whether particular predictors uniquely predict perpetration, victimization, or both. Expanding research on relationship aggression is important because TDV is a common occurrence that can cause significant mental and physical health problems (e.g. distress, physical injuries, and panic attacks). Further investigating risk factors could help with the lack of effective strategies in preventing or reducing IPV (Marshall *et al.*, 2011; Babcock, Green & Robie, 2004). A better understanding of risk factors could improve intervention approaches and decrease IPV rates. The study will also examine whether males or females are more likely to perpetrate or be victimized by dating aggression.

Method

Participants

This study included 761 participants, males and females. All participants were undergraduate students at Marquette University ranging from 18-25 years of age.

Procedure

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Participants were enrolled in psychology courses at Marquette University, and volunteered in order to earn extra credit points. Participants signed an informed consent sheet at the start of the session. The session was an hour long and participants completed a number of questionnaires measuring parent-child relationships, relationships with one's partner, alcohol use, aggression perpetration, aggression victimization, attitudes, emotions, hostility, and history of physical and/or sexual abuse.

Measures

Perpetration and Victimization of dating aggression. In order to measure the occurrence of perpetration and victimization, the Conflict Adolescent Dating Relationships Inventory (CADRI; Wolfe, Scott, Reitzel-Jaffe, Wekerle, Grasley, & Pittman, 2001) was used. This 35-item scale evaluates abusive behaviors within adolescent relationship. The CADRI consists of five primary factors: sexual abuse, threatening behavior, verbal or emotional abuse, relational abuse, and physical abuse. These scales account for 25 of the 35 items. The rest of the items are related to conflict resolution behaviors. CADRI is scored on a scale ranging from 1, "never," to 4, "often."

Callous Unemotional Traits. The Inventory of Callous Unemotional Traits (ICU; Kimonis, Frick, Skeem, Marsee, Cruise, Munoz, Aucoin, Morris, 2008) assessed three traits: callousness (lack of consideration for others), uncaring (negligent; inattentive) and unemotional (not showing emotions). ICU includes 24 items measured on a likert scale from 0 (not at all true) to 3 (definitely true). Item examples include: "I do not feel remorseful when I do something wrong" (callous), "I seem very cold and uncaring to others" (uncaring), and "I hide my feelings from others" (unemotional).

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Sexual abuse history. Past experiences of unwanted sex play (fondling, kissing, or petting), sexual intercourse (penetration by man's penis), and sex acts (anal or oral intercourse or penetration by other objects) were measured using the Sexual Experiences Survey (SES; Koss, Abbey, Campbell, Cook, Norris, Testa, Ullman, West, & White, 2007). SES consists of six categories of items: no victimization, coercion, noncontact, contact, attempted rape, and rape.

Interparental conflict. The Conflict Tactics Scale (CTS; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) was used to analyze adolescents' reports of the extent to which parents expressed aggression towards one another. The CTS measures the level of psychological and physical attacks dating partners partake in, measuring the frequency and severity of aggression. CTS consist of 78 items including questions about violence perpetrated, and violence experienced. CTS consists of 5 subscales assessing negotiation, psychological aggression, physical assault, sexual coercion, and injury. Items are rated on a six-point scale, with a range from 1 (once in the past year) to 6 (more than 20 times in past year).

Parent-child conflict. The Conflict Tactics Scale (CTS; Straus, 1979) was also used to assess aggressive acts between a parent and child. The same structure and items correspond to this measurement as well, but instead the focus is on behaviors and interactions between a child and each parent. This scale measures physical assault, psychological aggression, non-violent discipline techniques, neglect, and sexual abuse. Items are ranked 0 (never) to 6 (almost everyday).

Word completion task. The Word Completion Task (WCT; Anderson, 1999) evaluated adolescents' aggression and hostility. WTC requires for individuals to complete a word from fragments presented to them. The WTC consists of 98 word fragments, and 50 of the fragments can generate words related to aggression. This scale measured the number of hostile words

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adolescents made from the fragments. Adolescents' responses can suggest neutral thoughts (e.g. "ki-" as kiss) or aggressive thoughts (e.g. "ki-" as kick), ambiguous words, and non-words.

Sexual attitudes. Sexual Attitudes Scale (SAS; Hendrick, Hendrick, & Reich, 2006) measured adolescent's attitudes towards sex. SAS includes four subscales: permissiveness (open, casual sexuality), sexual practices (responsible, tolerant sexuality, e.g. birth control), communion in the relationship (emotional, idealistic sexuality), and instrumentality (view sex as egocentric). This scale contains 23 items rated on a five-point likert scale, ranging from strongly agree to strongly disagree.

Attitudes about dating aggression. Attitudes accepting and justifying relationship aggression were measured using the scale CEBA, which has been modified and corresponds with social learning theory variables (Foshee, Bauman, & Linder, 1999). The social learning theory suggests that one's learns aggression through observation of behaviors and their positive outcomes (Foshee *et al.*, 1999). In order to measure family violence four items were focused on: how often an adolescent seen a parent hit a parent, had been hit by their mother, had been hit by their father, and had been intentionally hit to be hurt by an adult. The likert scale varied depending on the question at hand (e.g. 1 = never, 4 = 10 or more times; 0 = never, 3 = very often).

Relationship quality (mom, dad, partner). Relationship quality with mom, dad, and partner was measured by CPCS (Family Connectedness Scale; Resnick, Bearman, Blum, Bauman, Harris, Jones, Tabor, Beuhring, Sieving, Shew, Ireland, Bearinger, & Udry, 1997). This scale evaluated how comfortable and satisfied one was, and how much love and care they felt from each individual (mom, dad, and partner). Questions were assessed on a 3-point likert scale of 0 to 2.

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Alcohol use. In order to measure alcohol use a mnemonic was used called CRAFFT (Knight, Shrier, Bravender, Farrell, Bilt, & Shaffer, 1999). CRAFFT is an acronym whereby each letter corresponds to the subject of the question asked. It stands for car, relax, alone, forget, friends, and trouble, which are the 6 items of the scale. An example question would be, “Do you ever use alcohol while you were alone?”

Toronto alexithymia scale. The Toronto Alexithymia Scale (TAS-20; Bagby, Parker, & Taylor, 1994) measures alexithymia. TAS-20 was used to assess adolescents’ difficulty understanding and expressing emotions. This scale includes 20 items rated on a 5-point likert scale, whereby 1 is strongly disagree, and 5 is strongly agree. TAS-20 contains three subscales, which are difficulty describing feelings, difficulty identifying feelings, and externally-oriented thinking.

Results

Correlations were used to test the relationships between perpetration and each risk factor. Perpetration was positively correlated with alexithymia $r(514) = .16, p < .01$, alcohol use $r(626) = .20, p < .01$, callous unemotional traits (e.g. lack of empathy) $r(627) = .11, p < .01$, attitudes accepting/justifying dating aggression $r(627) = .25, p < .01$, exposure to interparental conflict $r(617) = .22, p < .01$ and parent-child conflict $r(619) = .16, p < .01$. Relationship quality with one’s partner was negatively correlated with perpetration $r(362) = -.23, p < .01$, as well as relationship quality with one’s father $r(589) = -.09, p < .05$, which suggests that the more satisfied a person was the less likely they were to perpetrate violence.

Correlations were also used to test the relationships between victimization and each risk factor. Victimization was positively correlated with: alexithymia $r(515) = .22, p < .01$, alcohol use $r(627) = .21, p < .01$, callous unemotional traits $r(628) = .11, p < .01$, attitudes

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accepting/justifying dating aggression $r(628) = .20, p < .01$, sexual attitudes $r(337) = .11, p < .01$, experiencing interparental conflict $r(618) = .21, p < .01$ and parent-child conflict $r(620) = .16, p < .01$. Relationship quality was also negatively correlated with victimization. The more satisfied one was with their partner $r(362) = -.26, p < .01$, and with their father $r(589) = -.09, p < .01$, the less likely they were to become a victim of dating violence.

Regression analyses then were conducted in order to test which risk factors best predicted perpetration and victimization. Results for perpetration indicated that alcohol use $\beta = .17, t(172) = 2.32, p < .05$, attitudes accepting/justifying dating aggression $\beta = .15, t(172) = 2.02, p < .05$, and satisfaction with the partner, $\beta = -.23, t(172) = -2.83, p < .05$, were the only significant unique predictors.

As for victimization, alcohol use $\beta = .24, t(169) = 3.26, p < .05$ and satisfaction with partner were the only significant unique predictors, $\beta = -.30, t(169) = -3.26, p < .05$.

Finally, to investigate whether males or females were more likely to perpetrate or be victimized by dating violence, two independent samples t-tests were conducted more. Females ($M = 10.18, SD = .35$) were found to be perpetrators more often than males ($M = 8.47, SD = .44$); $t(627) = -2.93, p < .05$, but males and females did not differ in their reports of victimization.

Discussion

This study sought to determine whether the risk factors for aggression perpetration and victimization in dating relationships are similar or different. TDV is a frequent problem in adolescent romantic relationships, an ongoing issue that can begin at an early age and may continue throughout adulthood. Gaining more insight on the topic will help improve intervention techniques or identify new tactics in order to decrease the rate of dating aggression. A number of risk factors were found to be predictors of perpetration and victimization from the following

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categories: family, cognitions, emotions, and alcohol use. Over half of the predictors tested were related to perpetration or victimization. The majority of the predictors were common to both perpetration and victimization and are as follows: alexithymia, alcohol use, attitudes accepting/justifying dating aggression, callous, interparental conflict, parent-child conflict, and relationship quality with partner, and with father.

Alexithymia is lacking the ability to understand and describe one's emotions, which could be difficult when in an intimate relationship. An important part of a healthy and successful relationship is communication, especially when it comes to resolving conflicts. Therefore, not being able to express oneself could cause both partners to become frustrated, agitated and/or irritated. Alcohol use and dating violence have repeatedly shown to be connected in research studies (reference). Alcohol predicts both perpetration and victimization. Drinking alcohol has been known to impair mental functions, which may cause one to act impulsively. Callous unemotional traits, such as insensitivity and lack of empathy, are connected to both perpetrating and being a victim of aggression. Possessing traits that disregard others makes it hard get along, which is problematic in dating relationships. A partner may act aggressively because they are insensitive, or may become a victim because of their disregard for their partner's wellbeing. A more obvious predictor of dating aggression is holding beliefs that dating aggression is acceptable and can be justified. If one has such beliefs, it is likely that perpetration and victimization will occur. Exposure to interparental conflict and parent-child conflict predicts perpetration and victimization as well. Witnessing parents argue, fight, or any type of aggressive behaviors introduce children to relationship aggression. Just as parent and children conflicts do. Often children reciprocate behaviors learned at home. Also, the more satisfied one was with their partner the less likely one was to be aggressive or experience aggression. The happier one is the

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less reasons one has to be violent towards one another. Interestingly, results found that if one was satisfied with their relationship with their father, one was less likely to become a perpetrator or victim of dating aggression.

Sexual attitudes (e.g. permissive attitudes and male dominance) was the predictor specific to victimization. It is not surprising that individuals having permissive attitudes about sexuality, or even view one sex having dominance over the other may lead to victimization in dating relationships.

Of all the risk factors, there were three that uniquely predicted victimization and/or perpetration. Alcohol use and relationship quality with one's partner were unique predictors of both victimization and perpetration. The risk factor that differentiated the prediction of perpetration from victimization was attitudes accepting and justifying dating aggression. An individual believing that aggressive acts are fair and reasonable and in dating relationship would be more likely to perpetrate such behaviors. These results suggest that alcohol consumption, satisfaction with one's partner, and beliefs accepting dating aggression are remarkably important in the investigation of TDV. In order to best avoid dating aggression it seems that relationship partners should use alcohol moderately, effectively attend to one's partner's needs and desires, as well as, examine beliefs about dating aggression and if needed reconsider or adjust beliefs.

Despite general assumptions that females are usually victimized by perpetrating males, results have indicated otherwise. Consistent with results from prior studies, females were found to report perpetration of dating aggression more often than males. However, there were no gender differences in reports of victimization. It is a possibility that O'Leary (2000) finding provides an explanation for the male-perpetrator misrepresentation. O'Leary (2000) found that

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the consequences of men's violence toward women are more severe, therefore, men's perpetration may be known and broadcasted more.

Limitations

Results from this study have potential limitations. First, self-report was used for all measures, which relies on memory and honesty. It is possible that participants may have underreported certain information. Also, all participants were students at a private institution; therefore, results may not generalize to other populations.

Implications

Further research would benefit from investigating which specific risk factors are unique to female perpetration versus male perpetration. This could help address, and possibly lower the rate at which females are perpetrating dating violence. Prevention and intervention programs for TDV should target alcohol use. Educating adolescents on statistics about the link between alcohol use and dating aggression could possibly lower perpetration and victimization. Also, these programs could implement relationship classes about healthy relationships, and address conflict resolution techniques, and attitudes accepting dating aggression. This as well could possibly minimize TDV.

Conclusion

The purpose of this study was to examine risk factors that predict aggression perpetration, victimization, or both. Each risk factor was a part of the following general categories: family, cognitions, emotions, and alcohol use. It was found that majority of the risk factors were common to both perpetration and victimization, while there were three unique predictors: alcohol use, relationship quality with partner, and attitudes accepting and justifying dating aggression.

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Therefore, it is possible that if prevention and intervention programs target these unique predictors TDV rates could improve.

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