Children's Understanding of Intimate Partner Violence

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Recommended Citation
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CHILDREN’S UNDERSTANDING OF INTIMATE PARTNER VIOLENCE

by

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A Dissertation submitted to the Faculty of the Graduate School,
Marquette University,
in Partial Fulfillment of the Requirements for
the Degree of Doctor of Philosophy

Milwaukee, Wisconsin

August 2011
ABSTRACT

CHILDREN’S UNDERSTANDING OF INTIMATE PARTNER VIOLENCE

Renee L. DeBoard-Lucas, B.A., M.S.

Marquette University, 2011

There is a clear connection between exposure to interparental aggression and children’s own future episodes of violent behavior. What is significantly less understood is why this pattern develops. The current study used quantitative and semi-structured methods to identify factors that shape children’s understanding of intimate partner violence. Understanding violence was defined as including causal knowledge (Why does violence occur?) and beliefs about the acceptability of intimate partner violence. Factors proposed to predict children’s causal attributions included mothers’ perceived causes of interparental aggression and exposure to different forms of violence, including interparental, parent-child, and neighborhood aggression. Perceived causes of intimate partner violence, mothers’ beliefs about the acceptability of this type of violence, and children’s empathy and perspective taking skills were expected to predict children’s beliefs about the acceptability of intimate partner violence. Mothers’ acceptability beliefs also were expected to moderate the relationship between exposure to violence and children’s own acceptability beliefs. Results suggested that mothers’ and children’s causal attributions were not related and that violence exposure did not predict their causal understanding of intimate partner violence. When children perceived aggression to be committed in self-defense, they found it more acceptable. Few direct relationships were found between violence exposure and children’s acceptability beliefs; however, mothers’ beliefs about aggression significantly moderated these relationships. Findings highlight the importance of context in shaping children’s understanding of intimate partner violence.
ACKNOWLEDGMENTS

Renee L. DeBoard-Lucas, B.A., M.S.

I owe much of completing this dissertation to my mentor, John Grych and my committee members, Ed de St. Aubin and Astrida Kaugars. Thank you for challenging me to think hard about the hard questions and to consider the real-life implications of this work. Your advice, support, and guidance during this process contributed so much to my growth as a researcher, writer, and clinician and I am grateful for the opportunities I have had to learn with you. In particular John, you have helped me in countless ways to develop confidence in my own abilities. From the first day of graduate school, you encouraged me to stretch my limits and to come to my own understanding of why or how to do something, whether it is explaining the rationale for a study, writing a manuscript, or learning SEM. I have learned so much from you and have truly appreciated your support and encouragement.

Thank you to all of the women and children who participated in this study and were willing to share their stories. It is my hope that your openness and generosity will help other families who have been affected by intimate partner violence.

I would also like to express my sincere thanks and appreciation to the Schmitt and Raynor Fellowship committees for helping to fund my dissertation and providing me the opportunity to develop my leadership and teaching skills.

Thank you to my family, blood and otherwise, for supporting and believing in me. I cannot thank my husband, Alex enough for being with me through this process from start to finish. You have helped celebrate the successes and move through the hard times. I could not have done this without you.
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Children’s Understanding of Intimate Partner Violence

Interparental aggression is a pervasive problem that affects the lives of millions of children. Approximately 15.5 million American children are exposed to at least one act of interparental violence every year, and seven million children live in households characterized by severe intimate partner violence (McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006), which may include one parent burning or scalding the other, threatening or using a knife or gun on their partner, or forcing their partner to have sex with them. Violence between caregivers falls on a continuum of interparental aggression that includes both verbally and physically aggressive acts (Cummings, Kouros, & Papp, 2007). However, studies of children living in violent homes often rely on women and children receiving services in intimate partner violence shelters (Hughes & Luke, 1998; McDonald, Jouriles, & Skopp, 2006). Families who seek shelter services are characterized by particularly high levels of violence compared to families living in the community (Straus & Gelles, 1995) and often have very low income (McDonald, Jouriles, & Skopp, 2006), making results from studies of shelter populations difficult to generalize to other abusive families.

Children exposed to interparental aggression are vulnerable to a myriad of negative outcomes (For a review see, DeBoard-Lucas & Grych, 2011a). At the verbal end of the marital conflict continuum, conflict is associated with internalizing and externalizing problems in children (Grych, Harold, & Miles, 2003). Moving up the continuum to children exposed to physical acts of aggression, these children often go on to suffer memory and concentration impairments (Margolin, 2005), poor social competence, and internalizing and externalizing problems (Margolin & Gordis, 2004;
The negative effects of violence exposure are not limited to the childhood years, as children exposed to intimate partner violence are more likely to experience and commit violence in their adult romantic relationships than children from non-violent homes (Ehrensaft et al., 2003).

The connection between exposure to interparental aggression and children’s own future episodes of violent behavior is clear (Ehrensaft et al., 2003). Why, though, does this pattern develop? What types of experiences and relationships affect whether children use violence? Children’s understanding of events has the potential to influence their behavior (Crick & Dodge, 1994; Fivush, 2002); for example, several studies show that attitudes about violence mediate the relationship between parent-child aggression and children’s own aggressive behavior (Brockenbrough, Cornell, & Loper, 2002; Dodge, Pettit, Bates, & Valente, 1995; Calvete, 2007; Herrenkohl, Huang, Tajima, & Whitney, 2003). Similarly, children exposed to aggression between caregivers may develop positive attitudes about resolving conflict with aggression and a greater willingness to use violence (Ehrensaft et al., 2003; Jaffe, Hurley, Wolfe, 1990; Kitzmann, Gaylord, Holt, & Kenny, 2003). How are attitudes and other aspects of a child’s understanding of intimate partner violence shaped by other factors?

Strong evidence for a relationship between beliefs about aggression and violent behavior suggests that it is important to know what factors shape attitudes and other aspects of children’s understanding of violence. Understanding violence encompasses not only causal knowledge (Why does violence occur?), but also attitudes regarding acceptability of violence. Given the connection between an understanding of social situations and behavioral responses in those situations (Crick & Dodge, 1994), knowing
why children believe intimate partner violence occurs is an important step towards better understanding how to intervene with children who may be at risk for aggressive behavior and involvement in violent relationships (Ehrensaft et al., 2003).

The goal of the present study was to identify factors that may shape 9- to 14-year-old children’s understanding of intimate partner violence. Understanding of intimate partner violence was conceptualized as including children’s reports of why it occurs and beliefs about the degree to which it is considered acceptable. Focusing on a 9- to 14-year-old sample has advantages because children over the age of 8 have a better understanding that other people’s behaviors have intentions and can be based on plans (Corrigan, 1995; Wellman, 1990). By this age, children have also developed the cognitive ability to consider other people’s perspectives and intentions (Fraser, 1996).

Children’s cognitive development has relevance not only to the way they perceive and understand interpersonal interactions, but also to how they respond. According to Fraser (1996), the degree to which children behave aggressively in peer relationships decreases and stabilizes by age nine. If high levels of aggressiveness are evident beyond that point, children are at higher risk for delinquency and other behavior problems. Age nine appears to be a good prevention and/or intervention point for children at risk for behavioral concerns, making it especially important to understand why they believe intimate partner violence occurs. Because early adolescence is marked by a variety of social and psychological changes (Eccles, 1999; Kowaleski-Jones & Duncan, 1999), the influence of other factors, such as dating relationships, should be taken into account when considering children’s perceptions of relationship aggression. Social learning theory (Bandura, 1986; O’Leary, 1993; Riggs & O’Leary, 1989) and ecological systems theory
(Bronfenbrenner, 1977, 1986) suggest that parents and previous experiences with other forms of violence may affect the development of children’s understanding of intimate partner violence.

**Causal Understanding of Intimate Partner Violence**

Children’s understanding of causality is central to any domain concerned with understanding events (Corrigan & Denton, 1996). According to social information processing theory, children draw on social cues from their environment and then give meaning to those cues based on their understanding of other’s intentions and causal attributions (Crick & Dodge, 1994). Given that causal attributions help a child make meaning of social cues (Crick & Dodge, 1994), learning the reasons children believe intimate partner violence occurs is critical to understanding how they process and respond to aggression between caregivers. For example, children may attempt to intervene in or stop violence in their home based on their understanding of why it is happening. Children who feel they have caused interparental conflict may have a stronger motivation to intervene or to attempt to protect a parent, which can place them in physical danger. In this sense, if children feel they are the cause of aggression between their parents, they may feel responsible for ending it or mediating the conflict in some way. If children blame themselves for aggression between their parents, they may also feel responsible for preventing future violent episodes. Alternatively, if children feel that aggression was caused by one of the parents doing something wrong, they may be less likely to attempt to end an argument by intervening.

Despite the potential for children’s causal understanding of intimate partner violence to contribute to aggressive behavior in the short- and long-term, only one study
has examined the causal attributions children make for its occurrence and none have sought to identify the specific reasons that children give for violent behavior (Lehmann, 1997). The sample in this study was comprised of children and mothers receiving services at intimate partner violence shelters and child protective agencies. Children ranging in age from 9- to 15-years participated in a structured interview, the Children’s Impact of Traumatic Events – Family Violence Form (CITES-FVF) that assesses Posttraumatic Stress Disorder (PTSD) symptoms and attributions for family violence (Lehmann, 1997). Children indicated the extent to which they blamed themselves for intimate partner violence and also the degree to which they thought these events happened because of external factors, such as lack of safety. Attributions for intimate partner violence pertained to: ‘the world as a dangerous place’, ‘personal vulnerability’, and ‘self-blame/guilt’. All questions on the CITES-FVF were adapted from the CITES-R, which was designed for use with victims of sexual abuse, to be specific to family violence. When children reported stronger agreement that family violence occurred due to the world being a dangerous place, personal vulnerability, and personal self-blame/guilt, they had significantly more PTSD symptoms (Lehmann, 1997).

Although this study suggests that attributions about intimate partner violence (Lehmann, 1997) can have bearing on children’s adjustment, the attributions measured general categories rather than specific reasons and thus provide little insight into more precise causes children may attribute to the events. Knowing, for example, that children believe intimate partner violence occurred because the world is dangerous or because of personal responsibility provides insight into aspects of causal understanding, but these constructs do not delineate specific reasons children attribute to the causation of an event.
It does not clarify, for example, what specifically was dangerous about the world or what exactly the child believes s/he did to cause violence. The specific causal explanations children generate for intimate partner violence have the potential to inform their expectations about its occurrence or recurrence in their home, their perceptions of the origins of violence (internal versus external causes) and whether it is controllable, and also their emotional reactions to violence if it occurs (Thompson, 1989).

**Beliefs and Attitudes about Intimate Partner Violence**

Beliefs or perceptions of whether or not a behavior is normative, acceptable, or morally sanctioned influence behavior because they define and restrict the range of acceptable and forbidden response options (Huesmann & Guerra, 1997). Approval of aggression is significantly associated with heightened aggressiveness in children and adolescents (Brockenbrough et al., 2002; Calvete, 2007; Huesmann & Guerra, 1997; Vernberg, Jacobs, & Hershberger, 1999). Believing that violence is acceptable may not only influence whether a child behaves aggressively, but also may affect the impact that someone else’s aggression has on the child. If children believe that violence is an acceptable means of resolving conflict, they are more likely to think of aggressive behaviors when generating solutions for conflict management and to feel efficacious in using them (Crick & Dodge, 1994). When children observe others behaving aggressively, they may not be as distressed or may be less likely to intervene if they are accepting of violence relative to children who do not approve of aggression. Perhaps violent acts are not perceived as traumatic if children feel it is acceptable to behave aggressively.

Although research has shown an association between beliefs about the
acceptability of aggression and children’s own aggression, few studies have examined children’s specific beliefs about intimate partner violence (Astor, 1994; Graham-Bermann & Brescoll, 2000). Graham-Bermann and Brescoll (2000) assessed the relationship between intimate partner violence experienced by mothers and children’s stereotyped beliefs about family roles and violence in a sample of 6- to 12-year-old children. Mothers and children were recruited from the community via fliers, newspaper advertisements, schools, stores, and social service agencies. Few participants (less than 5%) were living in an intimate partner violence shelter when they participated in the study. Mothers reported on the extent to which they had been physically and psychologically victimized by a partner in the previous year. Scores on the CTS indicated that women in the sample had experienced an average of 15 physically abusive and 70 psychologically abusive events in the previous year. Children indicated the degree to which they agreed with four family stereotypes: ‘domination,’ (e.g., ‘The man is the king of the castle, he is in charge of the whole family’), ‘violence as the parent’s prerogative’ (e.g., ‘Husbands can hit wives’), ‘traditional family form,’ (e.g., ‘It is wrong when there is no man in the family’), and ‘right to privacy and autonomy from outside institutions’ (e.g., ‘The police cannot tell fathers what to do when they are inside their own house’). When age and family income were taken into account, intimate partner violence significantly predicted agreement with stereotyped family beliefs for minority but not nonminority children. Specifically, degree of intimate partner violence experienced by the mother predicted stronger endorsement by children that violence is a parent’s prerogative (Graham-Bermann & Brescoll, 2000).

This study demonstrates a link between intimate partner violence experienced by
mothers and children’s beliefs that it is acceptable and even a right for parents to physically strike each other and their children (Graham-Bermann & Brescoll, 2000). However, limitations of this study speak to the need for further research in this area. Although this study provided initial support for a link between intimate partner violence in the home and children’s beliefs, it focused more on general family stereotypes than beliefs specific to intimate partner violence. Only one of the four belief subscales pertained to violence at all and of those items, only two were specific to interparental violence (‘Husbands can hit wives’ and ‘Wives can hit husbands’). The remaining items focused on parent to child aggression.

Beliefs about intimate partner violence also include moral judgments, which pertain to an individual’s understanding of the ideal way for people to interact with one another (Smetana, 1999). Although morality is defined in a variety of ways, theories generally agree that it encompasses a system of rules that guides behavior in social settings and is based on protecting the welfare of others, ensuring justice, and safeguarding rights (Smetana, 1999; Turiel, 2006). Only one study to date has examined children’s moral reasoning as it applies to intimate partner violence (Astor, 1994). Moral reasoning is considered distinct from moral judgments, as reasoning involves the process of reaching a particular judgment (Astor, 1994). Astor compared moral reasoning about provoked and unprovoked interparental violence in a sample of violent and nonviolent 8-to 12-year-old children attending school in the inner city. Teachers and other school personnel rated the frequency with which children engaged in acts of physical harm against others. Children with the highest frequency of aggressive behaviors were classified as violent. Participants were asked to evaluate a series of vignettes that
pertained to unprovoked acts of physical aggression and others that included acts of psychological aggression followed by physical retribution. Children were then interviewed and were asked to provide evaluations that consisted of judging the physical aggression as ‘all right’ or ‘not all right’ as well as providing a reason for their determination. Results of this study indicated that violent children were significantly more likely than nonviolent children to approve of interparental violence when the perpetrator was provoked. When asked to provide justification for their judgments, violent children focused on the psychological harm the aggressor felt in connection to being provoked (i.e. through name calling, lying, stealing). In contrast, nonviolent children focused on the physical harm associated with the act of hitting. Whereas violent children focused on provocation as immoral, nonviolent children viewed both provocation and retaliation as wrong.

The attention aggressive children gave to provocation (Astor, 1994) suggests that making a moral judgment involves taking issues such as consequences and intentions into account (Fontaine, Salvano-Pardieu, Crouzet, Pulford, 2002). Children who feel that intimate partner violence leads to negative consequences may be more likely to develop attitudes that violence is unacceptable relative to children who associate it with neutral or even positive outcomes. Additional research also is needed to understand how children come to view intimate partner violence as morally acceptable in the context of ‘provocation.’ Knowing how children develop the idea that intimate partner violence is morally acceptable may inform intervention or prevention techniques designed to help children at risk for aggressive behavior.
A link between beliefs about aggression in specific situations and children’s own use of aggression was noted in a study by Zelli and colleagues (1999). Results of this study suggested that the way children process social situations mediates the longitudinal relationship between beliefs about aggression in specific situations (including being provoked) and behavior (Zelli et al., 1999). A similar model examining social information processing as a mediator of the relationship between beliefs about general views of aggression and behavior was not significant. Findings from Zelli and colleagues’ (1999) study highlight the importance of distinguishing children’s beliefs about global aggression from beliefs about aggression in specific situations and suggests that results from studies of beliefs regarding peer aggression or general aggressiveness cannot necessarily be generalized to intimate partner violence.

Although Zelli and colleagues (1999) highlight the importance of examining beliefs about aggression in specific situations, other researchers point to a connection between more global beliefs about violence and use of aggressive behavior. For example, schema theory (for a review, see Fivush, 2002) specifies that schemas organize the way events are perceived and processed, which implies that schemas for ‘aggression’ as an event, may actually generalize from one type of aggression to other types of aggressive behavior. The link between pro-aggressive attitudes and aggressive behavior suggests that children who view intimate partner violence as normative and justified may behave more aggressively overall or may do so in future romantic relationships; however future research is necessary to clarify this question and to examine whether beliefs operate in the same manner for distinct types of violence.

Endorsement of aggression has been linked to aggressive behavior for both boys
and girls (Vernberg et al., 1999); however, research has revealed gender differences in favorable attitudes towards aggression (Huesmann & Guerra, 1997; Slaby & Guerra, 1988). In a large sample of 9-12-year-olds, Crick and colleagues (1996) found that both boys and girls regarded physical aggression as the normative way for boys to express anger and they agreed that it is more normative for boys than girls to be physically aggressive. Children’s views of the normative nature of boys’ use of physical aggression suggests that children may regard intimate partner violence committed by fathers as more acceptable than aggression used by mothers.

**Factors Proposed to Affect Children’s Understanding of Intimate Partner Violence**

Children’s understanding of intimate partner violence has implications for their short- and long-term susceptibility to engaging in aggressive behaviors (Ehrensaft et al., 2003). The processes through which children form causal knowledge and beliefs about interparental violence are unclear. Previous research suggests that factors that may shape children’s understanding of intimate partner violence include parent influences, such as engaging in interparental aggression (Quigley, Jaycox, McCaffrey, & Marshall, 2006) and how they talk to their children about aggression (Sales, Fivush, & Peterson, 2003), experiences with other forms of violence, such as parent-child aggression (Bandura, 1986; Bronfenbrenner, 1977, 1986; O’Leary, 1993; Riggs & O’Leary, 1989) and community violence (O’Donnell, Schwab-Stone, & Muyeed, 2002), and children’s empathy and perspective taking abilities (Luthar, Cicchetti, & Becker, 2000). Children’s ability to empathize with others’ feelings and see situations from their perspective may contribute to their perception that intimate partner violence is unacceptable.
**Parental Influences**

Parents and caregivers have significant potential to shape their children’s understanding of and beliefs pertaining to intimate partner violence through the way they talk about violence and also through their actions. Social learning theory highlights the importance of considering parents’ and caregivers’ influences on children’s understanding of intimate partner violence. This theory suggests that children learn behavior by observing others’ actions and understanding when is it appropriate to use certain behaviors (Bandura, 1986; O’Leary, 1993; Riggs & O’Leary, 1989). Parent involvement in aggressive behaviors may communicate the message that violence is justified, which may subsequently increase children’s likelihood of using violent tactics (Quigley et al., 2006).

Kirwil (1989) conducted one of the few examinations of parental justification of aggression as an influence on their 8-9-year-old children’s own aggression. The parent with the highest involvement with the child’s education (mother or father) was selected to participate. Parents in this study then provided ratings of the degree to which hypothetical aggressive behaviors, ranging from hitting to killing another person, were justified under each of the following circumstances: self-defense, defense of another person, emotional excitement, punishment, defense of personal property, and problem solving. Results of this study indicated that children were more aggressive when mothers justified violence in the context of emotional excitement and when fathers justified violence committed in self-defense. Kirwil suggested that children tend to approve of and use aggression when their parents have similar views. In regards to the differences in mothers’ and fathers’ justification of violence, Kirwil proposed that fathers tend to be
more involved in parenting when their children are more aggressive. Although results suggest that parental justifications of violence may influence child aggression through the development of children’s own violence justifications, this was not explicitly examined. Grych and Cardoza-Fernandes (2001) suggested that children who form perceptions that their parents’ aggression is morally acceptable or is effective in achieving goals may be more likely to remember those behaviors and to perhaps utilize them in their own conflicts. If children believe that their parents view aggression, particularly their own, as acceptable, they also may come to justify its use.

Parents may also shape children’s understanding of why intimate partner violence occurs in the way they talk to them about violent events. According to Vygotsky (1978), parents scaffold understanding of events for children by prompting and cueing them in conversation. The aspects of events that parents emphasize teach children which components are important and thus, help facilitate their interpretation of events and formation of memories. In this sense, how parents discuss violence with children may shape how they understand these events. Parent and child reports of negative events have been found to be related in terms of parents’ and children’s tendencies to elaborate on details pertaining to an injury the child received (Peterson, Sales, Rees, & Fivush, 2007; Sales et al., 2003) and also to focus on similar content (Sales et al., 2003). In discussions with their children, parents elaborated more on details pertaining to the cause of negative rather than positive events (Peterson et al., 2007). Similarly, Tessler and Nelson (1994) found that a few weeks after an initial parent-child discussion, children independently provided representations of benign events that were similar to those provided by their mothers. Application of these ideas to intimate partner violence suggests that if parents
talk with their children about interparental aggression, they may be influential in shaping children’s perspectives on what factors caused the aggression. Parental explanations of the causes of intimate partner violence may influence children to adopt similar perspectives and to form related event perceptions (Vgotsky, 1978). Children’s independent perceptions of the causes of aggression may then, be influenced by their discussions with a parent about ‘why’ the aggression occurred.

Several of the studies regarding parent-child discussions of the causes of events were completed with preschool-aged children (Peterson et al., 2007; Sales et al., 2003; Tessler & Nelson, 1994) and pertained to neutral events (Tessler & Nelson, 1994) or negative events of a non-interpersonal nature (Peterson et al., 2007; Sales et al., 2003). Studies pertaining to intimate partner violence are needed to assess how parents’ discussions of this type of interpersonal event may influence children’s own accounts. How parents explain the occurrence of intimate partner violence will likely shape the development of children’s causal understanding by providing them with a framework for interpreting and remembering what they have observed.

Generating causal explanations for the occurrence of violence is likely to be an especially difficult task for children when the violence has occurred between their parents because they must make sense of a variety of factors, including which parent is the victim, their relationship to the victim and the perpetrator, and whether violence is considered to be an act of self-defense (Fosco, DeBoard, & Grych, 2007). Cater (2005) interviewed 10 Swedish children living in an intimate partner violence shelter about why they believed their fathers had been violent towards their mothers. Some children indicated that their fathers acted violently because they were bad people while others
focused on their fathers’ positive qualities or indicated that although their fathers did something wrong, they were generally good people. This suggests that not all children who observe violent acts between caregivers develop supportive attitudes about intimate partner violence. Discussions with parents who regard intimate partner violence as unacceptable may help children resolve the conflicting messages they receive when witnessing violence at home and to evaluate issues of intention and blame. Without these discussions, children may develop the belief that violence is acceptable, particularly if they have a secure relationship with one or both caregivers who have committed violent acts. If a child identifies closely with a parent, they may be more influenced by that parent’s behaviors and opinions. When a parent they look up to and respect uses violence, they may send the message to their child that aggression is acceptable.

Evidence of parental influence on children’s beliefs and judgments about aggression can be found in a study in which mothers explained the causes of ambiguous social events to their children (Root & Jenkins, 2005). When mothers downplayed prosocial explanations in favor of a focus on the hostile intent of the characters’ actions, children were more prone to expressions of anger than of other negative emotions in social interactions one year later (Root & Jenkins, 2005). Although these findings were only marginally significant, they suggest that parents’ beliefs about events are important to children’s perceptions. The link Kirwil (1989) demonstrated between parental justification of violence and children’s aggressive behavior may also lend support to this idea; however, because children’s beliefs were not examined in this study, it can only be inferred that parents influenced their children’s behavior by shaping their beliefs.

Parents’ direct discussion of violence that has occurred in the home is likely to have
an especially powerful impact on children’s beliefs about intimate partner violence. For example, Grych and Fincham (1993) found that children were less likely to be worried about being drawn into interparental conflict and to feel less responsibility for intervening in it when parents directly explained that the child was not to blame for causing the conflict. If parents engage in behavior considered to be verbally and/or physically aggressive, they are conveying a message that this behavior is acceptable. Children are then likely to be more susceptible to developing beliefs that it is justified. However, children are not passive receivers of information. They ‘recreate’ or ‘reconstruct’ beliefs from messages they receive (Edwards, 1993). Parental discussions of aggression a child has witnessed are likely to be important to that reconstructive process in that explanations convey ideas about what is acceptable behavior. Parents may offer an interpretation of the violence that differs from that formed by the child. Children may then incorporate their parents’ explanations into their own schemas and develop ideas about different situations in which violence is acceptable.

In summary, parents may influence children’s causal attributions for and beliefs about intimate partner violence. Parents have the opportunity to scaffold children’s understanding of what causes violence between parents. Similarly, if parents discuss violence as morally acceptable, children will likely adopt similar views. Children whose parents do not discuss violence with them may be left to generate their own causal explanations and opinions and may come to regard violence as justified if they observed a caregiver getting goals met based on the use of violent behavior (Bandura, 1986). In contrast, parents who talk about violence in a disapproving manner may discourage children from regarding it as acceptable.
Experiences with Other Forms of Aggression

Social learning theory (Bandura, 1986; O’Leary, 1993; Riggs & O’Leary, 1989) suggests that children’s experiences with other types of violence will also affect their causal understanding and beliefs about intimate partner violence. Research has shown that beliefs about aggression affect the relationship between parents’ physical conflict and children’s own aggression (Graham-Bermann & Brescoll, 2000; Marcus, Lindahl, & Malik, 2001) but has not investigated how these experiences shape children’s understanding of violence. Drawing on the literature pertaining to parent-child aggression may provide some preliminary insight.

Child and adolescent victims of maltreatment are able to identify causal attributions for the abuse (Feiring, Taska, & Chen, 2002; McGee, Wolfe, & Olson, 2001). Some causes pertained to victims’ own traits or behavior and others involved the perpetrator. Although the children included in these studies were victims of sexual abuse or other types of maltreatment, the results highlight the importance of examining children’s perceptions of the causes for aggression. Perhaps children will generalize causal attributions about their own experiences with maltreatment to those they make about intimate partner violence. Whereas children who emphasize perpetrator-related causes for aggression they directly experienced may be primed to view the perpetrator as causing interparental aggression, those who blame themselves for parent-child aggression may also feel they caused aggression between caregivers, particularly if the parents were arguing about a child-related topic (Grych & Fincham, 1993). However, a tendency to engage in self-blame for parent-child aggression may lead children to blame a victim of intimate partner violence if they perceive the victim as having done something wrong.
Examining children’s experiences with both parent-child aggression and interparental aggression provides an opportunity to gain insight into how children develop causal knowledge of intimate partner violence.

Parent-child aggression also may have bearing on children’s perceptions that intimate partner violence is acceptable or justified. Although attitudes about the acceptability of violence have been shown to mediate the link between maltreatment and aggression in children (Dodge et al., 1995) and adolescents (Brockenbrough et al., 2002; Calvete, 2007; Herrenkohl et al., 2003), research has focused most heavily on adolescents (Brockenbrough et al., 2002; Calvete, 2007; Herrenkohl et al., 2003). Because pre-adolescents also are capable of considering other people’s intentions and perspectives (Fraser, 1996), they too are susceptible to forming beliefs that violence is acceptable or justified if they have experienced parent-child aggression. In the same way that parents communicate norms about violence through the way they talk to children about it (Vygotsky, 1978), parents who are physically and verbally aggressive against their children may convey messages that such behavior is acceptable.

In contrast, because children whose parents have been physically or verbally aggressive towards them have been personally hurt by aggression, it is also possible that they will develop beliefs that aggression is wrong. If these beliefs are generalized to intimate partner violence, children may also view aggression between caregivers as unacceptable. This may be especially likely if children have empathy for the person identified as the victim. Personal experiences with psychological and physical aggression may encourage children to take the perspective of another person who is being victimized. Children may have more empathy for a victim of intimate partner violence if
they themselves have experienced aggression, which may encourage them to believe that intimate partner violence is not justified. However, the tendency for child maltreatment victims to blame themselves for the abuse (Feiring et al., 2002; McGee et al., 2001) suggests that children who have experienced some form of aggression may place blame on victims of intimate partner violence. More research is needed to clarify the role of parent-child aggression in connection to beliefs about intimate partner violence.

Although research supports children’s personal experiences with aggression as having a role in the development of their causal attributions and beliefs about intimate partner violence, some studies show that it has no bearing on moral judgments of violence (Fontaine et al., 2002; Smetana et al., 1999; Smetana, Kelly, & Twentyman, 1984). Although maltreated and nonmaltreated children did not differ in their moral judgments of aggression (Fontaine et al., 2002; Smetana et al., 1984), methodology may have affected the findings. Children were specifically told that the perpetrator in the vignettes ‘had a good reason’ to engage in aggression (Fontaine et al., 2002) or were not provided context to aid in their decision making (Smetana et al., 1984). However, the children in these studies may not have agreed with the researchers’ assertion that the aggression was valid. If they had been able to personally evaluate the situations, they may have decided that the aggression was invalid and therefore unacceptable. This suggests that children may have made different moral judgments if they had been presented with a scenario to evaluate for motives and intentions (Smetana et al., 1984). These methodological issues leave room for further exploration of children’s experiences with aggression to shape their moral judgments of intimate partner violence.

Given that experiences with multiple risk factors have a cumulative effect on
children’s adjustment (Gerard & Buehler, 2004a, b; Sameroff, Gutman, & Peck, 2003), exposure to community violence in addition to interparental aggression and parent-child aggression may also impact children’s understanding of intimate partner violence. Children who are exposed to community violence report more depression and anxiety, and are also more likely to engage in violent or aggressive behaviors than non-exposed children (O’Donnell et al., 2002). Gorman-Smith and colleagues (2004) found that exposure to community violence during midadolescence was positively related to violence perpetration in late adolescence. The mediating relationship that attitudes about violence have been shown to have between child maltreatment and aggressive behavior (Brockenbrough et al., 2002; Dodge et al., 1995; Calvete, 2007; Herrenkohl et al., 2003) suggests that exposure to community violence may play a similar role in shaping children’s beliefs about intimate partner violence and linking it to later violence perpetration. Kuther and Wallace (2003) suggest that community violence exposure corresponds with experiences with discrimination and inequality (Kuther & Wallace, 2003) that may influence children’s perceptions of the moral acceptability of intimate partner violence. For example, youth living in violent neighborhoods may experience conflict when attempting to decide what is ‘right’ and ‘wrong.’ Experiences such as police being unresponsive to requests for help or seeing criminals returned to already violent communities may send the message to children that justice and equality do not apply to them. Children who experience this type of inequality may come to view intimate partner violence as acceptable if, for example, they see it go unpunished in their families or communities. If aggression between parents is a common occurrence, children may come to view it as normative.
Exposure to community violence may similarly affect the causes children generate for intimate partner violence. Fick and Thomas (1995) found that when children (10 to 13-years-old) were exposed to higher levels of community and interparental violence, they were less likely to feel that they were able to make choices that influence their health. Children exposed to more community violence also felt that others, including doctors, teachers, and parents did not have the ability to affect children’s physical health. Perhaps children who are exposed to community violence come to view the violence in their neighborhoods as uncontrollable. In attempts to increase their sense of control over whether violence will happen to them, children may view community violence as caused by external situations or the victims themselves. Children may then develop similar ideas about what causes intimate partner violence. Specifically, they may be more likely to attribute intimate partner violence to situations or the behavior of the person viewed as the victim rather than to perpetrator character traits. These perceptions of aggression as due to situations or the victim may make violence seem more predictable in children’s communities as well as in their homes. If children identify certain things that a victim did to cause violence, they can decide not to engage in those behaviors and seemingly, remove themselves from harm’s way. Because violence in the community provides another context for understanding why aggression happens, children’s causal attributions for this type of violence may generalize to their perceptions of why parents use violence against each other.

**Empathy and Perspective Taking**

Although this review has thus far focused on factors proposed to shape beliefs that are accepting of intimate partner violence, not all children will view violence as
acceptable. Personal attributes (Luthar et al., 2000) such as empathy and perspective taking may shape children’s beliefs about the acceptability of interparental violence. Research has shown that aggressive children tend to process conflict by quickly attributing hostile attributions to others’ actions, generating more aggressive than prosocial solutions, and evaluating aggression in a positive light (Crick & Dodge, 1994). Children who are able to consider multiple perspectives may produce several reasons for the occurrence of intimate partner violence. They may view causes from the perspective of each person involved in the violence as well as from their own, which may facilitate comparison and evaluation of the causes. Children may then develop attitudes that violence is not acceptable if they are able to empathize with the victim and to reject causes that justify the perpetrator’s actions. Having empathy for a parent victimized by interparental aggression may be especially likely if children have a close relationship with the victim. Being able to understand how that parent may feel when harmed by a partner may lead children to view intimate partner violence as wrong and to be less likely to use aggression themselves.

Methodological Issues

It has been established through previous research that exposure to intimate partner violence (Ehrensaft et al., 2003) is linked to children’s own use of aggression. Little is known, however, about the experiences and factors that contribute to children’s aggressiveness. Children’s understanding of why interparental aggression happens and whether it is acceptable are likely connected to children’s use of aggression, yet very little research has focused on these topics. Although children’s approval of violence is associated with heightened use of aggression, few studies have focused on children’s
believes about the acceptability of intimate partner violence (Astor, 1994; Graham-Bermann & Brescoll, 2000) and only one study has examined their perceptions of what causes this type of violence (Lehmann, 1997). Knowing more about the factors that shape why children think violence between parents happens and whether it is acceptable has the potential to inform intervention and prevention work and thus, disrupt the cycle of violence that is present for too many children. In addition to addressing the paucity of research on children’s understanding of interparental violence, considering the methodological limitations of existing work will show where improvements can be made in our understanding of children’s perceptions of violence.

Thus far, assessment of children’s attitudes towards violence has relied on survey methods in which children must respond to items presented to them (Brockenbrough et al., 2002; Vernberg et al., 1999). A shortcoming of utilizing only self-report surveys is that researchers may make assumptions about the factors children consider most salient in violent situations. Few studies have asked children to provide their own explanations for why violence occurs (Sparks, 1994). Using open-ended questions to directly ask children why they believe violence has been committed or why they believe it is or is not justified would likely provide better insight into the connection between violence exposure and children’s own aggressive acts because it allows them to provide their ideas without limiting the topics to those offered by researchers (Schwarz, 1999).

Additional research that supplements quantitative methods with qualitative interviews is needed to enhance knowledge of why intimate partner violence is believed to occur and how violence beliefs are shaped. However, interviews conducted with children in intimate partner violence shelters would likely yield different beliefs about
and perceptions of the causes of intimate partner violence compared to those conducted with children living in the community. Given the discrepant rates of physical aggression experienced by women in the two settings, generalizability of findings from studies including women and children living in intimate partner violence shelters to families living in the community is questionable. For example, Grych and colleagues (2000) found that women seeking shelter services experienced high levels of violence, with 75% of women reporting that they were ‘kicked, bit, or hit with a fist’ by their partner in the past year and 19% of these women indicated that this had happened ‘more than 20 times.’ In contrast, studies including community samples of couples with children typically find low rates of violence, with only 21% of couples reporting one or more acts of physical aggression (McDonald, Jouriles, Ramisetty-Mikler, et al., 2006). Levels of violence experienced by couples in the community are also less severe, with approximately 14% being classified as ‘moderately’ aggressive and another 14% as ‘severely’ aggressive (Cummings et al., 2007).

Recruiting mothers and children from schools provides a more representative view both of women’s and children’s experiences with interparental aggression and children’s understanding of violence than can be obtained in a shelter sample. Furthermore, because women and children living in intimate partner violence shelters have recently left their homes, they are often in a transitional period and are under high levels of stress during their time of participation in research studies. Using a community sample of women and children allows them to participate when their environment is less chaotic. Incorporating qualitative methods in a community sample allows children to lend their voice to what little is known about their understanding of intimate partner
violence without limiting them to the topics typically offered by researchers.

The following hypotheses were examined:

Factors expected to shape children’s perceived causes of intimate partner violence

1.) Mothers and children are expected to report similar causes for violence, as reported by each in their respective reports on the vignettes. It is expected that if mothers indicate a specific factor(s) as a cause of intimate partner violence, that children will identify the same cause(s) (see Figure 1)

2.) Interparental aggression, parent-child aggression, and community violence also are expected to predict children’s perceived causes for intimate partner violence, as described in the interviews and the vignettes. It is expected that the aggression variables will predict children’s endorsement of certain causal explanations for interparental aggression. Without knowing what categories will be produced from the vignettes or semi-structured interviews, specific hypotheses could not be made a priori (see Figure 1)

a. However, if children report causes similar to those found in pilot data (DeBoard-Lucas & Grych, 2011b), it may be expected that exposure to interparental and parent-child aggression will predict children reporting the victim provoking the perpetrator, anger, and characteristics of the perpetrator as causes for interparental aggression. Previous research has found that children exposed to intimate partner violence (Cater, 2005; DeBoard-Lucas & Grych, 2011b) and those who have experienced
maltreatment (Feiring et al., 2002; McGee et al., 2001) have generated similar internal and external causes for this type of violence.

b. Community violence is expected to predict children’s endorsement of provocation as a cause of interparental violence, based on the link between exposure to community violence and youths’ loci of control (Fick & Thomas, 1995).
Figure 1: Factors Proposed to Predict Children's Perceived Causes of Intimate Partner Violence

- Community Violence
- Parent-Child Aggression
- Interparental Aggression
- Intimate Partner Violence
- Mothers' Perceived Causes of Intimate Partner Violence
Factors proposed to shape children’s beliefs about the acceptability of intimate partner violence

3.) Mothers’ and children’s perceived causes of intimate partner violence were expected to predict children’s beliefs about the acceptability of interparental violence. Based on the pilot data described above (DeBoard-Lucas & Grych, 2011b), it was expected that when mothers or children described externally based explanations for violence (i.e. victim provoked the perpetrator), children would view violence as more acceptable because the aggression is seen as deserved. In contrast, internally based causes (i.e. perpetrator character traits) were expected to predict stronger agreement with the belief that intimate partner violence is unacceptable, based on the perception that internally based causes are more stable and may be tied to detrimental outcomes such as violence (see Figure 2)

4.) Based on social learning theory (Bandura, 1986; O’Leary, 1993; Riggs & O’Leary, 1989), it was hypothesized that higher levels of interparental-aggression, parent-child aggression, and community violence would predict a stronger belief that intimate partner violence is acceptable (i.e. higher score on ratings of acceptability) (see Figure 3)
Figure 2: Factors Proposed to Predict Children's Beliefs About the Acceptability of Intimate Partner Violence

Violence
Acceptability of Intimate Partner
Children's Beliefs About
Figure 3: Mothers’ Beliefs about the Acceptability of Intimate Partner Violence: Exposure and Child’s Beliefs about the Acceptability of Intimate Partner Violence Proposed to Moderate the Relationship between Violence
5.) The association between violence exposure and children’s beliefs about interparental violence was expected to be moderated by mothers’ beliefs about the acceptability of intimate partner violence. When mothers were more accepting of violence, it was hypothesized that there would be a stronger relationship between each of the forms of aggression and children’s beliefs about the acceptability of intimate partner violence. In this way, mothers may exacerbate this association if they endorse acceptance of interparental aggression. Alternatively, if mothers communicate their disapproval of violence, they may have the potential to protect against a positive association between violence exposure and children’s beliefs about its acceptability (see Figure 3).

6.) Higher levels of perspective taking and empathy were expected to predict stronger endorsement of the belief that domestic violence is not acceptable. Main effects were predicted because empathy and perspective taking were expected to be relevant to acceptability beliefs for all children, regardless of other experiences (see Figure 2).
Method

Participants. One hundred thirty-seven mothers and children were recruited for participation from six local Catholic schools (see Table 1 for demographic information). Of the parents who responded to letters describing the study, 66% participated. These schools serve students from a range of socioeconomic and ethnic backgrounds and accept school vouchers. Children ranged in age from 9 to 14, with the majority of children between the ages of 9 and 11 (age 9, n = 15; age 10, n = 37; age 11, n = 32; age 12, n = 26; age 13, n = 18; age 14, n = 8). Children in this age range were recruited because they have developed the cognitive ability to consider other people’s perspectives and intentions and also to reflect on their own thoughts, feelings, and behaviors (Fraser, 1996). Experiencing physical aggression in the home was not an inclusion criterion for mothers or children.
Table 1: Demographic Information for Study Participants

<table>
<thead>
<tr>
<th></th>
<th>Mothers</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ethnic Background</strong></td>
<td>M (SD) or %</td>
<td>M (SD) or %</td>
</tr>
<tr>
<td>Latina/o</td>
<td>45.3%</td>
<td>47.4%</td>
</tr>
<tr>
<td>African American</td>
<td>21.2%</td>
<td>21.9%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>29.9%</td>
<td>19.7%</td>
</tr>
<tr>
<td>Biracial</td>
<td>3.6%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Asian</td>
<td>0.0%</td>
<td>0.8%</td>
</tr>
<tr>
<td><strong>Age in Years</strong></td>
<td>39.13(7.82)</td>
<td>11.14(1.40)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td>girls – 63.5% boys – 36.5%</td>
</tr>
<tr>
<td><strong>Recruitment Site</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. Sebastian</td>
<td>29.2%</td>
<td></td>
</tr>
<tr>
<td>St. Anthony</td>
<td>21.9%</td>
<td></td>
</tr>
<tr>
<td>Messmer Prep</td>
<td>16.8%</td>
<td></td>
</tr>
<tr>
<td>St. Rafael</td>
<td>16.1%</td>
<td></td>
</tr>
<tr>
<td>Blessed Savior</td>
<td>5.1%</td>
<td></td>
</tr>
<tr>
<td><strong>Annual Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;$10,000</td>
<td>15.3%</td>
<td></td>
</tr>
<tr>
<td>$10,000-$20,000</td>
<td>22.7%</td>
<td></td>
</tr>
<tr>
<td>$20,000-$30,000</td>
<td>16.1%</td>
<td></td>
</tr>
<tr>
<td>$30,000-$40,000</td>
<td>12.4%</td>
<td></td>
</tr>
<tr>
<td>$40,000-$50,000</td>
<td>3.6%</td>
<td></td>
</tr>
<tr>
<td>$50,000-$60,000</td>
<td>5.8%</td>
<td></td>
</tr>
<tr>
<td>&lt; $60,000</td>
<td>23.3%</td>
<td></td>
</tr>
</tbody>
</table>
Procedures. The majority of children and their mothers participated in the study at their respective schools. Twenty-two mother-child pairs participated at a university research lab due to scheduling or travel constraints. Mothers were given the option of completing the research session in English or Spanish. Research teams consisted of either graduate students in clinical psychology or an advanced undergraduate psychology student. The graduate students have received clinical training in conducting interviews and psychotherapy and have had supervised experiences administering treatment and conducting assessments. As part of this clinical training, the graduate students have obtained experience in discussing sensitive information such as interparental aggression and parent-child aggression. The undergraduate students completed 15 hours of intensive training including: reading and discussing articles about interviewing techniques and specifically how to interview victims of abuse, conducting mock interviews with the graduate assistants, and observing interviews conducted by the graduate assistants.

With the mother and child in the same room, the researchers explained the purposes of the study and obtained the mother’s informed consent and the child’s assent to participate. Researchers also explained that they are mandated reporters of instances of intent to harm the self or others and cases of unreported child abuse. There were no incidents in which children were reported to sustain bruises, cuts, or injuries from parent-child aggression; therefore, no reports were made to child protective services during the course of this research. According to Wisconsin state law (Crimes – General Provisions, Privilege; Sec. 939.45; 2007-2008), parents are permitted to spank their children as part of ‘reasonable discipline’; therefore, incidents of spanking that did not result in bruises, cuts, or injuries were not reported.
A semi-structured interview, developed for this project, was used to collect information pertaining to children’s perceived causes of violence and their beliefs about the degree to which it is acceptable. Interviews and surveys were administered to the mothers and children in separate rooms to enhance privacy. Research assistants asked the mothers if they would like to complete the surveys independently or together with a research assistant to allow women with reading difficulties to receive assistance without being forced to ask for it. To enhance children’s understanding of the survey questions, they were given the option of reading the items aloud to the research assistant or having the assistant read the items to them. For children who reported being able to complete the surveys independently, the researcher was available to respond to questions about item wording.

In addition to completing surveys, mothers and children separately read and responded to questions about two vignettes depicting interparental conflict that escalates to physical aggression. Finally, they were brought back together and were asked to have a discussion about one of the vignettes. The vignettes and the mother-child discussion will be described in more detail in the measures section. Mothers were paid $30 and children received $10 in cash for participating.

Measures

Mothers had the option of completing the measures in either English or Spanish. Measures that were not available from the test producers in Spanish were translated from English into Spanish by research assistants fluent in both languages. These measures were then back-translated into English by different research assistants.
Interparental Conflict

Parent Perspective. Revised Conflict Tactics Scale. The Revised Conflict Tactics Scale, or CTS2 (Straus, Hamby, Boney-McCoy, & Sugarman, 1996), was completed by mothers to identify the frequency and severity of interparental aggression experienced and committed by the women in the past year. The inclusion of questions pertaining to the experience and perpetration of violent and nonviolent acts reduces the tendency for participants to respond to items in a socially desirable manner, allowing the CTS2 to elicit examples of inadequate or unsatisfactory conflict management in relationships (Straus, 1979).

The CTS2 contains 78 items completed using a seven point Likert scale, with higher numbers representing more frequent violence (0 = never; 6 = more than 20 times). Specifically, the Psychological Aggression, (e.g. “Insulted or swore at the other”), Physical Aggression and Violent Tactics (e.g. “Pushed or shoved my partner”), and Injury (e.g. “Had a sprain, bruise, or small cut because of a fight with my partner) subscales were used in the present study (Straus et al., 1996). A mean of mothers’ reports of their own and their partners’ behaviors across the three subscales was taken to create a composite score of interparental conflict. Internal reliability for the three subscales was shown to be acceptable in the current study (Psychological Aggression α: .84, Physical Aggression α: .72; Injury α: .78). Preliminary evidence of construct validity has also been found in other studies (Straus et al., 1996).

Child Perspective. Children’s Perceptions of Interparental Conflict. Children’s perceptions of interparental conflict were assessed with the Children’s Perceptions of Interparental Conflict Scale (CPIC; Grych, Seid, & Fincham, 1992). The 19-item
Conflict Properties scale was used to measure children’s perceptions of the frequency, intensity, and resolution of interparental conflict. Higher values indicate that conflict is frequent, intense, and poorly resolved (e.g. ‘I often see my parents arguing,’ ‘My parents get really mad when they argue’). On each item, children indicated whether the statement is ‘True,’ ‘Sort of True,’ or ‘False’ for them. The CPIC has been found to correlate with parental reports of marital conflict and with children’s reports of their responses to specific instances of conflict, which provides evidence for its validity (Grych et al., 1992). Internal reliability in the current study was found to be acceptable ($\alpha : .90$).

Experiences with other Forms of Aggression

Parent-Child Aggression. Conflict Tactics Scale Parent-Child. The Conflict Tactics Scale Parent-Child (CTSPC) is a child-report measure adapted from the original CTS to identify verbally and physically aggressive behaviors utilized by parents toward the child in the past year (Straus, Hamby, Finklehor, Moore, & Runyan, 1998). As was the case with the original CTS, social desirability is often a concern when assessing aggression. However, a meta-analysis of social desirability in the context of reporting relationship violence found that socially desirable responding was more strongly correlated with perpetrating rather than experiencing violence (Sugarman & Hotaling, 1997); this may suggest that parental reports of parent-child aggression should be taken as a conservative estimate of aggressive behaviors taking place in the home.

The CTSPC consists of 22 items that are measured on a seven-point Likert scale, with higher numbers indicating more frequent aggression ($0 = \text{this never happened}; 6 = \text{more than 20 times}$). The Psychological Aggression subscale (e.g. “Shouted, yelled, or...
screamed at him/her”) and the Minor Assault/Corporal Punishment subscale (e.g. “Slapped him/her on the hand, arm, or leg”) were used as an index of parent-child aggression in the current study (Straus & Hamby, 1997, p. 131). Children reported on aggression committed by both their mothers and fathers (or their mothers’ partners living in the home). To facilitate understanding of the items, Straus and colleagues’ (1998) recommend reading items aloud with pre-adolescents who are completing the CTSPC. This method was followed in the current study. Reliability for the two subscales on the CTSPC was found to be acceptable (Psychological Aggression $\alpha$: .88; Minor Assault/Corporal Punishment $\alpha$: .89).

Community Violence Exposure. Exposure to community violence was assessed with nine items from the Chicago Youth Development Study Stress Measure (Tolan & Gorman-Smith, 1991). Gorman-Smith and colleagues (2004) asked boys in fifth through seventh grades how many times in the previous year a family member died violently, a close relative or friend died violently, a family member was seriously injured because of violence, a family member was robbed or attacked, a close friend or acquaintance was a victim of violence, the respondent saw someone beaten, the respondent saw someone shot or killed, the respondent was a victim of violence, and the respondent witnessed a violent crime. Instances of violence between caregivers were excluded from this measure to provide a more accurate distinction between community violence and intimate partner violence exposure. Internal reliability for this measure was moderate ($\alpha$: .67).

Attitudes about & Causal Attributions for Intimate Partner Violence

Vignettes. Children and mothers read two vignettes about parental disagreements that result in physical aggression (see Appendix). In the first vignette, the parents
disagree about who should complete a household task. The disagreement escalates into one parent grabbing the other’s arm and each parent pushing the other. The second vignette involves one parent arriving home late and then not being able to help their child with homework as planned. During this argument, one parent is slapped after telling the other parent that they are acting childish. Both stories end with the parents realizing that their child has witnessed their conflict. These vignettes were adapted from a study assessing adults’ attitudes towards intimate partner violence in the context of alcohol use (Lane & Knowles, 2000). The original vignettes were slightly altered to include moderate levels of violence and details regarding a child observing the arguments were included to allow participants to report their perceptions of the child’s role in the disagreement. Attitudes about intimate partner violence were assessed by asking children ‘How okay is it for (person’s name) to (action – hit, kick, etc.) the other person?’ (Smetana, Campione-Barr, & Yell, 2003). Mothers were asked ‘How acceptable is it for (person’s name) to (action – hit, kick, etc.) the other person?’ To measure attitudes about intimate partner violence on a continuum, children responded on a 7-point Likert scale (1 = not okay at all, 4 = somewhat ok, 7 = completely ok). The same scale was used with mothers but used the word ‘acceptable’ in place of ‘okay.’ Acceptability scores provided for the fathers’ physically aggressive behaviors were combined across the two vignettes.

To assess mothers’ and children’s perceived causes for intimate partner violence, participants were asked ‘Why do you think (male partner) (hit, kicked, etc.) (the female partner)?’ and ‘Why do you think (female partner) (hit, kicked, etc.) (the male partner)?’ Using focused questions about vignettes that depict interparental aggression may be a developmentally appropriate way of helping children report on abstract concepts such as
their thoughts and attitudes. Using these methods in conjunction with semi-structured interviews may enhance the likelihood that children report on their perceptions of violence in a way that is spontaneous while maximizing their developmental capabilities.

_Semi-structured interviews._ Children participated in semi-structured interviews to assess their perceptions of the acceptability of interparental aggression in general and also verbally and physically aggressive behaviors that have occurred in their home. Directly asking children to talk about ‘intimate partner violence’ may skew their understanding of what they should say. Because children may have different impressions of what constitutes violence, the interview began with broad questions about conflict, asking ‘What is arguing?’ and ‘What happens when people argue?’ Including broad open-ended questions about family interactions and conflict in general, can bring out topics of interest without shaping the children’s responses too closely or placing value judgments on family behaviors. Rather than assuming what is important, these types of questions allow children to verbalize ‘unspoken’ or ‘taken-for-granted’ meanings (Charmaz, 2006).

Next, to help children provide concrete and detailed descriptions of interparental conflict, they were asked, ‘If you could see two parents through a window and you couldn’t hear what was happening, how would you know if they were fighting? What would you see?’ Using the same ‘window’ example, children were asked to imagine that they saw one of the parents engage in various acts of aggression towards the other and were asked about why each behavior happened and the degree to which it is acceptable. Children also were asked to describe the behaviors that occur when their parents disagree in order to assess their perceptions of interparental aggression that has actually occurred as opposed to hypothetical situations. For all physically and verbally aggressive
behaviors they indicated their own parents used, children indicated why the behavior happened and rated it for degree of acceptability. Children’s acceptability scores provided in the vignettes and the interviews were analyzed in separate analyses.

**Mother-Child Discussion.** Mothers and children discussed together one of the vignettes they had previously read in separate rooms. Following their separate opportunities to respond to the vignette, they discussed their views of why the aggression happened and the degree to which it was justified. Mothers and children were given five minutes to discuss together these two topics as they would like, with the guidelines given for each person to address why the aggression happened and how acceptable it was. Following this five minute period, the researcher returned to the room and provided the mother and the child with a checklist to ensure that they each discussed perceived causes and beliefs about aggression. The researcher again left the room and the mother-child pairs had an additional five minutes to talk together about any topics that had not yet been discussed. These discussions were audiotaped and were then transcribed for coding.

To obtain children’s causal attributions for interparental aggression, responses to the vignettes, interviews, and mother-child discussion were coded based on themes that emerged from the data. Pilot data (DeBoard-Lucas & Grych, 2011b) suggest that children regard loss of control of anger, a victim provoking a perpetrator, and perpetrator character traits as causes of violence. Additional causes were explored through responses provided in the vignettes, semi-structured interviews, and mother-child discussions. Children’s responses to the interview and vignettes were coded in the following way: transcribed responses were read and reviewed for relevance for causal explanations for interparental aggression. Specifically, the questions from the vignettes and mother-child
discussions that asked ‘Why did (person) engage in (aggressive behavior)?’ were examined when determining children’s perceived causes for violence. Questions from the semi-structured interviews pertaining to why aggression happened in the hypothetical window example and in their own families were also reviewed for themes.

Following Charmaz’s (2006) recommendations for coding qualitative interviews, themes that recurred across multiple children’s responses were noted and coding schemes created based on mutually exclusive categories. For each of the three tasks (vignettes, interviews, mother-child discussions), five transcripts were selected at random and were reviewed for recurring themes. These themes were used to create the coding schemes that were then used to code another five interviews to see if additional codes emerged. Once theoretical saturation was reached (Simons, 2008) and the final categories were identified, children’s responses to the questions ‘Why did the (behavior) happen?’ were examined and sorted into distinct themes. Each category received a code of ‘0’ to indicate ‘no, the child did not indicate this as a cause for aggression’ or ‘1’ to indicate ‘yes, this was identified as a cause for aggression.’ It was possible for children to identify more than one cause for each act of aggression. Two coders were trained to be at least 80% reliable for each task (one team per task). The lead coder then coded all of the respective tasks and the reliability coder coded 30% of those tasks.

For the purposes of the current study, when examining children’s descriptions of their own parents’ arguments, only causes for interparental aggression, including physical and verbal aggression (shouting, cursing, insults) and aggression against an object are reported. In the interviews, 88 references to interparental aggression were made in children’s descriptions of their own parents’ arguments. Interrater reliability for causes
attributed to the parental behaviors ranged from good to very good (physical aggression (interview), $K = .76, p < .001$ to $K = .97, p < .001$; parents’ own arguments, $K = .84, p < .001$ to $K = 1.0, p < .001$; child vignettes, $K = .70, p < .001$ to $K = .84, p < .001$). Mothers’ responses to the vignettes were reviewed separately for perceived causes of the father’s and the mother’s behavior. Interrater reliability for perceived causes of aggressive acts in the mother vignettes ranged from good ($K = .76, p < .001$) to very good ($K = .96, p < .001$).

**Global Beliefs about Aggression.** *Normative Beliefs about Aggression Scale (NOBAGS).*

Both mother and children reported their global attitudes about the acceptability of aggression on the 8-item General Approval of Aggression subscale of the NOBAGS (Huesmann & Guerra, 1997). The NOBAGS is intended for use with participants from preschool through college age (Huesmann, Guerra, Miller, & Zelli, 1992). Example items from the General Approval of Aggression subscale include ‘It is generally wrong to get into physical fights with others’ and ‘It is usually OK to push or shove other people around if you’re mad.’ The remaining 12 items on the NOBAGS pertain to peer-directed aggression and vary in regards to whether the aggression was in response to weak versus strong provocation and whether the victim was a boy or a girl. Respondents indicated the degree to which they believe an act is acceptable using a 4-point scale ranging from 1 = *It’s really wrong* to 4 = *It’s perfectly OK.* The measure is comprised of six subscales (General Approval of Aggression, Approval of Retaliation, Approval of Retaliation (Weak Provocation), Approval of Retaliation (Strong Provocation), Approval of Retaliation Against Males, Approval of Retaliation Against Females) and a Total Approval of Aggression score. Acceptable levels of internal reliability were found for all
subscales and the total score in a sample of ethnically diverse children in the first through fourth grades (Huesmann & Guerra, 1997). In a follow-up study, children were shown to have stable beliefs about aggression by the third grade and these beliefs predicted aggressive behavior by the fifth grade (Huesmann & Guerra, 1997). The General Approval of Aggression score was used for the purposes of the current study and was found to have acceptable levels of reliability for both mother and child report (mothers $\alpha$: .81; children $\alpha$: .71).

**Perspective Taking and Empathy. Interpersonal Reactivity Index.** The Interpersonal Reactivity Index (IRI) (Davis, 1980) consists of four subscales that assess both cognitive and affective aspects of empathy using a multidimensional approach. These subscales include Perspective-Taking (PT), Fantasy (FS), Empathic Concern (EC), and Personal Distress (PD). The 7-item PT subscale was used to assess children’s tendency to spontaneously consider another person’s perspective or point of view (e.g., ‘I sometimes try to understand my friends better by imagining how things look from their perspective’). The 7-item EC subscale was used to assess children’s level of empathy for others (e.g., ‘Sometimes I don’t feel very sorry for other people when they are having problems’). The 5-point response scale ranges from ‘does not describe me very well’ to ‘describes me very well,’ with higher scores representing a higher tendency to engage in perspective-taking. In a sample of college students, Davis (1983) found acceptable levels of internal reliability ($\alpha \geq .70$) and test-retest reliability ($\alpha \geq .62$) for each subscale. Jagers and colleagues used a shortened, reworded version of the PT Scale in a sample of 5th to 7th grade students (Jagers, Smith, Mock, & Dill, 1997) and found internal reliability to be adequate ($\alpha = .58$). Davis (personal communication, August 14, 2008) reports using
the PT scale successfully with middle school students without rewording the items. In the current study, internal reliability was lower than acceptable for both scales (PT $\alpha$: .52, EC $\alpha$: .47). Due to the unacceptable reliability values, the analyses including empathy and perspective taking were not completed.
Results

All continuous variables were visually inspected for normal distribution via histograms and P-P plots. Children’s reports of the acceptability of interparental aggression committed by the mother in the mother-child discussion and by their own fathers were found to be slightly positively skewed, thus violating the requirement for multiple regressions of a normal distribution (see Table 2). For these two variables, a square root transformation was applied to the data by taking the square root of the acceptability score plus a constant to make the lowest score equal to one (Tabachnick & Fidell, 2001). Several variables were sufficiently skewed that a log transformation was applied (See Table 2); these variables were mothers’ reports of interparental aggression, parent-child aggression, community violence, mother and child reports of global beliefs about aggression, mother and child beliefs about the father’s aggression in the vignettes, mothers’ beliefs about the mother’s aggression in the vignettes, physical aggression in the interviews, mother and child beliefs about the father’s behavior in the mother-child discussion, and maternal beliefs about the mother’s aggression in the mother-child discussion. Examination of transformed data yielded more normally distributed variables and so these transformed variables were included in all regression equations (see Tables 3-4 for correlations and descriptives for pre- and post-transformed variables, respectively). Prior to testing the hypothesized predictors of children’s understanding of intimate partner violence, descriptive data regarding the level of aggression that they had experienced and relations among the various measures of cause and acceptability are presented.
Table 2: Skewness Statistics for Pre- and Post-transformed Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Skewness – Before Transformation</th>
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<tr>
<td>CTSPC³</td>
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</tr>
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¹ = log transformed; ² = square root transformed

CTS = Psychological Aggression, Physical Aggression, Injury subscales of the Revised Conflict Tactic Scale; CTSPC = Psychological Aggression and Minor Assault/Corporal Punishment subscales of the Conflict Tactics Scale Parent-Child; Neighborhood = Chicago Youth Development Study Stress Measure; Child NOBAGS = Normative Beliefs about Aggression Scale, child report; Mother NOBAGS = Normative Beliefs about Aggression Scale, mother report; Child Vig – F = child report of the acceptability of father vignette behavior; Mother Vig – M = mother report of the acceptability of mother vignette behavior; Mother Vig – F = mother report of the acceptability of father vignette behavior; Interview – Phys Agg = child report of the acceptability of the slap, punch, push (interview); Interview – F = child report of the acceptability of their own father’s interparental aggression (interview); MCD – Child:M = child report of the acceptability of the mother vignette behavior during the mother-child discussion; MCD – Child:F = child report of the acceptability of the father vignette behavior during the mother-child discussion; MCD – Mother:M = mother report of the acceptability of the mother vignette behavior during the mother-child discussion; MCD – Mother:F = mother report of the acceptability of the father vignette behavior during the mother-child discussion.
Table 3: Correlations among Predictor and Outcome Variables -- Before Transformations

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<td>MCD – Child</td>
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Note: 0.05, **0.01, \( d < 0.1 \)
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<th>Perspective Taking</th>
<th>Empathy</th>
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<th>MCD - Child: M</th>
<th>MCD - Child: F</th>
<th>Interview - M</th>
<th>Interview - F</th>
<th>Mother View</th>
<th>Child View</th>
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Table 3: continued.
Table 3: cont.
Table 4: Correlations among Predictor and Outcome Variables – After Transformations

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Note: 0.50, 0.30, 0.20, 0.10, 0.05, 0.02, 0.01, 0.005, 0.001
Variables: mean is reported for non-transformed variables, median is reported for all transformed variables.

Table 4: com.

<table>
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<th>Variable</th>
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Note: *p < 0.05, **p < 0.01, ***p < 0.001.
the Interpersonal Rejection Index (IRI); Perspective Taking = perspective-taking subscale of the IR

Table 4: cont.
Children’s Exposure to Violence

Overall, children and their mothers reported experiencing greater verbal than physical forms of interparental and parent-child aggression. For example, approximately half the women and more than half of children reported that shouting or yelling occurred during arguments; in contrast, small percentages of mothers and children reported various acts of primarily mild physical aggression. For example, 11.6% of women indicated that ‘I threw something at my partner that could hurt’ and 5.9% reported that this happened to them. Reports of pushing or shoving a partner were endorsed by 8.7% of women and 10.3% reported being pushed or shoved. Small numbers of women reported severe acts of violence, with 1.4% reporting both ‘My partner used a knife or gun on me’ and ‘I used a knife or gun on my partner.’ In regards to parent-child physical aggression, 20.4% and 14.6% of children reported that their mothers or fathers, respectively, spanked them on the bottom with a bare hand. Similar numbers of children reported being slapped on the face, head, or ears by their mother (18.9%) or father (11.0%). Although percentages of community violence were relatively low, 8.8% of children reported violent deaths of family members and 2.9% saw someone shot or killed.

Correlations between Parent and Child Report of Intergenerational Aggression

Correlations were computed between the Conflict Properties subscale of the CPIC and the composite of the three CTS2 subscales (Psychological Aggression, Physical Aggression and Violent Tactics, Injury) to assess both mothers’ and children’s perspectives on parental arguments in the home. Moderate correlations were found between these two variables ($r = .37, p < .01$), suggesting that they measure overlapping but distinct concepts. Whereas children’s perceptions of interparental conflict were
correlated with other indicators of children’s beliefs about the acceptability of aggression, mothers’ reports of interparental conflict were correlated with mothers’ beliefs about the acceptability of aggression. Because mother and child reports of aggression correlated with their respective reports of the acceptability of interparental and general aggression and because research has highlighted the importance of children’s perspectives in capturing a more complete picture of their understanding of parent conflict (Grych & Fincham, 1990), the Conflict Properties subscale of the CPIC was used as the index of interparental aggression. The other indicators of aggression were also moderately correlated; children’s report of parent-child aggression was positively associated with their endorsement of interparental and neighborhood aggression.

Children’s Perceived Causes for Aggressive Parent Behavior

Across the methods for assessing causal attributions, provocation, anger, and retaliation generally were the most consistently identified reasons for intimate partner violence (see Table 5 for percentages organized by method). Children often perceived the cause of one parent’s aggression to be provocation by the other parent, through verbal or physical means or by other types of behavior, including infidelity. For example, when asked why her father shouted at her mother, one child said ‘Because my mom kept yelling at my dad.’ Another child thought that aggression occurred because ‘One parent said something to offend the other parent’ or ‘Because she pushed him.’

Anger was another frequently endorsed causal attribution. For example, one child stated ‘If you’re upset at someone and you’re really mad at them, you might call them those words because it’s something that we think of as bad.’

Retaliation refers to the aggressor acting out of a desire to get even or take revenge on the other parent for being
aggressive towards them or wronging them in some other way. Although retaliation
involves being provoked, this category differs from provocation because of the added
element of attempting to get even or take revenge for the transgression. One child who
referred to retaliation as the cause for a push said ‘Instead of slapping or even
punching…he had to do something, even worse than that, so he probably pushed or
shoved.’ Another child stated simply, ‘Because he wanted revenge.’ Arguing was a
reason given for aggression by children in nearly all assessment methods but was most
frequently perceived as the cause of aggression in children’s descriptions of their own
parents’ arguments. One child referenced arguing as the reason for her mother shouting
at her father by saying ‘My mom thought that he was wrong and he kept saying he was
right.’
<table>
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<th>Time (min)</th>
<th>Personal Characteristics</th>
<th>Gender Roles</th>
<th>Inadequacy of Parental Obligation</th>
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</table>

Table 5: Perceived Cause of Aggression: Preferences Endorsed by Assessment Method
A few causal attributions varied by gender of the parent committing the aggression. Chi-square tests were completed to assess for differences, except in cases where values for one parent were constant, in that a causal attribution was endorsed for one parent, but never for the other. In these instances of constant values for one parent, related samples Wilcoxon Ranked Signs tests were computed (see Table 6). Two of these gender differences were significant. A causal attribution identified for the father’s, but not the mother’s, aggression in the vignettes included the father wanting to continue the conversation in a nonviolent way ($T = -9.54, p < .01$). Examples include ‘He didn’t want her to go away because he wasn’t finished talking to her’ and ‘Because he thought that she was leaving the conversation and he was saying something very important.’

Another category attributed the father’s aggression to the mother not fulfilling an obligation or promise that was made to the father (i.e. making dinner or assisting the child with homework) ($T = -8.78, p < .01$); ‘Because he got mad because she wasn’t there to help her (the daughter) with her homework’ and ‘Because the dad wanted her to make dinner.’

Self-defense, which includes one parent using physical aggression to protect the person committing the act or to escape harm from the other parent, was the most frequently identified cause of the mother’s aggression in the vignettes but was rarely identified as the reason for the father’s vignette behavior ($X^2(1)= .73, p = n.s.$). Examples include, ‘They were trying to defend themselves’ and ‘I guess that he was like maybe hurting her and she didn’t like what he was doing so she was trying to defend herself.’

Although statistical gender differences were not evident in self-defense as reported in the vignettes, there were substantial numerical differences. See table 5 for the full list of
causal attributions coded across methods.

*Mothers’ Perceived Causes for Aggressive Parent Behavior (Vignettes)*

The most frequently identified cause offered by mothers for both the father’s and
the mother’s aggressive behavior in the vignettes was **provocation**. **Self-defense** was the
other cause commonly attributed to the mother’s aggressive behavior while **continuing**
the conversation, the mother **not fulfilling an obligation**, **anger**, and **retaliation** were
reasons identified more often for the father’s aggression. Chi-square tests were
completed to assess for gender differences; when values for one parent were constant,
related samples Wilcoxon Ranked Signs tests were computed. Results indicated that
several of these gender differences were significant (continue the conversation: $T = -7.48$,
$p < .01$; not fulfilling an obligation: $T = -7.48$, $p < .01$; anger: $X^2(1) = 5.24$, $p < .05$).
Although gender differences were not found for self-defense ($X^2(1) = 1.66$, $p = n.s$) or
retaliation ($X^2 = .01$, $p = n.s$), large numerical differences were evident. See table 5 for
the full list of coded causal attributions.
Table 6. Assess for Differences in Children's Perceived Causes of Interparental Aggression based on assessment method.

<table>
<thead>
<tr>
<th></th>
<th>Father's Own Father and Mother</th>
<th>Father's Own Mother</th>
<th>Father's Own Father</th>
<th>Stepfather</th>
<th>Stepfather's Own Father and Mother</th>
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</thead>
<tbody>
<tr>
<td>Continuing Convo</td>
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<td>Self-Defense</td>
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<tr>
<td>Obligation</td>
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<td>Provocation</td>
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<td>Unilateral</td>
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<td>Provocation</td>
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<td>Child's Causes</td>
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</table>

Note: *p<0.05, **p<0.01

Because the values for the mother were constant, Wilcoxon Rank-Signed Tests were computed for retaliation, unhindered obligation, and continuing conversation.

The correlation between the child's perception of aggression and the parent's perception of aggression was significant for the child's own father and mother, father's own father, stepfather, and stepfather's own father and mother. The correlation between the child's perception of aggression and the parent's perception of aggression was not significant for the child's own father and mother, father's own father, stepfather, and stepfather's own father and mother.
Children’s Perceptions of the Acceptability of Violence

Examination of the means of the various measures of children’s beliefs about intimate partner violence and more global aggression suggest that they view these acts as unacceptable (see Tables 7-8). To examine whether children reported similar beliefs about the acceptability of intimate partner violence across the various measures of child perceptions, correlations were computed. These associations generally were moderate, suggesting that the methods produced related, yet distinct ratings of acceptability. Whereas the strongest associations were found between children’s beliefs about the acceptability of parents’ aggression in the vignettes and in the mother-child discussion, the weakest correlation was between children’s beliefs about the mother’s and father’s aggression in the mother-child discussion. Children generally reported aggression committed by mothers, whether their own or in the vignettes, to be more acceptable than aggressive acts by fathers; paired samples t-tests indicated that these differences were statistically significant in the vignettes \( t(135) = 9.29, p < .01 \) and mother-child discussion \( t(132) = 6.32, p < .01 \) but not in the children’s descriptions of their own parents’ arguments \( t(41) = 1.49, p = \text{n.s.} \).
behavior during the mother-child discussion.

Table 7: Correlations among accessibility of intimate partner violence before transformations.
Table B: Correlations among accessibility of intimate partner violence – After transformations

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</tbody>
</table>

Note: Mean is reported for untransformed variables.
Although children generally reported interparental violence to be unacceptable, they reported significantly higher ratings of acceptability when they responded to the vignettes alone versus in conversations with their mother (mother’s vignette aggression: \((t(132) = 4.13, p < .01)\); father’s vignette aggression: \((t(133) = 2.59, p = .01)\), suggesting that they may be responding to social pressure to report violence as less acceptable than they actually find it to be. Compared to the vignettes \((t(41) = 2.83, p < .01)\) and the mother-child discussion \((t(40) = 3.64, p < .01)\), children were significantly more accepting of their own parents’ verbal and physical aggression, suggesting that personalizing aggression may provide additional context that deems it more acceptable, including information pertaining to how often conflict occurs or how it is resolved (i.e. ‘Dad only hit that one time;’ ‘Mom and dad don’t normally yell at each other and they made up after they argued’).

Correlations across the measures of perceived acceptability supported the idea that children have consistent beliefs about the justifiability of aggression. Their perceptions of violence committed by fathers were moderately correlated between the different assessment methods, as were their perceptions of mother-perpetrated aggression, suggesting that children are able to reliably report their views of intimate partner violence. Consistent with previous research (e.g., Dodge et al., 1995; Quigley et al., 2006), children found interparental violence more acceptable when they had been exposed to higher levels of violence in their homes and communities. Similarly, children’s global beliefs about aggression had low to moderate associations with their views of intimate partner violence, suggesting that if children find aggression acceptable in general, they may be more likely to find it acceptable in other situations; however, the
modest level of association suggests that the context of specific situations remains important in evaluating acceptability (Astor, 1994; Zelli, Dodge, Lochman, & Laird, 1999).

Given the diversity in children’s ethnic background, a Box’s M test was computed to assess for differences in acceptability beliefs based on child ethnicity. This test was significant (Box’s M (56) = 168.62, \( p = .001 \)), however, Box’s M is sensitive to violations of normality and differences in cell sample size (Tabachnick & Fidell, 2001) which were evident for the ratings of acceptability of intimate partner violence (i.e. all children rated aggression in the vignettes but smaller numbers endorsed interparental aggression between their own parents). Examination of Tests of Between-Subjects Effects did not yield any significant differences in acceptability beliefs, suggesting that beliefs about violence did not differ based on ethnicity. Due to lack of between-subjects effects in beliefs about violence based on ethnicity, this variable was not included as a covariate in analyses.

**Predictors of Children’s Perceived Causes of Interparental Aggression**

**Hypothesis 1: Mothers’ Perceived Causes of Aggression**

Mothers and children are expected to report similar causes for violence, as reported by each in their respective reports on the vignettes; a series of Chi-Square tests was computed to examine this hypothesis (see Table 9). To lend sufficient power to the analyses, codes that were infrequently endorsed were omitted from the analyses. Causes that were endorsed across multiple assessment methods and were reported by at least 10% of children were included in analyses. The following causes were examined for the father’s aggressive behavior in the vignettes: provocation, the mother not fulfilling an
obligation, wanting to continue the conversation, anger, and retaliation; provocation and self-defense were examined in Chi-square tests for the mother’s aggressive vignette behavior. Each cause perceived by the mother was entered in a Chi-Square test with the same cause perceived by the child (e.g., mother perceived anger x child perceived anger). Mothers’ and children’s perceived causes of interparental aggression in the vignettes were not significantly related for either father- or mother-perpetrated aggression.

Hypothesis 2: Experiences with Aggression

Exposure to different forms of aggression, including interparental aggression, parent-child aggression, and community violence, was hypothesized to predict endorsement of specific causes for interparental aggression as reported in the interviews and vignettes; a series of logistic regressions was computed to examine this hypothesis. Exposure to different forms of aggression did not significantly predict children’s perceived causes for interparental aggression in either the child interviews or the vignettes (see Tables 10-12).
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(N = 134) Self-Defense
(N = 133) Provocation

Causes for Intergenerational Aggression Committed by Mother in Violences

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(N = 132) Consequence
(N = 133) Obligation
(N = 133) Unfulfilled
(N = 131) Provocation
(N = 131) Rejection
(N = 133) Anger

Causes for Intergenerational Aggression Committed by Father in Violences

Perceived Causes for Intergenerational Aggression in Violences

Table 9. Chi-Square Tests: Mothers’ Perceived Causes of Intergenerational Aggression Predicting Child’s Violence.
Table 10. Interpersonal Aggression, Parent-Child Aggression, and Community Violence

<table>
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Variables Entered into Equation

Exp, Provocation, Anger

Exp

Note: *p < 0.05, **p < 0.01, Log transformation applied to Parent-Child Aggression and Community Violence
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Predicting Causes for Interpersonal Aggression in Parents, own Anger, and Community Violence:

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<tr>
<td>Variables Entered Into</td>
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<td>Provocation</td>
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</table>

**Table 12**: Interpersonal Aggression, Parent-Child Aggression, and Community Violence

Note: \( p < 0.05 \), \( \cdot \cdot \cdot p < 0.05 \)
Factors Predicting Children’s Beliefs about the Acceptability of Interparental Aggression

Hypothesis 3: Mothers’ and Children’s Perceived Causes of Aggression

Mothers’ and children’s perceived causes of intimate partner violence were expected to predict children’s beliefs about the acceptability of interparental violence. Specifically, it was expected that when mothers or children described externally based explanations for violence (i.e. victim provoked the perpetrator), children would view violence as more acceptable; internally based causes (i.e. perpetrator character traits) were expected to predict stronger agreement with the belief that intimate partner violence is unacceptable. A series of regressions was computed to test this hypothesis, drawing mothers’ and children’s responses from the vignettes (see Tables 13-14). Separate regressions were computed for the mothers’ and fathers’ aggressive behavior in the vignettes. To lend sufficient power to analyses, provocation, the mother not fulfilling an obligation, the father wanting to continue the conversation, anger, and retaliation were examined as perceived causes for the fathers’ aggression in the vignettes. Provocation and self-defense were included in analyses for perceived causes of the mother’s behavior in the vignettes.

In each regression, children’s global beliefs about the acceptability of aggression were entered in the first step to account for their global beliefs about aggression. By distinguishing beliefs about general aggression from beliefs about intimate partner violence, the unique variance in the outcome variable that is accounted for by the predictors can be noted. One of the perceived causes of aggression was then entered in the second step. Regressions included causes and beliefs about the acceptability of the same gendered parent (i.e. perceived causes for father’s aggression in the vignettes.
predicted children’s ratings of the father’s behavior). None of the mothers’ perceived causes of aggression predicted children’s beliefs about the acceptability of interparental aggression (see Table 13). However, when children provided the causal attributions, the context in which violence occurred was related to their beliefs about its acceptability. Children found the mother’s use of aggression to be more acceptable when they felt she acted in self-defense against the father ($\beta = .21$, $p < .05$).
Table 13. Mothers’ Perceived Causes of Interparental Aggression Predicting Children’s Acceptability Ratings of Interparental Aggression (Vignettes)

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<th>Children’s Acceptability Father Behavior</th>
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<td>β</td>
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<tr>
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<td>.32**</td>
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<td>.00*</td>
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<td><strong>Total R²</strong></td>
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</tr>
<tr>
<td><strong>Step 1.</strong></td>
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<tr>
<td>Child Nobags</td>
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<td></td>
</tr>
<tr>
<td><strong>Step 2.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not fulfilling an obligation</td>
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<td></td>
</tr>
<tr>
<td><strong>Total R²</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Step 1.</strong></td>
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<td></td>
</tr>
<tr>
<td>Child Nobags</td>
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<tr>
<td><strong>Step 2.</strong></td>
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<tr>
<td><strong>Step 1.</strong></td>
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<tr>
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<td><strong>Step 2.</strong></td>
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<td><strong>Total R²</strong></td>
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<td><strong>Step 1.</strong></td>
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<td><strong>Step 2.</strong></td>
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<tr>
<td><strong>Total R²</strong></td>
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Note: †p ≤.10, * p ≤.05, **p ≤.01
Table 14. Children’s Perceived Causes of Interparental Aggression Predicting Children’s Acceptability Ratings of Interparental Aggression (Vignettes)

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<td>Total $R^2$</td>
<td>.03</td>
<td>.00</td>
</tr>
<tr>
<td>Step 1. Child Nobags</td>
<td>.33**</td>
<td></td>
</tr>
<tr>
<td>Step 2. Continue the conversation</td>
<td>.00**</td>
<td></td>
</tr>
<tr>
<td>Total $R^2$</td>
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</tr>
<tr>
<td>Step 1. Child Nobags</td>
<td>.33**</td>
<td></td>
</tr>
<tr>
<td>Step 2. Anger</td>
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</tr>
<tr>
<td>Total $R^2$</td>
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</tr>
<tr>
<td>Step 1. Child Nobags</td>
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<td></td>
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<tr>
<td>Step 2. Retaliation</td>
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</tr>
<tr>
<td>Total $R^2$</td>
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<td>.05*</td>
</tr>
<tr>
<td>Step 2. Self-defense</td>
<td>.21*</td>
<td>.04*</td>
</tr>
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Note: †p ≤ .10, * p ≤ .05, **p ≤ .01
Hypotheses 4 & 5: Experiences with Aggression & Mothers’ Beliefs about Acceptability of Intimate Partner Violence

A series of hierarchical multiple regressions was computed to test the hypothesis that exposure to higher levels of interparental, parent-child, and community aggression will predict children’s beliefs that intimate partner violence is more acceptable and that mothers’ beliefs about the acceptability of intimate partner violence would moderate this relationship (see Tables 15 – 17). Specifically, when mothers were more accepting of violence, it was hypothesized that there would be a stronger relationship between each of the forms of aggression and children’s beliefs about the acceptability of intimate partner violence. In contrast, if mothers communicate their disapproval of violence, they may protect against a positive association between violence exposure and children’s beliefs about the acceptability of interparental violence. Mothers’ and children’s ratings of the acceptability of intimate partner violence were obtained from vignettes and the mother-child discussion; children’s beliefs about acceptability were obtained from these tasks and the child interviews.

In all regressions, interparental aggression, parent-child aggression, and community violence exposure were entered in the first step together. To account for children’s global beliefs about aggression and to distinguish these beliefs from those about intimate partner violence, children’s beliefs about general violence (total score from NOBAGS - general) were entered in the next step, along with mothers’ beliefs about the acceptability of intimate partner violence. In the final step of each equation, the interaction terms (mothers’ beliefs about intimate partner violence x interparental aggression in the home; mothers’ beliefs about intimate partner violence x parent-child
aggression; mothers’ beliefs about intimate partner violence x community violence exposure) were entered. Acceptability ratings of father and mother aggressive vignette behavior were analyzed in separate regressions.
Table 15. Mothers’ Acceptability Ratings of Interparental Aggression Moderating Aggression and Child Acceptability Ratings of Interparental Aggression (Vignettes)

<table>
<thead>
<tr>
<th>Variables Entered into Equation</th>
<th>Child Vignettes - Mother</th>
<th>Child Vignettes - Father</th>
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<tr>
<td></td>
<td>β</td>
<td>ΔR²</td>
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<tr>
<td>Step 1. Direct Effects</td>
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<td></td>
</tr>
<tr>
<td>Interparental Aggression</td>
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<td>.02</td>
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<tr>
<td>Parent-Child Aggression</td>
<td>.17</td>
<td></td>
</tr>
<tr>
<td>Community Violence</td>
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<td></td>
</tr>
<tr>
<td>Step 2. Direct Effects</td>
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</tr>
<tr>
<td>Child Nobags</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mothers’ Accept: Father Bx Vignettes</td>
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<td>.02</td>
</tr>
<tr>
<td>Step 3. Interaction Effects</td>
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<td></td>
</tr>
<tr>
<td>CPIC * Acceptability Father Bx</td>
<td>-.18</td>
<td></td>
</tr>
<tr>
<td>CTSPC * Acceptability Father Bx</td>
<td>.26†</td>
<td></td>
</tr>
<tr>
<td>Community * Acceptability Father Bx</td>
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</tr>
<tr>
<td>Total R²</td>
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</tbody>
</table>

Note: †p ≤ .10, *p ≤ .05, **p ≤ .01; log transformation applied to Parent-Child Aggression; Community Violence; Child Nobags; Child vignettes – father; Mother vignettes – mother; Mother vignettes - father
<table>
<thead>
<tr>
<th>Step</th>
<th>Direct Effects</th>
<th>Indirect Effects</th>
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<tr>
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<td>Community Violence</td>
<td>Parent-Child Aggression</td>
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<td></td>
<td>Child Violence - Mother</td>
<td>Child Violence - Mother</td>
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<td><strong>4.0</strong></td>
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<tr>
<td>3.0</td>
<td><strong>1.4</strong></td>
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</tr>
</tbody>
</table>

*Note:* $p < .05$, $p < .01$, $F < .001$; log transformation applied to Parent-Child Aggression; Child Violence; Child Nories; Child

**Variables Entered into Equation**

- Child Violence - Father
- Child Violence - Mother
- Parent-Child Aggression

Table 13. cont.
Table 16. Mothers’ Acceptability Rankings of Interventions: Agression and Child Acceptability

<table>
<thead>
<tr>
<th>Variable</th>
<th>Rank</th>
<th>Acceptability</th>
<th>Interventions</th>
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<td>M-C Discussion - Mother</td>
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<td>**</td>
<td>Community Violence</td>
</tr>
<tr>
<td></td>
<td>60</td>
<td>**</td>
<td>CIPC &amp; Accept: Father &amp; MCD</td>
</tr>
<tr>
<td></td>
<td>26</td>
<td>**</td>
<td>M-C Discussion - Father</td>
</tr>
<tr>
<td></td>
<td>50</td>
<td>**</td>
<td>CIPC &amp; Accept: Father &amp; MCD</td>
</tr>
<tr>
<td></td>
<td>50</td>
<td></td>
<td>Total R²</td>
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Note: *p < 0.1; **p < 0.05; ***p < 0.01; Log transformation applied to Parent-Child Aggression.
<table>
<thead>
<tr>
<th>Step</th>
<th>Direct Effects</th>
<th>Interaction Effects</th>
<th>Child Males Agression</th>
<th>Parent-Child Agression</th>
<th>Interpersonal Agression</th>
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<td>1</td>
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<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
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</tr>
</tbody>
</table>

**Variables Entered into Equation**

- M-C Discussion - Father
- M-C Discussion - Mother
- CTSQ * Accept Mother BX MCD
- CTC * Accept Mother BX MCD

<table>
<thead>
<tr>
<th>Total R²</th>
</tr>
</thead>
<tbody>
<tr>
<td>.46</td>
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</tbody>
</table>

Note: .10 < p < .05; .05 ≤ p < .01; .01 ≤ p < .001.
Variables Entered into Equation

Variables Entered on Step 1: Mother, Father, Physical Aggression

Variables Entered on Step 2: Parent-Child Aggression, Parent-Child Violence, Community Violence

Variables Entered on Step 3: Interaction Effects

Variables Entered on Step 4: Direct Effects

Table 17. Maternal Accusability: Relationships of Intervened Aggression (Interview)
82

<table>
<thead>
<tr>
<th>Variables Entered into Equation</th>
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<th>f</th>
<th>f</th>
<th>f</th>
<th>f</th>
<th>f</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father's, Mother's, Parent's, Argument</td>
<td>AR?</td>
<td>f</td>
<td>f</td>
<td>f</td>
<td>f</td>
<td>f</td>
<td>f</td>
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<tr>
<td>Physical Aggression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 17. cont.
Hypothesis 4: Experiences with Aggression

Contrary to hypotheses, exposure to different forms of aggression generally did not predict children’s beliefs about the acceptability of intimate partner violence (see Tables 15-17). This is in contrast to significant correlations found between the aggression types and acceptability ratings. Whereas correlations examine the relationship between two variables at a time, regressions included all three aggression types in the same equation. Collectively, these types of aggression may share a different amount of variance with acceptability of violence compared to the individual relationships. Given that each form of violence does not occur in a vacuum, this suggests that examining the relationship among multiple forms of violence and children’s beliefs about intimate partner violence provides a more complete picture than considering the effect of one form of violence in isolation. However, the specific context in which the violence occurred appeared to be important, as interparental aggression ($\beta = .23, p < .05$) and neighborhood violence ($\beta = .20, p < .05$) both significantly predicted children’s beliefs about the acceptability of mothers’, but not fathers’, aggression in the vignettes (see Table 15). These associations were not apparent when children discussed the vignettes with their mothers or when they rated their own parents’ aggression.

Regressions also examined the relationship between children’s global beliefs about aggression and acceptability about intimate partner violence. Results indicate that children’s global approval of aggression is significantly related to the degree to which they find it acceptable for men, but not women, to use aggression in intimate relationships (see Tables 15-17). This pattern was found when children rated their own parents’ aggression, as well as that of hypothetical parents in the vignettes. Interestingly,
children’s global beliefs about aggression and their beliefs about physical violence in the interviews also were related; given that broader beliefs about aggression were correlated with male-, rather than female-perpetrated aggression, this suggests that children’s schemas for physical aggression between parents may portray men, rather than women, as the aggressors.

_Hypothesis 5: Mothers’ Beliefs about Acceptability of Interparental Violence_

Mothers’ beliefs about the acceptability of interparental violence were expected to have direct and moderating effects on children’s beliefs about this type of violence. In terms of direct effects, if mothers were more accepting of violence, children were expected to show similar beliefs. Mothers’ beliefs about the acceptability of interparental aggression significantly predicted children’s beliefs about the acceptability of aggression in the mother-child discussion (mother’s aggression: $\beta = .64, p = .00$; father’s aggression: $\beta = .50, p = .00$) (see Table 16) but not when children rated the acceptability of violence without their mothers present or when they rated their own parents’ aggression (see Table 15). The uniqueness of these findings to conversations with their mothers may point to children’s desire to please their parents or say ‘the right thing.’ Children may hear at home and in school that it is wrong to hit; this finding may suggest that they are echoing this lesson in the presence of their parent rather than truly incorporating it into their belief system.

_Mothers’ Beliefs about Interparental Aggression x Parent-Child Aggression_

Turning to tests of moderation, it was hypothesized that mothers may exacerbate or alternatively, may protect against the relationship between each of the forms of aggression and children’s beliefs about the acceptability of intimate partner violence.
Several moderating effects were found (see Tables 15-17); the pattern of results differed based on the gender of the parent committing the aggression as well as the type of aggression to which children were exposed. Mothers’ beliefs about the acceptability of the father’s aggression in the vignettes significantly moderated the relationship between parent-child aggression and children’s beliefs about the acceptability of physical partner violence in the interview as well as children’s ratings of the father’s behavior in the mother-child discussion (see Tables 16-17); a conceptually similar trend was found for children’s reports of the father’s behavior in the vignettes (see Table 15).

To decompose these and all other interactions, separate hierarchical multiple regressions were computed for high and low levels of the moderators, which were based on a median split. Because mothers’ acceptability ratings for the aggressive vignette behaviors were log transformed for use in analyses, the median becomes a more appropriate measure of central tendency than the mean (Tabachnick & Fidell, 2001). Additionally, the split was used because mothers’ acceptability ratings of aggression in the vignettes were fairly low, making a 1/2 standard deviation below the median below 1 (the lowest possible value for acceptability).

In the context of exposure to parent-child aggression, when mothers were more accepting of fathers’ use of interparental aggression, there was a strong positive relationship between parent-child aggression and children’s beliefs about the acceptability of interparental aggression. When children experienced more physical and verbal aggression from their parents, they found physical violence between parents more acceptable; small associations were noted when mothers reported low levels of acceptance of fathers’ aggression. This pattern of findings was evident across multiple
assessment methods, including children’s ratings of physical aggression in the interview (high group: $\beta = .72, p = .04$; low group: $\beta = .15, p = .n.s$), the mother-child discussion (high group: $\beta = .52, p = n.s$; low group: $\beta = .19, p = n.s.$), and a trend in the vignettes (high group: $\beta = .77, p < .05$; low group: $\beta = .14, p = n.s.$) (see Figures 4-6). In regards to the way mothers’ beliefs about intimate partner violence may shape children’s own beliefs, results were more supportive of an exacerbating effect, such that when mothers find violence more acceptable, their children do as well in the context of experiencing parent-child aggression.

**Mothers’ Beliefs about Interparental Aggression x Interparental Aggression**

Interparental aggression was a second type of violence expected to interact with mothers’ beliefs about intimate partner violence in predicting children’s own beliefs. Two significant moderating effects were found between mothers’ beliefs about intimate partner violence and children’s exposure to interparental aggression. Maternal beliefs about the acceptability of the mother’s aggression in the vignettes significantly moderated the relationship between interparental aggression and children’s own beliefs about maternal vignette aggression (see Table 15, Figure 7). In addition, mothers’ acceptability of the father’s aggression in the vignettes interacted with interparental aggression and children’s beliefs about the acceptability of physical aggression in the interview (see Table 17, Figure 8). Whereas parent-child aggression showed a consistent pattern such that mothers’ and children’s beliefs about fathers’ aggression were strongly associated, the pattern of results pertaining to interparental aggression differed when mothers rated the acceptability of mother- versus father-perpetrated aggression. When mothers were more accepting of maternal-perpetrated aggression, interparental
Figure 4. Mother Acceptability of Father Vignette Aggression Moderating Parent-Child Aggression and Child Acceptability Ratings of Physical Aggression (Interview)
Figure 5. Mother Acceptability of Father Vignette Aggression (in Mother-Child Discussion) Moderating Parent-Child Aggression and Child Acceptability Ratings of Father Vignette Aggression (in Mother-Child Discussion)
Figure 6. Mother Acceptability of Father Vignette Aggression Moderating Parent-Child Aggression and Child Acceptability Ratings of Father Vignette Aggression
Figure 7. Mother Acceptability of Mother Vignette Aggression Moderating Interparental Aggression and Child Acceptability Ratings of Mother Vignette Aggression
Figure 8. Mother Acceptability of Father Vignette Aggression Moderating Interparental Aggression and Child Acceptability Ratings of Physical Aggression (Interview)
aggression had a moderate, positive association with children’s own beliefs about the acceptability of the mother’s aggression in the vignettes ($\beta = .35, p < .05$); a similar but more modest association was found at low levels of the moderator ($\beta = .16, p = \text{n.s.}$) (see Figure 7). These findings differ from those involving parent-child aggression because maternal beliefs about the mother’s, rather than the father’s, aggression in the vignettes were connected to similar beliefs in children.

The previously described findings suggest that in the context of violence exposure, children report stronger acceptability of intimate partner violence when their mothers do as well. However, a different pattern was evident in the interaction between interparental aggression and mothers’ beliefs about the father’s vignette aggression. Children in the high maternal acceptability group showed a strong negative association between interparental aggression and their acceptability ratings for physical aggression in the interview ($\beta = -.68, p < .05$); those in the low group showed a small association ($\beta = .03, p = \text{n.s.}$) (see Figure 5).

*Mothers’ Beliefs about Interparental Aggression x Community Violence*

Community violence was the final type of violence expected to interact with mothers’ beliefs about intimate partner violence. Whereas mothers’ beliefs significantly interacted with interparental and parent-child aggression, their beliefs did not interact with community violence. There was, however, one trend for maternal acceptability of father vignette aggression to moderate the relationship between community violence and children’s own beliefs about the father’s aggression in the vignettes (Figure 9). At low levels of the moderator, community violence ($\beta = -.04, p = \text{n.s.}$) had small associations with children’s acceptability of fathers’ aggression in the vignettes. Whereas parent-child
Figure 9. Mother Acceptability of Father Vignette Aggression Moderating Community Violence and Child Acceptability Ratings of Father Vignette Aggression
aggression had a robust positive relationship with children’s acceptability beliefs, community violence had a strong negative association ($\beta = -.54, p < .10$). Although this association did not reach statistical significance, it points to the importance of how context shapes children’s beliefs about the acceptability of intimate partner violence.

*Hypothesis 6: Empathy and Perspective Taking*

Higher levels of perspective taking and empathy were expected to predict stronger endorsement of the belief that domestic violence is not acceptable. However, due to the lower than acceptable levels of internal reliability for both of these constructs, analyses involving empathy and perspective taking were not computed.
Discussion

The goal of the present study was to better understand children’s perceptions of intimate partner violence. Results suggested that mothers’ and children’s causal attributions were not related and that violence exposure did not predict their causal understanding of intimate partner violence. When children perceived aggression to be committed in self-defense, they found it more acceptable. Few direct relationships were found between violence exposure and children’s acceptability beliefs; however, mothers’ beliefs about aggression significantly moderated these relationships. Across multiple assessment methods, when mothers found fathers’ aggression more acceptable, there was a strong positive relationship between children’s experiences with parent-child aggression and their beliefs about the acceptability of intimate partner violence. These findings offer insight into factors that shape children's views of interparental violence.

Understanding of intimate partner violence was conceptualized as including causal attributions and beliefs about its acceptability. Children most consistently attributed intimate partner violence to the aggressor being provoked by the other parent, acting in anger, or using aggression to retaliate against the other parent for a transgression. The majority of children were able to generate reasons for aggression, which suggests that they can reliably identify causes of intimate partner violence and highlights the value of asking children to provide these responses rather than to rate categories generated by researchers. By asking children to provide their own perspectives, it became evident that they perceived some aspects of interparental aggression differently based on the gender of the parent. Whereas children frequently pointed to self-defense as the cause of aggression committed by the woman in the vignettes, the man was often said to act
aggressively to continue the discussion or because the mother had not fulfilled an obligation or promise. These differences highlight the gendered notions children may have about intimate partner violence (Fosco et al., 2007) and suggest that context informs children’s beliefs about the acceptability of interparental aggression.

Results of this study suggest that the most consistent direct predictor of children’s perceptions of the acceptability of interparental aggression was their global belief about aggression, which suggests that when children find it more acceptable to use aggression during conflicts, they are also more accepting of these behaviors between parents. Children’s global beliefs were included in regression equations to examine whether specific experiences predicted beliefs about intimate partner violence beyond global beliefs about aggression. Although greater exposure to interparental aggression and community violence both predicted children finding the aggression used by the mother in the vignettes to be more acceptable, violence exposure generally did not predict children’s acceptability beliefs.

In contrast to hypotheses, results suggest that global beliefs were better direct predictors of children’s beliefs about interparental aggression than specific experiences such as exposure to different types of violence. Whereas Zelli and colleagues (1999) assert that the specific context in which aggression happens is more meaningful than examining global beliefs, these results suggest there also is a link between global beliefs and beliefs about intimate partner violence. Consistent with schema theory (Fivush, 2002), children may generalize their views of global aggression to their perceptions of interparental violence. Causal attribution research suggests that during infancy, general causal concepts develop first and are later applied to specific domains (Corrigan &
Perhaps the same occurs in the development of beliefs; children may form broad beliefs about aggression and then as they get older, apply these ideas to more specific types of violence. If children initially believe that violence is wrong, they may also think that any type of violence is wrong, whether it occurs between peers, parents, or in the community. It may be that children in this study are still developing their ideas about specific types of violence or that the older children have ideas about interparental aggression that differ from the younger participants. Younger children’s beliefs about interparental aggression may be less affected by exposure to different types of aggression than by their broader beliefs that violence is wrong. Future research may provide additional insight into children’s beliefs about the acceptability of intimate partner violence by examining factors that shape the development of their global beliefs about aggression.

Examining children’s global beliefs about aggression also provided some insight into their ideas about who perpetrated intimate partner violence. Across the assessment methods, children’s global beliefs about the acceptability of aggression were positively associated with their beliefs concerning father-, but not mother-perpetrated aggression. Given that this relationship was also found for children’s ratings of physical aggression in the interview, it seems that their broader beliefs about the acceptability of aggression are consistent with their ideas about the types of aggressive behaviors men use. Perhaps children have gendered ideas about men’s and women’s use of aggression such that men are perceived as perpetrators and women as acting in self-defense. Children who feel it is acceptable for someone to get into physical fights when they are angry may find it more acceptable for men to use these behaviors in relationships. Consistent with Lichter and
McCloskey’s (2004) findings that gendered ideas about family roles and dating scripts are related to dating violence victimization and perpetration, children who view men’s use of aggression as acceptable may be prone to involvement in relationship violence as teens or adults. Violence prevention work may help target this issue by addressing not only relationship violence, but also children’s more global beliefs about whether it is acceptable to use aggression during conflicts.

Although global beliefs can provide initial direct connections to children’s beliefs about intimate partner violence, results suggest that examining context can provide additional information about the specific circumstances under which children find interparental violence more or less acceptable. Specifically, mothers’ beliefs about the acceptability of intimate partner aggression moderated children’s experiences with each type of violence and their beliefs about interparental aggression. Patterns of association differed based on the type of violence and the gender of the parent committing the aggression, lending further support to the value of considering context. When mothers found fathers’ aggression more acceptable, there was a strong positive relationship between children’s experiences with parent-child aggression and their beliefs about the acceptability of intimate partner violence. The more children experienced verbal and physical aggression from their parents, the more acceptable they found interparental aggression if their mothers were highly approving of fathers’ violence. If children are yelled at or hit as a form of discipline, they may feel they did something wrong and deserved the aggression. This belief may then be applied to their interpretation of interparental aggression. Consistent with research showing that children who have been maltreated tend to blame themselves for their abuse (Feiring et al., 2002; McGee et al.,
2001), children may place blame on parents who are victimized by their partners. Mothers who convey the message that fathers’ use of intimate partner violence is acceptable may contribute to children’s perceptions that a parent did something to warrant the aggression. It appears that this combination of mothers’ approval of father-perpetrated aggression with children’s experiences of parent-child aggression creates a context through which children view interparental violence as more acceptable.

The relationship between parent-child aggression and mothers’ beliefs about interparental aggression provided insight into the circumstances that are important to children’s beliefs about intimate partner violence. Moderating effects also were found in regards to children’s experiences with interparental aggression, with different relationships noted when mothers rated the acceptability of maternal and paternal use of aggression. When mothers were more accepting of maternal-perpetrated aggression, interparental aggression had a stronger association with children’s own views of the mother’s aggression than when mothers showed lower levels of acceptance. Given that children and mothers in this study frequently endorsed self-defense as a cause of the mother’s aggression in the vignettes, mothers and children may both have had experiences that contribute to their perceptions of intimate partner violence. If mothers are involved in frequent conflict with their partners, they may feel they have reason to verbally or physically defend themselves and likely would find that to be acceptable. Mothers may then convey the message that it is okay for women to act in self-defense, which may shape children’s beliefs about this particular use of aggression. When there are higher levels of interparental aggression in their own homes, children may agree that mothers have reasons to use self-defense and come to view aggression in self-defense as
acceptable.

In contrast, a different pattern was noted when mothers found fathers’ use of aggression more acceptable. In this context, higher approval by mothers was associated with children’s stronger disapproval of physical partner violence, as reported in the interview. A trend for a conceptually similar relationship with community violence was noted. These results suggest that there may be a discrepancy for children between their mothers’ approval of violence and their emotional experiences with conflict in the home or community. Children’s feeling of being threatened or frightened by the intensity, frequency, or lack of resolution of conflict between their parents (Grych et al., 2003) or in their neighborhood, may outweigh their mothers’ perceptions about interparental aggression. This pattern may be particularly evident in the context of chronic, severe violence, which is more often perpetrated by men. Future studies should examine these associations in the presence of more severe levels of violence to see if mothers’ views of fathers’ aggression similarly shape children’s beliefs in violent and non-violent families.

Although mothers’ beliefs about the acceptability of interparental violence significantly moderated children’s exposure to each form of aggression and children’s own views about this type of violence, direct effects were noted only when mothers and children talked about violence together. These results raise the questions of how mothers shape children’s views of violence and why children reported similarly disapproving views of aggression when discussing it with their mothers. Are parents scaffolding the violence for children or are children responding to pressure to identify violence as unacceptable? It is possible that mothers were highlighting aspects that are important to consider and were thus, facilitating children’s own understanding of the
violence (Vygotsky, 1978). However, given that children reported significantly lower ratings of acceptability in the mother-child discussion than in their independent responses to the same questions and that mothers’ beliefs only predicted children’s beliefs when they were together, it seems possible that children are echoing their mother’s assertion that violence is wrong. Anecdotally, transcripts of the mother-child discussions suggested that mothers sometimes used direct instruction (‘No, you mean the grab was unacceptable’ when the child said it was acceptable) or language suggesting that their view was the correct one (‘It was wrong for the dad to do that, right?’). However, because children generally reported views of interparental aggression as wrong, future studies would help clarify this question by examining the communication styles used when parents and children discuss intimate partner violence. Are parents portraying their view as the only acceptable position in a fairly one-sided conversation or do they leave room for the child to disagree and engage in a reciprocal discussion?

The finding that children were more accepting of violence when discussing it with their mothers and that mothers’ beliefs moderated violence exposure and children’s own beliefs suggest that mothers influence their children’s perceptions of interparental violence. How though, do parents and caregivers shape children’s perceptions – is it through direct instruction or messages conveyed indirectly? Although the cross-sectional nature of this study precludes a more thorough examination of this issue, findings may be able to provide some initial insight. Whereas the mother-child discussion involved talking about views of violence together, the previously described moderators of violence exposure consisted of mothers’ independent ratings of interparental aggression. Since children were not present to hear their mothers talk about these particular ratings, results
suggest that children may be picking up on more subtle aspects of their mothers’ beliefs about intimate partner aggression. For example, they may overhear conversations about whether it is acceptable for a partner to yell during an argument or they may be told by their parent that it is okay to hit a classmate in self-defense and then generalize that perception of peer conflict to beliefs about interparental aggression.

Results of this study suggest that mothers may have more of an indirect, rather than direct influence on children’s beliefs about intimate partner violence. The finding that children reported more accepting views of interparental violence only in the presence of their mothers suggests that direct instruction may not have long-lasting impressions on children’s actual beliefs. Being directly told by parents that violence is or is not okay may not shape their perceptions as much as children coming to that determination on their own. Longitudinal research is needed to provide further insight into this issue. Examining parents’ and children’s beliefs and how they may change over time would help clarify questions about the mechanisms by which parents’ influence their children’s beliefs about interparental violence and whether indirect or direct messages are more influential.

Despite some initial insights into factors that may shape children’s beliefs about interparental aggression, it is acknowledged that findings from this study supported a small number of hypotheses. Contrary to hypotheses, neither mothers’ perceived causes of intimate partner violence nor exposure to different types of violence predicted children’s own perceptions of why interparental violence happens. It is possible that the low levels of intimate partner violence experienced by women in this sample reduced the likelihood that children have previously given consideration to why parents are
aggressive to each other or that mothers would explicitly explain causes of this type of violence to their children. Although children were reliably able to report causes of interparental aggression, these perceptions may be unrelated to violence exposure or their mothers’ views of what causes aggression between parents. Future studies may provide further insight into the degree to which violence exposure shapes children’s perceived causes of intimate partner violence by testing for differences in causes among children from violent and non-violent families. Another factor that may have contributed to the relatively small number of findings is the fact that only 31 youth reported that they have begun dating. Perhaps relationship experiences are needed to know more about why violence happens in intimate relationships.

Relatively little support was found for hypotheses predicting children’s beliefs about the acceptability of interparental aggression. Mothers’ perceived causes of violence did not predict children’s beliefs about its acceptability and children’s perception that the mother was acting in self-defense was the only causal attribution that predicted views that violence is more acceptable. Although it is possible that self-defense is seen as an exception to the belief that violence is generally unacceptable, future research is needed to reduce the likelihood that this finding was a Type I error resulting from testing several predictors of children’s acceptability beliefs.

The relatively small number of supported hypotheses also may be accounted for by age and cultural factors that were not examined in the present study. Children ages 9-14 were selected for participation based on the cognitive ability to consider other people’s perspectives and intentions and also to reflect on their own thoughts, feelings, and behaviors (Fraser, 1996). However, this age range spans different developmental periods
and includes preadolescents and adolescents, factors that may contribute to different perceptions of interparental violence. Younger children tend to view aggression as a more acceptable way to resolve conflict than do older children (Graham-Berman & Brescoll, 2000). Perhaps younger children view aggression as a form of punishment; they may then find it more acceptable for parents to be aggressive towards each other if they feel one parent did something wrong. As children get older, they may witness or hear about more violent events in their neighborhoods and homes that give them a different context for interpreting the acceptability of interparental violence. If older children are exposed to more community violence for example, they may come to view aggression as more normative and think it is more acceptable for parents to use aggression in conflicts. Whereas younger children may examine their immediate surroundings (i.e. family relationships) for ideas about what causes interparental aggression, older children may generalize their causal understanding of other types of violence they have experienced or seen in their homes or communities to aggression between parents.

Similarly, children’s perceptions of interparental violence may differ based on cultural factors or socioeconomic background. Although group differences in acceptability beliefs were not noted based on ethnicity, there are other factors that comprise culture that were not examined in the present study, yet are likely important to perceptions of interparental aggression. The religious beliefs and community perceptions of conflict that surround a child as they are growing up likely shape their and their parents’ perceptions of violence (Fosco et al., 2007). Similarly, participants could identify as belonging to various ethnicities, each of which is made up of many diverse
cultures; within the Latino community, for example, there were participants from Mexico, Puerto Rico, and Honduras. The values and beliefs held by people of different cultural backgrounds may contribute to perceptions of what caused aggression or whether aggressive behavior is even seen as such. If parents do not consider physical aggression to be abusive or wrong, they may convey these views to their children.

Cultural values also shape what is considered appropriate and acceptable behavior for men and women. A child who grows up in a household that views men as dominant and in charge of the family may find it more acceptable for men to use aggression during conflicts in their relationships or may have different ideas about why aggression happened compared to households with different gender roles. Consistent with this idea, a study of stereotyped family beliefs found that intimate partner violence was positively associated with beliefs for minority but not nonminority children. The more violence experienced by their mother, the more children viewed violence as a parent’s prerogative (Graham-Bermann & Brescoll, 2000). Other factors that may shape children’s ideas of what causes interparental aggression or the degree to which it is acceptable include experiences with discrimination or inequality. Additional research is needed to examine the different ways that cultural factors may shape children’s perceptions of intimate partner violence.

Clinical Implications

Results of this study have important implications for clinical work with children who have been exposed to intimate partner violence as well as violence prevention efforts. Notably, children most consistently attributed intimate partner violence to reasons such as provocation, anger, and retaliation for being wronged by the other parent.
Although in this study, self-defense was the only cause linked to children’s beliefs that interparental violence is more acceptable, these causes highlight the way children perceive violence between parents and may be connected to their own use of aggression. If children think that parents hurts each other when they are angry or have done something wrong, they may view other types of violence through a similar lens and may be more likely to use aggression if they feel they have been provoked or need to get revenge. Similar to clinical work on bullying, interventions with children exposed to intimate partner violence may be able to help children generate causal explanations that do not blame the victim or excuse the perpetrator’s behavior. Thinking of alternative causes for violence may help children challenge misattributions about intimate partner violence and perhaps, reduce the likelihood that children will be involved in violence in their own relationships as adolescents or adults.

Violence prevention programs may be able to serve a similar aim by targeting children’s causal attributions about violence. Given that much of the violence occurring between youth in the community appears to be based on issues of provocation and revenge, causal attributions appear to be driving much of this reciprocal violence. Programs in schools or communities may be able to help children think of the devastation that is heaped on families and neighborhoods when teens shoot each other because someone wronged them or their friends. This topic may be more personalized and reach more youth if programs such as those that ask former gang members or violence victims to share their experiences are implemented and focus on causal attributions.

Intervention and prevention programs also may be able to interrupt the cycle of violence by addressing children’s beliefs about the acceptability of intimate partner
violence. Given that mothers’ beliefs about violence acceptability moderated the relationship between children’s exposure to different types of violence and children’s own beliefs about how acceptable interparental violence is, these programs may be well served by taking a family approach. Clinicians treating children who have been exposed to interparental or parent-child aggression may be able to break a link between finding violence more acceptable and children’s own aggressive behavior if they include the parents in treatment. Helping parents think about or change their own perceptions of violence or having the family talk with the child about the violence they witnessed or experienced may facilitate children’s adjustment and shape their own views about violence. Research has shown that when parents who have committed parent-child aggression participate in their children’s treatment, there can be greater improvements in child adjustment and positive parenting skills relative to parents who complete treatment on their own (Runyon, Deblinger, & Steer, 2010).

Violence prevention programs may also be able to help stop the cycle of violence by focusing on children’s global beliefs about the acceptability of violence as well as their more specific beliefs about interparental violence. If children believe that violence is an acceptable means of resolving conflicts, whether between parents or in other contexts, they are more likely to use aggression themselves (Crick & Dodge, 1994). School or community programs that target beliefs about the acceptability of violence may reduce the likelihood of children and teens using aggression in their own conflicts. Existing programs may be enhanced by focusing on different contexts in which violence occurs and directly addressing issues of provocation, retaliation, and self-defense. Having open and honest discussions about the dangers of using aggression even if it is
meant to defend oneself or friends will not likely have immediate or direct effects on violence rates, but may be able to heighten community and family awareness of the continuing epidemic of the cycle of violence.

Limitations and Future Directions

Although the current study provides some initial insight into factors that predict and moderate children’s understanding of intimate partner violence, there are limitations. One such limitation relates to the relatively low level of violence experienced by children in this study. In the context of low exposure to interparental, parent-child, and community aggression, it may be less likely for relationships between these variables and children’s understanding of intimate partner violence to emerge. A goal of this study was to improve the generalizability of previous findings with shelter samples by examining children’s understanding of violence in a community sample. It is possible that increased variance in each type of violence would produce different relationships with children’s causal attributions and beliefs about acceptability. Children who witness more severe and chronic acts of violence in their homes and neighborhoods or who experience more severe physical aggression may have different ideas about what causes intimate partner aggression or how acceptable this type of violence is, relative to children who live in homes characterized primarily by mild verbal and physical aggression. However, similarities in causal attributions in this sample and in children living in more violent homes (DeBoard-Lucas & Grych, 2011b) suggest that there are commonalities in perceptions of intimate partner violence between children in violent and non-violent families. Future studies would shed further light on this question by examining
children’s understanding of intimate partner violence in the context of exposure to higher levels of interparental, community, and parent-child aggression.

Related to the limitation associated with low levels of violence exposure is the difference in the amount of time that lapsed since aggression occurred. Although exposure to each type of aggression was measured over the past year, some children reported violence that had occurred prior to that time frame and for other children, aggression was on-going. Consistent with research showing that accumulation of risk factors is more important to child adjustment than an isolated risk factor (Gerard & Buehler, 2004a, b; Sameroff et al., 2003), differences in perceptions of intimate partner violence may be noted when exposure to aggression is measured over a longer timeframe. Future studies may provide clarification on this issue by examining life-time exposure to each of the three types of aggression measured in this study.

It also is acknowledged that this study investigated a fairly large number of hypotheses, which increases the chance of making a Type I error. Although this study attempted to control for this likelihood by limiting analyses of causal attributions to the most consistently endorsed categories, it remains possible that the null hypothesis was at times rejected when significant differences did not exist.

Another issue to consider is the limited ability of cross-sectional data to make causal inferences or clarify the mechanisms by which children form impressions of intimate partner violence. Using cross-sectional methods, it is unknown what changes may have taken place in children’s understanding of interparental aggression over time. It would be interesting to know if children had a particular casual attribution or belief that changed based on experiences with violence or conversations with their parents. Did
children think intimate partner violence happens because a victim does something to provoke it and then this idea changed when they witnessed a friend being attacked in their neighborhood? Did they view interparental aggression as wrong before or after their mother spoke to them about it? Longitudinal methods would be able to address these questions in a way that is not feasible using cross-sectional data. Future research should implement longitudinal studies utilizing mixed-methods of quantitative and semi-structured interviews, as it remains critically important to build on our knowledge of the factors that shape children’s perceptions of intimate partner violence. Knowing more about how children’s understanding of interparental violence changes over time has implications for clinical and preventative work. Clinicians working with children exposed to interparental violence would be able to choose interventions to address maladaptive attributions or beliefs about violence if more was known about how these perceptions change. Violence prevention programs would reap similar benefits in their ability to intervene in the cycle of violence.

In summary, this study highlights the importance of context in shaping children’s perceptions of intimate partner violence. In responding to semi-structured methods, children were able to reliably report on their perceptions of interparental aggression, both in terms of their causal attributions and their beliefs about its acceptability. Children generally found women’s use of interparental aggression more acceptable than aggression committed by men. However, mothers’ beliefs about the acceptability of intimate partner violence moderated the relationships between violence exposure and children’s own beliefs. Consistent with work linking children’s beliefs about the acceptability of aggression with perpetration of violence (Brockenbrough et al., 2002; Dodge et al., 1995;
Calvete, 2007; Herrenkohl et al., 2003), the current study provides insight into factors that contribute to children’s beliefs about the acceptability of interparental aggression.
BIBLIOGRAPHY


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Appendix

Vignette #1 *

Max’s mother got home after a long day at work. She was tired and sat down on the couch. Max’s dad came home a few minutes later and asked her when dinner would be ready. She said “Why don’t you make it? I worked all day too and had to take Max to soccer practice.” Max’s dad said that it was her job, and they started arguing with each other. They were yelling at each other, and his mother started to leave the room. His father grabbed her by the arm. His mother pushed him away, and Max’s dad pushed her back, and she fell down. They looked up and realized that Max had seen their conflict.

1. What started the situation? OE
2. Why did the dad grab the mom’s arm? OE

3a. Was it all right for Max’s dad to grab his mom’s arm?

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3b. Why or why not? OE

4. Why did Max’s mom push his dad? OE

5a. Was it all right for Max’s mom to push his dad?

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5b. Why or why not? OE

6. Why did Max’s dad push his mom back? OE

7a. Was it all right for Max’s dad to push his mom back?

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7b. Why or why not? OE

8. What do you think the mom will do? OE
9. What do you think Max will do? OE
10. Whose fault is this conflict? OE

*Vignette #1 is the vignette discussed in the Mother-Child Discussion
Vignette #2
Carlos’ dad, Miguel, arrived home and found a note from his wife, Selena, saying that she wouldn’t be home until later that evening. Earlier, she had told Miguel that she would help Carlos with his homework. Selena didn’t get home until after the kids had gone to bed, and told her husband that she had been visiting a friend. Miguel was angry and yelled at her for not being home to help their son with his homework. They began to argue, and raised their voices louder and louder. When his wife told him that he was acting like a child, Miguel slapped her twice across the face. Her lip started bleeding. Then, they noticed that Carlos was standing in the doorway.

1. What started the situation? OE
2. Why did Miguel slap Selena? OE
3a. Was it all right for Miguel to slap Selena?
   Not ok at all 2 3 4 5 6 7
   Somewhat ok
   Completely ok
3b. Why or why not? OE
4. What do you think the wife will do? OE
5. What do you think the child (Carlos) will do? OE
6. Whose fault is it that Selena was slapped?
Youth Interview

No matter how well couples get along, from time to time they all have disagreements. Moms and dads might have differences of opinions or different ideas about how to do something or where to go. We’d like to ask you some questions about what you think about parental disagreements. Sometimes parents yell or use their words when they have disagreements; some parents might use their hands when they have disagreements. There are no right or wrong answers to any of these questions. We want to know what you think about these things.

1. What is arguing?

2. What happens when people argue? Follow-up: (What do they do?)

3. Is arguing different from fighting? (If yes: How are they different?)

4. What happens when parents argue? Follow-up: (What does each parent do?)

5. What happens after parents argue? (How does it end?)

6. What do kids do when parents argue?

7. If you could see two parents through a window and you couldn’t hear what was happening, how would you know if they were fighting? What would you see?
   - Use what they report ’seeing’ to ask why? (ex: if they say ‘yelling’, ask ‘Why were the parents yelling? What happened before?’; if they say ‘hitting’ ask ‘Why were the parents hitting? What happened before?’)

8. Now imagine that the window is open and you can hear the parents fighting. What would you hear?

9. Imagine you saw one of the parents slap the other (a slap is with an open hand).
   a. Why might that have happened?
   b. Is it ok? (use Likert scale) Why/why not?
      If child needs clarification: Can you imagine any situation where it’s ok? – use Likert scale
   c. Whose fault is it?
   d. What do you think would happen next? (How would the other parent respond?)

10. Imagine you saw one of the parents punch the other (a punch is with a closed fist).
    a. Why might that have happened?
    b. Is it ok? (use Likert scale) Why/why not?
       If child needs clarification: Can you imagine any situation where it’s ok? – use Likert scale
    c. Whose fault is it?
    d. What do you think would happen next? (How would the other parent respond?)
11. Imagine you saw one of the parents push or shove the other.
   a. Why might that have happened?
   b. Is it ok? (use Likert scale) Why/why not?
      If child needs clarification: Can you imagine any situation where it’s ok? – use Likert scale
   c. Whose fault is it?
   d. What do you think would happen next? (How would the other parent respond?)

12. When is it ok for a parent to slap, punch, or push the other? When is it wrong?

13. Imagine that you saw a child in the same room with the parents when the (slap, hit, push, etc) happened. What would the child do?

14. Is there anyone who tells you that it is ok to fight? If yes ask, ‘Who? ‘What do they say?’
15. Is there anyone who tells you that it is not ok to fight? If yes ask, ‘Who? ‘What do they say?’

II. Specific Parental Disagreement
Now I’m going to ask about your parents…..

- 16. Have you ever seen or heard either of your parents (or their partners) hit, slap, kick, or throw things that could hurt?
- If no: Have you heard from anyone else that these things happened in your family?
- 17. If yes: Tell me the story of the time you remember best.
   o (If they do not report any physically aggressive behaviors, say ‘Tell me the story of the time that your parents argued that you remember best’)
   o (Want to get at who did what, what happened next)

   o Follow-up questions if child does not mention spontaneously:
      ▪ 18. What started the argument/why did it happen?
      ▪ 19. Where were you when this happened? (want to get at seeing, hearing, hearing about)
      ▪ 20. What thoughts were going through your head? (want to get at perceived consequence)
      ▪ 21. What did you do when this was happening?
   o 22. Ask for each behavior mentioned during story of specific disagreement
- a. Why do you think the (behavior – yelling, slap, hit, etc) happened?
- b. Whose fault was it?
- c. Was it ok? (Use 1-7 Likert scale) Why/why not?
- d. What happened next?
  - 23. How did (use kids’ words – disagreement, conflict, etc) end?
  - 24. Was this a typical argument?
  - 25. Have you ever heard one parent threaten to (slap, hit, kick) the other?)
    - If yes: Who threatened to do that? What did they say?
    - Did they do (what they said they were going to do) (use child’s words)?

When the child finishes, ask “Have you told me everything that your parents said to each other and how they acted toward each other?

III. Other Families’ Disagreements

- 26. When you think of your friends and other families you know, are there other families where hitting, kicking, or throwing things happens?
  - How many? (Ask child to provide a number. If they can’t ask ‘none’ ‘1-5’ ‘6-10’ ‘more than 10’)

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