

Masthead Logo

University of Nebraska at Omaha
DigitalCommons@UNO

Criminology and Criminal Justice Faculty
Publications

School of Criminology and Criminal Justice

5-1-2017

Intimate partner violence and the overlap of perpetration and victimization: Considering the influence of physical, sexual, and emotional abuse in childhood

Tara N. Richards
University of Baltimore

Marie Skubak Tillyer
University of Texas at San Antonio

Emily M. Wright
University of Nebraska at Omaha, emwright@unomaha.edu

Follow this and additional works at: <https://digitalcommons.unomaha.edu/criminaljusticefacpub>

Part of the [Criminology Commons](#)

Recommended Citation

Richards, Tara N.; Tillyer, Marie Skubak; and Wright, Emily M., "Intimate partner violence and the overlap of perpetration and victimization: Considering the influence of physical, sexual, and emotional abuse in childhood" (2017). *Criminology and Criminal Justice Faculty Publications*. 46.

<https://digitalcommons.unomaha.edu/criminaljusticefacpub/46>

This Article is brought to you for free and open access by the School of Criminology and Criminal Justice at DigitalCommons@UNO. It has been accepted for inclusion in Criminology and Criminal Justice Faculty Publications by an authorized administrator of DigitalCommons@UNO. For more information, please contact unodigitalcommons@unomaha.edu.

Footer Logo

Intimate Partner Violence and the Overlap of Perpetration and Victimization: Considering the Influence of Physical, Sexual, and Emotional Abuse in Childhood

Introduction

Child maltreatment is prevalent and linked to a variety of negative outcomes, including violence within intimate relationships (e.g., Ehrenstaft, Cohen, Brown, Smailes, Chen, & Johnson, 2003). Research grounded in the “cycle of violence,” however, is limited in that it has often excluded emotional maltreatment as a component of child maltreatment. Further, this research base has primarily examined the impact of child maltreatment on later intimate partner violence (IPV) victimization *or* perpetration, but often does not distinguish between those who are only victims or perpetrators versus those who are both (but see Richards, Jennings, Tomsich, & Gover, 2016). Thus, it is possible that our understanding of the cycle of violence could be enhanced by considering the effect of emotional abuse in the context of child maltreatment on subsequent IPV victimization, perpetration, *and* the perpetration and victimization of IPV. We attend to these matters in the current study.

Literature Review

Children and adolescents experience high rates of physical, sexual, and emotional maltreatment by caretakers (CDC, 2014; Finkelhor, Turner, Shattuck, & Hamby, 2015; Hussey, Chang, & Kotch, 2006). For instance, the 2013-2014 National Survey of Children’s Exposure to Violence indicated that 15% of children and teens experienced at least one form of child maltreatment (physical, sexual, or emotional abuse, neglect, or custodial interference or family abduction) in the previous year (Finkelhor et al., 2015). Exposure to violence and victimization can be highly detrimental, both in the short-

(Gomez, 2011; Herenkohl, Mason, Kosterman, Lengua, Hawkins & Abbott, 2004; Murphy, 2011) and long-term (Stith, Rosen, Middleton, Busch, Lundeberg, & Carlton, 2000; Widom, Czaja, & Dutton, 2014). Childhood physical and sexual maltreatment have been associated with a range of negative consequences, including both IPV perpetration and victimization (Bensley, Van Eenwyk, Wynkoop, & Simmons, 2003; Ehrenstaft et al., 2003; Herrenkohl, Chung, & Catalano, 2005; Jennings, Richards, Tomsich, & Gover, 2015; Renner & Slack, 2006; Roberts, McLaughlin, Conron, & Koenen, 2011; Stith et al., 2000). Studies such as these suggest a causal relationship between prior victimization and later perpetration of violence via the intergenerational transmission of violence or “the cycle of violence,” whereby children who experience family of origin violence are more likely to learn the utility of violence and model violence in their own relationships (Widom, 1989). According to this perspective, individuals who experience family of origin abuse may be more likely to accept violence as an expected aspect of interpersonal relationships and experience an increased risk of relationship violence victimization as well. Conversely, they may be at risk for perpetrating subsequent IPV because they have seen it modeled in their family environment (Holt et al., 2008). This rationale stems from social learning theory, which holds that individuals learn through observation and operant conditioning (Bandura, 1977). In support, multiple studies have found empirical associations between family of origin violence and an increased risk of later IPV victimization and perpetration (e.g., Stith et al., 2000, 2004; Magdol et al., 1998; Ehrensaft et al., 2003; Widom et al., 2014).

Consistent with these theoretical underpinnings (i.e., that abused children might become a perpetrator *or* victim of later IPV), studies examining childhood maltreatment

and subsequent intimate partner violence have primarily examined victimization and perpetration of IPV separately; few have considered the impact of child maltreatment on subsequent victimization *and* perpetration of violence within intimate partnerships. It is possible that failure to consider this third category of victims *and* offenders masks important differences between those who are in a relationship with mutual violence versus those who are a victim (or perpetrator) only. For example, Caetano, Ramisetty-Minkler, and Field (2008) examined the influence of childhood physical abuse on both IPV victimization and perpetration and found that among females, childhood physical abuse was associated with both perpetrating physical violence against their partner and experiencing physical victimization from their partner (i.e., bi-directional violence), while among males, childhood physical abuse predicted perpetrating physical partner violence only. Further, Richards et al. (2016) examined the relationship between physical and sexual abuse and IPV “victimization only,” “perpetration only,” or “victimization and perpetration” (compared to no IPV involvement) among U.S. college students. Findings showed that sexual abuse increased the likelihood of membership in the IPV victim-perpetrator group, but not membership in the victim-only or perpetrator-only groups, while physical abuse was not associated with membership in any of the IPV groups (compared to no IPV involvement). Thus, it is possible that being both a victim and a perpetrator of IPV has a unique etiology with regard to the cycle of violence; that is, these studies suggest that various types of childhood victimization (e.g., physical abuse, sexual abuse) may influence subsequent victimization, perpetration, and victimization-perpetration differently for males and females.

One type of maltreatment that has received less attention in the cycle of violence

research, and virtually no attention in the bi-directional IPV literature, is the impact of childhood emotional maltreatment. Emotional abuse is often omitted from scholarly examinations of childhood and adolescent trauma (Finkelhor, Omrod, Turner, & Hamby, 2005), but is both highly prevalent and potentially damaging to later outcomes. In fact, Finkelhor and colleagues (2015) found that it was reported at overall greater rates than other types of maltreatment for respondents' ages 6-17 years old. The nascent evidence of child emotional maltreatment and the cycle of violence has been mixed, though, with some studies finding that emotional abuse contributes to IPV meaningfully – and uniquely – apart from physical and/or sexual child abuse. For instance, Seedat, Stein, and Ford (2005) found that among a large sample of women, childhood emotional abuse as well as sexual abuse were significantly associated with later intimate partner violence victimization, but physical abuse was not. Further, Crawford and Wright (2007) found that childhood emotional abuse predicted perpetration of relationship aggression among college students, when using a combined measure of physical, emotional, and sexual aggression, as well as separate measures, and when controlling for relevant predictors, such as other forms of child abuse. They also found evidence that childhood emotional abuse was related to intimate partner victimization.

The importance of emotional abuse to subsequent IPV involvement may be explained by attachment theory primarily because secure child-caregiver attachment is critical for children to develop working models of interpersonal relationships (Bowlby, 1969, 1982). Secure child-caregiver attachment engenders in the child a strong sense of security and trust in the world as they mature, giving them the confidence to explore their environment and develop secure relationships with others over the life course.

Conversely, insensitivity or unresponsiveness on the part of a primary caregiver(s) results in an insecure attachment in the child, causing feelings of fear and/or anxiety and a view that the world is characterized by rejection and an absence of safety. Thus, child maltreatment, including emotional abuse, can contribute to insecure attachments that are associated with violence in later relationships (Bowlby, 1982). Indeed, theoretical conceptualizations support the notion that emotional abuse may have differential impacts on an individual's ability to create and sustain healthy relationships. Childhood emotional abuse may prevent individuals from "learning" and "practicing" a range of important emotions in their formative relationships (e.g., relationships with caregivers), and as a result, victims may suffer emotional deficits that negatively impact their interpersonal relationships over the lifetime. A limited emotional repertoire may consist of unhealthy strategies that facilitate risk for partner victimization (i.e., avoidance, freezing/stilling) and/or increase the likelihood for perpetration of partner abuse (i.e., protest, anger) (Berzenski & Yates, 2010; Wekerle & Wolfe, 1990).

Current Study

Because emotional abuse may lead to IPV perpetration *and/or* victimization, failure to account for those who are both victims *and* perpetrators of IPV may mask important differences between this group and those who are victims *or* perpetrators only. Additionally, because some research (e.g., Caetano et al., 2008) suggests different effects of childhood maltreatment across genders, it is important to consider these issues separately for males and females.

This study aims to advance the knowledge about the effect of childhood abuse on subsequent intimate partner violence in two ways. First, we consider the effect of

childhood emotional abuse in the “cycle of violence” by examining childhood physical abuse, sexual abuse, *and* emotional abuse separately on subsequent IPV victimization and perpetration. In doing so, we seek to understand the unique effect of childhood emotional abuse on separate (but not mutually exclusive) indicators of males’ and females’ IPV victimization and perpetration, as has traditionally been examined in the literature. We hypothesize that childhood emotional abuse will be related to males’ and females’ subsequent IPV victimization and perpetration and that it will weaken any significant effects of childhood physical abuse and/or sexual abuse on IPV. Second, we then consider these effects on mutually exclusive categories of males’ and females’ IPV victimization (only), IPV perpetration (only), and a third category of victims *and* perpetrators of IPV to determine whether the effects of childhood abuse change when this third category of victims and offenders is considered. In this model, we hypothesize that childhood emotional abuse will be most impactful for predicting victim-perpetrators of IPV.

Methods

Sample

This study used data collected from participants interviewed during Wave 4 of the National Longitudinal Study of Adolescent to Adult Health (Add Health) (Harris, 2009). A sample of 52 middle schools and 80 high schools in the United States was selected with unequal probability of selection. Systematic sampling methods and stratification ensured the sample was representative in terms of region, urbanicity, school size, school type, and ethnicity (Harris, Halpern, Whitsel, Hussey, Tabor, Entzel, et al., 2009). The Add Health includes Wave 1 in-home interview data on 20,745 adolescents. Wave 4,

which was designed to examine health and developmental trajectories of study participants in young adulthood, includes 15,701 participants aged 24 to 32 in 2008, with a response rate of 80.3% (Harris, 2009). Of the individuals interviewed at Wave 4, 14,800 have nonmissing sampling weights. Given this study's focus on IPV in heterosexual relationships, 513 individuals who described themselves as homosexual or bisexual were excluded from the analyses. Of the remaining 14,287 cases, 5,715 males and 6,664 females had valid values on the variables of interest (n=12,379). Cases excluded from the analyses due to sample attrition and/or missing data differed from those included in the analyses on a number of variables. Specifically, cases retained in the analyses were less likely to experience abuse in childhood and IPV in adulthood. They were also more likely to be female, White, and employed, with higher levels of education and income relative to those excluded from the analyses.

Measures

Outcomes

Three outcome variables were created to examine possible changes in the correlates of IPV victimization and perpetration once the overlap of these experiences is considered. Items stemmed from the revised Conflict Tactics Scale (Straus & Hamby, 1996). The first outcome, *IPV victimization*, indicates that the respondent experienced any of the following in the past year: partner threatened you with violence, pushed or shoved you, or threw something at you that could hurt; partner slapped, hit, or kicked you; and you had an injury, such as a sprain, bruise, or cut because of a fight with your partner (0=no, 1=yes). The second outcome, *IPV perpetration*, measures whether the respondent reported any of the following in the past year: threatened partner with violence, pushed or

shoved partner, or threw something at partner that could hurt; slapped, hit, or kicked partner; and partner had an injury such as a sprain, bruise or cut because of a fight with you (0=no, 1=yes). Finally, we created a four-category nominal variable measuring *IPV involvement*, with respondents coded as no involvement (0), victim only (1), perpetrator only (2), or victim and perpetrator (3).

Childhood Maltreatment

Childhood maltreatment is measured using three Wave 4 items asking respondents about the frequency of abuse occurring before their 18th birthday. *Physical abuse* measures how often a parent or adult caregiver hit the respondent with a fist, kicked the respondent, or threw the respondent down on the floor, into a wall, or down stairs. *Sexual abuse* measures how often a parent or other adult caregiver touched the respondent in a sexual way, forced the respondent to touch him or her in a sexual way, or forced the respondent to have sexual relations. *Emotional abuse* measures how often a parent or other adult caregiver said things that really hurt the respondent's feelings or made the respondent feel unwanted or unloved. Responses were coded as never (0), one time (1), two times (2), three to five times (3), six to ten times (4), more than ten times (5).

Covariates

Control variables include the respondent's *age* and race/ethnicity (*Black*, *Hispanic*, and *Other*, with Non-Hispanic White as the omitted category). *Education* is a 4-category ordinal variable ranging from less than high school diploma to college degree. *Employed* reflects whether the participant works for pay for at least 10 hours per week (0=no, 1=yes). *Household income* is a 12-category ordinal variable measuring total

household income before taxes and deductions, with values ranging from less than \$5,000 to \$150,000 or more. Finally, *cohabitation* measures whether the respondent lives with a romantic partner or spouse (0=no, 1=yes).

Analyses

Consistent with prior studies examining the antecedents of partner violence, analyses were estimated separately for males and females (Caetano et al., 2008; Herrenkohl et al., 2004). Indeed, preliminary models revealed a significant positive interaction between being male and experiencing sexual abuse in childhood for both IPV perpetration and the combination of IPV victimization/perpetration in adulthood, thus supporting the decision to examine these relationships separately for men and women.¹ First, descriptive statistics were computed by gender for the study variables (Table 1), and significant differences were examined using t-tests and chi-square tests. Next, gender-specific binary regression models predicting IPV victimization and IPV perpetration were estimated. Initial models included the covariates, physical abuse, and sexual abuse, with the addition of emotional abuse in subsequent models to observe whether its inclusion influenced the effect of the other maltreatment items on IPV victimization and IPV perpetration prevalence (Table 2). Finally, gender-specific multinomial regression models predicting IPV involvement were estimated to observe whether the relationship between the maltreatment variables and IPV changed once the overlap in IPV victimization and perpetration was considered (Table 3). All statistics were computed using probability-sampling weights to account for study design features.

Results

¹ Preliminary models are not presented here, but are available from the authors upon request.

The mean age for the sample was approximately 28 years. Women reported higher levels of education, while males reported a higher rate of employment and higher household incomes. More female respondents reported cohabitation with a romantic partner or spouse. Males reported higher rates of IPV victimization and lower rates of IPV perpetration, relative to females (Table 1). Moreover, 6.0% of males and 7.3% of females reported both victimization and perpetration in the past year. In other words, 28.3% of men and 39.5% of women who experienced IPV in the past year reported both victimization *and* perpetration. While males and females were similar with respect to physical abuse in childhood, females reported significantly higher levels of sexual and emotional abuse.

For both males and females, physical abuse in childhood was associated with an increased risk for IPV victimization (males: 1.16 [1.11-1.22]; females: 1.17 [1.11-1.23]) (Table 2). This effect was weakened when emotional abuse was added to the binary logistic regression model, but remained significant (males: 1.10 [1.04-1.16]; females: 1.10 [1.04-1.17]). As expected, emotional abuse was associated with a higher prevalence of IPV victimization for both genders (males: 1.09 [1.04-1.14]; females: 1.10 [1.05-1.15]). For both males and females, physical abuse in childhood was associated with an increased risk for IPV perpetration (males: 1.19 [1.11-1.27]; females: 1.12 [1.06-1.18]), while sexual abuse was associated with IPV perpetration for males only (1.30 [1.07-1.57]). However, the effect of physical abuse on IPV perpetration was rendered non-significant for both males and females once emotional abuse was added to the model. Again, as we hypothesized, emotional abuse was related to IPV perpetration for both

genders (males: 1.20 [1.13-1.28]; females: 1.17 [1.12-1.22] when only IPV victimization and perpetration were examined.

When participants' experiences with IPV victimization, perpetration, and both victimization/perpetration were considered, some of the maltreatment effects changed (Table 3). For males, physical abuse remained significantly related to IPV victimization only (1.10 [1.04-1.18]); however, when IPV victimization/perpetration was considered, none of the abuse variables were significantly related to IPV perpetration only. Physical abuse (1.09 [1.00-1.18]), sexual abuse (1.27 [1.03-1.56]), and emotional abuse (1.22 [1.14-1.31]) were all significantly related to experiencing IPV as both a victim and perpetrator in the past year. For females, physical abuse remained significantly related to IPV victimization prevalence only (1.17 [1.08-1.28]) and emotional abuse remained significantly related to IPV perpetration prevalence only (1.16 [1.01-1.23]). In addition, emotional abuse was significantly associated with experiencing IPV as both a victim and perpetrator in the past year for females (1.18 [1.11-1.24]). Overall, the results confirmed our hypotheses that childhood emotional abuse would be related to IPV victimization and perpetration among males and females both when the third category of victim-perpetrators was considered and when it was not.

Discussion

The purpose of this study was to examine the importance of childhood emotional maltreatment in the "cycle of violence" as well as the importance of considering IPV victim-perpetrators in this cycle. The main findings from the current research are that (1) emotional abuse is an important predictor of both IPV victimization and perpetration, (2) the relationship between maltreatment type and IPV perpetration, but not victimization,

differs according to gender, and (3) failure to measure the IPV victim/offender overlap – respondents who are both victims *and* offenders – may conflate our understanding of the impact of child maltreatment on IPV involvement. The importance of these findings is strengthened by the use of a nationally representative sample.

First, emotional abuse was independently predictive of males' and females' IPV victimization and perpetration, even when other forms of abuse were also assessed. This is consistent with the limited existing research on maltreatment types and IPV (Crawford & Wright, 2007; Seedat et al., 2005). Emotional abuse increased the odds of IPV victimization by 9% and 10% for males and females, respectively, and the odds of IPV perpetration by 20% and 17%, respectively. Thus, emotional abuse is an important, though often unexamined, form of maltreatment to consider in the cycle of violence, and this holds for both victimization and perpetration of subsequent partner violence. This is particularly important given the prevalence of emotional abuse, not only in the sample used here, but also in other nationally representative data (e.g., Finkelhor et al., 2015).

Second, we uncovered gender differences regarding maltreatment type (particularly when emotional abuse was examined) and IPV perpetration. Our findings suggest that the significant impact of physical abuse on later IPV perpetration demonstrated in prior studies (e.g., Bensley et al., 2003; Herrenkohl et al., 2004; Roberts et al., 2011) *may* be predicated upon the exclusion of emotional abuse: when only physical abuse and sexual abuse were considered, physical abuse was associated with a 19% and 12% increase in IPV perpetration for males and females respectively, but when physical, sexual, *and* emotional abuse were considered, the predictive impact of physical abuse was rendered non-significant while emotional abuse was significant for both males

and females (20% and 17%). Sexual abuse, on the other hand, may be a gender-specific risk factor for IPV perpetration, as it increased the odds of IPV perpetration only for males (by 30% and 26%), regardless of whether emotional abuse was included.

The intergenerational transmission of violence or cycle of violence literature asserts a causal relationship between experiencing physical abuse in childhood and later IPV through the adoption of physical violence as normative behavior in interpersonal relationships (i.e., operant conditioning). However, the equally strong association between emotional abuse and later IPV victimization and perpetration presented here suggests the importance of mechanisms beyond learning and accepting the use of *physical* violence. Such results are consistent with the contention that emotional abuse disrupts children's secure attachment with caregivers and as a result leaves children with limited opportunities to learn to express the spectrum of positive and negative emotions healthfully (Berzenski & Yates, 2010; Wekerle & Wolfe, 1990), as well as process and react to other's emotions without the use of violence or acceptance of violent victimization (Bowlby, 1982).

Finally, our study also considered the victim/offender overlap in the context of IPV. A nontrivial percentage of those reporting IPV involvement in this nationally representative sample reported membership in the overlap group: 6% of males and 7.3% of females. Important changes regarding the relationship between child maltreatment and later IPV involvement were uncovered when IPV was measured as mutually exclusive categories: IPV victimization or IPV perpetration (Table 2), compared to when a third category, *IPV victimization and perpetration*, was also included (Table 3). First, like the "victim or perpetrator" models in Table 2, physical abuse predicted IPV victimization

(only) for males and females even when emotional abuse was considered, and it did not predict IPV perpetration (only) for either gender when including emotional abuse. Instead, physical abuse was predictive of male involvement as an IPV *victim-perpetrator*. Similarly, sexual abuse, which was only predictive of IPV perpetration among males in the “victim or perpetrator” models (Table 2), was only predictive of being an IPV *victim-perpetrator* when IPV involvement was examined as mutually exclusive categories. Emotional abuse, which appeared to be predictive of victimization and perpetration for both genders (Table 2) did not predict IPV perpetration (only) for males, but did for females, and it was predictive of being a victim-perpetrator for both genders. Taken together, our results suggest that no type of child maltreatment is significantly related to perpetrating IPV (only) among males once IPV victim-perpetrators are considered, while all are predictive of being involved in IPV as victim-perpetrator for males. Emotional abuse, on the other hand, appears directly related to IPV perpetration among females (being significant for perpetration-only and victim-perpetrators). Finally, consistent with intergenerational transmission of violence/cycle of violence, physical child abuse is directly linked to IPV victimization (only) and this relationship holds across males and females even when the IPV victim-offender overlap is considered.

The current study suggests that identifying children who have experienced a range of child maltreatment including emotional abuse may also help recognize a group at-risk for future IPV victimization and perpetration. These results, as well as prior research by Seedat et al. (2005) and Crawford and Wright (2007), suggest that childhood emotional maltreatment may be as significant in predicting later IPV perpetration and victimization as physical abuse. Thus, the focus of therapeutic intervention programs for maltreated

children must consider both the short-term impact of abuse on children's well-being as well as the long-term impact on their ability to create and sustain healthy interpersonal relationships, and this includes healthy *emotional* relationships. Promising, evidenced based programming in the area of childhood social and emotional development (see SAMHSA, 2016 for examples) may be utilized to improve current intervention efforts. Likewise, domestic violence offenders participating in batter intervention treatment programs, which often focus almost exclusively on promoting offender accountability and behavioral change (Aaron & Beaulaurier, 2016), would likely benefit from therapeutic components targeting participants' experiences with childhood maltreatment, particularly experiences with emotional abuse.

Further, while significant efforts have focused on childhood sexual abuse as a risk factor for re-victimization among females (Coid, Petruckevitch, Feder, Chung, Richardson, & Moorey, 2001; Stermac, Reist, Addison, & Millar, 2002) the results presented here suggest that childhood sexual abuse among males is important to consider when it comes to IPV perpetration and victimization, and should be examined more regularly in childhood abuse research among males. Finally, it is clear that study results may be misleading regarding the impact of childhood maltreatment on later IPV involvement when the group of IPV victim-offenders is not considered. More research is needed to understand the risk factors for becoming involved in this group – our study suggests that childhood abuse may be particularly important for membership in this group for males, but not females. Additional research on this topic is necessary to develop intervention and prevention strategies.

The purpose of this study was to examine the importance of childhood emotional maltreatment in the “cycle of violence” as well as the importance of considering victim-perpetrators in this cycle, and while our study provides important insights into these issues, some limitations should be noted. The current research investigates the most basic relationships between the presence of childhood maltreatment and IPV involvement, and thus, did not examine the overlap or accumulation of maltreatment types or polyvictimization among respondents. Although most respondents who had been abused reported only experiencing one type of abuse (30% of all respondents), some respondents did report polyvictimization (14% reported experiencing two types of maltreatment, 1% reported experiencing all three types). It is possible that the patterns uncovered here would differ if polyvictimization or cumulative victimization had been considered, but such analyses were both beyond the scope of this study and analytically impossible given the small sample sizes for some of the mutually exclusive maltreatment types. A next step for future cycle of violence research might include assessing the effect of individual and combined forms of maltreatment on IPV involvement.

An examination of other factors that may moderate the impact of maltreatment, such as the timing of the abuse, duration/chronicity of abuse, or perpetrator characteristics were also beyond the focus on the current study. Research regarding whether these factors moderate the impact of emotional abuse on subsequent IPV victimization, perpetration, or victimization-perpetration is warranted. Further, although the current study used a previously validated measure of intimate partner violence victimization and perpetration, the Conflict Tactic Scale, IPV experiences were self-reported. Despite the use of self-reported victimization, the limited recall period of one

year may reduce problems with respondent recall. Similarly, childhood maltreatment was assessed using retrospective self-reports. While previous research demonstrates the predictive validity of such measures for a range of adolescent and adult outcomes (Tajima, Herrenkohl, & Huang, 2004; Widom & Shepard, 1996), retrospective self-reported accounts likely underreport abuse. Also, cases omitted due to missing data were significantly more likely to report abuse. Taken together, it is possible that the estimates of abuse reported in this study are somewhat conservative, which raises the chance that the findings presented here may be conservative estimates of the effects of childhood maltreatment on later IPV involvement. Additional research on the topic is warranted in order to demonstrate consistency in results across studies. Furthermore, there is some research to suggest gender differences in the reporting and accuracy of sexual abuse in particular, with adult males less likely than adult females to recall and report child sexual abuse when a documented case exists (Widom & Morris, 1997). Finally, some have suggested that the context of violence within intimate partner relationships is important to consider when examining perpetration and victimization, particularly regarding whether one's violence was in defense of the other's violence (e.g., Swan et al., 2008). We were unable to examine this issue in the current study, and encourage future research to do so.

Conclusions

The current study highlights the complexity of childhood maltreatment and the need for further research on the impact of emotional abuse on subsequent IPV victimization and perpetration. Results demonstrate that children who have experienced maltreatment are at a significant risk for intimate partner violence in adulthood and that emotional maltreatment – a type of abuse that is often overlooked – may play an

important role in proliferating interpersonal violence throughout the life course. The findings presented here suggest that strategies focused solely on maltreatment to children's bodies may "miss the mark" in terms of intervention efforts. Screening for multiple child maltreatment types and targeted intervention for maltreatment among children as well as adults with IPV experiences must be prioritized. Evidence-based practices for social and emotional health should be considered in the development and/or revisions of therapeutic interventions. Further, child maltreatment experiences may be an important component of batter intervention programs that has been widely overlooked. Finally, while theoretical arguments exist within the cycle of violence to account for victimization, perpetration, and victimization-perpetration of subsequent IPV, research has rarely examined this third category. Our results suggest important differences in the etiology of this type of violence for males and females and understanding this issue could better inform prevention/intervention efforts to break the cycle.

References

- Aaron, S. M., & Beaulaurier, R.L. (2016). The need for new emphasis on batterer intervention programs, *Trauma, Violence, and Abuse*. Advanced online publication DOI: 10.1177/1524838015622440.
- Afifi, T.O, MacMillan, H., Cox, B.J., Asmundson, G.J., Stein, M.B., & Sareen J. (2009). Mental health correlates of intimate partner violence in marital relationships in a nationally representative sample of males and females. *Journal of Interpersonal Violence, 24*(8), 1398–1417.
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychology Review, 84*, 191-215.
- Bensley, L., Van Eenwyk, J., & Wynkoop Simmons, K. (2003). Childhood family violence history and women’s risk for intimate partner violence and poor health. *American Journal of Preventive Medicine, 25*(1), 38-44.
- Bowlby J. (1969). *Attachment and loss, Vol 1: Attachment*. New York: Basic Books.
- Bowlby J. (1982). *Attachment and loss, Vol 1: Attachment* (2nd Ed.) New York: Basic Books.
- Caetano, R., Ramisetty-Minkler, S., & Field, C.A. (2005). Unidirectional and bidirectional intimate partner violence among white, black, and Hispanic couples in the United States. *Violence and Victims, 20*(4), 393- 406.
- Center for Disease Control and Prevention [CDC]. (2014). Child maltreatment: Facts at a glance. Retrieved from <http://www.cdc.gov/violenceprevention/pdf/childmaltreatment-facts-at-a-glance.pdf>

- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. (2015). Intimate partner violence: Consequences. Available at: <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html>
- Coid, J., Petrukevitch, A., Feder, G., Chung, W., Richardson, J., & Moorey, S. (2001). Relation between childhood sexual and physical abuse and risk of revictimization in women: A cross-sectional survey. *Lancet*, 358(9280), 450–454
- Ehrenstaft, M.K., Cohen, P., Brown, J., Smailes, E., Chen, H., & Johnson, J.G. (2003). Intergenerational transmission of partner violence: A 20-year prospective study. *Journal of Consulting and Clinical Psychology*, 71(4), 741-753.
- Fang, X., Brown, D.S., Florence, C.S., & Mercy, J.A. (2012). The economic burden of child maltreatment in United States and implications for prevention. *Child Abuse Neglect*, 32(2), 156-165.
- Finkelhor, D., Omrod, R., Turner, H., & Hamby, S.L. (2005). The victimization of children and youth: A comprehensive, national survey. *Child Maltreatment*, 10(1), 5-25.
- Finkelhor, D., Turner, H.A., Shattuck, A., & Hamby, S.L. (2015). Prevalence of childhood exposure to violence, crime, and abuse: Results from the National Survey of Children's Exposure to Violence, *JAMA Pediatrics*. Advanced Online Publication.

- Gomez, A.M. (2011). Testing the cycle of violence hypothesis: Child abuse and adolescent dating violence as predictors of intimate partner violence in young adulthood. *Youth & Society*, 43(1), 171–192.
- Harris, K.M. (2009). The National Longitudinal Study of Adolescent Health (Add Health), Waves I & II, 1994–1996; Wave III, 2001–2002; Wave IV, 2007-2009 [machine-readable data file and documentation]. Chapel Hill, NC: Carolina Population Center, University of North Carolina at Chapel Hill. DOI: 10.3886/ICPSR27021.v9
- Harris K.M., Halpern, C.T., Whitsel, E., Hussey, J., Tabor, J., Entzel, P., et al. (2009). The National Longitudinal Study of Adolescent to Adult Health: Research Design. Available at: <http://www.cpc.unc.edu/projects/addhealth/design>.
- Herrenkohl, T.I., Chung, I.J., & Catalano, R.F. (2004). Review of research on predictors of youth violence and school-based and community-based prevention approaches (pps. 449-476). In P. Allen-Meares & M.W. Fraser (Eds.), *Intervention with children and adolescents: An interdisciplinary perspective*. Boston, MA: Allyn & Bacon.
- Herrenkohl, T., Mason, A., Kosterman, R., Lengua, L., Hawkins, D., & Abbott, R.D. (2004). Pathways from physical childhood abuse to partner violence in young adulthood. *Violence & Victims*, 19(2), 123–136.
- Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse and Neglect*, 32, 797-810.

- Jennings, W.J., Richards, T.N., Tomsich, E., & Gover, A. R. (2015). The relationship between child sexual abuse and adult physical dating violence perpetration and victimization: A propensity score analysis. *Journal of Child Sexual Abuse, 24*, 659-681.
- Magdol, L., Moffitt, T. E., Caspi, A., & Silva, P. A. (1998). Developmental antecedents of partner abuse: A prospective-longitudinal study. *Journal of Abnormal Psychology, 107*(3), 375-389.
- Murphy, L. M. (2011). Childhood and adolescent violent victimization and the risk of young adult intimate partner violence victimization. *Violence & Victims, 26*(5):593–607.
- Renner, L., M., & Slack, K.S. (2006). Intimate partner violence and child maltreatment: Understanding intra- and intergenerational connections. *Child Abuse & Neglect, 30*, 599-617.
- Richards, T.N., Tomsich, E., Gover, A. R., & Jennings, W.J. (2016). The cycle of violence revisited: Distinguishing intimate partner violence offenders only, victims only, and victim-offenders. *Violence and Victims*. Advanced Online Publication DOI.org.ezproxy.lib.usf.edu/10.1891/0886-6708.VV-D-15-00056.
- Roberts, A.L., McLaughlin, K.A., Conron, K.J., & Koenen, K. C. (2011). Adulthood stressors, history of childhood adversity, and risk of perpetration of intimate partner violence. *American Journal of Preventative Medicine, 40*(2), 128-138.
- Seedat, S., Stein, M.B., & Forde, D.R. (2005). Association between physical partner violence, post traumatic stress, childhood trauma, and suicide attempts in a community sample of women. *Violence and Victims, 20*(1), 87-98.

- Straus, M.A., Hamby, S.L., Boney-McCoy, S., & Sugarman, D.B. (1996). The Revised Conflict Tactics Scales (CTS2): development and preliminary psychometric data. *Journal of Family Issues, 17*(3), 283–316.
- Stermac, L., Reist, D., Addison, M., & Millar, G.M. (2002). Childhood risk factors for women's sexual victimization. *Journal of Interpersonal Violence, 17*(6), 647–670.
- Stith, S. M., Rosen, K. H., Middleton, K. A., Busch, A. L., Lundenberg, K., & Carlton, R. P. (2000). The intergenerational transmission of spouse abuse: A meta-analysis. *Journal of Marriage and Family, 62*(3), 640-654.
- Stith, S. M., Smith, D. B., Penn, C. E., Ward, D. B., & Tritt, D. (2004). Intimate partner physical abuse perpetration and victimization risk factors: A meta-analytic review. *Aggression and Violent Behavior, 10*, 65-98.
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2016). *CASEL guide – Effective social and emotional learning programs for preschool and elementary schools*. Retrieved from <http://www.samhsa.gov/capt/tools-learning-resources/effective-social-emotional-learning-programs>
- Tajima, E.A., Herrenkohl, T.I., Huang, B., & Whitney, S.D. (2004). Measuring child maltreatment: A comparison of prospective parent reports and retrospective adolescent reports. *American Journal of Orthopsychiatry, 74*, 424-435.
- US Department of Health and Human Services (USDHHS), Administration on Children, Youth and Families. (2010). Child maltreatment 2008. Available at: <http://www.acf.hhs.gov>.
- Widom, C.S. Child abuse, neglect, and violent criminal behavior. (1989). *Criminology, 27*(2), 251-271.

- Widom, C.S., & Morris S. (1997). Accuracy of adult recollections of childhood victimization: Part 2. Childhood sexual abuse. *Psychological Assessment*, 9, 34-46.
- Widom, C.S., & Shepard, R.L. (1996). Accuracy of adult recollections of childhood victimization: Part Childhood physical abuse. *Psychological Assessment*, 8, 412-421.
- Widom, C. S., Czaja, S., & Dutton, M. A. (2014). Child abuse and neglect and intimate partner violence victimization and perpetration: A prospective investigation. *Child Abuse and Neglect*, 38(4), 650-663.