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Familial and Individual Risk Markers for Physical and Psychological Dating Violence Perpetration and Victimization Among College Students

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Abstract

Dating violence (DV) is a prominent problem among college students that can result in harmful physical and mental health outcomes. Though much research has focused on physical DV, fewer studies have examined psychological DV. As such, the current paper compared early/familial risk markers (e.g., child physical abuse, witnessing parental violence, and maternal relationship quality) and individual risk markers (e.g., alcohol use, marijuana and prescription drug use) for physical and psychological

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DV among college students. Data were gathered at two large public universities using pencil and paper surveys ($N = 1,482$). Bivariate results revealed more risk markers for men (e.g., more child physical abuse, more frequent drinking, more close friends who drink and more marijuana and prescription drug use) compared to women. Multivariate results showed that familial risk markers were generally most important for explaining *physical* DV victimization and perpetration whereas individual risk markers were more salient for explaining *psychological* DV victimization and perpetration. Findings highlight the contribution of both early/familial and individual risk markers for understanding psychological and physical DV victimization and perpetration among college students.

Keywords: college students, dating violence, familial risk markers, individual risk markers

Dating violence (DV), which can include physical, sexual, and psychological violence is widespread among college students (Barnett et al., 2005) and is estimated to affect over one-third of college students in the U.S. (Stappenbeck & Fromme, 2010). DV is a major public health issue as it is linked to numerous negative physical and mental health outcomes (Pengpid & Peltzer, 2020; Sargent et al., 2016) including depression and physical injury (Park & Kim, 2018) and may also negatively impact future relationships through the continuance of DV (Berkel et al., 2004). To date, however, much research has been conducted on physical DV (Elmqvist et al., 2014; Stappenbeck & Fromme, 2010; Pengpid & Peltzer, 2020) while fewer studies have examined psychological DV. As a result, it is unclear whether risk markers are the same for both psychological and physical DV, leading researchers to call for more work in this area (Spadine et al., 2020; Vidourek, 2017). As such, the current paper fills this literature gap by comparing early/familial risk markers (e.g., child physical abuse and witnessing parental violence) and individual risk markers (e.g., alcohol use, marijuana, and prescription drug use) for both physical and psychological DV among college women and men.

Literature review

Dating Violence Perpetration and Victimization

DV perpetration and victimization are common among college students. Rates of perpetration in the U.S. range from 29% (Elmquist et al., 2014) to 40% (Tussey & Tyler, 2019; Tyler et al., 2017). This range is similar to international studies. A 17-country study of 33 universities revealed that DV perpetration ranged from 17 to 45% among college students (Straus, 2004). In terms of victimization, as many as 62% of college students have experienced some type of DV (Cho et al., 2020). Other findings suggest more conservative estimates of victimization prevalence. For instance, one study found that 19% of female college students reported experiencing physical DV (Stappenbeck & Fromme, 2010).

Psychological and Physical Dating Violence

Psychological DV is reportedly the most prevalent type of DV, despite receiving less attention than other types of DV such as physical and sexual (Cho et al., 2020; Shorey et al., 2011). For example, Toplu-Dermirtas & Finchman (2020) in their study of 1,057 college students in Turkey found that 80% of women and 75% of men reported perpetrating psychological DV compared to 43% of women and 35% of men who reported perpetrating physical DV. Likewise, Cho and colleagues (2020) found higher rates of psychological DV victimization (88%) for both men and women as compared with physical DV victimization (49% for women and 39% for men). Indeed, psychological DV is widespread amongst college students.

Familial Risk Markers

Child Physical Abuse and Witnessing Parental Violence

A history of child abuse (Gover et al., 2011; Herrenkohl et al., 2004; Tussey & Tyler, 2019; Tyler et al., 2017) and witnessing parental violence (Duval et al., 2018; Gover et al., 2011) have both been found to be risk factors for DV perpetration and/or victimization. Witnessing

parental violence has also been found to be directly associated with DV perpetration (Gover et al., 2011) and as well as indirectly associated with DV through engagement in risk behaviors (Simons et al., 2012; Tussey et al., 2021).

Mother-Child Relationship Quality

Studies have consistently found that individuals with a higher quality or more positive relationship with their mother perpetrate violence less frequently and are also less likely to be a victim of DV (Hèbert et al., 2019; Park & Kim, 2018; Testa et al., 2010). Moreover, having strong maternal quality relationships and established family ties is also protective against both perpetration and victimization of DV (Hèbert et al., 2019). Thus, one may infer that having lower maternal relationship quality may be positively associated with perpetrating DV or being a victim of DV. Overall, these findings indicate that maternal relationships may play an integral role in understanding DV.

Low Self-Control

Because experiencing family violence has been linked to lower self-control among both male and female adolescents in a multi-level meta-analysis (Willems et al., 2018), we include self-control as an early/family risk marker (Simons et al., 2008). Though there is limited research on the association between self-control and DV, research that does exist indicates that those with lower self-control are at an increased risk of DV. For instance, Brewer and colleagues (2018) found that among college students, those with lower levels of self-control were more likely to perpetrate DV. Similarly, Hassija and colleagues (2018) study of college women revealed that having lower self-control was predictive of perpetrating DV. Finally, Tyler et al. (2017) found that having lower self-control was directly associated with DV perpetration as well as indirectly associated with perpetration through heavy drinking and drug risk behaviors among college students. The limited research shows that students with lower self-control are at greater risk for perpetrating DV.

Individual Risk Markers

Close Friends Drinking Behavior

Research has found that peers can influence individual's own drinking behavior (Byrd, 2016; Cox et al., 2019). In a study comparing drinking behaviors of college students and non-students, Byrd (2016) found that peer drinking behaviors was the strongest predictor of individual drinking behaviors. Moreover, Cox et al. (2019) found that college students who overestimated peer drinking were more likely to drink heavily and had more instances in which they drank overall. Thus, it is possible that having friends who have higher alcohol consumption Familial and Individual Risk Markers for Physical and Psychological 405 may be associated with individuals themselves engaging in heavy drinking; thus, having peers with risky drinking behaviors may be a risk marker for DV.

Respondent Drinking

Several studies have identified excessive alcohol use as an important correlate risk factor of DV (Hill et al., 2020; Shorey et al., 2011, 2014). For example, research indicates that binge drinking is associated with all forms of DV whereby as instances of binge drinking and heavy drinking increased, so too did the perpetration of physical and psychological DV (Hill et al., 2020; Shorey et al., 2014). Overall, much of the literature finds a positive association between heavy alcohol use and DV perpetration and victimization (Shorey et al., 2011, 2014; Tussey & Tyler, 2019).

Marijuana Use and Prescription Drug Use

Though ample research on college students has shown a positive association between alcohol use and risk for DV victimization and perpetration (Shorey et al., 2011; Tussey & Tyler, 2019; Tyler et al., 2017; perpetration only), less is known about the influence of marijuana and other drugs (Shorey et al., 2017). Shorey and colleagues (2014) found that greater alcohol use was associated with an increased odds of perpetrating physical DV while marijuana use was associated with an increased odds of perpetrating psychological but not physical DV among female college students. Moreover, research finds that the use of other drugs is also a correlate of DV perpetration and/or

victimization (Durant et al., 2007; Testa & Brown, 2015; Tussey & Tyler, 2019). That is, Durant et al. (2007) found that those who used illicit drugs in the past 30 days were more likely to experience physical DV. Past 30-day alcohol and marijuana use have also been linked with physical DV perpetration (Durant et al., 2007). Much of the research on marijuana use and DV is preliminary; thus Shorey et al. (2017) call for further research.

Gender

Gender also adds to the complexity in understanding DV. Though there are inconsistencies in the literature regarding whether men or women perpetrate more DV (Archer, 2000; Cuenca et al., 2015; Kimmel, 2002), Archer (2000) found that women were more likely to perpetrate physical DV than men, while Melton and Stilito (2012) found that women were less likely to perpetrate violence compared to men. Regardless, it is important to note that when women do experience DV, they are much more likely to sustain injuries compared to men (Archer, 2000). Moreover, though some research finds higher reporting rates of perpetration among women, it should be kept in mind that these higher perpetration reporting rates may be attributed to numerous factors including the type of scale used. The CTS2, for example, does not consider the situational context; thus, some of the perpetration women are reporting may be in self-defense.

Theoretical framework

The current study uses a self-control perspective (Simons et al., 1998, 2008) to understand the linkages between early family violence and DV. From this perspective, DV is viewed as an expression of a generally antisocial orientation that has its roots in ineffective parenting, including abuse and absence of support. The aggressiveness, impulsivity, risk taking, and low self-control that give rise to a general pattern of antisocial behavior is viewed as also responsible for an individual's involvement in DV. Applied to the current study, children exposed to child physical abuse, witnessing parental violence, and having lower maternal support are at greater risk for DV through risk behaviors including risky substance use. Specifically, a general pattern of antisocial

behavior is passed from parents to their children and because these children are more likely to develop antisocial tendencies, which persist throughout the lifespan, this affects the probability that they will engage in DV. This perspective may be more applicable to understanding physical DV rather than psychological DV, but we expect that witnessing parental violence and experiencing child physical abuse will be correlates of both types of DV.

Methods

Study Sites

Data were gathered in the 2013–2014 academic year at two large public universities in the U.S., one in the Midwest and one in the Southeast. Both universities are public land-grant institutions with undergraduate enrollment ranging from 20,000 to 25,000 students. Racial composition at both locations during data collection was approximately 80% White.

Procedure

Undergraduate students enrolled in social science courses completed a paper and pencil survey of attitudes and experiences about dating, sexuality, and substance use. Every student was eligible to participate. Students were informed that their participation was voluntary, and their responses were anonymous. They had the option of filling out the survey for course credit. If they did not wish to complete the survey, they were given another option. Students were told that if they chose not to fill out the survey or do the alternative extra credit assignment, it would not affect their course grade. Approximately 98% of all students in attendance across both institutions completed the survey, while the remaining students opted for the alternative assignment. The Institutional Review Board at both institutions approved this study for their respective location.

Measures

Dependent Variables

DV physical perpetration and victimization (Straus et al., 1996) were from the Revised Conflict Tactics Scale, which asked, “During the past 12 months, how many times have you done each of the following to a current or former partner (four items) and how often have they done each of the following to you” (four items): (1) threw something, (2) kicked, (3) punched or hit, and (4) choked you (0 = never to 4 = more than 10 times). Due to skewness, both physical perpetration and victimization were dichotomized (0 = never; 1 = at least once).

DV psychological perpetration and victimization (Straus et al., 1996) were also from the Revised Conflict Tactics Scale, which asked, “During the past 12 months, how many times have you “insulted or sworn” at a current or former partner and how often have they “insulted or sworn at you” (0 = never to 4 = more than 10 times). Due to skewness, both psychological perpetration and victimization were dichotomized (0 = never; 1 = at least once).

Independent Variables.

Child physical abuse included four items from the Parent- Child Conflict Tactics Scale (PC-CTS; Straus, Hamby et al., 1998). Respondents were asked for example whether a parent or caregiver had ever shoved or grabbed them in anger (0 = *never* to 5 = *frequently or always*). Items were summed and then the variable was logged (because of skewness), whereby a higher score indicates more physical abuse ($\alpha = .82$).

Witnessing parental violence included four items from the PC-CTS (Straus et al., 1998), that asked respondents to indicate how many times they have ever seen or heard either of their parents/caregivers engage in any of the following behaviors toward the other parent/caregiver: (1) pushing, shoving, or grabbing, (2) throwing an object at the other person in anger, (3) threaten to hit the other person, and (4) hitting or punching the other person using their hand, fist, or another object (1 = *frequently/always* to 5 = *never*) ($\alpha = .91$). The items were reverse coded and then summed. Due to skewness, the final item

was dichotomized into 0 = never witnessed parental violence and 1 = witnessed parental violence at least one time.

Maternal relationship quality adapted from the warmth subscale of the instruments used in the Iowa Youth and Families Project (Conger et al., 1992) included six items that asked what their relationship with their mother was like when they were growing up such as how often your mother “criticized you or your ideas,” “listened carefully to your point of view,” and “acted loving and affectionate toward you” (1 = always to 5 = never). Certain items were reverse coded and then a mean scale was created; higher scores indicated more positive relationships ($\alpha = .80$).

Self-control included six items from the Brief Sensation Seeking Scale (Hoyle, Stephenson et al., 2002) such as “It is hard for me to resist acting on feelings” and “I like to stop and think things over before I do them” (1 = *strongly disagree* to 5 = *strongly agree*). Certain items were reverse coded, and a mean scale was created where a higher score indicated lower self-control ($\alpha = .52$).

Amount close friends drink was a single item which asked respondents to indicate how much their close friends typically consume when drinking alcohol (1 = they do not drink to 4 = more than six drinks).

Respondent drinking included two items (Testa et al., 2003), which asked respondents, During the past 12 months, “how many times have you gotten drunk on alcohol” and “how many times have you consumed five or more (if you’re a man)/four or more (if you’re a woman) drinks in a single sitting” (0 = *never* to 5 = *five or more days per week*). The two items were averaged where a higher score indicated more frequent heavy drinking ($r = .87$).

Marijuana use was a single item measure which asked respondents if they ever smoked marijuana (1 = never to 5 = more than 10 times).

Prescription drug use was also a single item measure which asked respondents if they ever used prescription drugs (Adderall, Vivance, Xanax, Vicodin) that were not prescribed for them or used them in a way other than how the doctor prescribed them (1 = never to 5 = more than 10 times). *Gender* was self-reported and coded 0 = male; 1 = female.

Data Analytic Procedure

Chi square tests assessed bivariate associations between gender and dichotomous variables whereas student's *t*-tests assessed bivariate associations between gender and continuous variables. Logistic regression was used to assess the relationship between all study variables and physical and psychological DV perpetration and victimization given the dichotomous nature of these four outcome variables. Odds ratios (OR) are presented. For the multivariate models, the early/familial variables were entered first followed by the individual level variables. IBM SPSS Statistics version 25 was used for all analyses.

Results

Sample Characteristics.

The total sample consisted of 1,482 college students. Of these, 755 respondents (51%), were female. Most respondents were White (80%), followed by Black/African American (7.3%); Hispanic or Latino (3.6%); Asian (6.6%); and 2.4% identified their race as "other." In terms of DV, 154 respondents (10.4%) reported that they have experienced one or more types of physical DV victimization from a current or former partner in the past 12 months whereas 161 respondents (10.9%) reported perpetrating physical DV in this same time frame. Moreover, 555 respondents (37.7%) reported that they had perpetrated psychological DV against a partner whereas 527 respondents (36%) indicated they had been a victim of psychological DV from a partner in the past 12 months.

Bivariate Results

Descriptive statistics for college women and men are shown in **Table 1**. 15% of women reported perpetrating physical DV compared to 6% of men. Familial and Individual Risk Markers for Physical and Psychological DV were significant ($\chi^2 = 33.04, p < .001$). Moreover, 6.6% of women reported being a victim of physical DV compared to 14% of men and this difference was also significant ($\chi^2 = 21.99, p < .001$). Approximately 43% of women vs. 32% of men reported perpetrating psychological DV ($\chi^2 = 18.18, p < .001$) and

Table 1. Descriptive Statistics for Women and Men

<i>Dichotomous Variables</i>	<i>Women</i>		<i>Men</i>		χ^2
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	
Physical DV perpetration	115	15.2	43	6.0	33.04***
Physical DV victimization	50	6.6	101	14.0	21.99***
Psychological DV perpetration	322	42.8	228	32.0	18.18***
Psychological DV victimization	291	38.8	232	32.8	5.67*
Parental violence	182	24.2	156	21.7	1.27
<i>Continuous Variables</i>	<i>Women</i>		<i>Men</i>		<i>t-test</i>
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	
Child physical abuse	0.33	0.28	0.39	0.30	4.06***
Maternal rel. quality	4.22	0.62	4.15	0.60	-1.98*
Lower self-control	2.80	0.61	2.86	0.58	1.90
Amount friends drink	3.04	0.76	3.41	0.82	8.64***
Respondent drinking	0.99	0.89	1.53	1.05	10.38***
Marijuana use	1.81	1.31	2.46	1.71	8.20***
Prescription drug use	1.38	0.96	1.88	1.43	7.86***

DV = dating violence; Rel. = relationship.

*** $p < .001$; ** $p < .01$; * $p < .05$

almost 39% of women vs. 33% of men indicated they had been victimized psychologically ($\chi^2 = 5.67$, $p < .05$). For continuous variables, men reported more child physical abuse ($M = 0.39$ vs. 0.33 , respectively) whereas women reported higher maternal relationship quality ($M = 4.22$ vs. 4.15 , respectively). Finally, men reported more close friends who consumed more alcohol ($M = 3.41$ vs. 3.04 , respectively), men engaged in more heavy drinking ($M = 1.53$ vs. 0.99 , respectively), more marijuana use ($M = 2.46$ vs. 1.81 , respectively), and more prescription drug use ($M = 1.88$ vs. 1.38 , respectively) compared to women.

Multivariate Results

Physical DV. Logistic regression results in Model 1 (**Table 2**) for physical DV perpetration revealed that women were 3.64 times more likely to have reported perpetrating physical DV compared to men (OR = 3.64; $p < .001$). Those who experienced more child physical abuse and witnessed parental violence were 3.01 times and 1.93 times, respectively, to have reported perpetrating physical DV compared to their counterparts (OR = 3.01; $p < .01$; OR = 1.93; $p < .01$). Maternal

Table 2. Logistic Regression Models for Correlates of Physical DV Perpetration (Models 1–2) and Physical DV Victimization (Models 3–4) ($N = 1,338$)

	<i>Model 1</i> <i>Physical DV Perpetration</i> OR	<i>Model 2</i> <i>Physical DV Perpetration</i> OR	<i>Model 3</i> <i>Physical DV Victimization</i> OR	<i>Model 4</i> <i>Physical DV Victimization</i> OR
Female	3.64***	4.61***	0.50***	0.58**
Child physical abuse	3.01**	2.98**	3.29***	3.32***
Parental violence	1.93**	1.94**	1.44	1.47
Maternal rel. quality	0.65**	0.64**	0.80	0.78
Lower self-control	1.81***	1.55**	1.88***	1.62**
Amount friends drink	–	1.16	–	1.03
Respondent drinking	–	1.03	–	1.11
Marijuana use	–	1.05	–	1.21**
Prescription drug use	–	1.19	–	0.94
Nagelkerke R^2	0.16	0.18	0.10	0.12

OR = odds ratio; DV = dating violence; Rel. = relationship.

*** $p < .001$; ** $p < .01$; * $p < .05$

relationship quality was also associated with perpetration: those who had higher levels of maternal relationship quality were 65% less likely to have perpetrated physical DV compared to those with lower maternal relationship quality (OR = 0.65; $p < .01$). Individuals with lower self-control had increased odds of having perpetrated physical DV by a factor of 1.81 (OR = 1.81; $p < .001$). Model 1 explained 16% of the variance in physical DV perpetration with the early/familial variables.

Model 2 added the individual level variables and showed that being female increased the odds of perpetrating physical DV by a factor of 4.61 (OR = 4.61; $p < .001$). Those who experienced more child physical abuse and witnessed parental violence were almost three times and two times, respectively, to have reported perpetrating physical DV compared to their counterparts (OR = 2.98; $p < .01$; OR = 1.94; $p < .01$). Maternal relationship quality was protective such that those who had higher levels of maternal relationship quality had a decreased odds of having perpetrated physical DV (OR = 0.64; $p < .01$). None of the other individual level variables were significant. Model 2 explained 18% of the variance in physical DV perpetration.

Results for physical DV victimization in Model 3 revealed that the odds are 50% less for females compared to the odds for males to experience DV victimization (OR = 0.50; $p < .001$). Those who experienced

more child physical abuse were over three times more likely to be a victim of physical DV (OR = 3.29; $p < .001$) while those with lower self-control were almost two times as likely to be a victim (OR = 1.88; $p < .001$). Model 3 explained 10% of the variance in physical DV victimization.

Model 4 added individual level variables and showed that females were 58% less likely to experience physical DV compared to males (OR = 0.58; $p < .01$). Child physical abuse (OR = 3.32; $p < .001$) and lower self-control (OR = 1.62; $p < .01$) were both significant correlates. Finally, those who used more marijuana experienced physical DV victimization by a factor of 1.21 (OR = 1.21; $p < .01$). Model 4 explained 12% of the variance in physical DV victimization.

Psychological DV. Logistic regression results in Model 5 (Table 3) for psychological DV perpetration revealed that women were 1.77 times more likely to have reported perpetrating psychological DV compared to men (OR = 1.77; $p < .001$). Those who experienced more child physical abuse were 1.59 times more likely to have reported perpetrating psychological DV compared to their counterparts (OR = 1.59; $p < .05$). Individuals with lower self-control had increased odds of having perpetrated psychological DV by a factor of 1.51 (OR = 1.51; $p < .001$). Model 1 explained 5% of the variance in psychological DV perpetration.

Table 3. Logistic Regression Models for Correlates of Psychological DV Perpetration (Models 5–6) and Psychological DV Victimization (Models 7–8)

	<i>Model 5</i>	<i>Model 6</i>	<i>Model 7</i>	<i>Model 8</i>
	<i>Psychological DV Perpetration</i>	<i>Psychological DV Perpetration</i>	<i>Psychological DV Victimization</i>	<i>Psychological DV Victimization</i>
	OR	OR	OR	OR
Female	1.77***	2.76***	1.41**	2.15***
Child physical abuse	1.59*	1.64*	1.44	1.47
Parental violence	1.03	1.02	1.00	1.01
Maternal rel. quality	0.84	0.81*	0.85	0.81*
Lower self-control	1.51***	1.13	1.41**	1.04
Amount friends drink	–	1.46***	–	1.31**
Respondent drinking	–	1.13	–	1.22**
Marijuana use	–	1.24***	–	1.26***
Prescription drug use	–	1.09	–	1.05
Adjusted R^2	0.05	0.14	0.03	0.12

OR = odds ratio, DV = dating violence, Rel. = relationship.

*** $p < .001$; ** $p < .01$; * $p < .05$

Model 6 added individual level variables and showed that being female increased the odds of perpetrating psychological DV by a factor of 2.76 (OR = 2.76; $p < .001$). Those who experienced more physical abuse were 1.64 times more likely to have reported perpetrating psychological DV compared to their counterparts (OR = 1.64; $p < .05$). Those who had higher levels of maternal relationship quality had a decreased odds of having perpetrated psychological DV (OR = 0.81; $p < .05$). Finally, those who had more close friends who drank more alcohol (OR = 1.46; $p < .001$) and those who used more marijuana (OR = 1.24; $p < .001$) were 1.46 times and 1.24 times, respectively, to have perpetrated psychological DV. Model 6 explained 14% of the variance in psychological DV perpetration.

Results for psychological DV victimization in Model 7 revealed that being female is associated with an increased odds of experiencing victimization (OR = 1.41; $p < .01$). Those with lower self-control were 1.41 times as likely to be a victim (OR = 1.41; $p < .01$). Model 7 explained 3% of the variance in psychological DV victimization.

Model 8, which added the individual level variables revealed that females were 2.15 times as likely to have experienced psychological DV compared to males (OR = 2.15; $p < .001$). Those who had higher levels of maternal relationship quality had a decreased odds of having experienced psychological victimization (OR = 0.81; $p < .05$). Having more close friends who drink more alcohol (OR = 1.31; $p < .01$) and respondents with heavier drinking (OR = 1.22; $p < .01$) were 1.31 times and 1.22 times, respectively, to have experienced psychological DV. Finally, those who used more marijuana were 1.26 times more likely to have experienced psychological DV (OR = 1.26; $p < .001$). Model 8 explained 12% of the variance in psychological DV victimization.

Discussion

This paper compared early/familial and individual risk markers for physical and psychological DV among college women and men. Overall, bivariate results reveal more risk markers for men (e.g., more frequent drinking) compared to women. Multivariate results show that *familial* risk markers are generally more important for explaining

physical DV victimization and perpetration whereas *individual* risk markers tend to be more salient for explaining *psychological* DV victimization and perpetration.

Familial Risk Markers

Child Physical Abuse and Witnessing Parental Violence

Consistent with prior research (Gover et al., 2011; Herrenkohl et al., 2004; Tussey & Tyler, 2019) child abuse is positively associated with physical DV perpetration and victimization and psychological perpetration (Tussey & Tyler, 2019; Tyler et al., 2017). Children who experience child physical abuse may be more likely to view this behavior as normative because it is what they experienced growing up. As such, when they experience conflict or aggression, they may be more apt to resort to using physically or psychologically abusive behaviors to deal with conflict in their own dating relationships as young adults.

Though witnessing parental violence was positively associated with physical DV perpetration, which is consistent with prior research (Duvall et al., 2020; Gover et al., 2011), this relationship was not significant for physical DV victimization or psychological DV perpetration or victimization. One possible explanation for this non-significant finding may be due to the fact that though child physical abuse and witnessing family violence are correlated, experiencing child physical abuse is a more important risk marker among this sample. Related, another possible explanation may be that respondents experienced more physical abuse as a child compared to witnessing parental violence, which may explain this difference. Finally, it is plausible that parental violence is more important for explaining physical perpetration, compared with DV that is psychological.

Maternal Relationship Quality

Results indicate that maternal relationship quality is protective against physical DV perpetration and psychological victimization and perpetration. The significant relationship between maternal relationship quality and DV victimization and perpetration is consistent with previous literature (Hèbert et al., 2019; Park & Kim, 2018; Testa et al., 2010). One possible explanation for this finding may be related to parental monitoring, which tends to influence the quality of the

relationship one has with one's mother as more monitoring can lead to better parent-child relationships (Davis et al., 2019; Hèbert et al., 2019). Moreover, establishing positive relationship ties with one's mother may provide young adults with the support they need, protecting them from forming relationships with abusive partners (Hèbert et al., 2019), and thus protecting young adults from DV.

Low Self-Control

As expected, lower self-control is associated with physical perpetration and victimization, which is consistent with past literature (Brewer et al., 2018; Hassija et al., 2018; Tyler et al., 2017), but is only significant in the psychological victimization and perpetration models with family risk markers. It is possible that lower self-control is associated with perpetrating physical DV due to impulsivity. That is, having lower self-control may make one inclined to act on impulse when angered, which can result in the perpetration of physical DV in the heat of an argument. Likewise, having lower self-control may make it more difficult to leave a violent partner when experiencing physical DV.

Individual Risk Markers /Behaviors

Close Friends Drinking Behavior

Having close friends who drink more alcohol is a risk marker for the perpetration and victimization of psychological DV but not for perpetration and victimization of physical DV. The rationale for this may be that having close friends who consume more alcohol is characteristic of the respondent themselves. That is, prior research shows that an individual who reports having close friend who binge drink may also participate in binge drinking themselves (Byrd, 2016). Another possible reason for the significant relationship between close friends drinking and psychological DV may be due to the perception that individuals have of their close friends' drinking habits. Literature has shown that the perception that one's close friends consume higher amounts of alcohol increases an individual's alcohol consumption (Byrd, 2016; Cox et al., 2019; DiGuseppi et al., 2020). Overwhelmingly, past literature on DV perpetration and victimization is linked to the use of alcohol in some capacity (Collibee & Furman,

2018; Haynes et al., 2018; Tyler et al., 2017). Thus, the close friends you associate with matter because they influence individuals drinking behaviors, which is related to DV.

Respondent Drinking

Respondent drinking was only positively associated with psychological victimization, which is only partly consistent with past research that finds that heavy drinking increases the risk of perpetrating physical and psychological DV (Hill et al., 2020; Shorey et al., 2011, 2014). One possible reason for this discrepancy may be that the current study also examined marijuana use, which was significant in the final models for physical and psychological DV, and it may be explaining more of the variance than heavy drinking. In terms of psychological violence, it is also possible that heavy drinking may lead to arguments and cause one partner to lash out at another.

Marijuana Use and Prescription Drug Use

Marijuana use was associated with physical victimization and psychological victimization and perpetration, which is consistent with the work of Shorey et al. (2014). Given the preliminary work that has been done on marijuana use and DV (i.e., Shorey et al., 2017 call for more research in this area), we speculate that perhaps the effects of marijuana use are not monolithic. That is, while some people may report experiencing calmness with marijuana use, others can report a sense of paranoia that may increase the risk of perpetrating and experiencing DV (Shorey et al., 2017). Like alcohol use, marijuana use may lower an individual's inhibitions thereby impairing an individual's judgement which may increase the risk of perpetrating and experiencing DV.

Gender

Gender results show that women are more likely to perpetrate physical and psychological DV, are more likely to experience psychological DV, but are less likely to experience physical victimization compared to men. This finding is inconsistent with some prior literature that finds that women are less likely to perpetrate violence compared to men (Melton & Sillito, 2012). One possible explanation for this gender difference may be attributed to the CTS2 scale, which has been

criticized for not taking the situational context into consideration. A second reason may be that it is more socially acceptable for women to report perpetrating DV than it is for men. It is also plausible that men do in fact perpetrate more violence but fail to report it due to this being socially unacceptable. For victimization, it is possible that men report experiencing less DV because they do not view a slap in the face, for example, as violence because it may not cause injury. Given socially acceptable gender norms, men may be less likely to report being a victim of DV because they do not want to be viewed as weak.

The current findings are somewhat supportive of a self-control perspective (Simons et al., 1998, 2008) such that experiencing more child physical abuse is often associated with lower self-control, both of which are associated with physical DV perpetration and victimization. Witnessing parental violence and having poorer maternal relationship quality are both associated with perpetrating physical DV, which is consistent with this perspective. Moreover, a self-control perspective holds that those who experience child physical abuse and witness parental violence, are at greater risk for DV through risky substance use, which is also partially supported in the current study. That is, college students who have more close friends who drink heavily, respondent heavy drinking, and marijuana use are all associated with perpetrating and/or being a victim of psychological DV. Thus, a general pattern of antisocial behavior may be passed from parents to their children through family violence and low maternal support and because these children are more likely to be aggressive, impulsive, risk takers, and have lower self-control, this gives rise to a general pattern of antisocial behavior, which increases the probability that these individuals will engage in DV.

Limitations

Some limitations should be noted. First, the study was cross sectional, therefore only correlated assumptions can be made and not causal ones. Second, findings cannot be generalized to reflect the entire college population because participants were not randomly selected. Third, due to the retrospective nature of some questions, respondents may over- or underreport on some measures due to misremembering

behaviors. Fourth, though women have greater odds of reporting perpetrating physical and psychological DV compared to men, women also report experiencing psychological victimization compared to men. This finding of women being more likely to report perpetration than men may be a limitation of the CTS2 scale, which does not consider the situational context. Moreover, due to the social desirability bias, men may be less willing to report perpetration due to societal factors surrounding violence against women. It should be noted that when victimization does occur, these individuals should never be blamed as the fault always lies with the person perpetrating the violence. Fifth, though self-control is significant in the final models for physical DV, it should be noted that the alpha reliability for the self-control scale is low. Finally, because this study only focused on females and males, their DV experiences cannot be generalized to transgender and non-binary individuals.

Policy Implications and Future Research

Specifically, this study highlights that both women and men experience and perpetrate physical and psychological DV. Prior literature highlights the prevalence of psychological violence (Cho et al., 2020; Shorey et al., 2011; Toplu-Dermirtas & Finch, 2020) and as such, social programs intended to educate young adults on DV should emphasize the negative effects of psychological abuse as well as warning signs that are associated with this type of abuse. More attention should be placed on psychological abuse because this type of abuse (e.g., insults, swearing) may be less likely to be viewed as abusive compared to physical abuse such as hitting and slapping. Additionally, social programs aimed at preventing DV victimization and perpetration should also inform individuals that DV can affect anyone regardless of gender. Prevention programs should not underestimate the influence of positive maternal relationship quality because current results show this can protect against DV. Current results emphasize a need for additional exploration into protective factors against DV victimization and perpetration as further research could help elucidate better protection and/or prevention of DV. Additionally, more research is needed that uses participant reports from both partners so that we can obtain a better understanding of the social context of dating violence as

well as the extent to which some of the dating violence may be bidirectional in nature. Knowing this information has important implications for intervention with this population. Lastly, future research should consider DV among individuals who do not identify as male or female, such as transgender and non-binary individuals. This is important as lesbian, gay, bisexual, transgender, and queer persons tend to be underrepresented in DV research, though they experience high rates of DV (Bolam & Bates, 2016).

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