



HHS Public Access

Author manuscript

Crim Behav Ment Health. Author manuscript; available in PMC 2017 October 01.

Published in final edited form as:

Crim Behav Ment Health. 2016 October ; 26(4): 293–303. doi:10.1002/cbm.2012.

From Early Dating Violence to Adult Intimate Partner Violence: Continuity and Sources of Resilience in Adulthood

Sarah J. Greenman¹ and Mauri Matsuda²

Sarah J. Greenman: sgreenman01@hamline.edu; Mauri Matsuda: mmatsuda@rand.org

¹Hamline University, 1536 Hewitt Ave St Paul, MN 55104, 651-523-2075

²RAND Corporation, 1776 Main Street, Santa Monica, CA 90401, 310-393-0411

Abstract

Background—Previous literature has found continuity for intimate partner violence, but little research has explored continuity between dating violence and adult IPV or whether protective factors may attenuate this relationship.

Aims—This research hypothesized a positive relationship between dating violence in early adulthood and later adulthood IPV and that support and attachment would provide buffering and direct protection for this relationship.

Methods—Data from the Rochester Youth Development Study were used to explore these questions through negative binomial regression.

Results—Dating violence was statistically significantly related to an increase of adult IPV. Family support, parental reports of attachment to the subject, peer support, and parenting-related social support all were protective factors that provided a direct effect for those respondents perpetrating dating violence. None of the protective factors provided buffering protection between dating violence and adult IPV.

Conclusions—Results confirm significant continuity between dating violence and IPV and that support from peers and family, parenting-related support, parental reports of attachment, protect an individual from continuing to engage in intimate partner violence throughout adulthood.

Bolstering these supportive relationships may help provide points of intervention to interrupt the link between early dating violence and later adulthood IPV.

Introduction

Previous research has found that involvement in dating violence during adolescence and early adulthood is associated with increased risk for intimate partner violence (IPV) in later adulthood (e.g. Band-Winterstein and Eisikovits, 2009; Jasinski, 2001; Murphy and O’Leary, 1989; Woffordt et al., 1994). Research also indicates that many individuals who report violent behaviour in early dating relationships do not report similar violent behaviours in later relationships. In this paper, we examine the direct and protective effects of family, peer, and parenting-related support and attachment on frequency of partner violence in adulthood. Very little research has explored the role of protective factors in preventing individuals from perpetrating intimate partner violence, particularly in a longitudinal

framework. Our research attempts to address this gap in the literature by asking the following questions:

1. Is dating violence in early adulthood associated with greater frequency of IPV in later adulthood?
2. Do family, peer, and parenting-related support and attachment reduce frequency of IPV in later adulthood (i.e. direct protective effect)?
3. Do family, peer, and parenting-related support and attachment diminish the effect of early dating violence on frequency of IPV in later adulthood (i.e. buffering protective factors)?

Prior Literature

Research has found that IPV peaks in the early 20s and then decreases in the later 20s (Johnson et al., 2015; Shortt et al., 2012). Prior literature has shown continuity in IPV within the same relationships over time (e.g. Caetano, 2005; O’Leary et al., 1989; Schumacher and Leonard, 2005), as well as across different relationships (e.g. Chase et al., 2002; Whitaker et al., 2010). Despite continuity, many individuals desist from IPV as they mature into adulthood. For example, one study found that only 29.7% of couples continue perpetrating from one relationship to the next (Whitaker et al., 2010). It is not clear what accounts for within-individual variation – continuity versus change – in IPV.

This literature is limited in several ways. First, most of these studies have only examined dating and partner violence across a limited age range, with most studies based on cross sectional research designs (see Capaldi et al., 2012 and Vagi et al., 2013 for reviews). Increasingly, researchers have employed prospective, longitudinal research designs to identify risk and protective factors predicting long-term developmental patterns in IPV perpetration and victimization (see Costa et al., 2015 for a review). Second, prior research has explored limited explanations for this continuity outside of childhood risk factors and partner differences (i.e. relationship characteristics), with fewer studies exploring protective factors. In a review of 20 studies, Vagi and colleagues (2013) identified only three studies that explored the role of protective factors, finding that collectively research has identified 53 risk factors and only 6 protective factors linked to IPV. As Capaldi and colleagues (2012) note, “we know more about risk factors than about protective factors; particularly, as these may provide important leverage for prevention, further attention should be paid to protective factors” (p. 29).

Protective Factors

Life course theory suggests the importance of social bonds as protective factors that may prevent or interrupt persistence in antisocial behaviours, such as IPV (Laub and Sampson, 2003). Support from and attachment to parents, conventional peers, and children may facilitate turning points, particularly during the role transitions and identity shifts that accompany emerging adulthood. Although the importance of parents and peers for behaviours such as juvenile delinquency is expected to diminish as individuals enter adulthood, these bonds may play a continued role as individuals form relationships and

families of their own (Laub and Sampson, 2003). For example, relationship stress may be mitigated by external support from parents and peers, and parents and peers may model appropriate relationships.

Although limited, research suggests that attachment to and support from family and peers may protect against IPV. Studies have shown that childhood family support diminishes the risk of witnessing abuse as a child and perpetrating abuse later in life (Roberts et al., 2010) and that maternal and paternal support are related to a lower likelihood of perpetrating IPV across adolescence (Banyard et al., 2006) and in early adulthood (Herrera et al., 2008). Similarly, for a sample of adolescent females, maternal attachment is associated with lower likelihood of IPV perpetration (Cleveland et al., 2003). Research has also shown that higher friendship quality measured at 16 was associated with lower perpetration of IPV at age 21 (Linder and Collins, 2005). Finally, attachment to child and other processes associated with parenthood, such as shifts in identity and changes in routine activities, may function as turning points (Siennick and Osgood, 2008). Qualitative interviews show that offenders often describe their children as part of the desistance process (Giordano et al., 2002; Giordano et al., 2015; Laub and Sampson, 2003, however few studies have examined this in the context of IPV, particularly with quantitative measures that assess relationship quality (versus childbearing).

The Current Study

In the current study, we explored whether early adult dating violence (approximately age 20) increases later adult intimate partner violence (approximately ages 29 and 31) and whether family, peer, and parenting-related support and attachment ameliorate this relationship. We hypothesize that:

1. Young adults who engaged in dating violence will report more frequent involvement in IPV in later adulthood.
2. Attachment to caregiver, attachment to subject by the caregiver, family support, peer support, peer conventional values, parenting social support, and attachment to child will each be associated with less frequent IPV across adulthood (i.e. direct protective factors).
3. The relationship between dating violence and adult intimate partner violence will be attenuated when the individual is attached to their caregiver (subject and caregiver report), has family support, has peer support, has peers with conventional values, has parenting social support, and is attached to their child (i.e. buffering protective factors).

Methods

Sample

To address these questions, we draw on prospective, longitudinal data from the Rochester Youth Development Study (RYDS). The RYDS sample consists of 1,000 youth who were enrolled in the seventh and eighth grades of the Rochester public school system during the

1987–88 academic year. Males and youth from neighbourhoods with high arrest rates were oversampled to ensure adequate variation in delinquency and drug use, which have low base rates in the general population; with weights, the sample is representative of the population of seventh and eighth grade youth in Rochester public schools during the 1987–88 academic year. Data collection was carried out in three phases. In phase 1, subjects, along with their caregivers, were interviewed on a biannual basis for nine total assessments (waves 1–9) across approximately ages 14–18. In phase 2, similar interviews were conducted annually on three occasions (waves 10–12) across approximately ages 21–23. In phase 3, subjects were followed up twice (waves 13 and 14) at approximately ages 29 and 31. Over 75 percent of the sample was retained at the last wave of data collection (wave 14) and differential attrition did not appear to bias the sample in any meaningful way. For the present study, we focus on a subsample of participants ($n=613$) who reported involvement in a relationship at wave 13 or 14, when they were approximately 29 (range=26–31) and 31 (range=28–33) years old.

Measures

Our dependent variable, *adult intimate partner violence* (IPV), is assessed at phase 3, when subjects were approximately ages 29 and 31 (range=26–33). We use the Conflict Tactics Scale, which includes ten items assessing the number of times in the past year a participant engaged in physically violent behaviours towards their partners, such as (1) throwing objects, (2) pushing, grabbing, or shoving, (3) slapping, (4) kicking, hitting, or hitting with a fist, (5) hitting with an object (or attempting to), (6) beating up, (7) choking, (8) threatening with a knife or gun, or (9) using a knife or gun. In addition, participants are asked whether their partner sought medical care as a result of these things. Items are summed to create an ordered count scale. We sum frequency of perpetration across both wave 13 and 14. This measure includes those individuals in a dating relationship for at least 6 months and those who are married or cohabiting.

Early dating violence is assessed at wave 10, when participants were approximately 20 years old (range=18–22). Like our outcome measure, dating violence is assessed using the Conflict Tactics Scale. Participants for the early dating violence measure reported that they were romantically involved with someone for at least 6 months, but were not married or living together, and reported similar behaviours as above were considered to have engaged in early dating violence. Approximately 11 percent of our sample reported perpetration of early dating violence.

We examine eight protective factors measured at wave 11, when participants were approximately 21 (range=20–24), across family, peer, and parenting domains. We examine three family factors. *Attachment to caregiver (subject report)* is an 11-item scale assessing the subject's attachment to a caregiver or other adult. Example items include whether they get along with, trust, or feel understood by them. Subjects report on up to five adults; our scale is based on the adult with whom they report the strongest attachment ($\alpha = .88$). We also include a measure from the subject's caregiver, of his or her *attachment to subject (caregiver report)* an 11-item scale ($\alpha = .85$). Finally, *family support* is a 7-item scale that indicates the level of support provided by the caretaker ($\alpha=.93$) with items such as whether they ask for advice or can borrow money from them.

We examine two peer factors. *Peer support* is a 6-item scale assessing the level of support provided by the subject's favourite friend ($\alpha=.90$). Example items assess whether the subject talks to his or her friend about personal things and asks their friend for advice. *Peer conventional values* is a 10-item scale assessing the sum of peers who would disapprove of hypothetical deviant activities the subject might engage in, such as using a weapon or hitting someone ($\alpha=.88$).

We also examine three parenting factors for subjects who report that they have a child ($n=415$). *Parenting social support* is a 12-item scale assessing the level of help subjects receive from a parent, in-law, or other individual regarding child care and child behaviour, finances, and related issues ($\alpha=.88$). *Attachment to child* is a 10-item scale of the subject's report of attachment, including how well they get along with or understand their child and whether he or she is too demanding ($\alpha = .70$).

In addition, we control for several background characteristics that are associated with intimate partner violence, including gender, race/ethnicity, family socioeconomic status, neighbourhood arrest rate, neighbourhood poverty rate, and participant reports of IPV victimization. Table 1 displays the sample size, means, standard deviations, and ranges for all variables used in our analysis.

Analytic Plan

Because our primary dependent variable is a count variable with over dispersion (i.e. the mean greatly exceeds the standard deviation), our analyses rely on negative binomial regression (Long, 1997). Our analysis proceeds in three steps. First, we estimate the relationship between dating violence in early adulthood and later adult IPV. Second, we estimate the direct effects of our eight protective factors on adult IPV by early dating violence status. Third, we model the interaction of early dating violence with each protective factor to determine whether they buffer the effect of early dating violence on IPV in later adulthood. All analyses control for background characteristics and are estimated in SAS PROC GENMOD.

Results

Early Dating Violence and Later Adult IPV

Adjusting for background covariates, history of dating violence perpetration in early adulthood is significantly associated with frequency of intimate partner violence perpetration in later adulthood. The expected log count is .96 greater (S.E. = .38, $\alpha=.01$) for those who report early dating violence perpetration relative to others.

Direct effect of protective factors

Given that early dating violence is a significant risk factor for later adult IPV, we turn now to determining whether our protective factors reduce the level of IPV involvement, and whether this differs among those at risk. We examine the effect of each protective factor on adult IPV separately, for those who have and have not reported perpetration of dating violence, adjusting for background covariates. See Table 2.

Among those who are at-risk, we find that two of our protective factors from the family domain are significantly associated with a reduction in adult IPV: family support and attachment to subject (caregiver report). A one-unit increase in family support reduces the expected log count of IPV by 2.08 (SE=.72, p=.004) and a one-unit increase in attachment to subject (caregiver report) reduces the expected log count of IPV by 1.9 (SE=.76, p=.01).

In the peer domain, we find that one of our protective factors is statistically significant: a one-unit increase in peer support is associated with a 2.71 reduction in the expected log count of adult IPV (SE=1.02, p=.008). Notably, peer conventional values did not have a direct effect on adult IPV.

In the parenting domain, we find that one of our protective factors is statistically significant: a one-unit increase in parenting social support is associated with a .47 reduction in the expected log count of adult IPV (SE=.22, p=.03). Among those not at-risk of IPV, we found that none of our protective factors was significantly related to perpetration of IPV in adulthood.

Buffering protective factors

To determine whether our protective factors have a *buffering* effect – that is, when a protective factor significantly offsets the effects of a risk factor on an outcome – we introduce interactions between early dating violence and each of our protective factors. Although we found that four of our protective factors compensated for the risk of involvement in early dating violence, none of our interaction terms reached statistical significance. In other words, although there is a direct effect of some of our protective factors, the effect was not large enough to significantly diminish (i.e. buffer) the added risk of early dating violence.

Discussion

In examining the continuity from dating violence to adult IPV, we found support for our first and second hypotheses, but not for our third hypothesis. As expected, early perpetration of dating violence is significantly associated with later perpetration of adult IPV. In addition, several protective factors are significantly related to lower levels of adult IPV among those who report involvement in early dating violence. Support in particular seems to have a large impact on frequency of adult IPV for those reporting early adulthood dating violence. We found that family, peer, and parenting support were significantly and inversely related to adult IPV. In addition, we found that caregiver reports of their attachment to their adult children had a significant protective effect among our at-risk group. This is especially interesting because attachment to caregiver as reported by the subject was not significant. This result could be evidence that the respondent defines attachment differently than a caregiver or the respondent is rating attachment to an adult other than the caregiver respondent. In the peer domain, the significant association of peer support, but not peer conventional values, is consistent with Cullen (1994), who suggested that it is not just the existence of relationships, but instead what those relationships provide, that is protective. Finally, within the parenting domain, the lack of significance for attachment to child supports prior quantitative literature that did not find that parenthood is a turning point

(Giordano et al., 2002, Giordano et al., 2015; Laub and Sampson, 2003; Theobald et al., 2015). Rather, the support provided by others with respect to parenting appears to be more protective.

We did not find support for our third hypothesis, that these protective factors buffer the risk of dating violence. In other words, although we found evidence that support and attachment compensate for the risk of engaging in dating violence, they do not completely eliminate this risk. Further research might suggest whether there are certain thresholds that must be met in order for these protective factors to buffer the risk of dating violence. For example, multiple protective factors may be necessary to interrupt life course patterns in IPV among those who are at risk.

This study is not without its limitations. We do not include reports of dating violence across adolescence due to limitations in the survey. It is likely that some of these protective factors would have different effects at different ages. Also, our inability to isolate the partner in this process is a limitation. Because prior literature suggests that some continuity is explained by remaining in a relationship with IPV, it would be useful to know if the relationship is the same partner from one relationship to the next. Despite these limitations, this research provides evidence regarding continuity from dating violence to adult IPV as well as the compensatory role of social support and parental attachment. Strengthening social supports for those at risk during the transition to adulthood may help disrupt longer-term trajectories of IPV perpetration.

Acknowledgments

Support for the Rochester Youth Development Study has been provided by the Centers for Disease Control and Prevention (R01CE001572), the Office of Juvenile Justice and Delinquency Prevention (2006-JW-BX-0074, 86-JN-CX-0007, 96-MU-FX-0014, 2004-MU-FX-0062), the National Institute on Drug Abuse (R01DA020195, R01DA005512), the National Science Foundation (SBR-9123299), and the National Institute of Mental Health (R01MH56486, R01MH63386). Work on this project was also aided by grants to the Center for Social and Demographic Analysis at the University at Albany from NICHD (P30HD32041) and NSF (SBR-9512290). Points of view or opinions in this document are those of the authors and do not necessarily represent the official position or policies of the funding agencies.

References

- Band-Winterstein T, Eisikovits Z. "Aging out" of violence: The multiple faces of intimate violence over the life span. *Qualitative Health Research*. 2009; 19:164–180. [PubMed: 19074633]
- Banyard VL, Cross C, Modecki KL. Interpersonal violence in adolescence ecological correlates of self-reported perpetration. *Journal of Interpersonal Violence*. 2006; 21:1314–1332. [PubMed: 16940398]
- Brownridge DA. Does the situational couple violence-intimate terrorism typology explain cohabitators' high risk of intimate partner violence? *Journal of Interpersonal Violence*. 2010; 25:1264–1283. [PubMed: 19729674]
- Caetano R, Field CA, Ramisetty-Mikler S, McGrath C. The 5-year course of intimate partner violence among White, Black, and Hispanic couples in the United States. *Journal of Interpersonal Violence*. 2005; 20:1039–1057. [PubMed: 16051726]
- Capaldi DM, Knoble NB, Shortt JW, Kim HK. A systematic review of risk factors for intimate partner violence. *Partner Abuse*. 2012; 3:231–280. [PubMed: 22754606]
- Chase KA, Treboux D, O'Leary KD. Characteristics of high-risk adolescents' dating violence. *Journal of Interpersonal Violence*. 2002; 17:33–49.

- Cleveland HH, Herrera VM, Stuewig J. Abusive males and abused females in adolescent relationships: Risk factor similarity and dissimilarity and the role of relationship seriousness. *Journal of Family Violence*. 2003; 18:325–339.
- Costa BM, Kaestle CE, Walker A, Curtis A, Day A, Toumbourou JW, Miller P. Longitudinal predictors of domestic violence perpetration and victimization: A systematic review. *Aggression & Violent Behavior*. 2015; 24:261–272.
- Cullen FT. Social support as an organizing concept for criminology: Presidential address to the Academy of Criminal Justice Sciences. *Justice Quarterly*. 1994; 11:527–559.
- Giordano PC, Cernkovich SA, Rudolph JL. Gender, crime, and desistance: Toward a theory of cognitive transformation. *American Journal of Sociology*. 2002; 107:990–1064.
- Giordano PC, Johnson WL, Manning WD, Longmore MA, Minter MD. Intimate partner violence in young adulthood: Narratives of persistence and desistance. *Criminology*. 2015; 53:330–365. [PubMed: 26538680]
- Herrera VM, Wiersma JD, Cleveland HH. The influence of individual and partner characteristics on the perpetration of intimate partner violence in young adult relationships. *Journal of Youth and Adolescence*. 2008; 37:284–296.
- Jasinski JL. Physical violence among Anglo, African American, and Hispanic couples: Ethnic differences in persistence and cessation. *Violence and Victims*. 2001; 16:479–490. [PubMed: 11688924]
- Johnson WL, Giordano PC, Manning WD, Longmore MA. The Age–IPV curve: Changes in the perpetration of intimate partner violence during adolescence and young adulthood. *Journal of Youth and Adolescence*. 2015; 44:708–726. [PubMed: 25081024]
- Laub, JH.; Sampson, RJ. *Shared beginnings, divergent lives: Delinquent boys to age 70*. Cambridge, MA: Harvard University Press; 2003.
- Laub JH, Sampson RJ. Turning points in the life course: Why change matters to the study of crime. *Criminology*. 1993; 31:301–325.
- Linder JR, Collins WA. Parent and peer predictors of physical aggression and conflict management in romantic relationships in early adulthood. *Journal of Family Psychology*. 2005; 19:252–262. [PubMed: 15982103]
- Long, JS. *Regression models for categorical and limited dependent variables*. Thousand Oaks, Calif: Sage; 1997.
- Murphy CM, O’Leary KD. Psychological aggression predicts physical aggression in early marriage. *Journal of Consulting and Clinical Psychology*. 1989; 57:579–582. [PubMed: 2794178]
- O’Donnell L, Agronick G, Duran R, Myint UA, Stueve A. Intimate partner violence among economically disadvantaged young adult women: Associations with adolescent risk-taking and pregnancy experiences. *Perspectives on Sexual and Reproductive Health*. 2009; 41:84–91. [PubMed: 19493217]
- O’Leary KD, Barling J, Arias I, Rosenbaum A, Malone J, Tyree A. Prevalence and stability of physical aggression between spouses: a longitudinal analysis. *Journal of Consulting and Clinical Psychology*. 1989; 57:263. [PubMed: 2785126]
- Roberts AL, Gilman SE, Fitzmaurice G, Decker MR, Koenen KC. Witness of intimate partner violence in childhood and perpetration of intimate partner violence in adulthood. *Epidemiology*. 2010; 21:809. [PubMed: 20811285]
- Schumacher JA, Leonard KE. Husbands’ and wives’ marital adjustment, verbal aggression, and physical aggression as longitudinal predictors of physical aggression in early marriage. *Journal of Consulting and Clinical Psychology*. 2005; 73:28. [PubMed: 15709829]
- Shortt JW, Capaldi DM, Kim HK, Kerr DC, Owen LD, Feingold A. Stability of intimate partner violence by men across 12 years in young adulthood: Effects of relationship transitions. *Prevention Science*. 2012; 13:360–369. [PubMed: 21311973]
- Siennick, S.; Osgood, DW. A review of research on the impact on crime of transitions to adult roles. In: Liberman, A., editor. *The Long View of Crime: A Synthesis of Longitudinal Research*. New York: Springer; 2008. p. 161-187.
- Theobald D, Farrington DP, Piquero AR. Does the birth of a first child reduce the father’s offending? *Australian & New Zealand Journal of Criminology*. 2015; 48:3–23.

- Vagi KJ, Rothman EF, Latzman NE, Tharp AT, Hall DM, Breiding MJ. Beyond correlates: A review of risk and protective factors for adolescent dating violence perpetration. *Journal of Youth and Adolescence*. 2013; 42:633–649. [PubMed: 23385616]
- Whitaker DJ, Le B, Niolon PH. Persistence and desistance of the perpetration of physical aggression across relationships findings from a national study of adolescents. *Journal of Interpersonal Violence*. 2010; 25:591–609. [PubMed: 19506166]
- Woffordt S, Mihalic DE, Menard S. Continuities in marital violence. *Journal of Family Violence*. 1994; 9:195–225.

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript

Table 1

Descriptive Statistics

Variable	Mean Age	N	Mean	Std Dev	Minimum	Maximum
Adult intimate partner violence	29, 31	613	1.97	9.19	0.00	175
Early dating violence	20	855	0.11	0.32	0.00	1.00
Family						
Attachment to caregiver (subject report)	21	840	3.57	0.45	1.18	4.00
Family support	21	841	3.24	0.71	1.00	4.00
Attachment to subject (caregiver report)	21	826	3.59	0.44	1.27	4.00
Peer						
Peer support	21	719	3.39	0.59	1.00	4.00
Peer conventional values	21	843	8.10	2.38	0.00	10.00
Parenting						
Parenting social support	21	400	5.53	2.71	0.00	12.00
Attachment to child	21	410	3.65	0.31	2.60	4.00
Satisfaction with child	21	415	4.47	0.73	1.00	5.00

Direct effect of protective factors on the frequency of adult intimate partner violence perpetration by dating violence perpetration

Table 2

	Dating violence = 1		Dating violence = 0	
	Est.	SE	Est.	p-value
Family				
Attachment to caregiver (subject report)	-1.09	1.04	-.08	.32
Family support	-2.08**	.72	-.13	.21
Attachment to subject (caregiver report)	-1.9**	.76	.34	.38
Peer				
Peer support	-2.71**	1.02	-.35	.27
Peer conventional values	-.002	.25	-.03	.62
Parenting				
Parenting social support	-.47*	.22	.03	.09
Attachment to child	1.34	2.41	.60	.58
Satisfaction with child	-.67	.47	.21	.32

p<.001;

*
p<.05