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Intimate Partner Violence: Effects of Emotional Abuse in Women

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Walden University

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Walden University

College of Social and Behavioral Sciences

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Judith Marie Watiti

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Walden University
2021

Abstract

Intimate Partner Violence: Effects of Emotional Abuse in Women

by

Judith Marie Watiti

MA, Loma Linda University, 2004

BA, University of Detroit, 1979

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

August 15, 2021

Abstract

Estimates by the U.S. Bureau of Statistics point to over 30% of women being victims of intimate partner violence (IPV) yearly. Severity and frequency of violence in childhood have been shown in several studies to predict adult interpersonal violence. Research has shown that emotional abuse predicts other forms of abuse, thus identifying it as a potential causal link to IPV. The purpose of this quantitative study was to examine whether emotional abuse mediates the relationship between history of childhood abuse and IPV. Social learning theory served as the theoretical framework for the study, in which 182 adult female participants from across the United States completed questionnaires on demographics, childhood abuse history, emotional distress, and interpersonal violence experiences. Emotional abuse was not found to mediate the relationship between childhood abuse and current IPV relationships. However, additional analyses showed that emotional abuse moderated the relationship between childhood abuse and IPV. Findings may be used by counselors and psychologists to better serve IPV survivors leading to positive social change. Multidisciplinary future research such as assessment of parents'/caregivers' victimization histories; victims'/survivors' training and/or retraining; access to safe housing; employment; enhanced educational access; mandatory prevention/early intervention programs; resiliency/community centers; and other locally and state/federally funded programming will ignite social transformation.

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Dedication

Dedicated to women who have experienced any form of intimate partner violence (IPV) during a painful part of their lifetime. I hope the results will encourage women to continue the battle against IPV until victory is won. In particular, throughout years of definitive and exhaustive research, I have found “emotional abuse” to be the most pervasive as well as most destructive amongst the various and sundry forms of abuse. Its deadly tentacles reach far and wide.

In a profound number of cases, emotional abuse is operative long before any physical/sexual deviance/assault occurs. It’s devastating and far-reaching effects silently penetrate the most formidable psyche and commence the insidious neuro-erosion that demolishes a woman’s sympathetic responses against IPV.

I pray to God in Heaven that this study’s results empower women to initialize the first responder’s line of defense and reduce/eradicate the psychological, physical, familial, social, cultural, and economic ramifications of this killer.

Also, I dedicate these results to those men who make a concerted effort to end IPV in their personal sphere with the proper medical, psychological, social, criminal, economic, cultural, spiritual, and familial intervention/support from the society they represent.

Acknowledgments

Heartfelt and eternal gratitude to our *Lord and Savior Jesus Christ*, who enabled, encouraged, and empowered me to complete this dissertation. Secondly, my parents, George Lorenzo and Julia Mary Wright (posthumously), and sister, Barbara Jean Coakley, deserve acknowledgment for the loving, nurturing, and Holy-Spirit-led manner in which they devotedly reared me. Thirdly, my darling husband, Tom Wanjala Watiti, presented as “one” with me throughout the duration of this document. His love, unity, expertise, and financial support have nurtured my determination with brilliant collaboration and famous focus. Finally, a host of family members, friends, faculty, colleagues, and associates have graciously allowed, cultivated, and augmented my lifelong and extended wish to become a psychologist.

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Shabbat Shalom...

Table of Contents

List of Tables	v
List of Figures	vi
Chapter 1: Introduction to the Study.....	1
Background.....	5
Problem Statement	9
Purpose of the Study	10
Research Question and Hypothesis.....	10
Theoretical Framework for the Study	11
Nature of the Study	13
Definitions and Operationalization of Constructs.....	14
Assumptions.....	16
Scope and Delimitations	16
Limitations	16
Significance.....	17
Summary	18
Chapter 2: Literature Review	19
Introduction.....	19
Literature Search Strategy.....	20
Key Search Terms.....	21
Scope of Literature Review	21
Review of Literature	23

Theoretical Foundation	29
Social Learning Perspective.....	29
Command and Control.....	39
Cultural Considerations	42
Physical Health Factors.....	45
Trauma-Related Factors.....	47
Emotional Abuse.....	49
Mediating Variable (Emotional Abuse Cycle)	50
Summary.....	56
Chapter 3: Research Method.....	57
Introduction.....	57
Research Design and Rationale	57
Methodology	58
Population	58
Sampling and Sample Size.....	59
Procedures for Recruitment, Participation, and Data Collection.....	60
Instrumentation	63
Data Analysis Plan.....	67
Threats to Validity	72
Ethical Procedures	74
Summary	75
Chapter 4: Results.....	76

Introduction.....	76
Data Cleaning and Assumptions.....	77
Assumption Testing	77
Description of the Sample.....	80
Descriptive Statistics: Demography.....	80
Internal Reliability	82
Test of the Hypothesis	82
Mediation Findings	83
Additional Analyses.....	86
Conclusion	90
Chapter 5: Discussion, Conclusions, and Recommendations.....	91
Introduction.....	91
Summary of the Findings.....	91
Interpretation of the Findings.....	92
Moderation.....	94
Limitations of the Study.....	97
Recommendations.....	97
Implications for Social Change.....	99
Conclusion	100
References.....	101
Appendix A: Eligibility Screener.....	138
Appendix B: Demographic Information Questionnaire.....	139

Appendix C: Psychological and Physical Maltreatment Scales	141
Appendix C: Psychological and Physical Maltreatment Scales	142
Appendix D: Measure of Psychologically Abusive Behaviors.....	144
Appendix E: Assumption Visuals: Influential Outliers	148
Appendix F: Mediation Visuals	150
Appendix G: Moderation Visuals	152

List of Tables

Table 1. Variance Inflation Factors for Psychological and Physical Maltreatment Scales and Measure of Psychologically Abusive Behaviors.....	77
Table 2. Missing Data by Study Construct (Frequencies and Percentages)	79
Table 3. Descriptive Statistics: Demographic Identifier Variables	81
Table 4. Internal Reliability for Study Constructs	82
Table 5. Mediation Results: Conflict Tactic Scales-2 Short Form Predicting Psychological and Physical Maltreatment Scales and Mediated by Measure of Psychologically Abusive Behaviors	85
Table 6. Follow-Up Moderation Analysis Summary: Simple Effects, Noninteraction Model, and Interaction Model.....	88
Table 7. Linear Model Comparison Table Between the Noninteraction and Interaction Model	90

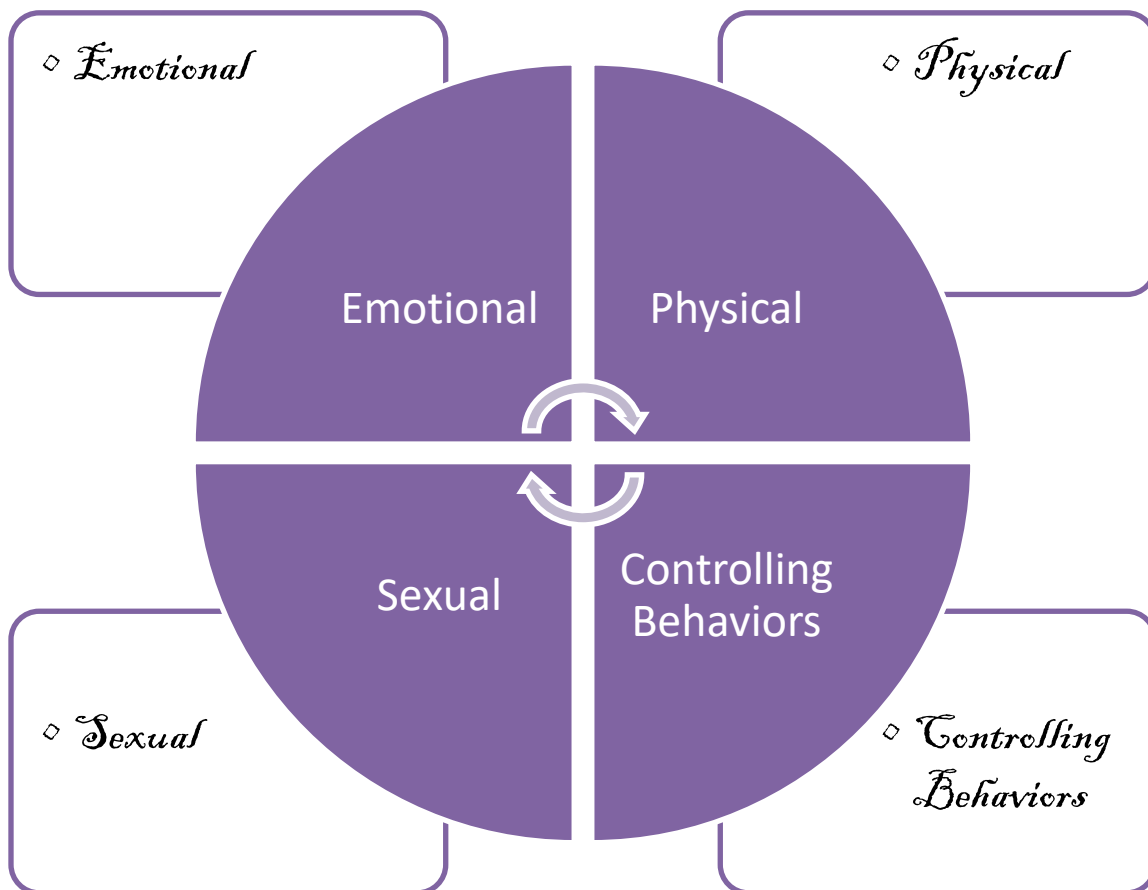
List of Figures

Figure 1. Model of Abuse	2
Figure 2. Cycle of Intimate Partner Violence	4
Figure 3. Mediation Schematic	70
Figure 4. Indirect Effect in a Simple Mediation Model	71
Figure 5. Hypothesized Mediation Model	83
Figure 6. Moderation Schematic	86
Figure 7. Graph of the Interaction	89

Chapter 1: Introduction to the Study

About 33% of American women have experienced violence from their intimate partners (Messing et al., 2015). Intimate partner violence (IPV) affects every race, culture, religion, and economic stratum of society (Adams & Beeble, 2019; Browning, 2017; Follingstad et al., 2020; Follingstad & Rogers, 2013; Harman et al., 2018; Renzetti, Follingstad, & Coker, 2017; Renzetti, Follingstad, & Fleet, 2017; Rivas et al., 2020). Experiencing such abuse is likely to result in a reduced quality of life, increased psychological distress, and risks of physical and sexual injury (Messing et al., 2014). Sustained incidents of maltreatment increase the risk of death and suicide (Robertson & Murachver, 2011). Though much of the research regarding women and IPV has been conducted on college and university students, a recent national study among 959 women aged 18 to 24 years has generated data suggesting that there are very high rates of IPV whether the situation for these young women involves college or not (Coker et al., 2016).

IPV involves college students as well as young females and girls. Rivas et al. (2020) found that the lack of resources to help victims of abuse fosters violence as an intricate part of family dynamics. IPV has drastic consequences for both women and girls, including a myriad of health and trauma correlates. Poverty serves as an impetus to female vulnerability regardless of age, culture, and/or ethnicity (Rivas et al., 2020).

Figure 1*Model of Abuse*

Though there are much data supporting the existence of IPV, there is less research on the role that emotional abuse plays in IPV episodes (Sylaska & Edwards, 2014). The basic premise of the present study is that where emotional abuse exists, other forms of abuse are either present or soon to follow. Examining the mediation of emotional abuse could serve as a warning system to preclude escalation of IPV (Coker et al., 2016). In

other words, emotional abuse as a mediator might help to describe some of the variance in the predictive relationship between childhood abuse and interpersonal violence in the context of relationships (Baron & Kenny, 1986).

The findings may help to identify the antecedents of emotional abuse and perhaps also help to clarify the risks that often are consequences of emotional abuse. Socially, recognizing these antecedents as well as consequences of emotional abuse will help women to make better choices about relationships with potential abusers (Coker et al., 2016).

Identifying the antecedents to emotional abuse is a key component in risk assessment. There is consensus that there is a large gap between IPV research and practice (Cattaneo & Chapman, 2010). In their exploratory study, (Cattaneo & Chapman, 2010) found that the focus of most IPV research had been in identifying risk factors as opposed to helping individuals to manage risks effectively.

In this chapter, a background section containing a brief overview of the literature is provided. The purpose, theoretical foundation, research questions, and hypotheses follow. The nature of the study, including the operational definitions that were involved, is outlined. Next, the assumptions are described, along with the scope and limitations of the study. Finally, the significance of the study is acknowledged, followed by a summary of the chapter.

Figure 2

Cycle of Intimate Partner Violence



Background

The U.S. Department of Justice (2018) has defined domestic violence (DV) as a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or threats of actions that influence another person. (p. 1)

The definitions of DV and IPV are identical on this website. The term *domestic violence* is more commonly used when the two partners are married, and IPV is used for other types of partner relationships. IPV is beginning to replace the term *domestic abuse*, as the former is more inclusive.

Neal (2015) stated that “research has largely ignored the emotional outcomes of [IPV] on both partners” (p. 14) regarding the effects of emotional abuse in an IPV relationship. Matheson et al. (2015) agreed that the topics of emotional and sexual abuse as well as controlling behaviors have been mostly ignored. Thus, the present study was needed because its findings will contribute to filling the gap in data regarding the role of emotional abuse (Matheson et al., 2015; Neal, 2015).

Holmes et al. (2018) researched the long-lasting consequences to children who find themselves embroiled in adult IPV. Using an incidence-based approach, this study demonstrated quantitative evidence of community costs (e.g., increased healthcare, increased crime, and decreased productivity) associated with IPV exposure as a child. The researchers used a 20-year-old victim (Holmes et al., 2018) and a projected life expanding to the age of 65 years. Applying a 3% discount rate, it was estimated that the

average lifetime financial expenditures were more than \$50,000 per victim (Holmes et al., 2018). Again, an estimated aggregate discounted report of expenses due to elevated healthcare spending (\$11,000), increased criminal behaviors (\$14,000), and reduced labor productivity (\$26,000) per victim suggests that annual costs could typically soar to over \$55 billion dollars nationally (Holmes et al., 2018). The authors suggested that these kinds of expenses per IPV victim from childhood exposure through adulthood may hinder budget-constrained cities and states from engaging in more comprehensive IPV research to include psychological abuse.

There is a gap in available research as it relates to IPV and psychological abuse. Browning (2017) acknowledged that existing studies have failed to adequately account for the psychological facets of IPV. Gender symmetry, which exists when women perpetrate IPV as much as men, is somewhat documented for physical abuse but not for psychological aggression (Browning, 2017). The researcher explored the relationship between the Conflict Tactics Scale 2 (CTS2) and the Multidimensional Measure of Emotional Abuse (MMEA) as well as gender differences when assessing psychological abuse. The MMEA gleaned results of males perpetrating psychological abuse more often than females. However, gender asymmetry and psychological abuse were evident in both models tested. These meta-analysis findings contribute to the growing research currently absent regarding psychological abuse as it relates to IPV.

Carton and Egan (2017) encountered a comparable gap in the availability of studies having evaluated the specific features in the relationship between psychological abuse and IPV. Investigation of the impact of three personality traits (Machiavellianism,

narcissism, and psychopathy) on psychological, physical, and sexual abuse found that psychopathy yielded a significant positive association with psychological abuse. Carton and Egan (2017) determined in a community study ($N = 128$) that the personality traits of low agreeableness and psychopathy were most predictive of relationship IPV (e.g., psychological, physical, and sexual). This study examined the mediating effect of emotional abuse on IPV.

An excellent and more explicit explanation for a gap in the research regarding psychological abuse was contributed in the following study. O'Leary (2015) alleged that policy makers as well as researchers considered physical abuse more often relevant than psychological abuse. O'Leary identified three possible reasons: (a) difficulties in agreeing on common definitions of psychological abuse; (b) the implicit assumption that physical abuse impacts women more severely than psychological abuse, except in extreme cases that may include lethal measures; and (c) psychological abuse almost always precedes physical abuse as a viable antecedent as well as a notable factor for prevention and treatment. O'Leary (2015) derived eight different measures for various forms of psychological abuse that yielded viable psychometric properties as well as significant construct validity. Findings of a more palatable definition of psychological abuse might be beneficial for professionals in the legal and behavioral health fields (O'Leary, 2015).

The first comprehensive study conducted on data secured from the European Union yielded impressive results regarding women who had experienced childhood abuse (e.g., severity, frequency, and perpetrator) and later were involved in adult IPV (Till-Tentschert, 2017, p. 1889). Comparable data were retrieved from over 42,000 women

examining the following questions: (1) single incident of childhood abuse, (2) sexual abuse in childhood, (3) psychological abuse in childhood, (4) repetitive childhood abuse, and (5) relationship of perpetrator to child (e.g., sexual abuse).

During childhood, whether a young female experienced a single incident of childhood abuse, sexual abuse, psychological abuse; whether the victim experienced repetitive abuse; or whether the victim was related to the perpetrator, the model findings strongly confirmed a relationship with IPV with these women later in life. One of the most revealing risk factors was that physical violence (nonsexual) was predominantly perpetrated by family members (Till-Tentschert, 2017). More than half of the females (55%) reported being abused by their father, and mothers were identified as perpetrators by 44% of the females.

However, the most arresting finding is that any repetitive exposure to emotional abuse in childhood is associated with sexual abuse by partners as well as nonpartners during the victim's adulthood (Till-Tentschert, 2017). Thus, future research such as this study was recommended and warranted (Till-Tentschert, 2017).

Despite affecting millions of families worldwide, parental alienation has been unacknowledged/denied within the legal and medical realms as a form of DV (Harman et al., 2018). Harman et al. (2018) conducted a noteworthy review, and the results depicted how society worldwide has repudiated parental alienation as a formidable form of child abuse. Parental alienation specifically means that one of the parents engages in a series of complex but consistent aggressive behaviors towards their child. The parental figure either does things to harm the relationship with the other parent and child or takes a more

direct approach in hurting the other parent (Harman et al., 2018). Until legal and social entities develop formal and specific criteria that address these micro/macro aggressions from parents, the victimized child(ren) cannot secure the protection they deserve (Harman et al., 2018). This form of elusive emotional childhood abuse was captured in this current study, particularly with the administration of the Psychological and Physical Maltreatment Scales (PPMS) measuring childhood abuse that is sexual, emotional, and/or verbal in nature.

Problem Statement

Women are still the group of people who report the majority of IPV incidents worldwide (Chronister & Aldarondo, 2012; Hamby, 2016a, 2016b; Sleath & Smith, 2017). Most of the IPV statistics that are available do not account for nonphysical partner violence (e.g., emotional abuse and controlling behaviors). IPV is also the most underreported crime in the United States (Chiu et al., 2013; Mash & Wolfe, 2012). Therefore, there is an absence of reporting and documenting specific worldwide risk factors, correlates, mediation effects, and long-term effects of nonphysical IPV, such as emotional abuse and controlling behaviors (Brem et al., 2017; Browning, 2017; Carton & Egan, 2017; Follingstad et al., 2012; Reyner, 2018).

Inquiry into the mediational potential of emotional abuse in an IPV relationship is needed. Emotional abuse is still a relatively new phenomenon within the realm of IPV research, and the effects of such abuse on victims continues to be observed (Follingstad et al., 2012). For example, Gentry and Bailey (2015) reported that the role of psychological or emotional abuse is not as well understood as that of physical abuse in general and

more specifically as it pertains to pregnant women. The relationship between the two is an area in which research is needed (Gentry & Bailey, 2015).

Despite a lack of research regarding emotional abuse, during the past 10 years, the research focus has centered on sexual revictimization and not emotional violence (Zamir & Lavee, 2014b). Yet those women with a history of maltreatment are five times more likely to experience adult emotional and physical violence (Follingstad, 2011; Foran et al., 2014; Holmes et al., 2018; Rivas et al., 2020; Thomas et al., 2015; Winstok & Sowan-Basheer, 2015). Significant empirical inquiry regarding emotional abuse and its harmful effects in an IPV relationship is warranted. Thus, additional research is needed to clarify how emotional abuse and interpersonal violence are related and whether emotional abuse is in fact a mediator of an established relationship between childhood abuse and IPV.

Purpose of the Study

The purpose of this quantitative study was to examine emotional abuse as a potential mediator of the relationship between childhood abuse and IPV. The predictor variable was the number of incidents of any type of childhood abuse (e.g., physical, sexual, emotional, and controlling behaviors) before the age of 14 years. An active IPV relationship was measured by the adult respondent reporting that she had currently experienced or had in the past year experienced various forms of abuse.

Research Question and Hypothesis

Research Question 1: Does emotional abuse mediate the relationship between childhood abuse and adult IPV?

H₀: Emotional abuse, as measured by the emotional abuse subscale of the Measure of Psychologically Abusive Behaviors (MPAB), does not significantly mediate the relationship between childhood abuse, as measured by the Psychological and Physical Maltreatment Scales (PPMS), and adult intimate partner violence (IPV), which will be measured by the Conflict Tactics Scale-2 Short Form (CTS2S).

H₁: Emotional abuse, as measured by the MPAB, significantly mediates the relationship between childhood abuse, as measured by the PPMS, and adult IPV, which will be measured by the CTS2S.

Theoretical Framework for the Study

According to social learning theory (Bandura, 1973), human behaviors consist of cognitive, behavioral, and environmental features. For example, the cognitive features include what a person mentally thinks, feels, or chooses. The behavioral features include actions selected based on the cognitive effect. The environmental features include the person's immediate surroundings and history that impact their cognitive and behavioral features. In the present study, analysis examined a woman's report of any exposure to violence or childhood trauma and the postulated interplay of the three features asserted by Bandura (1991).

These three dimensions interact with one another. A person's cognitive dimension influences the behavioral dimension, and both the cognitive and the behavioral dimensions are impacted by the environment that a person lives in and experiences (Bandura, 1973). When a woman experiences any form of abuse, Bandura would consider the abuse as "negative energy" that flows among the three features (i.e.,

cognitive, behavioral, and environmental) and often changes into “aggressive patterns” within the perpetrator as well as the victim (Bandura, 1973, p. 253).

For Bandura (1973), a belief system of morality (e.g., quality, meaning, and function of life) must be present within a person to influence that person’s behavior. The inability to form a healthy life impedes forming a functioning belief system of morality and appropriate behaviors in an intimate partner relationship. Therefore, without a healthy, functioning belief system within acceptable limits in a society, a person’s beliefs easily could violate societal rules and norms. The current study analyzed the result of emotional abuse mediating a woman’s abuse history or lack thereof during an existing IPV relationship.

The consistent internal standards formed in a man determine his morality and self-efficacy (Bandura, 1991). If a man’s feelings of self-efficacy are impaired, his ability to behave and function in a positive and nonaggressive manner when intimately involved with a woman would also be impaired. This impaired self-efficacy becomes self-defeating and negative. The negative energy can also be described as emotional abuse. The female’s lack of quality of living (e.g., abusive history), meshed with a male’s dysfunctional moral system, forms a moral mixture that may erupt into the negative energy that Bandura (1991) described. The finding of the presence of a mediating effect of emotional abuse on IPV relationships addressed the existing gap in current literature. Also, additional empirical inquiry and research regarding women reporting ongoing partner violence will be forthcoming.

Social learning theory indicates that individuals internalize the learning acquired from their social environment; they implement the positive as well as the negative elements of it into their daily experiences (Cincera et al., 2018; Cochran et al., 2011). Similarly, Bandura (2007) postulated that parental modeling of aggression culminates in the transmission of aggression by family members. The research repeatedly suggests that young girls who witness and/or fall victim to a parental transmission of aggression often grow up and expect that the abuse cycle is normal and to be expected in dealing with their intimate partners (Bandura, 2007; Cochran et al., 2011; Lehrner & Allen, 2014; Yount et al., 2018). The current study examined whether the presence of emotional abuse as a mediator suggests similar findings of parental transmission of aggression in an IPV relationship.

In Chapter 2, a more detailed literature review concerning the theoretical dynamics of IPV and the resulting hypothesized mediation of emotional abuse is provided. In addition, each proposed covariate is examined for its impact on the IPV victim.

Nature of the Study

This study was a nonexperimental correlational study based on survey research. Internet survey responses from women hailing from very sundry childhood circumstances, living or active in shelters, religious entities, empowerment groups, employment assemblies, and/or college/university settings from diverse backgrounds and experiences were provided the opportunity to participate in this study. Multiple regression was used to test the mediation hypothesis. There was one predictor variable (self-reported

childhood abuse history), the outcome or criterion (IPV), and a mediator (psychological or emotional abuse).

A minimum of 200 adult (at least 18 years of age) female participants from across the virtual United States were recruited via the internet. Women with and without an abuse history were encouraged to take part in the study. Participants completed questionnaires on demographics, abuse, emotional distress, and attitudes toward abuse.

Definitions and Operationalization of Constructs

Abuse: Abuse is defined as a nonending pattern of behaviors to preserve power and control over an intimate partner, child, adolescent, teen, adult, or elderly individual. These are actions that physically hurt, encourage fear, stop a partner from doing what they wish, or force them to act in ways that they do not want. Abuse includes the use of physical and sexual violence, threats and intimidation, emotional abuse, and financial loss. Many of these forms of abuse can be concurrent (National Domestic Violence Hotline, 2017). The predictor variable, childhood abuse, was measured by the PPMS (Briere & Runtz, 1988).

Childhood: For this study, both subscales of the PPMS measured maternal and paternal behaviors toward a child 14 years old or younger (Briere & Runtz, 1988).

Intimate partner: An intimate partner is a person with whom one has a close personal relationship that may be characterized by the partners' emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, and familiarity and knowledge about each other's lives. The relationship need not involve all of these dimensions (Breiding et al., 2015). Intimate partner relationships include current

or former spouses (e.g., married spouses, common-law spouses, civil union spouses, domestic partners), boyfriends/girlfriends, dating partners, and ongoing sexual partners.

Intimate partner violence (IPV): This involves one or more of the following types of behavior: *physical* (e.g., pushing); *sexual* (e.g., getting sexual favors forcibly or using intimidating behaviors so that the victim submits to sexual encounters); *psychological and emotional* (e.g., spoken anger such as making critical remarks that offend others); *controlling behaviors* (e.g., watching and checking a partner's location and actions, jealous and possessive behaviors, etc.; Adams & Beeble, 2019; Gomez, 2011; Morrill, 2014; Rivas et al., 2020; Robertson & Murachver, 2011); *emotional abuse* (e.g., use of verbal and nonverbal communication with the intent to harm another person mentally or emotionally (Breiding et al., 2015); and *coercive control* (e.g., limiting access to transportation, money, friends, and family). This criterion variable was measured by the CTS2S. For the purposes of this study, the psychological and emotional components were separated to allow for testing the mediation relationship.

Psychological aggression (i.e., emotional abuse): Can include, but is not limited to, expressive aggression (e.g., name-calling, humiliating, degrading, acting angry in a way that seems dangerous) and threats of physical or sexual violence—use of words, gestures, or weapons to communicate the intent to cause death, disability, injury, or physical harm. Threats also include the use of words, gestures, or weapons to communicate the intent to compel a person to engage in sex acts or sexual contact when the person is either unwilling or unable to consent (Breiding et al., 2015). This mediator variable was measured by the Emotional Abuse subscale of the MPAB.

Assumptions

The first assumption was that the women's responses to survey questions would be truthful. The second assumption was that respondents would understand the concepts of IPV and emotional abuse. Because the concrete finding sought was the presence or absence of emotional abuse as a mediator, it was imperative that each participant understand the operational definition of emotional abuse. In this study, complete mediation findings might not be obtained if each participant did not accurately identify emotional abuse in her IPV relationship. Therefore, emotional abuse could potentially have been overlooked and underreported if not clearly understood and identified by study participants.

Scope and Delimitations

The data collected in this study were used to examine the role of emotional abuse in relationships characterized by IPV. Limiting the study to women reflected those most affected by IPV (Gomez, 2011). The results of this study reflect women in the urban as well as the nonurban and metropolitan areas in which the participants resided. Results from this study cannot necessarily be generalized to women from other geographic locations outside the United States.

Limitations

In this quantitative study using objective Likert-type scales, the research was limited to the responses of participants who might or might not accurately describe their actual IPV experiences. Therefore, the results were limited by the individual items endorsed and their relevancy to the abuse described. This is different from qualitative

research, where participants can subjectively elaborate their experiences that may give a more accurate description.

Secondly, the research was conducted virtually in the United States and may not reflect the actual female IPV population in regions outside the United States.

Consequently, findings were reported as findings pertaining to women residing in the United States and not necessarily applicable to other areas outside the country (Beyer et al., 2015).

Significance

A study about the most common forms of abuse (e.g., physical, sexual, emotional, and controlling) and their effects is an ongoing necessity to maintain a societal obligation and responsibility to address the problem of IPV (Follingstad, 2011; Gomez, 2011; Holmes et al., 2018; Robertson & Murachver, 2011). As a primary focus, this study examined the mediating role of emotional abuse and the role it potentially plays in the relationship between childhood abuse and adult ongoing IPV (Follingstad & Rogers, 2014).

The analyses are important contributions to the empirical findings regarding the mediating effects of emotional abuse for several reasons. Findings add to the existing literature about the role of emotional abuse as a potential mediating variable. This is important because emotional abuse is not only underreported, but also has not been sufficiently examined empirically. Therefore, there is a gap in documenting exactly when and where emotional abuse is present and its role in furthering IPV. Emotional abuse as a

mediator should be focused upon for replication research studies and prevention programs.

Third, significant hypothesized and/or ad hoc results contribute to a community's ability to identify, reduce, and/or eliminate risk factors for IPV. One of the implications for positive social change from this study is the encouragement of women to make disclosures about emotional abuse as it pertains to an ongoing IPV relationship sooner rather than later.

Summary

In this chapter, an introduction and background information were shared introducing the topic of IPV and specifically the examination of emotional abuse as a possible mediator of the relationship between childhood abuse and IPV. In Chapter 2, I discuss the assumed theoretical basis of IPV and evaluate what forms of abuse are present and whether emotional abuse looms as a possible mediator. In addition, the potential for women to be empowered to identify and make timely disclosures about ongoing emotional abuse and effect positive social change are explored theoretically.

Chapter 2: Literature Review

Introduction

Women report the majority of IPV incidents worldwide (Albright et al., 2019; Chronister & Aldarondo, 2012; Hasstedt & Rowan, 2016). Most of the IPV statistics that are available do not account for nonphysical partner violence (e.g., emotional abuse and/or controlling behaviors); additionally, IPV is the most underreported crime in the United States (Albright et al., 2019; Chiu et al., 2013; Mash & Wolfe, 2012). Therefore, there is an absence of reporting and documenting statistical measurement of IPV (i.e., risk factors, correlates, mediation effects, long-term effects) and emotional abuse in particular (Follingstad et al., 2012). Accurate documentation of reported cases of IPV is important (Chiu et al., 2013). Statistical treatments demonstrating relevant emotional mediating links, physical health effects, and trauma-related symptoms could potentially offer interventions that enhance community responses to IPV cases.

Despite a lack of research regarding emotional abuse, in the past 10 years, the research focus has centered on sexual revictimization and not emotional and physical violence (Zamir & Lavee, 2014b). Yet those women with a history of maltreatment are five times more likely to experience adult emotional and physical violence (Follingstad, 2011; Foran et al., 2014; Thomas et al., 2015; Winstok & Sowan-Basheer, 2015). Therefore, significant empirical inquiry regarding emotional abuse and its harmful effects in an IPV relationship is warranted. If findings indicate that emotional abuse has a mediating effect on an IPV relationship, intervening measures can be developed that address emotional abuse before it escalates into other forms of abuse.

The purpose of this quantitative, nonexperimental survey study was to determine whether emotional abuse mediates the relationship between childhood abuse and ongoing IPV. The predictor variable was any history of childhood abuse (e.g., physical, sexual, emotional, and controlling behaviors). Selected instruments assessed the criterion variable as the projected outcome (i.e., adult IPV) affecting each participant. Emotional abuse was tested as a potential mediating presence between a childhood history of abuse and any ongoing IPV as reported to have taken place in the last year.

Chapter 2 first includes information pertaining to the literature search strategy, including (a) library databases, (b) search engines, (c) key terms, and (d) scope of the search. Next, the theoretical foundation is presented. Following is information related to key variables and/or concepts in the study. Chapter 2 concludes with a summary including appropriate conclusions that lead to justification of the study.

Literature Search Strategy

Some of the more resourceful and widely used databases included were those of the American Psychological Association (APA); Centers for Disease Control and Prevention (CDC); Domesticshelters.org; Emergencenter.org (women's shelter); Esperanza En Escalante (veterans); Gospel Rescue Mission (homeless); Intimate Partner Violence – Bureau of Justice Statistics; National Coalition Against Domestic Violence; National Institute of Health (NIH)/PubMed; ProQuest Dissertations; PsycINFO; PsycARTICLES; PsycBOOKS; PsycTests; SAGEPremier, and Womenshelters.org

Key Search Terms

The following were the key search terms used in this study: *abuse; Conflict Tactic Scales-2 Short Form (CTS2S); controlling behaviors; Demographic Information Questionnaire (DIQ); dependent variable; domestic violence; emotional abuse; effect size; independent variable; intimate partner violence; Measure of Psychologically Abusive Behaviors (MPAB); mediating effect; mediation; mediator; partner violence; physical violence; psychological abuse; Psychological and Physical Maltreatment Scales (PPMS); regression analysis; research design; sexual violence; spouse abuse; spouse or intimate partner; and statistical power.*

Scope of Literature Review

There is a broad range of articles concerning IPV. I reviewed and collected articles focusing on the main four categories of IPV, namely, physical abuse, sexual abuse, emotional abuse, and controlling behaviors. Articles used as the basis for this study came from *Women's Health; Journal of Women's Health; Women's Health Issues; American Journal of Health; Promotion American Journal of Public Health; Families, Systems, and Health Violence Against Women; Research in Nursing & Health; The Journal of Rural Health; Issues in Mental Health Nursing; Journal of Family Violence; Journal of Interpersonal Violence; Psychology of Violence; Violence and Victims; Journal of Abnormal and Social Psychology, Psychological Trauma: Theory, Research, Practice, and Policy; Journal of Aggression, Maltreatment and Trauma; Trauma, Violence, and Abuse; Contemporary Nurse; and Psychological Review, among others.*

The NIH/PubMed website was used to find current research regarding IPV. The numerous health journals referenced in this study deal with the physical, mental, and emotional aspects of IPV. The journals relating to violence and trauma provided articles with significant findings concerning women as victims of IPV. The seminal articles dealing with social learning theory were primarily taken from the *Journal of Abnormal and Social Psychology* and *Psychological Review*.

The physical injuries, emotional injuries, and trauma associated with IPV are pervasive and often cause social issues that include sexual misconduct, sexual assault, stalking, substance abuse/chemical dependencies, chronic disabilities, and even death (CDC, 2015). IPV has been designated as a public health problem by the CDC, U.S. Department of Health and Human Services, and a host of health care entities (Abramsky et al., 2011; Al'Uqdah et al., 2016; CDC, 2015; Johal et al., 2010; Kern, 2017; Murphy & Ouimet, 2008).

Awareness about the existing literature prompted a strategy of analyzing seminal articles regarding the topic of emotional abuse and its noted relationship to IPV as well as social learning theory (Allen & Devitt, 2012; Bandura, 1977a; Bandura & Kupers, 1964; Bandura & McDonald, 1963; Bandura et al., 1963; Follingstad & Bush, 2014; Follingstad & Rogers, 2013; Gomez, 2011; Killoran, 1984; Loring, 1994; McCord, 1979; McCord & McCord, 1962). The abundance of current literature sufficed to provide an array of articles dealing with defining the IPV problem, identifying risk factors for IPV, and examining the association between the various kinds of IPV and the effects of emotional abuse as a mediator when applicable.

Review of Literature

IPV has been defined by the CDC (2015) as violence that occurs between two individuals who may or may not be involved sexually. The violence between these individuals typically manifests itself as either physical, sexual, or emotional, or as threats of harm (CDC, 2015). Twenty-four people per minute become victims of either sexual assault, physical violence, or some form of stalking or other controlling kinds of behavior (CDC, 2015). As many as three in 10 women in the United States report that their functioning has been impaired by some sort of IPV incident (CDC, 2015). In 2007, more than 2,300 deaths occurred because of IPV, and 70% of those deaths were women. IPV was involved in at least 14% of all homicides reported that year as well (CDC, 2015).

In addition to women being most of the fatalities involving IPV, women are reluctant to report ongoing abuse (Follingstad & Rogers, 2013). The purported failure to address the psychological needs of formerly IPV-victimized females is sometimes compounded by their gross lack of understanding that they are actual IPV victims. Follingstad and Rogers (2013) found that women did not always perceive their experiences as emotionally or otherwise abusive, yet they reported symptoms of emotional and physical maltreatment (e.g., depression, anxiety, and dissociation). Cramer and Plummer (2009) reported that sometimes women who have undergone IPV genuinely do not know the official, theoretical, or clinical “definition” (p. 166) of violence in its historical context. Constructs such as race relations, relational power, class, gender, nationality, and heterosexism may influence if not actually dictate a woman’s perception of whether she is the victim of violence as she understands it (Cramer & Plummer, 2009).

Having the ability to understand the underlying risk or protective factors of any abuses witnessed or experienced is often very difficult for a woman to grasp.

Approximately, 15.5 million children in the United States grow up in homes riddled with IPV (Galano et al., 2017; Hasselle et al., 2019; Herman-Smith, 2013; Herrenkohl et al., 2016). Herman-Smith (2013) explained how very young children (e.g., infants, toddlers, and preschoolers) suffer harmful effects that often impact their developmental process due to early exposure to family violence. An understanding of the contextual explanations for abuses encountered is often unobtainable for very young children; lack of understanding plagues these children's growing process throughout adolescence and well into adulthood (Herman-Smith, 2013).

To curb IPV, early identification of the causes is prudent. Researchers have shown that childhood exposure to violence is often a precursor to becoming a victim of adulthood IPV (Fry et al., 2012; Jouriles et al., 2014; Kahn et al., 2015; Lamers-Winkelmann, Schipper, et al., 2012; Lamers-Winkelmann, Willemen, et al., 2012; Maneta et al., 2012; Yount et al., 2018). Similarly, a history of being a victim of sexual trauma is a main risk factor for adult IPV as well (Yancey et al., 2013; Yount et al., 2018).

A history of experiencing abuse and witnessing family violence may predispose a child to gravitate toward IPV victimization (Macy & Goodbourn, 2012). Childhood sexual assault (CSA) among the juvenile population is the most common form of sexual abuse (Finkelhor, 2015). Sexually victimized females who as children witnessed their mothers in IPV incidents were more likely to become victimized in abusive relationships

(Macy & Goodbourn, 2012; Yount et al., 2018). Thus, the association between childhood exposure to IPV or childhood abuse and eventual adult victimization in IPV is clear.

Iverson et al. (2011) found that women who were either sexually abused or exposed to family abuse as a child are more likely to be physically, sexually, and emotionally exploited later in their adult life. Psychological and sociological factors (e.g., male socialization, pornography, eroticizing children, unequal power of men/women, patriarchal claims) of parents often influence the predator preconditions (motivation, internal restraints, external inhibitors, and resistance) that facilitate exploitation of women in IPV relationships (Finkelhor, 1984, 2015). Women who have internalized the violence that they have witnessed or experienced during their primary care tend to model victim behaviors as adults (Iverson et al., 2011). For both perpetrators and victims of physical abuse, many of the risks are similar (Fiestas et al., 2012; Yount et al., 2018). For purposes of this study, the focus centered on the specific effects pertaining to female victims.

Zanville and Cattaneo (2012) found that women with a history of childhood abuse were more likely to present themselves after sexual assault at their local hospital emergency rooms than were women without such experiences. Emergency room staffers reported that the women revealed experiences of prior sexual trauma and other forms of exploitation (Zanville & Cattaneo, 2012). These findings prompted the research question and hypothesis generated in this study.

Along with the impact of childhood effects involving women in IPV relationships is the need to assess the emotional impact of IPV. Goldsmith et al. (2009) found that

women did not always perceive their experiences as emotionally or otherwise abusive, yet they reported symptoms of emotional and physical maltreatment (e.g., depression, anxiety, and dissociation). Goldsmith et al. (2009) analyzed the results of their initial study involving 185 male and female university students and noted that abuse perceptions may change over time.

Wilson et al. (2015) emphasized the need for emotional safety as one of their six principles in administering trauma-informed care (TIC) to IPV victims. They also recognized the importance of obtaining reports of emotional abuse early in relationships to minimize likely long-term traumatic effects. TIC is a valued approach in working with IPV victims where trauma-related issues are suspected. The primary focus of TIC includes universal trauma screenings and assessment, decreasing traumatization while receiving services, and enlightening clinicians about the biopsychosocial properties of trauma (Wilson et al., 2015). Therefore, many DV organizations have produced materials utilizing TIC approaches that provide essential guidance to those offering these specialized services (Wilson et al., 2015).

A year after the initial study, a second study described university students as having trauma and physical health symptoms associated with their previous reports of IPV (Goldsmith et al., 2009). Whereas in the initial study the students did not identify their experiences as abusive, in the repeated study a year later, they did. Three years later, the same 185 university students reported betrayal trauma as significantly present because of IPV (Goldsmith et al., 2009). Those students who experienced betrayal traumas had significant features of predicted alexithymia, anxiety, depression,

dissociation, physical health complaints, and number of days that they reported being sick during the past month. Students reporting other kinds of traumas did not report the same significant features previously mentioned (Goldsmith et al., 2012).

For young females who have experienced one or more forms of traumatic events including CSA and/or IPV in their lives, the likelihood of being diagnosed with posttraumatic stress disorder (PTSD) is significant. Results in a recent study indicated that school-aged siblings who lived with violent family members reported greater trauma symptoms due to maternal stressors than those who had not experienced or seen such violence (Tailor et al., 2015). Similarly, the mothers of the children also exhibited significant stressors due to their IPV.

Women have been discovered to be susceptible to PTSD, especially if they have a history of child sexual assault (CSA), IPV, or other traumatic events. However, in a recent U.S. Department of Justice Office of Juvenile Justice and Delinquency Prevention study, witnessing violence was found to be the most common trauma that detained youth and young adults endured (Abram et al., 2013). The sample consisted of 1,829 youth (ages 10-18) who were arrested and detained in the Cook County Juvenile Temporary Detention Center (CCJTDC) in Chicago, IL. The random sample was stratified by gender, race/ethnicity (African American, non-Hispanic White, Hispanic), age (10–13 years, older than 14 years), and legal status (processed as a juvenile or as an adult) to obtain enough participants to examine key subgroups (e.g., females, Hispanics, younger children). The gender, age, and offenses of the CCJTDC detainees were like those of other detained juveniles in the nation (Abram et al., 2013). Over 90% of the youth

(92.5%) had experienced at least one traumatic event, 84% were involved in two or more traumatic events, and 56.8% had undergone more than six traumatic episodes (Abram et al., 2013). At least one in 10 of the youth detained were diagnosed with PTSD.

In addition to the trauma effects associated with IPV, a woman's physical health has been found to be chronically affected by IPV relationships, particularly if that woman has a history of childhood abuse as well. The Texas Women's University conducted a 7-year longitudinal study reviewing the long-term effects of IPV on the physical and mental health of 300 women (Symes et al., 2014). The results indicated that one third of the women reported increasing levels of moderate to severe spousal and sexual abuse) physical pain associated with IPV. These women reported more severe spousal abuse and sexual assault as adults than the other two thirds of the women who did not report symptoms of chronic physical pain (Symes et al., 2014).

A final consideration is the impact of social desirability regarding IPV. Wenger (2015) compared gender responses in a longitudinal study using approximately 1,393 heterosexual couples as matched pairs. Discrepancies in IPV reporting were related to gender patterns as expected (Wenger, 2015). Men tended to minimize their abusive roles in an IPV relationship due to their perceptions of likability and what was socially and politically correct (Wenger, 2015). On the other hand, women's reports of aggression were typically viewed as "trivial and non-threatening" though the women reported more aggressive responses than their male partners (p. 180). Men were more likely not to report violence perpetration even though their wives reported victimization. Therefore,

social desirability was a significant indicator, more so for the male respondents than the women (Wenger, 2015).

Modi et al. (2014) dealt with both the indirect and direct costs involved in addressing the public health issue of IPV. The authors emphasized the need for more of a multidisciplinary approach due to the massive healthcare costs and the substantial amount of people (i.e., 1.3 to 5.3 million U. S. women annually) affected by IPV. They endorsed the passing of the 2013 Violence Against Women Act (VAWA) due to its inclusion of care for Native Americans, lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals, and victims of human trafficking. For these authors, actively passing new legislation on this topic with the inclusion of immigrant victims of IPV would be another important extension of this (Modi et al., 2014).

Theoretical Foundation

Social Learning Perspective

Bandura's research (1977a) generated the original principles of social learning theory. Bandura (1977a) described social learning theory as “being neither driven by inner forces nor buffeted by environmental stimuli. Rather, psychological functioning is explained in terms of a continuous reciprocal interaction among cognitive, behavioral and environmental determinants” (p. 11). Therefore, for purposes of this study, a child’s environment, her thinking processes, and her behavior interact when observing family aggression. As an adult, the former interactions of the three determinants (e.g., cognitive, environmental, and behavioral) set the stage for her responses when faced with an IPV situation with the same three determinants interacting similarly. If her former

observations were significantly scenes of her mother or primary caregiver being victimized in an aggressive manner, from social learning theory, we can extrapolate that she would likely imitate the same victimized behaviors in an adult IPV relationship.

In the Bobo dolls study (Bandura et al., 1961), the authors selected 36 boys and 36 girls enrolled in the Stanford University Nursery School to participate. The children were between 3-6 years old. Two adults, one male and one female, served as models as well as one female experimenter. The children were rated on how they displayed physical aggression, verbal aggression, aggression toward inanimate objects, and aggressive inhibition. They were randomly assigned to one of three study groups (e.g., aggressive model, non-aggressive model, and control). They were taken into designated experimental rooms and either (a) observed an aggressive model, (b) observed a non-aggressive model or (c) had no prior exposure to a model.

The aggressive condition depicted the model as assembling the tinker toys for about a minute before turning to the Bobo doll and aggressing towards it during the remaining time. In the non-aggressive condition, the model simply assembled the tinker toys and totally ignored the Bobo doll the entire time. The children that observed the aggressive model responded aggressively to the Bobo dolls exactly as they had witnessed the model do (e.g., striking doll with a mallet, sitting on the doll and punching it in the nose, kicking the doll, and tossing it in the air; Bandura et al., 1961).

Family behaviors and words appear to be effective in influencing a child's moral judgment. Bandura and McDonald (1963) gathered 78 boys and 87 girls in ages ranging from 5-11 years and conducted an experimental design study to test the strength of

modeling cues. Each child was presented 12 pairs of stories (Piaget, 1948) that required them to answer the question, “Who did the naughtier act?” (p. 276). One stimulus in the pair involved a well-intentioned act that resulted in extensive damage. The other stimulus in the pair prompted selfishness or malicious intent with minor damage. The results showed that in a significant amount of the time, boys and girls engaged in imitative learning (e.g., social learning) based on what they saw the models do or say (i.e., a “Very good, that’s fine and that’s good”). Regardless of the children’s ability to exercise discriminating moral judgment, a significant amount of the children responded (i.e., “Very good, that’s fine and that’s good”) exactly as they observed their models’ behaviors or reinforced verbal cues (Bandura & McDonald, 1963).

In the present study, it is reasoned that the same imitative learning (e.g., victimization) if observed and assimilated during childhood, undermines a woman’s ability to vacate an abusive situation, especially before it escalates. This author reasons if the woman’s environment is violent, her thinking interacts with her environment in a likely thought process of fear. If a woman, as a child has witnessed and/or experienced some sort of CSA or family violence, Bandura and McDonald (1963) are suggesting these traumatic events in a girl’s life can impact her adult victimized behaviors. Furthermore, if a woman’s behavior is subdued, and possibly totally controlled and limited by her abuser, then she ultimately submits to the IPV.

In a similar experimental study, the 40 boys and 40 girls with a mean age of 4.5 from the Stanford University nursery school, chose a perceived successful leader regardless of the behaviors. The models were two adult males presented to the

participants in a 5-minute film sequence on a television console. In the aggressive model-rewarded condition, Rocky was the name of the aggressive model and Johnny was the name of the model playing with the toys in the film sequence. When Rocky asked for but is denied permission to play with Johnny's toys, Rocky responded by striking Johnny several times with a rubber ball; kicked the Bobo doll around the room; and shot darts at Johnny's cars and plastic farm animals.

Rocky stumbled over some toys on the floor and Johnny took the opportunity to sit on Rocky and attempted to spank him while he is on the floor. However, Rocky overpowered Johnny and struck him with a baton, lassoed him with a hula-hoop, forcibly dragged Johnny across the room to a corner. The study states that throughout the film sequence, Rocky's aggressive acts were accompanied by several unspecified aggressive remarks. Next, Johnny was viewed sitting in a corner apparently dejected while Rocky played with the toys, consumed large servings of 7-up and cookies, and rode a large, bouncing hobby horse. Finally, Rocky packed all of toys in a sack while singing, "Hi ho, hi ho, it's off to play I go," as he carried the sack of toys over his shoulder and left the room. A commentator's voice was heard pronouncing Rocky as the victor.

In the aggressive model-punished condition, the scenes were identical except that Johnny successfully spanked Rocky and Rocky freed himself and retreated to cower in a corner. Meanwhile, Johnny packed his toys and walks away. The announcer commented about Rocky's punishment. The control group of nonviolence observed both models simply vigorously playing together.

The response measure (i.e., imitation) was the number of times the child the child kicked, lassoed, or struck the Bobo doll with a ball or baton; shot darts at the cars or plastic farm animals; repeated the specific aggressive verbal responses spoken by the model. The response measure (i.e., non-imitative/nonmatching) was the number of times the child performed the following: punching/slapping the Bobo dolls, crashing the cars, acting out physical aggression towards the doll family or animals, etc. Examples of non-imitative aggressive acts were firing darts at objects other than the cars or animals and aggressively verbal responses different from the model's words.

Once again, Bandura et al. (1963) demonstrated that children would rather imitate a physically aggressive and morally wrong model than the model that was victimized and not rewarded for his behavior. They observed that each time the leader committed an aggressive deed (e.g., striking a little boy with a rubber ball several times, kicking an inflated doll around the room, and shooting darts at the little boy's cars and plastic farm animals), he rewarded himself with 7-Up (a soft drink) and cookies. The children desired the same rewards for similar responses to that of their model leader (e.g., social learning).

During the post-experimental interviews, the children readily described the leader as, "harsh, rough, bossy, mean, and wicked", yet they imitated this kind of hostility (Bandura et al., 1963, p. 605). Interestingly, the children in the experiment imitated identical unfriendly behaviors and chose the aggressive leader (e.g., social learning) because he received attractive rewards for his behaviors. In this study, it is likely that many of the women will report witnessing and/or experiencing family violence. It is further hypothesized, the respondents will report accepting hostile behaviors as imitated

victims because the family aggressor(s) was (were) perceived as a successful leader despite his/her meanness (Bandura et al., 1963). Based on the research, it is likely that the childhood IPV environment interacts with the victimized adult thinking and behaviors of the respondents (e.g., social learning) that culminate in IPV relationships.

A third experimental study yielded further evidence of the patterns of self-reinforcement. Bandura and Kupers (1964) led 80 boys and 80 girls aged between 7-9 years from the Los Angeles Board of Education summer program in an experiment involving bowling. Each child was instructed to imitate the model bowling several games and encouraged to reward (e.g., eat two M&M candies) themselves each time they scored a game high of 20 or more. The model also rewarded himself with lots of self-reinforcing statements (e.g., “I deserve some M&Ms for that high score.” and “That’s great! That certainly is worth an M&M treat.”) each time he scored 20 or greater. When he had a low score, he did not eat any candy and criticized himself out loud. The children significantly demonstrated patterns of self-reinforcement like that of the models. The children replicated the exact self-approving and self-critical verbal behaviors they had seen and heard in their models (e.g., social learning).

One of this study’s goals was to capture histories of the participating women who were exposed to similar imitative behaviors as children. The patterns of matching models’ behaviors were transmitted into the girls who observed victimized behaviors in their childhood environments. Bandura and Kupers (1964) suggested patterns of girls’ traumatized behaviors are carried over into their adult lives and culminate with women mistreated in IPV relationships. Respondents engaged in imitative behaviors of the

victims of the family aggressor(s) with a form of victimized behavior including self-critical verbal behaviors (e.g., social learning).

The results strongly indicated that witnessing and/or experiencing family violence primes girls when they become adults to emulate the same IPV victimized behaviors seen in their violent familial environments (Bandura & Kupers, 1964). As adults, the women submit to abuse as a learned behavior (e.g., social learning). The patterns of matching models' behaviors are transmitted into the girls that observed them repeatedly. Thus, if a woman has been exposed to or experienced a pattern of victimized behaviors during her childhood, transmitted patterns of IPV victimization as an adult woman is hypothesized. In this study, any reported experiences of victimized behaviors during a participant's childhood were analyzed as a part of the predictor variable.

Susceptibility to violence includes viewing trauma in an intimate social relation as a learning experience (Wilson et al., 2012). Social learning of emotional subjugation reinforces victimized behavior (Cavanaugh et al., 2012). As a result of the emotional subjugation, many women continually submit to and are subjected to escalated incidents of violence to include physical and sexual abuse as well as various forms of controlling behaviors (Cavanaugh et al., 2012).

Social learning or emotional subjugation in an intimate partner relationship reinforces victimized behavior by women (Zamir & Lavee, 2014a). Zamir and Lavee (2014a) collected data from 425 married or cohabitating college students. Five instruments were administered to include topics: (1) childhood abuse; (2) IPV; (3) emotional regulation (ER); (4) marital satisfaction; and (5) marital quality. Results

demonstrated that reported childhood abuse was associated with higher levels of IPV and lesser spousal satisfaction. This study found that women who had lower levels of emotional regulation were more apt to have higher levels of IPV. Those women with high ER and childhood abuse histories appeared to have a protective factor from past experiences and often avoided adult IPV relationships (Zamir & Lavee, 2014a).

Therefore, higher levels of emotional regulation were found to aid women in moderating (i.e., lowering or avoiding) the incidence of IPV (Zamir & Lavee, 2014a). Young females who have been socialized at an early age to accept various forms of abuse as normative behavior tended to be prime victims of a culture of developmental emotional as well as physical, sexual abuse and controlling behaviors (Zamir & Lavee, 2014a). These findings help to encourage researchers to fill the gap in the literature regarding the mediation of emotional abuse in IPV relationships as opposed to the moderation of emotional regulation in IPV unions. This study contributed to an empirical examination of the mediating effects of emotional abuse in an IPV relationship.

Lee et al. (2016) described an “implicit relationship-to-harm association” (p. 1). The purported exposure to IPV can teach girls to believe and accept that romantic relationships automatically include harm. Thus, a girl’s mind develops the tendency to form negative schemas (Piaget, 1952). After repeated exposure to familial aggression, girls formulate distorted cognitions that guide their victimized beliefs regarding healthy relationships and attachments. Often, these distorted cognitions lead to women experiencing multiple IPV encounters.

Re-victimization is defined as multiple instances of victimization by different perpetrators whereas chronic victimization is characterized by the same perpetrator committing numerous abuse violations on the same victim (Matlow & DePrince, 2013). This distinction between two kinds of victimization can account for the different psychological responses victims often portray. The women who are subjected to re-victimization tend to acquire a specific emotional numbing that leaves them replete of appropriate emotion regulation (Matlow & DePrince, 2013). Women with a history of CSA and who feel emotionally numb telegraph their vulnerabilities regarding CSA. Often, they are re-victimized or poly-victimized by intimate partners (Matlow & DePrince, 2013).

Alexander (2009) illustrated how women with a childhood sexual abuse (CSA) history were more subject to re-victimization in a contentious intimate relationship than women who did not have a CSA history. Multiple victimized women were significantly found to have been abused during their childhood years. Alexander (2009) study depicted 93 battered women who were either abused at least once (44%) or multiple times (56%) in adult relationships to have CSA histories. Also, the women in Alexander's 2009 study were found to have more incidents of affect dysregulation. This meant they tended to disassociate the CSA perpetrated by their parent or caregivers to be able to receive comfort and safety from this same individual.

Developing the concept regarding patterns of aggression against women is another kind of victimization known as poly-victimization (i.e., victim who has experienced multiple types of life-time violence) (Cavanaugh et al., 2012). This study

involved archival data about 1424 employed women (e.g., nurses and nursing personnel) and their reported lifetime battle with IPV. The researchers operationally defined nine different kinds of IPV: (1) childhood physical abuse, (2) childhood sexual abuse, (3) physical abuse between parents/guardians during childhood, (4) psychological IPV, (5) physical IPV, (6) sexual IPV, (7) adult physical or sexual assault by a non-intimate partner, (8) physical workplace violence, and (9) psychological workplace violence was assessed for evidence of poly-victimization (Cavanaugh et al., 2012).

Poly-victimization involves a victim who has experienced different types of violence throughout their life. For example, a victim may have endured childhood sexual trauma as well as physical abuse. The context of the two different kinds of abuse is different but the assaultive victimization is compounded towards the same individual. Additionally, a woman may experience IPV with multiple dimensions operative (e.g., physical, psychological, sexual) (Cavanaugh et al., 2012). Poly-victimization is a very complex example of social learning at its worse. The interaction of multiple IPV environments, victimized thinking, and fear-induced behaviors (e.g., three determinants) describes women who endure several kinds of the nine abuses and continue to succumb to the vicious cycle (e.g., social learning).

Women become victims of multiple forms of abuse. Wilson et al. (2012) observed similar results with their recent study involving the relationship between exposure to violence and various sexual risk-taking behaviors. It was found that cumulative exposure to multiple incidents of violence during one's adolescence (e.g., aged 14 to 22 years) is related to physical victimization during IPV. These results demonstrate a consistently

empirical relationship with previous exposure to trauma and turmoil as being a salient precursor to likely IPV (Wilson et al., 2012).

The Fritz et al. (2012) study results were consistent with Bandura's (1977a) seminal social modeling theory in explaining how one tends to incorporate the generational tendencies towards violence from a primary biological parent(s). Their findings support the theory that children with a history of abuse from their families of origin tend to engage in physical IPV victimization (Fritz et al., 2012). These findings support Bandura's social learning theory of the intergenerational occurrence of IPV. This study analyzed reported IPV victimization and emotional abuse in particular.

Command and Control

Controlling behaviors are also referred to as coercive control, which is a term originally developed by Stark (2009) in his book dealing with women abused in IPV relationships. Stark's definition of coercive control includes components from the Power and Control Wheel developed by the Domestic Abuse Intervention Programs (DAIP, 1984). Coercive control is defined by Stark as, "an ongoing strategy of isolation of the victim from friends, family and children; control of access to resources such as transportation, money and food; and control of access to employment and education" (Candela, 2016, p. 3).

In her review of state statutes, Candela (2016) indicated that DV is most often defined as either a criminal act or physical assault. Candela (2016) found this definition to be limited in that it does not include emotional, economic, gender, power, and control issues. Therefore, Candela (2016) included coercive control as a salient, gender-neutral

element when discussing domestic or intimate partner violence. Candela (2016) felt adopting the term coercive control for any upcoming legislation, all genders affected by coercive control could initiate legal charges against their alleged abusers in the United Kingdom.

Coercive control is further defined as the need to extend standards of male dominance and superiority into being sexually coercive towards women to feel dominant in an intimate relationship (Smith et al., 2015). This element of power and control identified in patterns of sexual aggression and dominance is another facet of coercive control (Smith et al., 2015). Archival data of 250 men aged between 21 and 35 classified as “social drinkers” (e.g., one to three drinks daily) demonstrated results of men focused on male domination that yields subordination of women and antifeminism (Smith et al., 2015, p. 167).

Randolph et al. (2011) reached a similar conclusion in their study involving relationship power and how it leads to subordinating women. IPV was correlated with overall sexual relationship power among the participants in a study conducted with 135 Latina participants, ranging in age from 18 to 68 years. Latinas completed several questionnaires that included items about trauma history, relationship power, power regarding condom use, perceived STD/HIV risk for sexual partner, and sexual behavior.

A specific reduction in relationship power was noted with the women having lower negotiating power (i.e., decision-making power and control) about condom usage (Randolph et al., 2011). In other words, women with less negotiating power in the

relationship had less power to determine whether condoms were used during sexual intercourse.

In a national United Kingdom study, data from 45,000 respondents were analyzed, and results showed that coercive controlling behaviors are largely used against women (Myhill, 2015). Caldwell et al. (2012) discussed the significance of gender and its high correlation to power and control where IPV is involved. The authors recognized gender really does make a difference in a cultural context. According to Caldwell et al. (2012), males are often ascribed a higher and more important status in society than women. Women are much more likely than men to be disempowered because of their gender and physical strength in the context of IPV.

The cycle of emotional abuse and social learning of subjugation starts at a very subtle but tangible level throughout most cultural and ethnic domains (Boonzaier & van Schalkwyk, 2011). Typically, this cycle is manifested using micro-aggressions. A micro-aggression is defined as “an act that is just beneath visibility or consciousness that is a slight, a put down, an insult, or an invalidation that the perpetrator is mostly unaware of having committed” (Bingham, 2010, p. 1). Micro-aggressions can be perpetrated by any of the following: co-workers, colleagues, friends, family, neighbor, supervisor, medical providers, patients/clients, etc. (Gomez, 2011).

Persons in perceived power laden positions usually are the ones who perpetrate micro-aggressions. Bingham (2010) emphasized that the most devastating micro-aggressions are those perpetrated by those in a position of power or control and that aim their subjugation on victims of a so-called marginalized group. Though the perpetrator

may not be consciously aware of the humiliating emotional violations, the permeable damage is imperceptibly eroding away the infrastructure of emotional stability and fortitude of the women they victimize. Therefore, the prevailing culture of power and control often guide the misconceptions and erroneous attitudes generated in a society that is plagued with IPV relationships (Bingham, 2010).

Cultural Considerations

In some cultures, victimization is widely viewed as the norm. Stockl et al. (2012) suggested that many Tanzanian women endure a lifetime of physical and/or sexual IPV in 41% to 56% of the cases researched in their recent study. The term lifetime suggests that the women who reported such terminology have been victims of chronic victimization that stemmed from socially promulgated mores and practices perpetrated against women of color. Percentages such as these imply that abuse is a phenomenon that is socially and culturally accepted or at least tolerated (Stockl et al., 2012).

Social acceptance of IPV is often considered a life-style issue; therefore, victimization is probably not perceived as problematic. Stockman et al. (2013) found similar indications of victimization predicated on cultural mores in their study that looked at IPV incidents amongst African American and African Caribbean women who submitted reports in clinical settings. These authors recommended an actual cultural screening process when victims procure healthcare treatment at women's health clinics to attempt to reduce the occurrence of IPV (Stockman et al., 2013). The authors recognized the suggested cultural risk factors for IPV that needed to be clearly identified and isolated

in the disclosures that the African American and African Caribbean women were willing to make.

Managing the risk factors of fallible attitudes of a society mitigate the cultural sensitivities needed to eliminate dangerous precursors to IPV. Bryant-Davis (2010) emphasized the importance of conducting quantitative as well as qualitative research to address the issues of IPV in a cultural context. It is firmly recognized that many segments of marginalized female populations (e.g., African Americans, Latinas, Asians, Native Americans/Hawaiians, and Caucasians) are not acknowledged as germane sociocultural voices of IPV survivorship. Often this culturally insensitive oversight leads to further IPV nondisclosures from various ethnic groups. Ahrens et al. (2012) found that Latino and Latina participants in their study held traditionally conservative cultural beliefs that appeared to hinder their ability to identify and disclose experiences of sexual assault and IPV.

When it comes to readily disclosing the incidences of abuse, the reality is not much different in the African American community than it is in the Latino culture. Wright et al (2010) discovered that African American women tend to suffer IPV more frequently and more severely than their Caucasian counterparts. However, they appear to possess a resiliency that sustains them through such wretched circumstances. Wright et al. (2010) recommended that our society develop more culturally sensitive empowerment-based interventions.

Boonzaier and van Schalkwyk (2011) found similar findings of gender bias regarding female roles when engaged in an IPV relationship. These women indicated that

they were more comfortable conveying their abusive experiences in a narrative (storytelling) format. They were able to describe their experiences of IPV using their own frames of reference. This method of expressing one's frame of reference demonstrated how even though the narrative approach is not the norm for a qualitative study, it sufficed to give these women the courage they needed to develop their identities.

Caetano et al. (2010) indicated that sometimes neighborhood characteristics can predict IPV when the male is the perpetrator. Results indicated that African American ethnicity was associated with the social cohesion contained in the social dynamics of a neighborhood and male to female IPV in the United States. As defined earlier, IPV was usually packaged as DV in these neighborhoods that tended to be high-poverty neighborhoods. It was found that IPV tended to be more of a factor of personal characteristics gleaned from social dynamics in a neighborhood than mere criminal violence in that neighborhood. For example, a male perpetrator who has an extensive history of sexual abuse towards women may never have been formally charged with any sexual misconduct. Therefore, socially, this perpetrator perceives that he is to be accepted in the immediate community in which he resides. The failure to censor or even criminalize his behavior has become a social dynamic within that designated community.

In many Muslim societies, literal training derived from the Koran and Islamic law regarding gender roles, women's rights and family relations tend to disempower women (Levitt et al., 2015). Often, IPV is treated with indifference and thought to create a "conspiracy of silence" whereby IPV is socially tolerated as the norm (Levitt et al., 2015, p. 216). Wife abuse can be justified by a wife perceived to be misbehaving or merely a

husband who claims to be stressed out. According to many Muslim legal authorities and health professionals, a husband who engages in IPV is adhering to a religious commandment (Levitt et al., 2015). Muslim families are hesitant to give financial aid to a woman desiring to leave an abusive husband (Levitt et al., 2015).

As in the previously mentioned article, the issue of coercive control is further compounded by a blending of coercive control with culturally enabled controlling and threatening behaviors. Barkho et al. (2011) reported a recent study among 55 Iraqi immigrant women in the Detroit area. The results suggested that approximately 80% of the women in the study reported being subjected to controlling and threatening behaviors by their husbands. In addition, there was a significant relationship between IPV and reported health problems and psychosomatic symptoms in these Iraqi women. In as much as there are cultural as well as controlling factors underlying IPV relationships, the financial costs associated with IPV are climbing.

Physical Health Factors

It has been documented that IPV takes its toll on women's physical health if unidentified and untreated (Albright et al., 2019). Although specific physical health literature linked to IPV and its severity is limited, more research broadening the aspects of socio-demographic characteristics, IPV experiences, health outcomes, and safety concerns is currently being generated (Hegarty et al., 2013).

A woman's physical health has been found to be chronically affected by IPV relationships and particularly if that woman has a history of childhood abuse as well (Coker et al., 2012; Watkins, 2014). Victims that report physical abuse were seven times

more apt to utilize the medical services available but even with this seemingly large number of victims accessing services there are numerous barriers that still preclude comprehensive utilization of medical services (Galano et al., 2017; Lawson et al., 2012). The barriers identified by the authors ranged from simply not knowing how to adequately access services, cultural and language gaps, low or no insurance coverage, and a general mistrust of receiving medical and social services (Galano et al., 2017; Lawson et al., 2012). One additional barrier cited was the “fragmented” IPV services that don’t adequately address the physical and psychological needs of the clients (Lawson et al., 2012, p. 29).

A more detailed look at the physical health consequences of IPV in a woman’s life portray a declining picture of an unfortunate quality of life. Wong and Mellor (2014) documented data and results that disclosed the specific risk factors of physical health often experienced by women in an IPV relationship (e.g., traumatic brain injury, chronic pain, gastrointestinal disorders, depression, PTSD, and substance-related disorders). In addition to these physical maladies, Wong and Mellor (2014) mentioned specific physical injury incurred from IPV, namely “fractures, lacerations, contusions, damage to the face, upper torso, breast and abdomen being the most common” (p. 171).

Simmons et al. (2020) documented a myriad of negative health outcomes associated with the long-term consequences of IPV on physical and emotional well-being. The overall health of IPV victims is significantly poorer than those who do not report being abused. IPV victims note more chronic conditions such as fibromyalgia, irritable bowel syndrome, surgeries, hospitalizations, sexually transmitted diseases, pelvic

inflammatory disease, chronic pain, bladder/kidney/urinary tract infections, broken bones, seizures, headaches, stomach ulcers, spastic colon, indigestion, and hypertension (Simmons et al., 2018).

Another common thread in women's tendencies towards cervical cancer and other female physical and mental health conditions appears to be any occurrences of childhood sexual trauma. Female veterans were discovered to be three times more likely to experience adverse physical and mental health issues if they had been previously sexually victimized (Dichter et al., 2014).

Similarly, Regal et al (2020) learned that violence against women specifically increased the frequencies of cervical cancer and decreased adherence to treatment. These authors recommend trauma-informed care as the approach which will adequately address the medical implications as well as the noncompliance. Embedding a mental health professional in an oncology setting was the salient recommendation (Regal et al., 2020). This integrated model addresses the trauma element in a holistic manner.

Trauma-Related Factors

Researchers have established that witnessing as well as experiencing violence is traumatic. Trauma is defined as “an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea” (APA, 2019, p. 1). Post-traumatic stress disorder (PTSD) is defined as an anxiety disorder that may occur in response to some traumatic event (Abram et al., 2013).

PTSD is considered pervasive among female immigrants to the United States, particularly, Latina women. Galano et al. (2017) evaluated the efficacy of the “Moms’ Empowerment Program” (pg. 344). This 10-week, Spanish-language group therapy for IPV-exposed women was the first of its kind. A total of 93 indigent participants engaged in this community trial. Findings denoted a significant reduction in previously screened PTSD symptoms in the experimental group of Latinas as opposed to the control group who was merely listed on the wait-list comparison group (Galano et al., 2017).

Experiencing CSA and/or IPV is certainly a traumatic event that may be considered the basis for a diagnosis of PTSD. Scott-Tilley et al. (2010) defined PTSD as “a complex and serious syndrome with emotional symptoms, psychiatric symptoms, and physical consequences” (p. 26). In this study, PTSD was found to be associated with “immune function, obesity, increased risk of diabetes, increased severity of premenstrual syndrome symptoms, depression, suicide, and increased likelihood of re-abuse” (p. 26). It is especially noted that these results highlight the likelihood of re-victimization of women who manifest PTSD symptoms related to IPV (Scott-Tilley et al., 2010). Therefore, these symptoms identify IPV as causing significant indirect costs to the traumatized adult female victims it claims (Modi et al., 2014).

Alexander (2014) conducted a similar study but on dual-trauma couples engaged in adult IPV relationships. Men from dual-trauma couples reported participating in more physical and psychological violent behavior against their female partners. Females from the sample reported being less likely to seek help getting out of their IPV relationships. One conclusion that could be drawn is that the women who have been formerly

traumatized in childhood and yet continue in an abusive relationship as adults are in some way more susceptible to current abuse than women without a trauma-related history (Alexander, 2014).

Physical abuse is the most obvious sign of a woman who may be involved in an IPV relationship. However, the effects of trauma are often masked with apparent normalcy. Therefore, this current study examines the effects of the major forms of current IPV and recognition of the risk factors that may preclude escalating IPV behaviors.

Emotional Abuse

Emotional abuse is hypothesized in this study to be a mediator as it relates to a woman's life history of childhood abuse and ongoing IPV (Albright et al., 2019; Galano et al., 2017; Hasselle et al., 2019; Herrenkohl et al., 2016). Consideration of the previous findings in the literature (Hoffman, 1984; Loring, 1994; Rodenburg & Fantuzzo, 1993; Romero, 1985; Tolman, 1989; Walker, 1979) suggests that, once emotional abuse presents as a salient factor in a volatile relationship between two intimate partners, it tends to be the impetus to escalated bouts of aggression that may become physically or sexually aggressive.

Cramer and Plummer (2009) alluded to the definition of violence (e.g., emotional violence) as being the essence of how treatment goals are ascertained. This assertion is consistent with the supposition that emotional abuse precipitates the other forms of abuse (e.g., physical, sexual, controlling behaviors). The authors asserted that emotional abuse should be firmly established and operationally defined across all cultural and sociological spectrums in any future studies.

Queen et al. (2009) identified emotional abuse as being more “relentless and terrorizing than physical abuse” (p. 237). Again, this declaration suggests that emotional abuse is perceived by some women as the nemesis of the four dimensions of abuse (e.g., emotional, physical, sexual, and controlling behaviors). Existing literature supports that the worst and most imperceptible damage that any girl or woman can experience is often emotional abuse and escalated forms of abuse as a direct result of an IPV relationship (Albright et al., 2019; Galano, et al., 2017; Hasselle et al., 2019; Herrenkohl et al., 2016). A healthy male and female romantic relationship should encompass all the attributes of unconditional acceptance (e.g., mutual respect, nurturance, sexual fidelity, physical boundaries). Yet in an IPV relationship, many of the opposite factors are operative (Queen et al., 2009). It is hypothesized that emotional warfare appears to augment the abusive connection between two otherwise mutually attracted individuals.

Mediating Variable (Emotional Abuse Cycle)

According to Follingstad (2011), there appears to be specific features to adult emotional abuse. However, it has been increasingly difficult to properly illustrate the features of adult emotional abuse and to derive the appropriate model that most researchers subscribe to. After careful review of the existing literature pertaining to emotional abuse (e.g. Hoffman, 1984; Loring, 1994; Rodenburg & Fantuzzo, 1993; Romero, 1985; Tolman, 1989; Walker, 1979), 17 categories were developed which included the following: threats/intimidation; destabilizing perceptions of reality; isolation/monopolization; treatment as inferior; establishment of power through refusals; verbal abuse/criticism; jealousy/suspicion; monitoring/checking; rigid gender roles;

control over personal behavior; withholding emotionally/physically; public embarrassment/humiliation; emotionally wounding behavior around fidelity; lying/deception; guilt induction/blaming; manipulation; and attacking attractiveness/sexuality (Follingstad, 2011; Follingstad et al., 2015).

Despite the tireless efforts and contributions to achieve a definitive and differential diagnosis for psychological abuse, Follingstad admitted the difficulties in “identifying and accurately measuring psychological abuse” are still quite elusive (p. 1196). Follingstad (2011) denoted an operational definition of psychological/emotional abuse to encapsulate all 17 of the above features of possible symptoms. The range of symptoms certainly depicts psychological/emotional abuse as part of a continuum of maltreatment and behaviors that span from psychologically harmful to psychologically nullifying (e.g., emotionally depleted/devoid of feelings).

Additional studies are needed that examine not only the definition of emotional abuse but the patterns of violence (e.g., co-occurrence and types) perpetrated against women involved in IPV relationships (Cavanaugh et al., 2012). The authors documented victims of violence are often subjected to numerous incidents of violence. This multiplicity of violence has been termed “poly victimization” (p. 4). This poly victimization includes emotional abuse. In fact, emotional abuse (e.g., 15.6%) was included in the “high psychological” category associated with IPV (p. 5). It was recommended by the authors that additional empirical examination include women with histories of witnessing IPV amongst their parents and/or significant caregivers as a broader definition of emotional abuse. Therefore, these 17 categories of possible

symptoms of emotional abuse are germane to the actual and literal needs of accurately defining/describing the types and patterns of emotional abuse perpetrated.

Though Follingstad (2011) has identified 17 categories, Outlaw (2009) distinguished the fact that researchers acknowledge the existence of several forms of non-physical abuse, yet only a minimal amount of empirical data has been conducted. Outlaw's study attempted to disentangle the myriad versions of non-physical abuse and firmly establish the more pervasive types, any gender differences that were relevant and the relationship of IPV to physical abuse. The results yielded strong evidence that non-physical violence is often a precursor to physical abuse and increases the likelihood of physical violence.

Typically, three types of partner violence are evaluated routinely: physical, sexual, and emotional. Out of these three, emotional abuse is reported the most (Ludermir et al., 2010). Though psychological violence has been documented as the most common form of violence for some researchers, there remains a deficit in empirical data to definitively support the gap in existing data (Brem et al., 2017; Browning, 2017; Carton & Egan, 2017; Cattaneo & Chapman, 2011; McDermott et al., 2017; Reyner, 2018; Sylaska & Edwards, 2014). Kuijpers et al. (2012) recognized the empirical gaps in analyzing the ramifications of emotional abuse and incorporated this recognition in their hypotheses. Emotional and environmental variables were central to their study data. Their findings derived mixed support for the relationship between emotional abuse and IPV. However, the evidentiary need for additional studies that deal specifically with the variable of emotional abuse and its mediating effects in an IPV relationship remain plausible.

Additional empirical research exploring the salience of emotional abuse is plausible as well as warranted. Uthman et al. (2011) concluded that emotional abuse is almost always present in a physically violent intimate partner relationship. Therefore, emotional abuse is a phenomenon that should always be considered, analyzed, and documented as a relevant variable in the quest to curtail IPV against women.

Sullivan et al. (2012) concurred that physical abuse is almost always accompanied with emotional abuse as well. Sullivan et al. (2012) found that physical IPV is 64 times more likely to be perpetrated against a victim that has already been psychologically subjugated that same day. In addition, the data suggested that three (e.g., physical, sexual and emotional) of the four dimensions of abuse examined in this dissertation were found to be predisposing factors of one another (Sullivan et al., 2012). There was a significantly stronger association between physical abuse and emotional abuse but nonetheless, both were associated with sexual abuse as well. Co-occurrence of these three variables appeared to dominate the results.

Some of the psychological components of the female victims of IPV are related to personal survival. Women concede to their male partner's coercive intimacy typically to avoid physical harm (Duntley & Buss, 2011). When a woman understands that her partner desires her physically, she often utilizes this desire as a measure of control or manipulation. This mechanism is especially useful if the woman is feeling physically threatened.

Secondly, women who have been emotionally traumatized and subjugated suffer with chronic issues of mistrust (Lutz-Zois et al., 2011). Often, they submit to years of

physical, sexual, and emotional abuse simply because they have not learned to trust others due to the childhood perpetrators in their young lives. These primary people have often been the very ones to violate the childlike trust that was offered in the infancy stages of the relationship. Therefore, the woman no longer has a reserve of or inclination to trust others in their adult experiences.

Burns et al. (2010) conducted mediation analyses and identified emotional dysregulation as a partial mediating variable for the relationship between physical and emotional abuse in women with a childhood history of abuse. The researchers explained that in this particular study, more attention was directed on emotional abuse simply because it has received the least amount of focus in previous literature. Emotional abuse was pinpointed as the most predictive of emotion deregulation. These findings specify the need for additional research on emotional abuse and its impact in an IPV union. This study will attempt to establish a definitive association between a woman's history of IPV and the presence of emotional abuse as a mediating variable in a(n) recent/ongoing IPV relationship manifesting trauma and physical health-related symptoms.

Emotional abuse is often depicted as a destabilizing psychological phenomenon in intimate partnerships, including the hypotheses in this study. Panuzio and DiLillo (2010) found similar results in their study of newly wedded couples who had been married one year or less. All three forms of abuse (e.g., physical, sexual, and emotional) were reported as intimate partner aggression (IPA) perpetration. However, emotional abuse was found to be the most consistent across the board with the recently married but dissatisfied couples. Once again, emotional abuse surfaced as the prevailing form of abuse in intimate

partner relationships. Furthering the concerns are the findings from Blasco-Ros et al. (2010) who suggested that women exposed to emotional IPV did not appear to recover at all. In other words, those participants who suffered from physical and emotional abuse eventually recovered acceptable mental health wellness. However, those who experienced emotional abuse alone seemed to not be able to reach a mental health status that would be considered emotionally stable.

The destabilizing effect of emotional abuse can manifest itself in various manners predicated on various factors and variables. One of the factors Zavala and Spohn (2010) asserted was that women involved in intimate relationships with their male partners will experience higher levels of emotional abuse contingent on their financial vulnerability. Conversely, if the female's employment status is perceived as challenging to their male intimate partners, the likelihood of an economic abuse was noted. Women who earned more money than their spouse and justified their husband's physical and sexual abuse were more likely to concede to controlling type behaviors from their spouse (Antal, 2011). Often the controlling types of behaviors were wielded as the power base, thus, a precursor to IPV was the victimized behaviors women portrayed (Antal, 2011).

Lucea et al. (2013) conducted a study with approximately 900 African American/Caribbean women aged 18 to 55 years. Not only did younger women report being subjected to greater incidents of emotional abuse and controlling behaviors, but the data indicated that they were more likely to fail to report the incidents. Controlling behavior was the most frequently reported IPV perpetrated against the younger women (Lucea et al., 2013).

Follingstad (2011) failed to list money or economic reasons for emotional abuse. However, money earned by the female as well as a woman's age were the impetus to escalating emotional violence in an intimate relationship (Antal, 2011; Balogun, 2012; Lucea et al., 2013). The present study attempted to assess the specific dynamics of emotional abuse in an intimate relationship.

Summary

In this chapter, an expansive review of the literature was reviewed. The various instruments proposed are presented with a developmental/social learning perspective followed by a purview of the major theories augmented in the study. Cultural factors were considered as well as any physical health/trauma-related symptoms. Finally, this chapter contains information regarding the possibility of participants eliciting socially desirable responses.

In Chapter 3, the application of a regression analysis in this study was used to evaluate the mediation effect of emotional abuse on the relationship between childhood abuse and ongoing IPV. Initially, the research design and rationale were discussed. Next in the Methodology section, the population, sampling procedures and recruitment strategies was addressed. A detailed description of how respondents participated in the study as well as how data was collected, statistically analyzed and extrapolated is documented. A research question and the matching hypothesis is explained. The proposed instruments were introduced along with brief replication and validity considerations were asserted. Finally, threats to the validity of the study as well as data results, population generalizations and retention were considered.

Chapter 3: Research Method

Introduction

The purpose of this quantitative, nonexperimental survey research study was to determine whether emotional abuse mediated the relationship between any history of childhood abuse and adult IPV. The predictor variable was a self-reported history of childhood abuse during the period through 14 years of age. The criterion or dependent variable was IPV. Emotional abuse was examined as a potential mediator of the relationship between any history of childhood abuse and ongoing IPV as an adult in the past year.

In this chapter, the research and design rationale are introduced and explained. This introductory explanation is followed by a detailed description of the relevant predictor and outcome variables as well as the mediating variable. A discussion of the design of the study follows, including a concise explanation of mediation. Next, the research question and the corresponding hypothesis are reviewed. The methodology section of the study follows, in which I present a sequential account of sample population descriptors, screening, confidentiality, informed consent guidelines, statistical analysis parameters, and reliability and validity information regarding each of the instruments. Finally, threats to the validity of the study are considered.

Research Design and Rationale

This study had a correlational design using a survey methodology. Various instruments were administered to assess the relevant variables. The use of surveys to measure predictor and outcome variable associations can yield very useful data,

especially regarding mediation of emotional abuse. Any significant findings may contribute to viable interventions and social benefits regarding IPV.

Methodology

Population

Due to the coronavirus pandemic, the original sample pool to be derived from a DV shelter (e.g., ACTS) was not available for study. The facility/program had not been fully staffed or seen clients in over 10 months. Though carte blanche permission had been given to me to access the facility and glean the required minimum number of participants for the study, it was no longer feasible, and the facility director indicated that the option for such research there was negligible at best. The population was females aged 18 to 55 years living in the United States. This population was selected for participation because of its diverse representation of cultures, ethnicities, socioeconomic levels, religious/secular subscriptions, education, political affiliations, and philosophies. Eligible women were included regardless of their abuse history. Therefore, study participants were recruited via Mechanical Turk (Mturk). Samuel (2018) reported that “researchers find that relative to other convenience samples, MTurk participants are generally more diverse and seem to respond to experimental stimuli in a manner consistent with the results of prior research.”

According to Karch et al. (2010), interpersonal violence disproportionately affects women less than 55 years old. A substantial percentage (i.e., 79%) of females in the United States experience some form of sexual assault, stalking, or IPV before the age of 25, with rape occurring before the age of 18 years 40.4% of the time (Breiding, 2014). A

safety-net of family planning providers tracked 1.4 million women for a year (i.e., 2015) and found that IPV occurred at rates of 13% for ages 18-24, 12.5% for ages 25-34, 4.4% for ages 35-44, and .09% for ages 45-54 (Hasstedt & Rowan, 2016). Therefore, although IPV certainly is documented involving women over the age of 55 years every year, the current research still alleges that most IPV affects adult women under age 55 and tends to reduce in frequency thereafter (Hasstedt & Rowan, 2016).

Sampling and Sample Size

A nonrandom sample was used to obtain participants for this study. The Mturk internet site from which the sample was recruited has a racially diverse array of women (Wikipedia, 2018). Mturk is a “crowdsourcing website” that recruits participants in a remote and random manner that was conducive to utilizing a convenience sample (Wikipedia, 2018).

GPower (Faul et al., 2007; Faul et al., 2009) was used to compute statistical power. An 80% probability of detecting a medium effect size ($r = 0.3$) was assumed. The model tested assumes one predictor variable in a multiple regression two-tailed test using conventional levels of alpha (.05; Cohen, 1988). There is a variety of sampling thresholds and associated techniques available for mediation analysis. Ideally, Fritz and MacKinnon (2007) would recommend a sample not less than 187 to reflect the median resampling figure for mediation analysis; however, this study’s sample size (i.e., $N = 182$) demonstrated sufficient data to detect whether a mediated effect was significant or not.

However, prior research indicated that approximately 20% of all survey data will be deemed unusable (Nilima, 2017). Nilima (2017) recommended a comfortable

percentage of oversampling that is useful would be to increase the minimum sample requirement by 20% to account for any nonresponses or data that cannot be used.

However, recruitment of at least 200 women as an oversample precaution was pursued given the probability of unusable data (Nilima, 2017; Soper, 2014).

A salient finding regarding the need for oversampling was presented by Stockman et al. (2015). IPV against women disproportionately affects ethnic minorities (i.e., vulnerable populations; Stockman et al., 2015). Disparities such as socioeconomic factors as well as immigration status affect the negative physical and behavioral health outcomes associated with IPV (Stockman et al., 2018). Secondly, the U.S. Preventive Services Task Force (USPSTF) has recommended that all women of reproductive age be screened for IPV; however, evidence for screening these vulnerable patients is currently insufficient (Rhodes et al., 2018). Due to the above mentioned and numerous other factors of vulnerability and safety concerns, proposed oversampling that entails statistical projections of larger samples was advised (Rhodes et al., 2018).

Procedures for Recruitment, Participation, and Data Collection

Recruitment

Each female participant was required to provide state-issued identification signifying that she was at least 18 years old and was residing and/or working in the United States. Women, regardless of abuse history, could take part in the study. Accessing the MTurk website, a third-party survey tool such as SurveyMonkey was utilized to link up the various instruments identified in this study with actual “crowdsourced” participants on the Mturk website (Samuel, 2018). If a respondent met the study

requirements stipulated in the eligibility screener, consent form, and DIQ online, then that respondent was given access to the study surveys using the MTurk web interface that described the human intelligence task (HIT) to be completed (Samuel, 2018).

For purposes of this study, the subscribed HIT included the three instruments approved for this study. The website stated the purpose of the study, eligibility, completion guidelines, timeframe, and contact information to register for participation in the study.

Each HIT had a designated number of tasks, and I specified that each individual MTurk participant should complete the three surveys only once. Therefore, I set the Institutional Review Board (IRB)-approved requirements for subjects, including country of residence, female gender, and the minimum age requirement (Samuel, 2018). MTurk participants met these eligibility requirements, logged onto my account, reviewed the designated HIT available to them, and then actively participated in completing the instruments prescribed in this study for which they were eligible.

Participants completed online questionnaires on demographics, history of abuse, ongoing abuse within the past year or lifetime history, and emotional distress. Participants were asked to complete a questionnaire containing demographic information (e.g., age, ethnicity, education, marital status, number of children, personal/household income, and satisfaction with life); childhood abuse history; experience of emotional abuse; and IPV during the past year and lifetime history. The total completion time for the three surveys was approximately 25-30 minutes.

Due to the continued physical restrictions imposed due to COVID-19, as a secondary source of study participants, surveys were made available online through Sona, a participant pool offered at my university. All faculty and students at the institution had access to this website option and could participate as eligible research participants. Therefore, the participant pool offered an additional virtual option for acquiring the minimally required female participants for this study. However, it was not necessary to access the Sona website due to the the required number of respondents participating from the MTurk website.

Participation

Online at the MTurk website, participants were directed through an informed consent process that dealt with the limits of confidentiality, and their demographic information was collected (see Appendix B for the demographic questionnaire). Online copies of the informed consent document were provided. Only those persons who read and agreed to all of the components of the informed consent and DIQ documents proceeded with completing the surveys. Participants reviewed the consent online, and their entry into the survey served as consent to participate. The informed consent form explained that each participant was given specific instructions pertaining to the extent of participation and the length of the study. Each participant was reminded that their participation was strictly on a voluntary basis and that participation could be discontinued at any time.

The appropriate debriefing information and/or referrals were offered and available upon request. Referral lists with contact information for qualified behavioral health

professionals as well as other behavioral health/victim advocacy resources (e.g., hospitals, clinics, law enforcement and government agencies, private facilities, and DV programs/shelters) were available on the MTurk website if requested.

The MTurk website being used for this study was routinely monitored daily. No personally identifiable information was linked to the website or the third-party provider, SurveyMonkey. I maintained exclusive access to all online participant data, instructions, software, and details of procedures (per APA Ethics Code Standard 6.01) generated and collected after completion of the instruments online.

The entire online registration and assessment took approximately 25-30 minutes. The following were estimated testing times: (a) DIQ: 3 minutes, (b) CTS2S: 3 minutes, (c) PPMS: 5 minutes, and (d) MPAB: 12 minutes. Permission to utilize these instruments had been granted by either the author or the governing entity for the specific instrument.

Instrumentation

Demographic Information Questionnaire (DIQ; Kostoulas, 2014)

After an exhaustive review of the existing examples of demographic information questionnaires, a demographic questionnaire was created. Sociodemographic information was collected such as ethnicity/race, age, relational/marital status, and educational level (Appendix B).

Psychological and Physical Maltreatment Scales (PPMS; Briere & Runtz, 1988)

The PPMS (Appendix C) was developed out of the authors' desire to "integrate findings across maltreatment areas" (p. 332). This scale is used to operationalize childhood abuse. To develop the PPMS, the Family Experiences Questionnaire was

administered to 278 female undergraduates in an introductory psychology course. Additionally, the Texas Social Behavior inventory (TSBI), the Hopkins Symptom Checklist (HSCL), and the Dissociation Scale were administered as well (Briere & Runtz, 1988). The results yielded a seven-item psychological scale and a five-item physical scale. Frequency responses ranged from “Never” to “more than 20 times/year.”

The reliability scores for both mother and father on the psychological scale were .87 but differed on the physical scale, at .78 and .75, respectively (Briere & Runtz, 1988). Both scales were found to elicit acceptable construct validity for abuse (Briere & Runtz, 1988, p. 337). The primary result suggested maternal and paternal maltreatment of children and the importance of parental behavior in resultant child-adult psychopathology (Briere & Runtz, 1988).

Conflict Tactics Scales-2 (Short Form; CTS2S; Straus & Douglas, 2004)

The revised CTS2S (Appendix D) is reported to be the most widely used measure for assessing IPV (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). The authors developed this short form of the full CTS2 to be administered in a briefer but equally effective manner. Its validity is comparable to the full CTS2 yet allows the administrator to adequately screen respondents in a shorter time frame (Straus & Douglas, 2004). Items are assessed on an 8-point scale, ranging from *once in the past year* to *11-20 times*; an option for “never happened” is also included.

The full CTS2 has 39 items and requires at least 10-15 minutes to administer. Many studies involving IPV are now done via telephonic interviews. The CTS2S has 20 items and requires only a 3-minute administration, which is more conducive to brief

interview settings. The CTS2S has five scales (i.e., Physical Assault, Injury, Sexual Coercion, Psychological Aggression, and Negotiation); however, items are averaged to create a total CTS2S score. Both lifetime as well as current (within the last year) IPV are included in the scale.

Several studies have demonstrated validity of the CTS2 and CTS2S. Partial correlation of the CTS2 and CTS2S, when controlling for socioeconomic status as well as social desirability, ranged from .65 for Sexual Coercion to .94 for Injury (Straus & Douglas, 2004). In terms of construct validity, the short form produced the same results as the long form (Straus & Douglas, 2004).

Thus, the CTS2S is an appropriate measure of IPV and is sensitive to a range of behaviors that comprise this construct (Straus & Douglas, 2004). One additional caveat is the CTS2S measures the “severity level (e.g., none, minor only, and severe)” of the IPV reported. When tested for concurrent and construct validity, the CTS2S findings adequately supported previous results generated by the CTS2 (Straus & Douglas, 2004).

Measure of Psychologically Abusive Behaviors (MPAB; Follingstad, 2011)

The MPAB (Appendix E) was used to operationalize emotional abuse. Research focusing on more extreme versions of psychological aggression has been conducted (Follingstad, 2007a, 2007b, 2011; Follingstad et al., 2000, 2004, 2005). As a result, data from a representative national sample of 614 online participants yielded 14 categories that included sadistic, threats, isolate, manipulate, public humiliation, verbal abuse, wound through sexuality, treat as inferior, monitor, hostile environment, wound through fidelity, jealousy, withhold emotional/physical, and control personal decisions.

The categories depict nonoverlapping types of psychological abuse. Each category is further divided into three subscales that demonstrate the intensity (e.g., mild, moderate, and severe) of psychological aggression (Follingstad, 2011). The format includes the following intensity differentiation: A = milder items; B = moderate items; C = severe items. Overall, the reliability coefficient for the entire scale is .98, but the range for individual items has reliability coefficients between .53 and .81 (Rogers & Follingstad, 2011). The Cronbach's alpha values for the mild, moderate, and severe levels of egregiousness are .94, .94, and .94, respectively (Rogers & Follingstad, 2011).

Follingstad (2015) conducted another nationally solicited validation study with two criterion group samples of women having normative and probable IPV. The Cronbach's alpha value for both samples was .97. Internal consistency and validity of the MPAB were firmly achieved based on these findings. The MPAB was administered in this study due to its widely normed feasibility in measuring current emotional abuse in IPV victims.

Therefore, these results indicate normative data for the MPAB. An additional sample was gleaned nationally to analyze women in distressed relationships and compared the results to further provide MPAB validity efficacy. For both samples, the MPAB was highly reliable in terms of internal consistency for the total score as well as for the three subscales (e.g., mild, moderate, and severe: Follingstad et al., 2015). The MPAB was an appropriate research tool in this study for assessing serious psychological abuse in women reporting current IPV relationships.

Data Analysis Plan

Data Screening and Cleaning

SPSS Version 27 was used to perform all analyses. After the data were entered, data was screened by analyzing frequencies, missing values, outliers, and making any survey item verification for accuracy in entering the data. Next, variables were transformed and/or recoded as needed. In addition, the assumptions of normality, linearity, homoscedasticity, and absence of multicollinearity were tested. For linearity, scatterplots were evaluated to confirm that variables were linearly related. Histograms were examined to assess the data for normality. To test for heteroscedasticity, boxplots for the outcome variables were created to determine if any extreme scores existed. Variance inflation factor (VIF) was used to assess for multicollinearity of the data.

Attrition is considered the “most pervasive and critical type of missingness” in psychological research today (pg. 1; Gomila & Clark, 2020). This informative study, dealt with the very issue of missing data. The term, “attrition” is defined as “missingness in the dependent variable” (pg. 1). In fact, Gomila and Clark (2020) conceded that if the phenomena of “missingness” is “ignored or handled inappropriately” it can “compromise” the researchers’ ability to project plausible “causal inferences” (pg. 1).

On numerous occasions, participants simply did not respond to specific survey questions, Therefore, these missing data/nonresponse items were eliminated by PROCESS macro for SPSS (Hayes, 2013). Without exception, if any of the three survey items were missing for any specific question, PROCESS automatically eliminated the entire respondent’s case from its total number of participants.

Mediation Analysis

The null and research hypotheses are as follows.

H₀: Emotional abuse, as measured by the emotional abuse subscale of the Measure of Psychologically Abusive Behaviors (MPAB), does not significantly mediate the relationship between childhood abuse, as measured by the Psychological and Physical Maltreatment Scales (PPMS), and adult interpersonal violence (IPV), which will be measured by the Conflict Tactics Scale - 2 Short Form (CTS2S).

H₁: Emotional abuse, as measured by the CTS2, significantly mediates the relationship between childhood abuse, as measured by the PPMS, and adult IPV, which will be measured by the CTS2S.

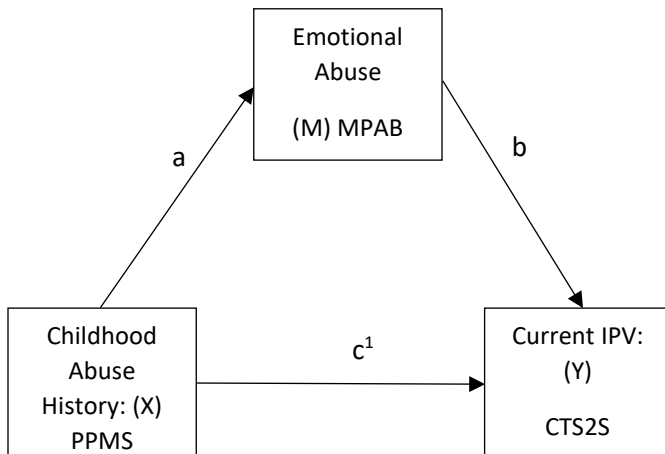
The PROCESS macro for SPSS (Hayes, 2013) was used, as it employs a regression-based approach to mediation. To test the hypothesis, a multiple linear regression analysis (Fairchild & MacKinnon, 2009) was run testing the hypothesis that emotional abuse mediates the relationship between childhood abuse and adult IPV. Baron and Kenny (1986) considered a variable X that is assumed to affect another variable Y. The variable X is called the *causal variable* and the variable that it causes, Y, which is the *outcome*. The effect of X on Y may be mediated by a variable M, and the variable X may still have a direct effect on Y.

In statistics, a mediation model seeks to identify and explain the mechanism or process that underlies an observed relationship between an independent variable and a dependent variable via the inclusion of a third hypothetical variable, known as a mediator variable (also a mediating variable, intermediary variable, or intervening

variable). Rather than a direct causal relationship between the independent variable and the dependent variable, a mediation model proposes that the independent variable influences the (non-observable) mediator variable, which in turn influences the dependent variable. Thus, the mediator variable serves to clarify the nature of the relationship between the independent and dependent variables.

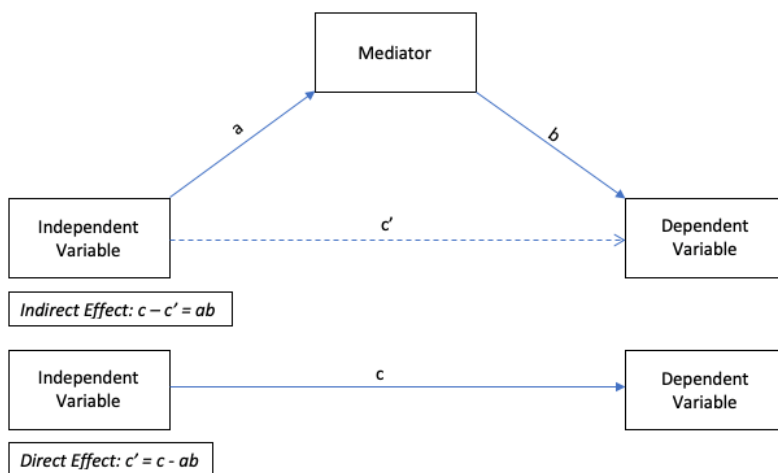
Mediation analyses are employed to understand a known relationship by exploring the underlying mechanism or process by which one variable influences another variable through a mediator variable. Mediation analysis facilitates a better understanding of the relationship between the independent and dependent variables when the variables appear to not have a definite connection (Baron & Kenny, 1986).

It was proposed that the psychological phenomena of emotional abuse will mediate history of various dimensions of childhood abuse through 14 years of age and current IPV (Zhao et al., 2010). The two relationships between A and C that require testing are the direct and indirect relationship between X and Y (see Figure 3).

Figure 3*Mediation Schematic*

Note. a is effect of abuse history; b is mediating effect of emotional abuse on current IPV; c is direct effect of childhood abuse on current IPV.

Childhood abuse was measured by the PPMS. History of Childhood Abuse was proposed to influence Emotional Abuse and establish a relationship between the two (path a). In turn, Emotional Abuse was assumed to have a direct effect on IPV (path b). The pathway (ab) is the indirect effect of childhood abuse history on IPV through emotional abuse. This indirect effect is obtained by multiplying a and b, the two effects associated with this pathway (Hayes, 2013).

Figure 4*Indirect Effect in a Simple Mediation Model*

In addition, there is the direct effect (c), which is the effect of childhood abuse history on current IPV while keeping levels of emotional abuse constant (Rucker et al., 2011). When combining the indirect and the direct effects, you obtain the total effect (c), which is in fact the result you would get by simply regressing current IPV on abuse history (Hayes, 2013; Rucker et al., 2011). The coefficients associated with the various pathways (i.e., a , b , ab , and c) are essentially unstandardized regression coefficients (see Figure 4).

The strength of the indirect and the direct effects determined the result of the mediation analysis (MacKinnon et al., 2007). If the indirect effect is significant, then it is mediation (MacKinnon et al., 2007). When this occurs, the direct effect may disappear or remain significant. If it disappears, then there is complete mediation (i.e., the effect of X on Y is entirely due to M), whereas if it remains, then there is partial mediation (i.e., M

does account for part of the relationship between X and Y, but X still predicts Y even when considering M; MacKinnon et al., 2007).

Threats to Validity

One of the possible threats to the external validity of this study was the inherent challenge of succinctly conceptualizing the specificity of the proposed mediating variable Emotional Abuse. The operational conceptualization of emotional abuse has evolved since the late 1970s and early 1980s (Follingstad, 2011). Much of the original definition was published with concurrent findings of physical and psychological abuse (Walker, 1979). The development of a harmonious model with definitive “content and dimensions” of psychological maltreatment continues to be the foremost challenge (Follingstad, 2011, p. 1195). The resolution lies in clearly conceptualizing, defining, and measuring each variable within the context of whether the behavior is pathological or normative patterns of behavior in an intimate relationship (Follingstad, 2011).

A second threat was the possibility of attracting such diverse ethnicities until there may be different ethnic and cultural understandings of what truly constitutes emotional abuse. For many women the code of silence may threaten an accurate depiction of the dynamics of emotional abuse (Levitt et al., 2015).

The emphasis in this study has been and was on deriving the most accurate depiction of the dynamics of emotional abuse (Levitt et al., 2015) applicable to the general population in the United States. Therefore, for purposes of this study, Follingstad’s (2011) operational definition served as comprehensively depicting and capturing the essence of emotional abuse. Inclusion of the social, cultural, and attitudinal

corollaries to emotional abuse ensured this information was addressed and empirically evaluated in the results (Berry & Milton, 2012). At the same time, the explicit examples offered created realistic boundaries of the operational dynamics of emotional abuse. These boundaries were further captured and evaluated by the MPAB. This combination of a comprehensive operational definition and the selected survey aided in controlling for generalizability concerns in this study.

A third possible threat to external validity was the possible statistical interaction effects among the three predictor variables (Dodge, 2003). Particularly in a regression analysis, an interaction may arise between the predictor variable (e.g., history of abuse) or even with the mediating variable (e.g., emotional abuse). For example, the interaction between two of the predictor variables, History of Childhood Abuse or Emotional Abuse could influence the outcome variable, IPV (Dodge, 2003; Tonidandel & LeBreton, 2011; Zhao et al., 2010). The resolution depended upon how well each variable was operationally conceptualized, defined and statistically treated. Failure to consider the interaction effects (e.g., social, cultural, and attitudinal) of the predictor variable(s) with the mediating variable would mean that valuable evidence was ignored that may aid in solidifying the theoretical assertions (Berry & Milton, 2012). Thus, generalizability of these findings beyond the United States were constricted by the possible interaction effects which could depict more of a moderating effect rather than a mediating effect.

An additional threat to internal validity included biases among those self-reporting or their purported motivations for reporting a partner's behavior, the method in which the participant responds, and any design issues that may influence reporting style

(Follingstad & Rogers, 2014). One possible threat to statistical conclusion validity is failing to accurately demonstrate the method in which a predictor variable has a causal relationship with the given effect (Gresham, 2014). In other words, failure to achieve significant results did not confirm the hypothesis associated with an outcome of IPV nor validate any causal markers towards a mediation effect of emotional abuse in an IPV relationship.

Ethical Procedures

The concerns regarding respect and beneficence for all study participants was addressed by making available all summary findings of the data collected if individually requested (Miller et al., 2012).

At all times, the data collected was in the sole possession of this author. The data collected was stored in a locked file cabinet in a locked office in this author's residence to which only the author has access. Any online data generated (i.e., results, analysis, etc.) was secured and stored by computer password access by this author only.

After publication of this research, this data will be available for five years to allow other qualified researchers to confirm the analyses and results upon formal written request (APA, 2016). Data-sharing arrangements will be made carefully in writing considering any copyright restrictions, participants' permission, funding requirements, reason(s) for data usage, and rules asserted by the employer of the holder of the data (APA, 2016). All personally identifiable information or code that could possibly link to a participant's identity was deleted.

Summary

Online surveys were facilitated and administered by Mturk. Various women were recruited from a national online website, therefore, an ethnically, educationally, culturally, and financially diverse sample population was accessed (Do et al., 2013). The PROCESS macro for SPSS (Hayes, 2013) was used, as it employs a regression-based approach to mediation. Chapter 4 presents the results of the mediation analysis.

Chapter 4: Results

Introduction

The purpose of this quantitative study was to examine emotional abuse as a potential mediator of the relationship between childhood abuse and IPV. The predictor variable was the number of incidents of any type of childhood abuse (e.g., physical, sexual, emotional, and controlling behaviors) before the age of 14 years. An active IPV relationship was measured by the adult respondent reporting that she was currently experiencing or had in the past year experienced various forms of abuse.

Survey data were gathered from 240 respondents, comprising a sample of women over the age of 18 who reported living in the United States. Surveys were given using an online format (Amazon Mechanical Turk) to ensure anonymity. I analyzed childhood/present incidents of abuse reported using regression techniques to quantify the incidents of IPV and whether emotional abuse was a mediator in those IPV relationships.

A total of 240 potential study participants provided data. However, an initial screening of the data reflected significant nonresponse across all three instruments associated with 58 of the responders, the majority of whom started the survey but then never completed it. Significant nonresponse was considered if any of the three instruments' items were not responded to in whole for one or more of the instruments; these cases were eliminated.

In SPSS, for accurate mediation/moderation analysis, all three variables (i.e., x, y, and m) must be present. In addition, in SPSS, there is a software function, Imputation, which "imputes" variables for the missing data and does up to five iterations testing the

internal reliability. In this current study, all five iterations yielded an internal reliability value between .93 and .937. Thus, whether the missing cases were included or excluded, the internal reliability remained virtually the same. As a result, the sample included complete data from 182 participants.

Data Cleaning and Assumptions

Assumption Testing

Prior to the mediation analysis, the major assumptions associated with mediation were conducted. Variance inflation factors (VIFs) were analyzed to detect the presence of multicollinearity between predictors. High VIFs indicate increased effects of multicollinearity in the model. VIFs greater than 5.0 are cause for concern, whereas VIFs of 10.0 should be considered the maximum upper limit (Field, 2018; Menard, 2009). As a result, all predictors in the regression model have VIFs less than 10, and the assumption of multicollinearity was satisfied. Table 1 contains a summary of the VIF values for each predictor variable in the mediation model.

Table 1

Variance Inflation Factors for Psychological and Physical Maltreatment Scales and Measure of Psychologically Abusive Behaviors

Variable	VIF
PPMS	1.02
MPAB	1.02

Note. PPMS = Psychological and Physical Maltreatment Scales; MPAB = Measure of Psychologically Abusive Behaviors.

The assumption of influential outliers was addressed using the studentized residuals (Appendix F). Studentized residuals were calculated, and the absolute values were plotted against the observation numbers (Field, 2018; Pituch & Stevens, 2015). Studentized residuals are calculated by dividing the model residuals by the estimated residual standard deviation. An observation with a studentized residual greater than 3.15 in absolute value, the 0.999 quantile of a t distribution with 133 degrees of freedom, was considered to have significant influence on the results of the model. As a result, there were no influential outliers in the study's data, and the assumption of no influential outliers was satisfied.

Homoscedasticity was evaluated by visual inspection by plotting the residuals against the predicted values (Bates et al., 2014; Field, 2018: Appendix G). The assumption of homoscedasticity is met if the points appear randomly distributed with a mean of zero and no apparent curvature. The assumption of homoscedasticity was satisfied through visual inspection of the scatter plot with the study's data reflecting a mean of zero and no visual curvature in the distribution of the data points.

The assumption of independence of error (autocorrelation) was addressed through the interpretation of the model's Durbin-Watson (Durbin & Watson, 1971) value. Durbin-Watson values between 1.0 and 3.0 are considered to satisfy the assumption. The Durbin-Watson value for the predictive model in the mediation analysis was 2.07, thereby satisfying the assumption.

The assumption of normality of residuals was assessed by both statistical means and visual inspection (Appendix G). Skewness (0.06) and kurtosis (-0.84) were within

parameters of normality (-/+2.0 skew; -/+7.0 kurtosis; George & Mallery, 2018).

Therefore, the assumption of residual normality was satisfied. The assumption was also satisfied through visual inspection using the normal curve histogram.

One respondent was identified as being a multivariate outlier yet was retained in the sample. The final sample size was $N = 182$. Table 2 contains a summary of findings for the extent of missing data pertaining to the three constructs using frequencies (n) and percentages (%).

Table 2

Missing Data by Study Construct (Frequencies and Percentages)

Construct	n	%
MPAB	187	2.43%
PPMS	22	0.86%
CTS2S	32	0.87%

Note. PPMS = Psychological and Physical Maltreatment Scales; MPAB = Measure of Psychologically Abusive Behaviors; CTS2S = Conflict Tactic Scales-2 Short Form.

Independence of errors was not deemed to be a problem due to the design of the study (each person only completed one online survey), and the Durbin-Watson (Durbin & Watson, 1971) statistic was within normal limits. Multicollinearity was not found based on VIF and tolerance statistics and the use of stepwise multiple regression. The normal probability P-P plot of the regression standardized residuals found most of the residuals to cluster near the plot line. The frequency histogram of the standardized residuals approximated a normal curve with none of the standardized residuals having a z score of ± 3.00 . The assumption of homoscedasticity was addressed with the scatterplot of the

standardized residuals with the standardized predicted values. In addition, both Spearman and Pearson correlations were calculated for statistical verification purposes.

Description of the Sample

Descriptive Statistics: Demography

The demographic variables were assessed using descriptive statistical techniques for explanatory purposes. Frequencies (*n*) and percentages (%) depict the descriptive statistical techniques used to evaluate the demographic identifiers. Table 3 contains the characteristics of the women who participated.

As depicted in the table, approximately 90% of the women ranged in age between 18 and 44 years. Almost 60% were Caucasian; 20% reported being African American, and 11% were of Asian descent. Nearly two thirds of the respondents were married, yet 29% reported being single. Over 43% percent reported having a bachelor's degree, and an additional 13% had their master's degree. Forty-six percent of the participants reported annual incomes of less than \$50K. The second largest percentage of the respondents (32%) reported an income between \$50K and \$75K. Finally, 16% of the women said that their household annual income was between \$75K and \$150K.

Table 3*Descriptive Statistics: Demographic Identifier Variables*

Variable	<i>n</i>	%	Cumulative %
Age			
18-24	37	20.33	20.33
25-34	38	20.88	41.20
35-44	86	47.25	88.50
45-54	15	8.24	96.74
55-64	4	2.20	98.90
65 and older	2	1.10	100.00
Missing	0	0.00	100.00
Ethnicity			
African American	37	20.33	20.33
Asian	21	11.54	31.87
Biracial	4	2.20	34.07
Caucasian	106	58.24	92.31
Hispanic	5	2.75	95.05
Native American	5	2.75	97.80
Other	4	2.20	100.00
Missing	0	0.00	100.00
Marital status			
Single/never married	53	29.12	29.12
Separated/divorced or widowed	16	8.79	37.91
Married	113	62.09	100.00
Missing	0	0.00	100.00
Education level			
Attended high school	10	5.49	5.49
Graduated high school	27	14.84	20.33
Attended college	36	19.78	40.11
Graduated college	79	43.41	83.52
Postgraduate study—Without a degree	6	3.30	86.81
Postgraduate degree	24	13.19	100.00
Missing	0	0.00	100.00
Income			
Less than \$30,000	42	23.08	23.08
\$30,000 to \$49,999	42	23.08	46.15
\$50,000 to \$74,999	59	32.42	78.57
\$75,000 to \$149,999	30	16.48	95.05
\$150,000 to \$499,999	7	3.85	98.90
\$500,000 or more	2	1.10	100.00
Missing	0	0.00	100.00

Internal Reliability

Internal reliability was assessed using the Cronbach's alpha (α). According to Field (2018) and George and Mallery (2018), internal reliabilities greater than .90 are considered excellent. Table 4 contains the internal reliability results pertaining to the three constructs and for all the data items.

Table 4

Internal Reliability for Study Constructs

Category	# of items	α
MPAB	42	.98
PPMS	14	.94
CTS2S	20	.93
All items	76	.95

Note. PPMS = Psychological and Physical Maltreatment Scales; MPAB = Measure of Psychologically Abusive Behaviors; CTS2S = Conflict Tactic Scales-2 Short Form.

Test of the Hypothesis

Research Question: Does emotional abuse mediate the relationship between any history of childhood abuse and adult IPV?

H₀: Emotional abuse, as measured by the emotional abuse subscale of the Measure of Psychologically Abusive Behaviors (MPAB), does not significantly mediate the relationship between childhood abuse, as measured by the Psychological and Physical Maltreatment Scales (PPMS), and adult interpersonal violence (IPV), which will be measured by the Conflict Tactics Scale - 2 Short Form (CTS2S).

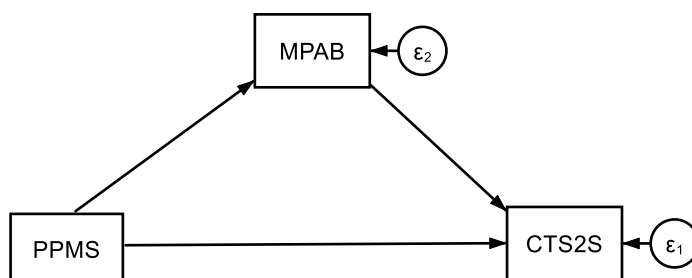
H₁: Emotional abuse, as measured by the MPAB, significantly mediates the relationship between childhood abuse, as measured by the PPMS, and adult IPV, which will be measured by the CTS2S.

Mediation Findings

The research question was addressed through formal mediation analysis using Andrew Hayes' PROCESS macro (v 3.5) software platform (Hayes, 2018). The hypothesized mediation model was represented as follows:

Figure 5

Hypothesized Mediation Model



Note. PPMS = Psychological and Physical Maltreatment Scales; MPAB = Measure of Psychologically Abusive Behaviors; CTS2S = Conflict Tactic Scales-2 Short Form.

Mediation analysis was performed to assess whether MPAB (Emotional Abuse) mediated the relationship between PPMS (Childhood Abuse) and CTS2S (Current IPV: see Figure 5).

To determine whether a mediating relationship was supported by the data, three regression analyses were executed. For mediation to be confirmed, four conditions must be achieved: (a) the independent variable must predict the dependent variable, (b) the independent variable must predict the mediator variable, (c) the mediator must predict the dependent variable while in the presence of the independent variable, and (d) the independent variable should no longer be a significant predictor of the dependent variable in the presence of the mediator variable. In the mediation analysis, the independent variable was PPMS, the mediator was MPAB, and the dependent variable was CTS2S.

The following regressions were examined in a successive method. First, the regression analysis with PPMS predicting CTS2S was conducted. The regression analysis of CTS2S on PPMS was statistically significant ($F(1, 132) = 19.06, p < .001$). PPMS was, therefore, a statistically significant predictor of CTS2S ($B = 0.37$), indicating that the first criterion for mediation was satisfied.

Second, the regression analysis represented by PPMS predicting MPAB was conducted. The regression analysis of MPAB on PPMS was not statistically significant ($F(1, 132) = 2.58, p = .11$). PPMS was, therefore, not a statistically significant predictor of MPAB ($B = 0.16$), indicating that the second criterion for mediation was not satisfied.

Third, the regression analysis with PPMS and MPAB predicting CTS2S was conducted. The regression analysis involving CTS2S on PPMS and MPAB was statistically significant ($F(2, 131) = 28.39, p < .001$), indicating that PPMS and MPAB accounted for a significant amount of variance in the dependent variable of CTS2S. The individual predictors were further evaluated resulting in MPAB as a statistically

significant predictor of CTS2S when PPMS was included in the model ($B = -0.38$), indicating that the third criterion for mediation was satisfied.

Fourth, PPMS was a statistically significant predictor ($F(2, 131) = 28.39, p < .001$) of CTS2S when MPAB was included in the model ($B = 0.43$), indicating that the fourth criterion for mediation was not satisfied. Because Mediation Analysis Conditions 2 and 4 were not satisfied, mediation was not supported. A summary of mediation analyses is presented in Table 5.

Table 5

Mediation Results: Conflict Tactic Scales-2 Short Form Predicting Psychological and Physical Maltreatment Scales and Mediated by Measure of Psychologically Abusive Behaviors

Dependent	Independent	<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>
Regression 1:					
CTS2S	PPMS	0.37	0.08	4.37	< .001
Regression 2:					
MPAB	PPMS	0.16	0.10	1.61	.111
Regression 3:					
CTS2S	PPMS	0.43	0.08	5.62	< .001
	MPAB	-0.38	0.07	-5.75	< .001

Note. PPMS = Psychological and Physical Maltreatment Scales; MPAB = Measure of Psychologically Abusive Behaviors; CTS2S = Conflict Tactic Scales-2 Short Form.

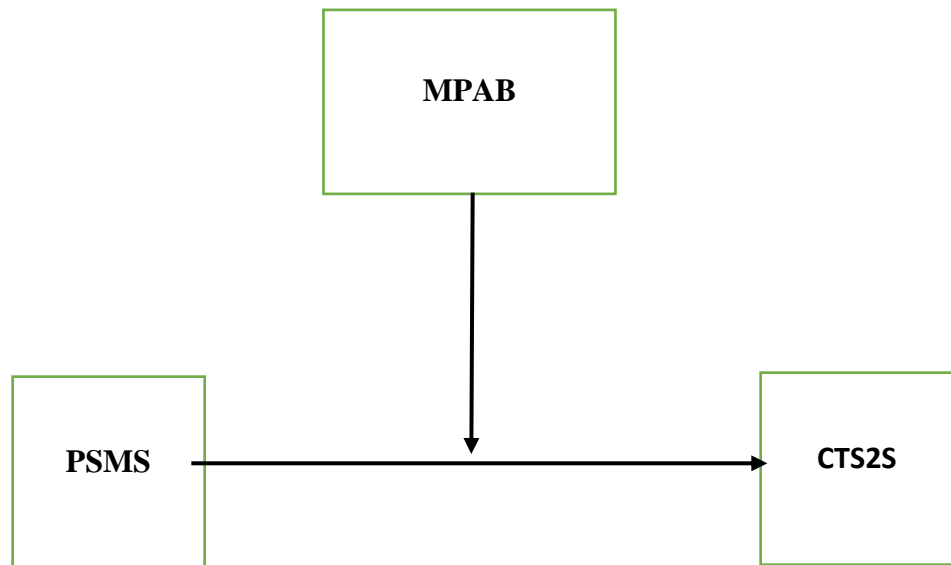
Additional Analyses

Moderation

A complementary analysis was performed using prescribed moderation analysis from Andrew Hayes' PROCESS macro (v 3.5) software platform (Hayes, 2018) (Appendix H). The assumed moderation model is represented in Figure 6.

Figure 6

Moderation Schematic



Note. PPMS = Psychological and Physical Maltreatment Scales; MPAB = Measure of Psychologically Abusive Behaviors; CTS2S = Conflict Tactic Scales-2 Short Form.

The independent variable PPMS and the moderator variable MPAB were analyzed using a mean centered approach. The three-step regression process was operationalized during the moderation analysis. During Step 1 of the analysis, a simple

effects model was created using linear regression with CTS2S as the dependent variable and PPMS as the independent predictor variable. In Step 2, a non-interaction model was formed by including MPAB as a predictor in the linear model represented in the first step (simple effects model). Step 3 entailed creating an interaction model by adding the interaction between PPMS and MPAB to the predictors in the linear model in Step 2 (non-interaction model). Assumptions for linear regression analysis were performed and accomplished for the step three model (interaction model).

For moderation to be confirmed, two circumstances must be met (Netemeyer, 2001). First, the causal independent predictor variable, PPMS, must be a statistically significantly predictor of the dependent variable CTS2S in the simple effects model (Step 1). Second, the interaction model (Step 3) must explain significantly more variance of the dependent variable of CTS2S than the non-interaction model (Step #2). If either of these conditions are not met, moderation cannot be confirmed.

The independent predictor variable PPMS was statistically significant in forecasting the dependent variable of CTS2S ($B = 0.37, t_{(132)} = 4.37, p < .001$). As a result, the first condition of moderation analysis was met. A partial F -test was then performed to establish if the interaction model accounted for more variance in the dependent variable of CTS2S than the non-interaction model. The partial F -test finding ($F(1,130) = 6.43, p = .01$) indicated that the interaction model explained significantly more variance compared to the non-interaction model. As a result, the second condition of Moderation analysis was satisfied, and moderation was confirmed. Thus, psychological abuse was a moderator of the relationship between history of childhood

abuse and interpersonal violence. The results of the simple, non-interaction, and interaction models are presented in Table 6.

MPAB moderated the effect of the independent variable PPMS on the dependent variable CTS2S ($B = -0.11$, $t_{(130)} = -2.54$, $p = .01$). The finding indicates that on average, a one-unit increase of the moderator variable of MPAB will cause a 0.11 decrease in the predictive slope of the dependent variable CTS2S on the independent variable PPMS.

Table 6

Follow-Up Moderation Analysis Summary: Simple Effects, Noninteraction Model, and Interaction Model

Predictor	<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>
Step 1: Simple effects model					
(intercept)	2.57	0.26		9.79	< .001
PPMS	0.37	0.08	0.36	4.37	< .001
Step 2: Noninteraction model					
(intercept)	5.03	0.49		10.31	< .001
PPMS	0.43	0.08	0.41	5.62	< .001
MPAB	-0.38	0.07	-0.42	-5.75	< .001
Step 3: Interaction model					
(Intercept)	3.61	0.12		30.93	< .001
PPMS	0.51	0.08	0.49	6.27	< .001
MPAB	-0.41	0.07	-0.46	-6.23	< .001
PPMS*MPAB	-0.11	0.04	-0.20	-2.54	.01

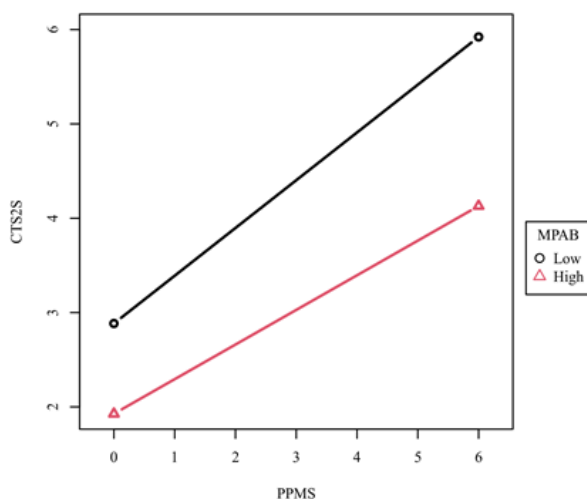
Note. PPMS = Psychological and Physical Maltreatment Scales; MPAB = Measure of Psychologically Abusive Behaviors; CTS2S = Conflict Tactic Scales-2 Short Form.

Figure 7 depicts a non-parallel model between childhood abuse (PPMS) and IPV (CTS2S) with emotional abuse as the moderator (MPAB). Based on the findings of this

study, lower levels of emotional abuse are associated with higher IPV. In terms of the interaction, for lower levels of emotional abuse, higher IPV is associated with higher childhood abuse; this relationship is much stronger than at higher levels of emotional abuse.

Figure 7

Graph of the Interaction



Note. PPMS = Psychological and Physical Maltreatment Scales; MPAB = Measure of Psychologically Abusive Behaviors; CTS2S = Conflict Tactic Scales-2 Short Form.

Table 7 contains a summary of finding for the comparison of non-interaction and interaction models. The interaction between childhood abuse and IPV is statistically significant.

Table 7

Linear Model Comparison Table Between the Noninteraction and Interaction Model

Model	R^2	F	df	p
Noninteraction	0.30			
Interaction	0.34	6.43	1	.012

Conclusion

The study included data from 182 respondents to ascertain if emotional abuse mediates the relationship between any history of childhood abuse and adult IPV. Mediation was not supported, and the null hypothesis was retained (Table 5). However, an alternative (follow-up) analysis using a moderation model was performed to determine if emotional abuse is a moderator of the relationship between the independent and dependent variables. Conditions for moderation were satisfied.

In Chapter 5, a detailed discussion will include insignificant findings for the mediation analysis as well as ramifications of the significant findings for the moderation model. These findings will then be compared to the current evidentiary literature, and appropriate implications and social applications will be examined.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this quantitative study was to examine emotional abuse as a potential mediator of the relationship between childhood abuse and IPV. The predictor variable was the number of incidents of any type of childhood abuse (e.g., physical, sexual, emotional, and controlling behaviors) before the age of 14 years. An active IPV relationship was measured by the adult respondent reporting that she was currently experiencing or had in the past year experienced various forms of abuse.

The research question addressed whether emotional abuse was a mediating factor between childhood and adult IPV relationships. The associated null and research hypotheses were as follows:

H₀: Emotional abuse, as measured by the emotional abuse subscale of the Measure of Psychologically Abusive Behaviors (MPAB), does not significantly mediate the relationship between childhood abuse, as measured by the Psychological and Physical Maltreatment Scales (PPMS), and adult interpersonal violence (IPV), which will be measured by the Conflict Tactics Scale-2 Short Form (CTS2S).

H₁: Emotional abuse, as measured by the MPAB, significantly mediates the relationship between childhood abuse, as measured by the PPMS, and adult IPV, which will be measured by the CTS2S.

Summary of the Findings

This study included data from $N = 182$ women. The null hypothesis was retained, and emotional abuse was not found to mediate the relationship between childhood abuse

and adult IPV. However, a complementary moderation analysis was performed to determine whether emotional abuse moderated, rather than mediated, the relationship between childhood abuse and interpersonal violence. Moderation was supported.

Moderator effects were confirmed in a similar study where married women with a history of child sexual abuse (CSA) were traumatized after adult sexual revictimization by their husbands (DiLillo et al., 2016). The husbands' coerced sexual revictimization was found to influence the intensity of the trauma that the newly married women experienced from their very own husbands during the first year of marriage. Many of the women in this study responded with having experienced prior childhood trauma(s) in which emotional abuse was found to significantly moderate these women's IPV histories and recent experiences as adults.

Interpretation of the Findings

Results suggested that there was not enough evidence to support mediation. Though the first regression analysis test of the independent variable of childhood abuse predicted the dependent variable of interpersonal violence, all three statistical conditions had to be satisfied as well. Results confirmed that childhood abuse is a salient predictor of IPV. Black et al. (2020) found that emotional abuse appeared to function in the role of a mediator during their exploration of children's exposure to IPV. While the findings in the present study did not support mediation, they do reinforce the findings of Black and colleagues regarding the importance of the role of emotional abuse in predicting IPV.

Murphy et al. (2020) found similar results regarding child maltreatment typologies and their relationship to IPV. Their results showed that early adverse

experiences, along with being a female parent, were associated with the women being involved in violent relationships during their adult years. Sexual abuse was identified as a central factor; however, any adverse experiences during childhood (i.e., emotional and physical abuse) were identified as relevant and/or mitigating factors to eventual IPV (Murphy et al., 2020). The authors acknowledged the growing impact that emotional abuse is developing in its predictive properties regarding IPV. Emotional abuse continues to gain momentum in recognition as a predictor of IPV (Murphy et al., 2020).

In the second regression analysis, the data revealed that there was not enough collaborating evidence to support the presence of childhood abuse being a statistically significant predictor of emotional abuse. Therefore, the second criterion for mediation was not satisfied. Murphy et al. (2020) would have contended that a possible explanation for the diminished association regarding sexual abuse in their study may have been because emotional/physical abuse and neglect were measured as co-occurring variables. Perhaps each component of the multiple abuse group should have undergone the same statistical scrutiny as in the sexual abuse group.

In the third step of regression analysis, results showed an interaction between childhood abuse and emotional abuse that significantly indicated adult IPV in the mediation analysis. These findings hinted of a possible moderating effect of emotional abuse, as the interaction statistics explained a notable proportion of the variance in adult IPV. This warranted further analysis to determine whether emotional abuse was acting as a moderator.

Moderation

This study's data did not support emotional abuse as being the mediator between childhood abusive experiences and violent adult relationships. However, results of a moderation analysis indicated that emotional abuse moderated the relationship between childhood abuse and adult IPV. In the past 3 years, several noted research studies (Al-Eissa et al., 2020; Barnett et al., 2018; Black et al., 2020; Fogarty et al., 2020; Forshee et al., 2013; Forshee et al., 2015; Li et al., 2019, 2020; Madden et al., 2019; Murphy et al., 2020; Reddy et al., 2020; Richards et al., 2017; Schumacher et al., 2008; Tailor et al., 2015; Till-Tentschert, 2017; Yalch & Levendosky, 2017) have demonstrated the importance of the role of moderation.

Particularly, the studies that highlight the repetitive damage and harm that childhood exposure to physical, mental, and emotional abuse does confirm findings of emotional abuse in this current study. This study's findings illustrate through moderation analysis regarding emotional abuse how the damage is transported into women's adult lives infiltrated with IPV.

Among girls who witnessed some form of IPV growing up, participants were much more likely to experience psychological abuse (Al-Eissa et al., 2020). About 52% of the students ($N = 16,939$) witnessed IPV, and 49% of the girls had a significantly higher probability of experiencing psychological abuse as adults. These results suggest that witnessing IPV increases the likelihood of child as well as adolescent victimization.

Al-Eissa et al.'s (2020) findings support this data set's protocol of having used a female-only sample group. A significant percentage of young girls in both studies'

findings were exposed to witnessing IPV, typically in a familial setting, thereby increasing their susceptibility to experiencing psychological abuse as teens and/or adults. The results in the present study indicate a significant presence of childhood abuse, which includes perhaps witnessing IPV, which, in many cases, served as a precursor to female victimization culminating in adult IPV.

The main effects and interaction terms were statistically significant. For the main effects, higher childhood abuse was significantly associated with higher IPV, and lower emotional abuse was associated with higher IPV. The moderation effect was negatively associated with IPV. For lower levels of emotional abuse, higher IPV is associated with higher childhood abuse; this relationship is much stronger at higher levels of emotional abuse. This moderation effect means that lower levels of emotional abuse and higher IPV incidents are associated with traumatic childhood abuse. Though seemingly counterintuitive, this relationship between childhood abuse and intimate partner abuse is stronger than when indicated at higher levels of emotional abuse.

The data collected and analyzed in this study produced comparable results of emotional abuse as a significant moderator of the relationship between childhood abuse and adult IPV. As children, the women experienced one or more forms of abuse/neglect and then as adults, while pregnant, they continued to experience IPV (Barnett et al., 2018). As young girls, emotional abuse was identified in these women's lives. Thereby as adults, emotional abuse was found to be associated with IPV. Additionally, childhood maltreatment, sexual abuse, physical abuse, and emotional abuse/neglect predicted the females' likelihood to be involved in IPV as adults (Barnett et al., 2018). Again,

emotional abuse was present and thereby a potential “moderator” between the relationship of childhood maltreatment and adult IPV.

Foshee et al. (2013, 2015) found that adolescents exposed to abuse as children are more susceptible to dating violence than those children not exposed to trauma during the formative years. A dating abuse prevention program was evaluated, and the results suggested the program should be specifically designed for adolescents who have endured abuse as children. Psychological victimization was moderated by the amount of DV that adolescents experienced in the home in addition to being exposed to dating violence (Foshee et al., 2013, 2015).

Assink et al. (2019) showed that prior victimization as a child, CSA, exposure to parental violence in the home, and a parental history of CSA preceded emotional abuse, thereby suggesting a moderated relationship between victimization as a child, CSA, and any in-home parental violence.

One plausible possibility for the unexpected negative interaction effect could be that a significant number of the respondents may have received the appropriate intervention(s) (i.e., rehabilitative measures, counseling, mentoring, clinical programming, etc.) for any childhood abuse issues and were able to offset the eventual pattern of adult IPV. Perhaps the intervention had a redemptive effect on the respondents that empowered them not to tolerate or accept an IPV relationship. However, the present study did not involve asking women about their participation in counseling or other kinds of interventions. Victimized respondents may have experienced appropriate emotional support, psychoeducation, and/or religious/spiritual encounters from significant others.

Limitations of the Study

The first limitation was related to sample size. Even though the a priori sample size calculation was close to the final sample size, it was smaller. Therefore, future studies on this topic should include larger samples. Second, survey fatigue could possibly be another factor in why respondents do not fully complete various surveys (Nguyen, 2017, p. 1). It was found that many respondents commit “careless and/or random responding” (p. 1). In other words, respondents simply become bored or uninterested in taking a survey. Before taking a survey, the respondent may be overwhelmed by the volume of requests. During the survey, respondents may suffer from fatigue due to too many questions or perceived repetition of the same question. The effect of emotional abuse as a moderator of the relationship between childhood abuse and adult IPV was significant in these findings, and these findings are counterintuitive. Therefore, similar research should be conducted to establish the veracity of the findings.

Recommendations

The existence of emotional abuse has been known for several decades, but an understanding of how to definitively define, report, and measure it is still elusive (Brem et al., 2017; Browning, 2017; Carton & Egan, 2017; Cavanaugh et al., 2012; Follingstad, 2011; McDermott et al., 2017; Outlaw, 2009; Reyner, 2018). There is a clear need to define emotional abuse and operationalize it. Follingstad (2011) developed the most comprehensive and decisive definition currently available, including 17 categories of emotional abuse; the MPAB (Follingstad, 2011) was used in this study. Continued

scientific research that adds to the significant literature on emotional abuse is advised and strongly recommended.

Typically, physical, sexual, and emotional abuse are the three types of partner violence that are evaluated routinely. Of these, emotional abuse is reported the most (Ludermir et al., 2010). Thus, more empirical studies should be funded by government and private entities to address the health, welfare, education, spirituality, and advancement of women worldwide (Brem et al., 2017; Browning, 2017; Carton & Egan, 2017; Ludermir et al., 2010; McDermott et al., 2017; Reyner, 2018). Nguyen-Fang et al. (2017) found that participants who reported a history of childhood emotional abuse tended to report more emotional anguish as adults because they used less effective coping interventions. Therefore, emotional abuse remains prevalent and menacing in the lives of many female victims.

The present study did not investigate avoidant coping strategies. Therefore, research on coping strategies used by women suffering emotional abuse is recommended (Nguyen-Fang et al., 2017). Additional empirical inquiry to investigate why and how emotional abuse moderates the relationship between childhood abuse and IPV is warranted. Replication of this study's protocol with a substantially larger sample is recommended.

Research should focus on the effective benchmarks and needs of addressing and aiding emotional abuse survivors. Abuser intervention programs (AIPs) offer an excellent opportunity to provide outreach to the abusers' victims/partners (Nnawulezi & Murphy, 2019). The results indicated that most female survivors in the Nnawulezi and Murphy

(2019) study ($N = 228$) wanted help and actively reached out to law enforcement and the court system for guidance and assistance. It is recommended that AIPs include the partners/spouses/victims of abusers in the rehabilitation process simultaneously. It may be beneficial for communities to enact legislation that specifically mandates specialized programming for identified abuse victims/survivors.

Implications for Social Change

Any notable research that contributes to the existing literature regarding how to ameliorate emotional abuse in child-rearing as well as within current intimate relationships is welcome. In this study, several of the statistical findings substantiated physical, sexual, emotional, and/or controlling childhood abuse as one of the antecedents of IPV.

Murphy et al. (2020) suggested that prevention programs be provided that specifically address the “early adolescent” population by intervening at the youngest tangible ages (p. 1). Early intervention programs can teach young people how to create and sustain constructive and healthy relationships and foster effective conflict resolution policies. Early adolescent psychoeducational interventions are an excellent method for optimizing effective prevention programs. In addition, local communities can implement perpetrator/partner/victim intervention programs that provide concentrated emphasis on identifying emotional abuse and its role in the lives of women and children.

Public and private schools should provide early implementation of intervention programs focusing on empirically sound psychoeducation programs that address abuse generally and emotional/psychological abuse in particular (Murphy et al., 2020). Any

reported risk factors of emotional abuse should be treated as precursors of potential childhood maltreatment, and those children and their parents/caretakers should be slated for mandatory intervention programs in their local areas (Murphy et al., 2020; Richards et al., 2017).

Conclusion

The finding that emotional abuse moderates the relationship between childhood abuse and IPV is important. The literature has demonstrated that emotional abuse impacts women, many of them who are victims of IPV; thus, attention at local, state, national, and international levels is warranted. Findings from this study support the implementation of early interventions for children. Society must make a commitment to reducing and ultimately ending the cycle of abuse in children. Empowerment of children may be the most effective method to facilitate the process of physical, mental, emotional, and spiritual healing before puberty (Richards et al., 2017). Programs are needed that help empower children in this regard. Implementation of appropriate interventions for children and their respective caregivers when early identification of abuse is made may help ameliorate adult victimization in romantic relationships (Madden & Shaffer, 2019).

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Appendix A: Eligibility Screener

The following questions are required to determine your eligibility to participate in this study. You will have to answer “**yes**” to **ALL** of the following questions to meet the criteria to take part in this research project. Any information shared/contained in your responses is confidential and will remain as such. If you are unable to answer “**yes**” to all of the questions, then you are **NOT** eligible to complete the survey questions. Thank you for your time and attention.

Are you female?

Yes 

No 

Is your age between 18 & 55 years old?

Yes 

No 

1. Do you live in the United States?

Yes 

No 

Appendix B: Demographic Information Questionnaire

Intimate Partner Violence: The Effects of Emotional Abuse

Participant Number: _____

1. What is your age?

<input type="checkbox"/> 18 – 24	<input type="checkbox"/> 55
<input type="checkbox"/> 35-44	<input type="checkbox"/> 25-34 45 – 54
2. What is your ethnicity? (Please circle only one)
 - African-America
 - Asian
 - Biracial
 - Caucasian
 - Hispanic
 - Native American
 - Pacific Islander
 - Other
3. What is the highest level of formal education you have completed? (Please check only one)

<input type="checkbox"/> Attended High School	<input type="checkbox"/> Graduated from High School
<input type="checkbox"/> Attended College	<input type="checkbox"/> Graduated College Post-Graduate Degree
<input type="checkbox"/> Post-Graduate Study Without Degree	
4. What is your marital status?

<input type="checkbox"/> Married	5. Single, Never Married
<input type="checkbox"/> Separated or Divorced	
<input type="checkbox"/> Widowed	
6. How many children under the age of 18 live in your household?

Participant Number: _____

7. What is your annual **personal income**? (Include income from all sources – salary, bonuses, investment income, rents, royalties, etc. Please check only one)
- | | |
|--|--|
| <input type="checkbox"/> Less than \$30,000 | <input type="checkbox"/> \$1 million or more |
| <input type="checkbox"/> \$40,000 - \$49,000 | <input type="checkbox"/> \$30,000 - \$39,999 |
| <input type="checkbox"/> \$60,000 - \$74,999 | <input type="checkbox"/> \$50,000 - \$59,000 \$75,000 - \$99,000 |
| <input type="checkbox"/> \$100,000 - \$149,999 | <input type="checkbox"/> \$150,000 - \$249,999 |
| <input type="checkbox"/> \$250,000 - \$499,000 | <input type="checkbox"/> \$500,000 - \$999,999 |
| <input type="checkbox"/> \$250,000 - \$499,000 | <input type="checkbox"/> \$100,000 - \$149,999 |
8. What is your annual household income? (Include income from all family members and include all legal sources – salary, bonuses, investment income, rents, royalties, federal, state, local assistance, etc. Please check only one)
- | | |
|--|--|
| <input type="checkbox"/> Less than \$30,000 | <input type="checkbox"/> \$30,000 - \$39,999 |
| <input type="checkbox"/> \$40,000 - \$49,000 | <input type="checkbox"/> \$50,000 - \$59,000 |
| <input type="checkbox"/> \$60,000 - \$74,999 | <input type="checkbox"/> \$75,000 - \$99,000 |
| <input type="checkbox"/> \$100,000 - \$149,999 | <input type="checkbox"/> \$150,000 - \$249,999 |
| <input type="checkbox"/> \$250,000 - \$499,000 | <input type="checkbox"/> \$500,000 - \$999,999 |
| <input type="checkbox"/> \$1million or more | |
9. What is the current level of satisfaction with your life?
- | | |
|--|---|
| <input type="checkbox"/> Very satisfied | <input type="checkbox"/> No response |
| <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Satisfied Dissatisfied |

Participant Number: _____

Appendix C: Psychological and Physical Maltreatment Scales

John Briere and Marsha Runtz

Psychological and Physical Maltreatment Scales PsycTESTS

Citation: Briere, J., & Runtz, . (1988). Psychological and Physical Maltreatment Scales [Database record]. Retrieved from PsycTESTS. doi: <https://dx.doi.org/10.1037/t20654-000> Instrument Type: Rating Scale Test Format: The Psychological and Physical Maltreatment Scales offer the following response options: 0 = Never, 1 = Once a year, 2 = Twice a year, 3 = 3-5 times a year, 4 = 6-10 times a year, 5 = 11-20 times a year, 6 = More than 20 times a year. Source: Briere, John, & Runtz, Marsha. (1988). Multivariate correlates of childhood psychological and physical maltreatment among university women. *Child Abuse & Neglect*, Vol 12(3), 331-341. doi: [https://dx.doi.org/10.1016/0145-2134\(88\)90046-4](https://dx.doi.org/10.1016/0145-2134(88)90046-4), © 1988 by Elsevier. Reproduced by Permission of Elsevier. Permissions: Test content may be reproduced and used for non-commercial research and educational purposes without seeking written permission. Distribution must be controlled, meaning only to the participants engaged in the research or enrolled in the educational activity. Any other type of reproduction or distribution of test content is not authorized without written permission from the author and publisher. Always include a credit line that contains the source citation and copyright owner when writing about or using any test.

Appendix C: Psychological and Physical Maltreatment Scales

John Briere and Marsha Runtz

Psychological and Physical Maltreatment Scales*l) Psychological*

Verbal arguments and punishment can range from quiet disagreement to yelling, insulting, and more severe behaviors. When you were *14 or younger*, how often did the following happen to you in the average year? Answer for your mother or stepmother or foster mother, and your father or stepfather or foster father using the following code:

- | | |
|---------------------|------------------------------|
| 0. Never | 4. 6-10 times a year |
| 1. Once a year | 5. 11- 20 times a year |
| 2. Twice a year | 6. More than 20 times a year |
| 3. 3-5 times a year | |

		<u>Mother</u>						<u>Father</u>					
a) Yell at you	0	2	3	4	5	6	0	2	3	4	5	6	
b) Insult you	0	2	3	4	5	6	0	2	3	4	5	6	
c) Criticize you	0	2	3	4	5	6	0	2	3	4	5	6	
d) Try to make you feel	0	2	3	4	5	6	0	2	3	4	5	6	guilty
e) Ridicule or humiliate you	0	2	3	4	5	6	0	2	3	4	5	6	
f) Embarrass you in front of others	0	2	3	4	5	6	0	2	3	4	5	6	
g) Make you feel like you were a bad person													

2) *Physical*

Everyone gets into conflicts with other people, and sometimes these lead to physical blows or violent behavior. When you were *14 or younger*, at the worse point, how often did the following happen to you in a year? Answer for your mother, stepmother, or foster mother, and your father, stepfather, or foster father using the following code:

- | | |
|---------------------|------------------------------|
| 0. Never | 4. 6-10 times a year |
| 1. Once a year | 5. 11-20 times a year |
| 2. Twice a year | 6. More than 20 times a year |
| 3. 3-5 times a year | |

	<u>Mother</u>						<u>Father</u>					
a) Slap you	0	2	3	4	5	6	0	2	3	4	5	6
b) Hit you really hard	0	2	3	4	5	6	0	2	3	4	5	6
c) Beat you	0	2	3	4	5	6	0	2	3	4	5	6
d) Punch you	0	2	3	4	5	6	0	2	3	4	5	6
e) Kick you	0	2	3	4	5	6	0	2	3	4	5	6

Appendix D: Measure of Psychologically Abusive Behaviors

Measure of Psychologically Abusive Behaviors

PsycTESTS Citation:

Follingstad, D. R. (2011). Measure of Psychologically Abusive Behaviors [Database record]. Retrieved from PsycTESTS. doi: <https://dx.doi.org/10.1037/t05197-000>

Instrument Type:

Test

Test Format:

1 (not a violation at all) to 10 (worst possible violation). Descriptive wording existed for all 10 response options, and the midrange represented moderate violation (5) and strong violation (6) levels.

Source:

Follingstad, Diane R. (2011). A measure of severe psychological abuse normed on a nationally representative sample of adults. *Journal of Interpersonal Violence*, Vol 26(6), 1194-1214. doi: <https://dx.doi.org/10.1177/0886260510368157>, © 2011 by SAGE Publications. Reproduced by Permission of SAGE Publications.

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-
- 1A Harmed or destroyed your personal things of value (e.g., pictures, keepsakes, clothes, etc.) as a way to intimidate you
 - 1B Threatened to harm others (e.g., your family, your children, your close friends) around you to intimidate you
 - 1C Harmed pets as a way to intimidate you
 - 2A Threw a temper tantrum (e.g., breaking objects, acting in a rage) as a way to frighten you
 - 2B Verbally threaten to physically harm you or make a gesture that seemed physically threatening as a way to frighten you
 - 2C Threaten to kill you as a way to frighten you
 - 3A Acted rude toward, gossip about, or tell lies about your family and friends to discourage you from spending time with them?
 - 3B Tried to keep you from socializing with family or friends without him/her being present
 - 3C Tried to forbid you from socializing with family or friends?
 - 4A Continued to act very upset (e.g., pouted, stayed angry, gave you the silent treatment) until you did what he/she wanted you to do
 - 4B Threatened to end the relationship as a way to get you to do what he/she wanted
 - 4C Threatened to commit suicide as a way to get you to do what he/she wanted
 - 5A Threatened to reveal an embarrassing secret as a way to hurt or manipulate you
 - 5B Revealed important secrets to others that you had told him/her as a way to embarrass you
 - 5C Insulted or ridiculed you in front of others
 - 6A Criticized and belittled you as a way to make you feel bad about yourself
 - 6B Yelled and screamed as a way to intimidate you

- 6C Called you a derogatory name as a way to make you feel bad about yourself
- 7A Criticized your physical looks or sexual performance as a way to humiliate you
- 7B Refused to have sex with you as a way of making you feel insecure or inadequate
- 7C Insisted you have sex with him/her in belittling or humiliating ways
- 8A Tried to make you think he/she was more competent and intelligent than you as a way of making you feel inferior
- 8B Treated you as useless or stupid as a way to make you feel inferior
- 8C Tried to demand obedience to orders that he/she gave as a way of establishing their authority over you.
- 9A Intentionally turned a neutral interaction into an argument or disagreed with the purpose to create conflict
- 9B Treated an argument as though he/she had to “drive you into the ground” and make you feel bad when making their points
- 9C Treated you with strong hatred and contempt
- 10 Tried to make you report on the details of where you went and what you did when you were not with him/her as a way to check on you
 - A
- 10B Listened in on phone conversations, read your email, or went through your belongings without your permission as a way to check on you
- 10C Followed or had you followed by someone else as a way of checking up on your activities
- 11 Pointed out others as attractive as a way of making you feel uncomfortable
 - A
- 11B Flirted with others in front of you as a way to make you jealous
- 11C Implied he/she was having an affair as a way to make you feel insecure and worried
- 12 Acted very upset because he/she felt jealous if you spoke to or looked at any person
 - A

12B Falsely accused you of trying to have an affair, or actually having an affair as a way to restrict your behavior as proof you were not

12C Try to prevent you from speaking to or looking at any person who could be a potential romantic partner for you

13 Ignored important holidays and events as a way to punish or hurt you

A

13B Refuse to speak to you as a way to punish or hurt you

13C Withheld physical or verbal affection as a way to punish or hurt you

14 Acted very upset when he/she didn't get to make small decisions, such as what to

A watch on television or which restaurant to eat at

14B Tried to make personal choices that should have been left up to you (e.g., which clothes to wear, whether you should smoke or drink, what you eat)

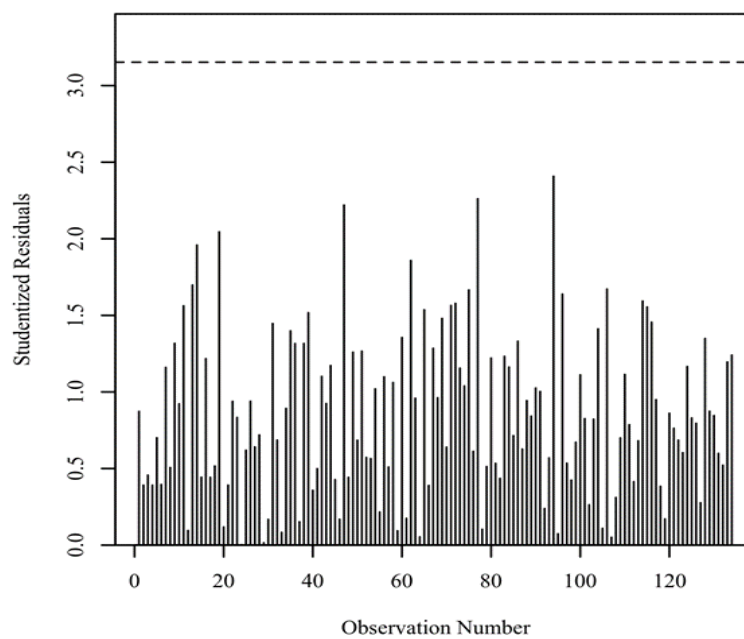
14C Tried to make major decisions that affected you without consulting with you

Note: MPAB = measure of psychologically abusive behaviors; A = milder items; B = moderate items; C = severe items; 1 = sadistic; 2 = threats; 3 = isolating; 4 = manipulation; 5 = public humiliation; 6 = verbal abuse; 7 = wound through sexuality; 8 = treat as inferior; 9 = hostile environment; 10 = monitoring; 11 = wound through fidelity; 12 = jealousy; 13 = withheld emotional/physical; 14 = control personal decisions.

Appendix E: Assumption Visuals: Influential Outliers

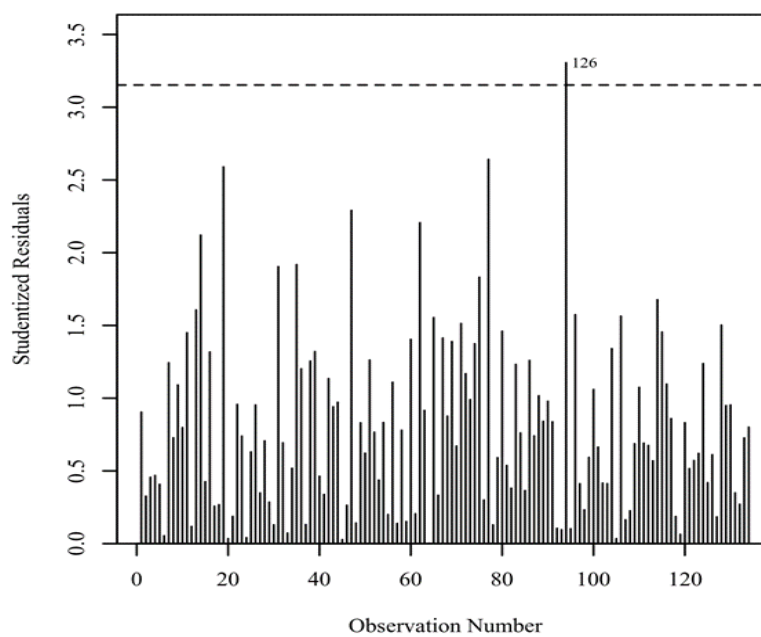
Mediation

Studentized residuals plot for outlier detection

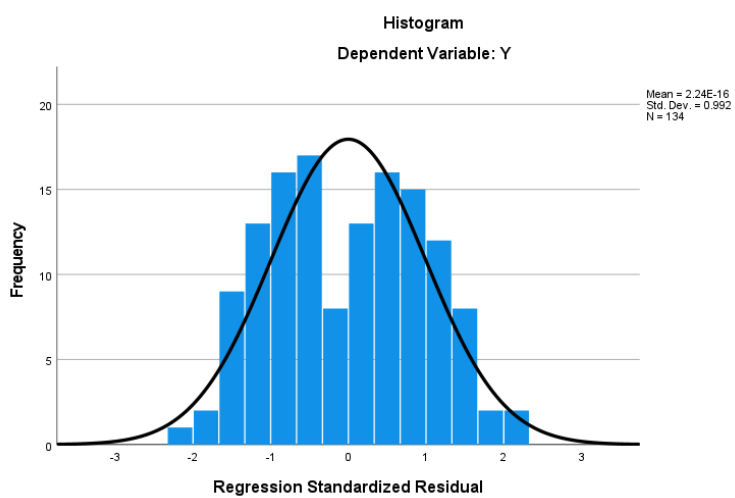


Moderation

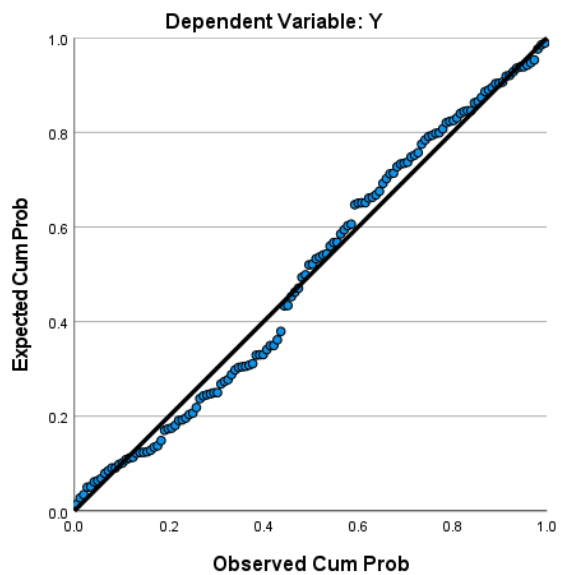
Studentized residuals plot for outlier detection



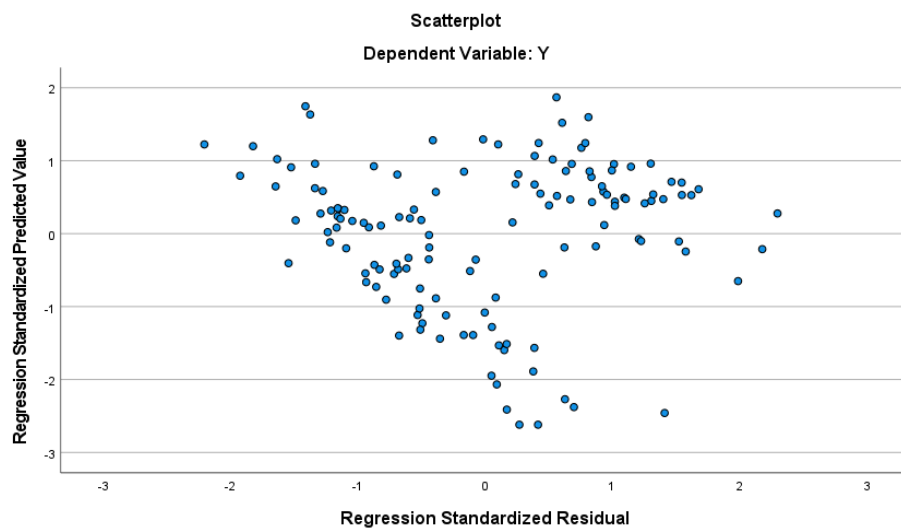
Appendix F: Mediation Visuals

Residual Normality

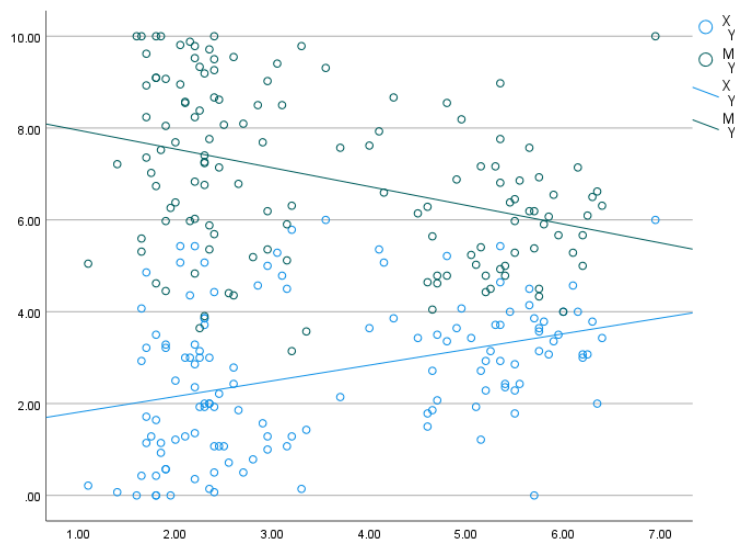
Normal P-P Plot of Regression Standardized Residual



Homoscedasticity



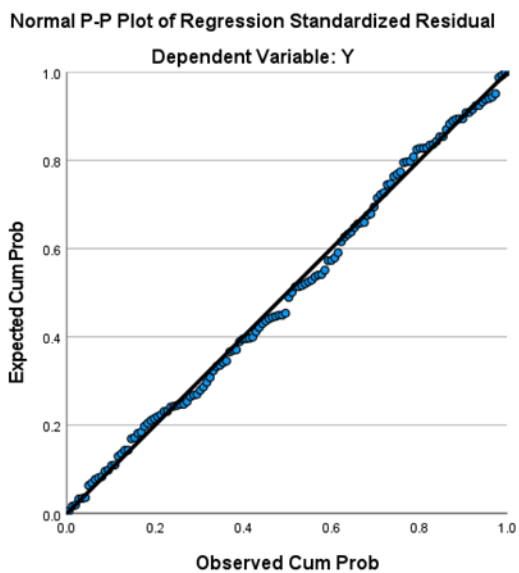
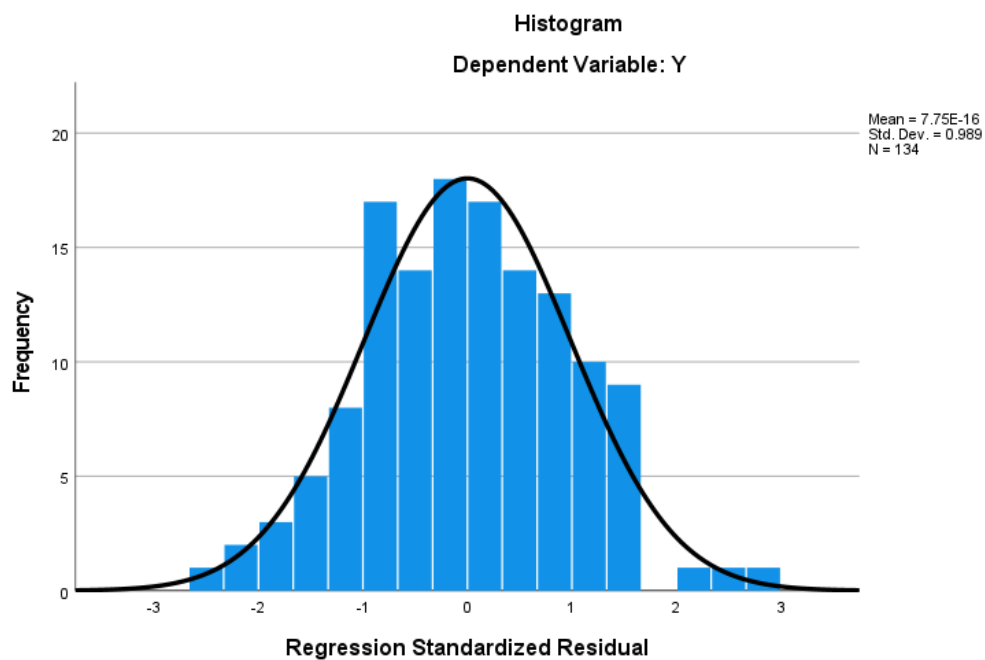
Linearity (X; M)



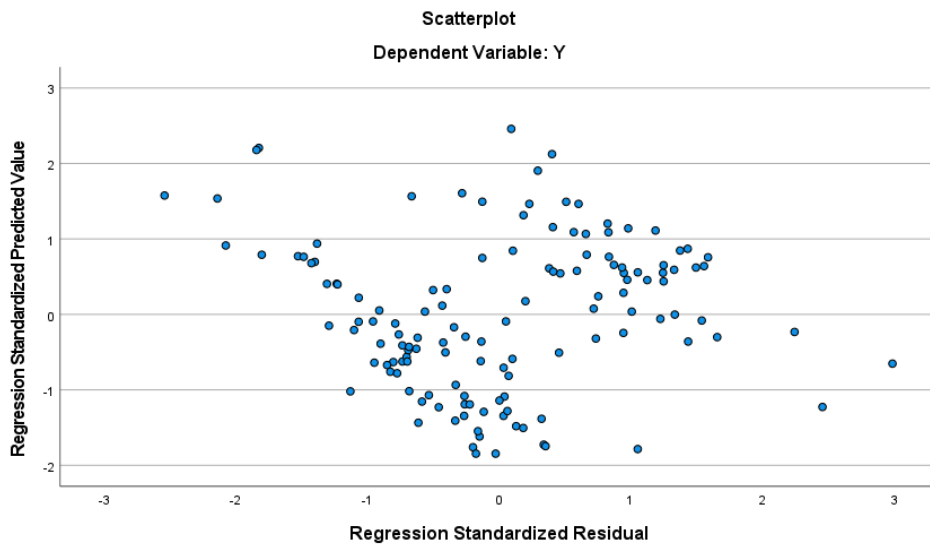
Appendix G: Moderation Visuals

Moderation Visuals

Normality of Residuals



Homoscedasticity



Linearity

