


2007

Intimate Partner Violence Among Male and Female U.S. Community College Students

Shakiera Benson
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Walden University

College of Health Sciences

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Shakiera Benson

has been found to be complete and satisfactory in all respects,
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Walden University

2017

Abstract

Intimate Partner Violence Among Male and Female U.S. Community College Students

By

Shakiera Benson

MHA, Webster University, 2007

BS, Morris College, 2003

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health

Walden University

December 2017

Abstract

Intimate partner violence affects a significant portion of college-aged individuals, but researchers know little about how the intersection of age, race, class, and gender influence intimate partner violence among community college students in the United States. In this quantitative correlational study, I examined the relationship between intimate partner violence and gender, race, age, class, marital status, and past abuse among community college students using the intersectionality theory. I used the Abusive Behavior Inventory and a demographic survey to collect data via a convenience sample of the target population of men ($n = 220$) and women ($n = 330$) attending a community college or recent graduates. Multiple linear regression analysis indicated although no demographic variables were related to the frequency of psychological violence, lower age and higher socioeconomic status were related to increased frequency of physical violence. Individuals aged 18–24 were more likely than other groups to experience physical violence ($t = -2.73, p = .008$), and individuals with higher income levels (larger than \$50,000) were more likely than individuals in other socioeconomic statuses to experience physical violence ($t = 1.99, p = .049$). The implications for positive social change include generating data regarding the potential predictive demographic factors that influence intimate partner violence, which may help professional's complete interventions that address intimate partner violence among community college students. More targeted interventions could reduce the rate of intimate partner violence and the long-term effects of intimate partner violence, particularly among the unexpected populations affected by intimate partner violence, as I indicated.

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Dedication

This research is dedicated to my beloved Grandmother Lue Ellen Housey. You encouraged me to go as high as I can go in education, as soon as I finished up one degree you were sitting me down and telling me a story about earning the highest “sheepskin” I can obtain. Well, Grandma, it was not an easy road, but I did it, I am now a part of the elite Ph.D.’s. I miss you, I miss all of your words of encouragement and all of your prayers, and you will forever be a hero in my eyes. I now feel a sense of relief that you will fly high and proud, bragging on as you have always; well-done Shakiera, well done.

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Finally, I would like to thank Family and Friends. Thank you, mom, for getting the girls every Wednesday so that I can focus on my weekly goals; you are amazing and the reason behind my research topic. You are a survivor of intimate partner violence on every level, and I want you to know you drive me to make changes surrounding this issue. I love you, and I am proud of the changes you have made toward overcoming victimization. My words of affirmation to you are, your voice matters, your pain matters, and your process matters and most of all, it was you who decided that the violence was enough to leave. You hold power to your future, may blessing fall abundantly over your new marriage, happy first Anniversary.

Thank you to my husband, you are truly made of steel. I am deeply appreciative of every time you went beyond your husband and father duties to allow me to work on my research. I love you, and I am grateful to have had you present through this process.

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Chapter 1: Introduction to the Study

Intimate partner violence (IPV) among adults is a societal problem becoming more prevalent among U.S. college-aged students ages 18—24 (Carlson, Fripp, Cook, & Kelchner, 2015). Based on the National Intimate Partner and Sexual Violence Survey, Carlson et al. (2015) reported the prevalence of physical violence among college students was between 20% and 30%. The proliferation of IPV among the college-aged student population has prompted individuals to research the factors and variables that influence this trend (Gervais & Davidson, 2014; Katz & Rich, 2015; McDermott & Lopez, 2013; Storer, Casey, & Herrenkohl, 2015; Witte & Mulla, 2013). Although some researchers have found demographic variables, including gender, class, age, and race, influence the frequency, perceptions, experiences, and tenure of IPV (American Bar Association, 2014; Brothers, 2014; Henning & Conner-Smith, 2011; Rennison & Welchans, 2000; World Health Organization [WHO], 2012), little research exists on how these variables intersect to affect IPV rates (Adams & Campbell, 2012; Matos, Condes, & Santos, 2014).

Using intersectionality theory, I examined IPV among U.S. community college students, focusing on the intersectional influences of age, race, gender, and class. This study arose as a result of the need to provide information that could improve interventions targeting IPV among college students, specifically community college students. The implications for positive social change resulting from this study include generating data regarding the potential predictive demographic factors that influence IPV, which may inform interventions that address IPV among community college students. These interventions may affect community college students because targeted

interventions could lead to a reduction in the long-term effects of IPV (Matos et al., 2014).

In this chapter, I introduce the study by providing background regarding IPV and outlining the problem that necessitated the study. Subsequently, I detail the purpose of the study, the research questions, the theoretical foundation, and the nature of the study. I discuss foundational details of the study including definitions, assumptions, scope and delimitations, and limitations. I conclude by detailing the significance of the study and considering the potential positive social change implications of the present research.

Background

The Centers for Disease Control and Prevention (2015) defines IPV as physical, sexual, or psychological harm by a current or former partner or spouse. This may include violence among heterosexual couples and does not require sexual intimacy (Carlson et al., 2015). According to Carlson et al. (2015), between 25% and 33% of men and women in the U.S. population have experienced IPV. The rates of this form of violence among college-aged populations are increasing. Researchers found IPV is underreported because of issues regarding age, race, socioeconomic status, and gender (American Bar Association, 2014; Brown, 2009; Cho, 2012; Hattery, 2009; Rennison & Welchans, 2000). For example, men (Brown, 2009; Hattery, 2009), racial minorities (Brothers, 2014), and individuals of low socioeconomic statuses (Adams & Campbell, 2012) may be less likely to report IPV experiences compared women, racial majorities, and individuals with high economic status, respectively.

Individuals who enter violent relationships are significantly affected by IPV. Women and men in violent relationships may experience adverse health and social outcomes that become more life threatening over time (LeBlanc & Barling, 2014; Robinson, 2013). Short-term injuries include bruises, broken bones, back or pelvic pain, and headaches (Center for Disease Control, 2015). Long-term effects may include damage to the cardiovascular, gastrointestinal, endocrine, and immune systems (Center for Disease Control, 2015); decreases in socioeconomic status (ACLU, 2005); and decreased mental health (WHO, 2012). Early exposure to IPV, such as in the formative college years, may increase the likelihood that an individual will continue to enter IPV relationships and experience the harmful influences of the long-term effects of IPV (Cui et al., 2012; McDermott & Lopez, 2013; Witte & Mulla, 2013). However, few researchers have examined the influence of age on IPV. Cranney (2014) indicated first-year women are at an increased risk of victimization for all types of sexual and physical abuse compared to women in higher grade levels. This risk decreases significantly by the sophomore year (Cranney, 2014).

Researchers have determined gender influences experiences of IPV. Women victims of IPV experience higher incidence of depression, post-traumatic stress disorder, anxiety, suicide, self-harm, self-perceived mental health, psychological distress, disturbed sleep, poor functional physical health, poor self-perceived physical health, and higher incidence of chronic physical health conditions than men (Dillon, Hussain, Loxton, & Rahman, 2013). Men are slightly less likely to be the victim of IPV than women: approximately one in three women report victimization compared to one in four men

(American Psychological Association, 2013; National Coalition Against Domestic Violence, 2014).

There are some barriers to understanding gendered experiences of IPV. Researchers and IPV stakeholders often focus on women as victims and males as perpetrators of IPV (Brothers, 2014). However, some men may not report being the victims of IPV because of the gendering of victimization, where victim status is associated with being a female (Hattery, 2009; Probert, 2013). Men may think they cannot be victims of IPV or that enduring abuse is part of their role as a good husband or a good father (Corbally, 2015).

The lack of male IPV victimization is counter to research findings regarding IPV perpetration. In their sample of college students, Straus and Gozjolko (2014) found women (32.1%) were more likely than men (24%) to have perpetrated violence within the last year. Capaldi, Knoble, Short, and Kim (2012) found men and women were equally likely to be the perpetrators of IPV. Professionals designed the system to provide an appropriate response for women victims of IPV, but male victims may feel ignored (Hoff, 2012). In addition, heteronormative conceptions of IPV may result in professionals ignoring lesbian, bisexual, gay, transsexual, and queer communities, where rates of IPV are 43% (Edwards & Sylaska, 2014).

Furthermore, race may affect IPV experiences. Although, researchers have examined the effect of gender on IPV more than they have examined the relationship between race and IPV. The type of IPV experienced is linked to race. Native American women experience more sexual abuse and African American women experience more

severe physical abuse (American Bar Association, 2014). According to the American Bar Association, African American women, ages 20–24 experience the highest rate of abuse. African American women are more likely than Caucasian women to experience depression and post-traumatic stress disorder as a result of IPV (Kastello et al., 2015). Mirick (2014) stated race may influence the likelihood that an individual seeks help, although the researcher noted race was rarely discussed as a factor in IPV research. Conversely, Cho (2012) noted women of similar ages experienced equal rates of IPV.

Socioeconomic status may be an additional factor that affects the rates of IPV. Women of lower socioeconomic classes are more likely to remain in abusive relationships (Abramsky, Watts, & Garcia, 2011). Homeless women report higher incidences and more severe occurrences of IPV compared to other socioeconomic groups (American Psychological Association, 2013). However, the relationship between socioeconomic status and IPV among men was not available in the literature I examined.

In IPV research, demographic characteristics alter experiences of IPV. However, researchers have conducted little research on the intersectional influences of IPV (Adams & Campbell, 2012; Matos et al., 2014). Based on intersectionality theory, identity formation and experiences are shaped by the confluence of identity categories, including age, race, class, and gender (Crenshaw, 1989, 1991; McCall, 2005). The gap in the literature regarding intersectional influence of demographic variables including age, gender, class, and race is problematic because these variables, acting in conjunction with one another, may influence the frequency, perceptions, experiences, and tenure of IPV (American Bar Association, 2014; Brothers, 2014; Henning & Conner-Smith, 2011;

Rennison & Welchans, 2000; WHO, 2012). Examining IPV through an intersectional lens may provide understanding regarding the individuals with increased risk for experiencing IPV (Adams & Campbell, 2012).

An additional gap in the literature existed regarding IPV in diverse populations of college students. Many researchers have focused extensively on female victims of IPV, and those samples are dominated by Caucasian women ages 18–24 (Davidson & Gervais, 2015; Gervais & Davidson, 2013; Stein et al., 2009). Investigating IPV within a population of community college students where minorities and low socioeconomic classes are more likely to be represented (Black et al., 2011; Hart & Klien, 2013) could improve the depiction of IPV among these groups. McDermott and Lopez (2013) noted during the formative young adult years, perceptions and experiences with IPV shape individuals' perceptions of normal relationships; therefore, experiencing IPV during college years may be a critical experience. Older community college students may also benefit from an IPV intervention while attending school. Community college students are individuals of various ages, lower socioeconomic classes, and are often ethnic minorities (Hart & Klein, 2013). The gap in the literature regarding the intersectional influences of demographic characteristics on IPV may contribute to the lack of interventions for IPV. Gaining information and designing evidence-based interventions could curtail the proliferation of IPV. In this study, I generated data that may inform interventions that address IPV among community college students.

Problem Statement

One significant public health issue is IPV, which has short- and long-term social and health outcomes for approximately 25–35% of the U.S. population (American Psychological Association, 2013; National Coalition Against Domestic Violence, 2014). Among college-aged individuals, rates of IPV have been increasing, which reinforces the need for research regarding IPV on college campuses (Carlson et al., 2015). Although researchers have explored IPV rates among female college students (see Hattery, 2009), these studies have focused primarily on women enrolled in four-year institutions, where the population is significantly different than a community college population (Hart & Klein, 2013). At community colleges, individuals in varied age groups, individuals who belong to ethnic minorities, and people with lower socioeconomic statuses are represented at larger rates than at four-year universities (Black et al., 2011; Hart & Klien, 2013). However, few researchers have explored IPV among community college students (Daley & Noland, 2011; Women Employed, 2011), leaving a significant gap in the literature.

Researchers suggest demographic variables including age, race, class, and gender, influence perceptions, type, and tenure of IPV (Abramsky et al., 2011; American Bar Association, 2014; Straus & Gozjolko, 2014). Past experiences with abuse and marital status may influence IPV (McDermott & Lopez, 2013). Limited research on the influence of intersectional characteristics on IPV exists (Adams & Campbell, 2012; Matos et al., 2014). While conducting my literature review, I found no research that specifically focused on community college students. Nevertheless, research shows initial support for

the confluence of age and gender, class and gender, race and gender, and race, class, and gender on IPV experiences (Brothers, 2014; Decker et al., 2014; Rennison & Welchans, 2000). Community college students are more demographically diverse than students at four-year institutions (Black et al., 2011; Hart & Klein, 2013) and therefore may experience IPV at increased rates, based on research regarding the influence of demographics on IPV (Abramsky et al., 2011; American Bar Association, 2014; Straus & Gozjolko, 2014). Thus, a gap in the literature exists regarding how gender, race, age, class, marital status, and past abuse influence IPV among community college students.

Purpose of the Study

The purpose of this quantitative correlational study was to examine the relationship between IPV and gender, race, age, class, marital status, and past abuse among community college students. The predictor variables were gender, race, age, class, marital status, and past abuse. I gathered data regarding the predictor variables through a demographic survey. The criterion variables were IPV, including physical and psychological IPV. I measured the criterion variables using the Abusive Behavior Inventory (Shepherd & Campbell, 1992). The results of this study may help professionals address the gap regarding information about IPV among community college students. The results of this study may also contribute to social change within U.S. community college campuses by informing additional safety and prevention measures on campuses to help students avoid and escape violent relationships.

Research Questions and Hypotheses

RQ1. Is there a significant predictive relationship between gender, race, age, class, marital status, past abuse, and frequency of physical IPV among community college students?

H₀1: There is not a significant predictive relationship between gender, race, age, class, marital status, past abuse, and frequency of physical IPV among community college students.

H_A1: There is a significant predictive relationship between gender, race, age, class, marital status, past abuse, and frequency of physical IPV among community college students.

RQ2. Is there a significant predictive relationship between gender, race, age, class, marital status, past abuse, and frequency of psychological IPV among community college students?

H₀2: There is not a significant predictive relationship between gender, race, age, class, marital status, past abuse, and frequency of psychological IPV among community college students.

H_A2: There is a significant predictive relationship between gender, race, age, class, marital status, past abuse, and frequency of psychological IPV among community college students.

Theoretical Foundation

Intersectionality theory, which was developed by Crenshaw (1989, 1991), was the theoretical framework for the study. According to McCall (2005), theorists of

intersectionality argue multiple identity categories combine to create a specific positionality for individuals, which is often connected with their subjugation. Age, race, class, and gender do not affect an individual separately, according to race-class-gender theorists (Cotter, Hermsen, & Vanneman, 1999; Dill & Zembrana, 2009). Instead, age, race, class, and gender intersect to determine an individual's subjective experience. An individual's varying identity classifications combine to create his or her experience in the world, based on personal identity formation and experiential interactions with other individuals.

Theories of intersectionality may help researchers explain IPV (Adams & Campbell, 2012). Researchers have determined demographic factors in conjunction determine perceptions, frequency, and tenure of IPV. This includes intersections of age, race, and gender (McDermott & Lopez, 2013); class and gender (Decker et al., 2014); race and gender (Adams & Campbell, 2012; Brothers, 2014; Rennison & Welchan, 2000); and race, class, and gender (Brothers, 2014). However, researchers in only two studies have used intersectionality theory to understand IPV (Adams & Campbell, 2012; Matos et al., 2014). Using this lens may provide additional information for researchers to clarify and intervene in the IPV experiences of community college students.

Nature of the Study

The nature of this study was quantitative, and I used a correlational design. Quantitative and correlational research is most appropriate when examining the relationship between numerically measurable constructs (Howell, 2013). In this study, I collected survey data from participants with numerically measurable variable data for the

predictor variables (gender, race, age, class, marital status, past abuse) and the criterion variables (physical and psychological IPV). I used multiple linear regression as the primary data analysis method. Multiple linear regression is an appropriate analysis to perform when the researcher wants to examine the extent of a relationship between a set of multiple predictor variables and a single outcome or criterion variable (Tabachnick & Fidell, 2012). Gender, race, marital status, and past abuse were nominal-level variables and I dummy coded them prior to entry into the model. Age and class were ordinal-level variables. The two criterion variables, physical and psychological IPV, were continuous measurements.

Data collection included several parameters. The primary source of data collection was the survey questionnaire, which I discuss in Chapter 3. I distributed surveys using Survey Monkey to a convenience sample of 100–150 participants who attended the primary site. These data allowed me to examine the incidence of IPV and the demographic characteristics associated with the frequency of IPV within the sample population.

Definitions

Age: A period demarcating the transitions from childhood to adulthood (United Nations, 2010). I measured age using a demographic survey (item #2), and treated it as an ordinal level variable ranging from (1 = 18–24 to 5 = 55–68).

Class: A term frequently used to categorize an individual or group of individuals by inequalities vs. equalities in addition to levels of ownership and control of management (Mesthrie, 2001). Marxists also viewed class based on working class and

earnings (Mesthrie, 2001). I measured class using a demographic survey (item #5), and on an ordinal scale ranging from (1 = \$0-\$24,999 to 5 = \$100,000-\$124,999).

Gender: Socially constructed roles for men and women (WHO, 2016). When children are born they are taught their gender is a means for identity. As individuals get older, if they decide to be unidentified by gender, consequences including stigma, discrimination, and social alienation can result (WHO, 2016). I measured gender using a demographic survey (item #1), and treated it as a dichotomous nominal level variable (1 = female and 2 = male).

Intimate partner: An individual with whom one has one or more of the following relationships: current or former spouses including married spouses, common-law spouses, civil union spouses, domestic partners, boyfriends/girlfriends, dating partners, and ongoing sexual partners (Breiding, Basile, Smith, Black, & Mahendra, 2015). Violence may occur opposite or same sex couples (Edwards & Sylaska, 2013).

Intimate partner violence (IPV): Physical violence, sexual violence, stalking, and psychological aggression (including coercive acts) by a current or former intimate partner (Breiding et al., 2015, p. 18). In this study, I used the 30-item Abusive Behavior Inventory to measure IPV as either physical or psychological abuse. I measured physical abuse (12 items) and psychological abuse (17 items) as continuous variables through a mean composite. Possible scores for both scales range from 1–5.

Marital status: A question used for statistical information to determine which category an individual or a couple belongs in, including married, widowed, divorced,

separated, never married, or living with a partner (Schoenborn, 2004). I measured marital status using a demographic survey (item #4), and treated it as a nominal level variable.

Past abuse: Prior experience with physical violence, sexual violence, psychological aggression, or stalking (Breiding et al., 2015). I measured past abuse using a demographic survey (item #6). I treated past abuse as a dichotomous nominal level variable (1 = yes and 2 = no).

Physical violence: An act when an individual intentionally uses physical force with the potential to cause death, disability, injury, or harm (Breiding et al., 2015, p. 24). I measured physical violence continuously through a mean computation of 12 survey items from the Abusive Behavior Inventory. Possible scores for this scale range from 1–5.

Psychological violence: The use of verbal and non-verbal communication with the intent to harm another individual mentally or emotionally, and/or exert control over another individual (Breiding et al., 2015, p. 22). I measured psychological violence continuously by a mean computation of 17 survey items from the Abusive Behavior Inventory. Possible scores for this scale range from 1–5.

Race: An arbitrary classification for specific populations, created by Europeans (Chisolm & Washington, 1997). This classification places populations in categories based on their appearance as a means of subjugation, with Caucasian Europeans leading the hierarchy for human achievement (Chisolm & Washington, 1997). I measured race using a demographic survey (item #3). I treated race as a nominal level variable with six possible categories.

Sexual violence: Harm of a sexual nature done to another (Breiding et al., 2015).

Sexual violence consists of five categories: rape or penetration of victim, victim was made to penetrate someone, non-physically pressured unwanted penetration, unwanted sexual contact, non-contact unwanted sexual experiences, and psychological aggression of a sexual nature (Breiding et.al, 2015, p. 18–21). For the purposes of this study, I included sexual violence within physical violence and measured it continuously using questions from the Abusive Behavior Inventory. There are 12 survey items associated with physical violence. I generated a mean composite, with possible scores ranging from 1–5.

Assumptions

The assumptions of a study stem from elements the researcher cannot control, but he or she must assume to ensure the relevance of the study (Leedy & Ormrod, 2010). Some of the present research assumptions stemmed from the design and method. Inherent within the quantitative approach are the beliefs that reality is objective and knowable, and the researcher is an unbiased collector of data (Hathaway, 1995). I assumed despite the socially constructed nature of some of the demographic variables, including race and gender, that these variables influence individuals' experiences in real and measurable ways. Multiple linear regression operates on the assumptions of normality, homoscedasticity, and the absence of multicollinearity (Tabachnick & Fidell, 2013). Prior to analysis, I examined the assumptions of the multiple linear regression, which I discuss in Chapter 3.

Further, I made assumptions regarding the population and topic. The first assumption was all participants were enrolled in a two-year college program. I assumed all participants who responded were honest to the best of their abilities in their responses to the survey. Because IPV experiences may be a sensitive topic, I ensured the confidentiality and anonymity of the survey data, which may have increased the likelihood of participants responding honestly (Bates & Cox, 2008).

Scope and Delimitations

The scope of the study depends on research decisions comprising the boundaries of a study, or delimitations (Simon, 2011). In this study, I used a convenience sample of community college students at the primary site. I sought students from other campuses who met the sampling requirement. I chose this focus because of convenience, but also because the primary site students represented a more diverse sample than other researchers traditionally focused on in IPV literature. In addition, there was a gap in the literature related to community college students' experiences with IPV. I attempted to reach a representatively diverse sample including all demographic variables. I assessed gender as a male/female dichotomy. Although it is a population that requires study, I did not assess whether individuals identified as transgender (Edwards & Sylaska, 2014). Similarly, I did not assess the individuals' sexual preferences, despite the need for further study in this area (Edwards & Sylaska, 2014). I chose this focus because I did not want to add potentially confounding variables to the study.

I studied two types of IPV, including physical and psychological. Sexual abuse was included under the umbrella of physical abuse. I did not examine extended IPV, such

as stalking. I chose this focus as a result of the limitations of the Abusive Behavior Inventory. I used intersectionality theory as the interpretive framework for the results because of the emphasis on the collective influence of demographic categories on IPV. I did not choose race-gender-class theory because of its focus on demographic categories as separate entities influencing experiences. Intersectionality was a more appropriate theory for me to use to understand the cumulative effects of identity categories on experiences of IPV. Because I used a convenience sample and a specific location, I was cautious when extrapolating the findings to a larger population.

Limitations

Limitations are shortcomings that are beyond the researcher's control (Simon, 2011). The choice to use a quantitative methodology limited the potential for exploration of the underlying experiences or perceptions of the participants. Using a quantitative study also may have introduced confounding variables that affected the relationships between the variables of interest (Howell, 2013). I could not account for the effect of all covariates. I noted this limitation in the interpretation of the statistical findings.

A limitation in this study existed in how I collected the data. The study was limited to community college students attending two campuses within the specific geographical region. Therefore, the results may not be generalizable to a wider population. Further, I advised participants their responses could help establish a future IPV intervention and prevention program on campus. I chose to include this information to clarify the importance of participants' honest and thorough responses. However, including this information may have introduced bias. Furthermore, I am an instructor at

the primary site, one of the campuses, which also may have introduced bias. To address this limitation and attempt to remove bias, I ensured the confidentiality and anonymity of the survey data. The participants did not include any identifying information on the survey.

Another limitation stemmed from the decision to measure gender identity and sexual orientation. Within this study, participants identified their gender as either male or female, which could have created limitations for transgendered or gender nonconforming individuals. Moreover, I did not include sexual orientation as a demographic variable within this study, which may have influenced my understanding of IPV (Edwards & Sylaska, 2014). I did not introduce these variables because of the difficulty in obtaining a large enough sample to test these variables and the sensitivity resulting from this type of disclosure. To address this limitation, I acknowledged the need for further study of the influence of sexual orientation and gender identity on IPV, which is included in my interpretation of the findings.

Significance

I determined the direction of the current study based on areas of significance for research and practice. Regarding research, the findings from this study allowed me to make two significant contributions to the current research. The first is that I examined community college students, although researchers have begun focusing on college students because of escalating rates of IPV (Gervais & Davidson, 2014; Katz & Rich, 2015; McDermott & Lopez, 2013; Storer et al., 2015; Witte & Mulla, 2013). Prior to the current study, no research existed within community colleges, where students are more

likely to come from lower socioeconomic classes and be ethnic minorities (Hart & Klein, 2013). Conducting this study within a population of community college students may have therefore increased representation for individuals who face dual oppression according to intersectionality theory (Davis, 2008).

An additional contribution to the literature is the further understanding of demographic variables' relationship to IPV. Researchers have suggested demographic factors may relate to experiences of IPV (American Bar Association, 2014; Brothers, 2014; Henning & Conner-Smith, 2011; Rennison & Welchans, 2000; WHO, 2012). However, no researchers have examined the intersectional influence of age, race, class, and gender in a demographically diverse sample of community college students. Thus, in the present study I addressed a significant gap in the literature that could provide a first step in social change toward understanding IPV as an intersectional experience.

In addition, the findings from the present study may have implications for practice. Stakeholders in public health can use the information to design interventions and prevention for IPV specifically for community college students. This early intervention is essential because early perceptions of IPV influence the likelihood that an individual will engage in IPV relationships over time (McDermott & Lopez, 2013; Witte & Mulla, 2013). The data gathered in the present study may be used in the development of treatment strategies for IPV victims and play a significant role in the prevention of IPV among community college students in the future.

Individuals can also use information from the present study to enact social change. In the present study, I explored demographic risks for IPV among community

college students and individual factors that increase the risk of IPV. Highlighting potential demographic relationships with IPV could help practitioners and community college stakeholders target at-risk populations. These stakeholders could use the data from the present study for outreach. In addition, individuals from the community college could use the evidence to develop programs that would appeal to specific demographic categories and address sociodemographic factors that contribute to increased IPV rates. Therefore, the findings from the present study may contribute to social change by decreasing the incidence of IPV through targeted efforts by professionals.

Summary

A significant public health issue that increasingly affects college students is IPV (Carlson et al., 2015). An individual's demographics may relate to his or her experiences with IPV (American Bar Association, 2014; Brothers, 2014; Decker et al., 2014; Rennison & Welchans, 2000). Knowledge of the extent to which demographic variables correlate with IPV could further the current understanding of IPV rates among college students (Adams & Campbell, 2012). There was a gap in the literature regarding the intersectional relationship of gender, race, age, class, marital status, and past abuse with IPV among community college students. The purpose of this quantitative correlational study was to examine the relationship between IPV and gender, race, age, class, marital status, and past abuse within a population of community college students. In Chapter 2, I provide a literature review that highlights the need for the study.

Chapter 2: Literature Review

Introduction

Throughout the United States, IPV is a serious issue that affects many individuals. It is defined as harmful physical, psychological, or sexual abuse inflicted on an individual by a partner (Saltzman et al., 2002). The existing research indicates IPV among men is widely underreported, and age, race, and socioeconomic status are associated with the likelihood a victim will report being victimized or will experience IPV (American Bar Association, 2014; Brown, 2009; Cho, 2012; Hattery, 2009; Rennison & Welchans, 2000). However, the intersections of race, social class, and gender as they relate to IPV have received little attention from researchers in the past (Adams & Campbell, 2012).

By studying IPV in college settings (particularly community colleges) researchers can learn more about the phenomenon as it relates to different demographic variables. Rates of IPV are increasing among college-aged students (Carlson et al., 2015). In community colleges, the age range of students is more dispersed than the age range of a traditional, four-year institution (Hart & Klien, 2013), which provides an opportunity to study IPV experiences among students of varying ages. Because minority, low-income, and first-generation college students are overrepresented in community college populations (Black et al., 2011; Hart & Klien, 2013), the researchers studying these students have the opportunity to learn more about the effects of these demographic categories on IPV rates.

In this literature review, I examine the available literature regarding IPV. Specifically, I reviewed literature regarding the influence of demographic variables

including gender, race, and class on IPV among community college students. This review begins with an overview of the literature search strategy and a discussion of the theoretical foundation of intersectionality. Next, I discuss some common hallmarks of IPV, and the specific experiences of community college students. Subsequently, I present how IPV affects women and men, socioeconomic classes, and racial groups. I then discuss the intersectional experiences of IPV. Finally, I critique the literature to evaluate the need for more specific research in this area.

Literature Search Strategy

I conducted a review of the literature using a comprehensive search strategy. I began by consulting with a Walden University librarian on January 22, 2016. The librarian advised me to begin with a variety of literature, including health sciences and human services databases. The librarian indicated I should take note of trends in the literature, then narrow the search items with additional keywords to refine results after conducting a preliminary, cursory review of the general literature about IPV and college students. Results of this preliminary research revealed IPV victims who identified as women were primary subjects of research (Hattery, 2009). I found few recent articles in which researchers discussed the intersectional influence of demographics on IPV.

I narrowed and identified relevant research, per the librarian's advice. I accessed several library databases and search engines, including EBSCOhost, Science Direct, and Google Scholar. I limited my search to research from 2012–2016, and, in the EBSCOhost and Science Direct databases, I used the peer reviewed limiter to ensure I received updated, peer-reviewed results. I also searched the Google search engine to find reports

from several associations about IPV, including the American Bar Association, the American Psychological Association, the Centers for Disease Control and Prevention, the Domestic Violence Coalition, United States Women Against Violence, and WHO. I used many keywords and phrases in my search: intimate partner violence among community college women, trends in intimate partner violence, changes in intimate partner violence, definition of intimate partner violence, updated definition of intimate partner violence, domestic violence in college, who is impacted the most by intimate partner violence, history of intimate partner violence, intimacy and violence, consequences of intimate partner violence, intimate partner violence among men, intimate partner violence and young adults, impact of intimate partner violence AND college, changes in intimate partner violence, intersectionality AND theory AND AU Leslie McCall, intersectionality AND theory AND AU Kimberle Crenshaw, intersectionality and college students, consequences of intimate partner violence, impact of intimate partner violence AND men, intimacy and violence, intersectionality and intimate partner violence, intimate partner violence and health, intimate partner violence among men, intimate partner violence among women, race and intimate partner violence, class and intimate partner violence, and socioeconomic status and intimate partner violence.

Key journals included *Journal of Youth and Adolescents* and *Intimate Partner Violence*. I checked both journals for special issues relevant to the topic of the present study. In addition, I used the journal names to generate additional Booleans, such as *Journal of Youth and Adolescents AND Intimate Partner Violence*, which I used in my database and search engine research. I also identified key authors, including Crenshaw

and McCall for intersectionality theory, and Davidson, Gervais, Karakurt, and Sylaska for IPV among college students. I searched the corpus of their works for relevant literature.

By using these search methods, I generated the body of literature reviewed in this chapter. This literature includes a mixture of reports from government and third-party organizations (8; 13.3%) and peer reviewed journal articles (52; 86.7%). Of the sources included in this chapter, 52 (86.7%) are peer reviewed, and 45 (75%) were published between 2011 and 2016. Of the 15 articles published prior to 2011, four are seminal articles related to the theoretical foundation; not counting these articles, the percentage of recent articles is 81.7%.

Theoretical Foundation

Intersectionality is a feminist theory. The central tenet of this theory is identity and subject formation are concentrically determined by multiple identity categories (Crenshaw, 1989, 1991; McCall, 2005). Crenshaw (1989) coined the term intersectionality to discuss legal policies and the eradication of racism, which the researcher later applied to violence against women of color (Crenshaw, 1991). Intersectionality has been used by many African American feminists (Adams & Campbell, 2012). Theorists of intersectionality promote the idea that certain oppressed populations are at a disadvantage regarding social resource access, which results in social injustice (Adams & Campbell, 2012). The multiple experiences of exclusion and subordination also result in a specific experience or identity (Davis, 2008). Davis (2008)

noted a strength of intersectionality theory is malleability. The theory can be applied within multiple contexts and populations.

Within the frame of intersectionality, methodology is an issue. For example, McCall (2005) noted researchers using intersectionality as a theoretical framework had three options: (a) proceed with research without categories because of the uncapturable complexity of intersectional identities, (b) examine individuals only in intersectional categories, and (c) emphasize and interrogate identity categories. McCall (2005) noted the third approach was most appropriate because of its realistic depiction of the categories that comprise human life. Individuals experience categories and intersections differently, which requires the researcher to be open to new classifications and new experiences, despite expected findings. Similarly, Bauer (2014) called for increased use of intersectionality theory in quantitative studies regarding population health. Specifically, when compared to qualitative research, quantitative research from an intersectional approach can provide increased validity, heterogeneity of effects, and causal processes producing health inequalities such as IPV (Bauer, 2014). Researchers who use the theory of intersectionality address oppressed populations using a multiple approach rather than focusing on a single interest and possibly over-researching identical or similar concepts (Bauer, 2014). Therefore, in the present quantitative research, I sought to identify traditional categories of class, race, and gender as they relate to IPV. I sought to acknowledge how the intersectional experiences of each of these categories contribute to the unique experiences of individuals facing IPV.

Several researchers have examined population health issues from an intersectional perspective. Researchers have expanded the theory of intersectionality to multiple disciplines including epidemiology, mental health, and physical health (Adams & Campbell, 2012; Richardson & Brown, 2016; Ross et al., 2014). Gorman, MacLeod, Greta, and Bauer (2016) conducted a secondary quantitative analysis using data from Ross, Bauer, MacLeod, Robinson, and MacKay's (2014) research on the mental health of bisexual individuals. Gorman et al. (2016) used the minority stress model and the intersectionality theory to explore the relationship between poverty and poor mental health among bisexual individuals. Although the subject criteria for the primary research focused on 405 residents ages 16 and older from Canada, in the secondary study, researchers only used 302 respondents older than 25 for the secondary study. The researchers excluded individuals younger than 25 because household income may not reflect poverty (Gorman et al., 2016). The researchers used intersectionality to acknowledge social class and sexual orientation are related to oppression experienced by the bisexual population, which can lead to poor mental health outcomes. The findings from this research indicated bisexuality, poverty, and mental health intersect. Poverty leads to lower socioeconomic class which is associated with education, employment, and discrimination (Gorman et al., 2016). This study is related to the current research because the researchers used intersectionality theory to link gender, education, and social class as factors in mental health among the bisexual population.

From an epidemiological standpoint, Richardson and Brown (2016) also showed intersectionality provides explanatory value for quantitative data regarding public health

concerns. The purpose of the study was to examine how racial/ethnic and gender disparities in hypertension risk are connected. The researchers used multiwave analyses of data collected biennially between 1992 and 2004 from the Health and Retirement Study. Researchers wanted to determine if intersections of race and gender produced disparities in hypertension risk. Findings from this study indicated intersectionality was consistent with the study hypothesis. The researchers found race and gender had a significant influence on hypertension risk when used in a multiplicative way.

Recently, researchers have begun addressing IPV from an intersectional standpoint (Adams & Campbell, 2012; Matos, Condes, & Santos, 2014). Adams and Campbell (2012) conducted a review of literature to address the potential influence of documentation status, gender, and race on Hispanic immigrant women. The researchers determined intersectional experiences may influence IPV experiences. Matos et al. (2014) conducted a mixed methods study using self-report questionnaires and semistructured interviews from a convenience sample of 41 women in victims' support institutions. The purpose of this study was to understand how multiple victimization for women is associated with the social conditions of marginalization and poverty. There were three areas of specific interest in this study: the prevalence of multiple victimization throughout life, characteristics of multiple victimization, and the attribution of factors associated with multiple victimization. Matos et al. (2014) integrated multiple victimizations and assessed victimization on various levels using intersectionality. Perpetrators during childhood included women's mothers and peers, although in adulthood perpetrators were intimate partners or ex-partners. During adulthood most women reported suffering a

minimum of four different types of victimization. Matos et al. (2014) stated intersectionality is essential for understanding multiple victimizations among women. I also applied intersectionality theory when examining men's experiences, and the influences of race and class, to better understand IPV rates for community college students.

Literature Review Related to Key Variables and Concepts

Intimate Partner Violence

Acts that are purposely intended to harm the victim are considered IPV (Breiding et al., 2015). These acts fall into three main categories: physical abuse, emotional abuse, and sexual abuse (Breiding et al., 2015). The frequency and severity of IPV may vary from one individual to another. Despite this variation, researchers have shown, on a case-to-case basis, IPV occurs more frequently with time (Centers for Disease Control and Prevention, 2014).

Although researchers have studied physical and sexual abuse extensively, psychological IPV also has significant effects on individuals who are victimized (Karakurt & Silver, 2013). Although psychological abuse has long-term adverse effects, it can be difficult to discern when an individual has suffered psychological abuse. The lack of physical evidence produced in cases of emotional abuse makes it difficult to determine the prevalence of this form of IPV. Karakurt and Silver (2013) stated emotional abuse is comprised of four components: isolation, sexual abuse, degradation, and property damage. In assessing the prevalence of emotional abuse when men are the perpetrators, Karakurt and Silver (2013) found young men tend to be more emotionally

abusive than older men. In some cases emotional abuse may decline with age, but in many cases emotional abuse leads to more serious forms of abuse, specifically sexual and physical violence (Centers for Disease Control and Prevention, 2014). Karakurt and Silver (2013) explored many of the emotional elements of abuse, but their study lacked concrete correlations between emotional abuse and demographic factors. Nevertheless, it is clear all forms of IPV have long-term effects on victims.

Long-Term Effects of IPV

Although IPV may vary in severity, frequency, and type of abuse, the long-term effects of IPV on victims have been well established. There is a link between IPV and the incidence of post-traumatic stress disorder, depression, and other mental health problems for the victim population (Black et al., 2010). Female victims of IPV are more likely to experience anxiety, depression, and post-traumatic stress disorder than men (Centers for Disease Control and Prevention, 2014). Capeeza, Schumacher, and Brady (2015) found a clear link between IPV and substance use disorders. The researchers necessitated investigation into cotreatment of both issues. Further, Dillon et al. (2014) noted mental health issues resulting from IPV were connected with physical health issues among victims. In addition, the American Bar Association (2014) found IPV victims were more likely to be murdered by their current or former partner than women who were not in abusive relationships.

The effects of IPV intensify after prolonged exposure. Robinson (2013) investigated why individuals continue to remain in relationships when IPV occurs. One reason the researcher uncovered is the belief that the victimizer will change (Kim &

Gray, 2008; Robinson, 2013). Conversely, according to the U.S. Department of Health and Human Services (2013), many perpetrators do not take the necessary steps to change. Despite the lack of change, the belief that the abuser will change may be enough to keep some individuals involved in abusive relationships for long periods of time (Robinson, 2013). Over time, the related symptoms of IPV, in conjunction with the abuse, decrease the likelihood of maintaining full-time employment (LeBlanc & Barling, 2014). In addition, IPV could affect an individual's physical and mental health through direct physical harm and long-term stress, leading to chronic health problems including depression, anxiety, and phobias (WHO, 2012).

An additional long-term effect of IPV is isolation. Abusers emotionally and physically abuse victims to make them feel weak and dependent. To further diminish a victim's worth, the perpetrator may inhibit contact with family and friends, who may advise the victim to leave the relationship (Henning & Conner-Smith, 2011). Lack of education is also a contributing factor for perpetrator violence and dependency (Melander, Noel, & Tyler, 2010).

Henning and Conner-Smith (2011) and Smith and Segal (2016) stated isolation of the victim from family and friends may have emotional consequences. Anxiety, stress, and depression are a few of the symptoms of IPV (Smith & Segal, 2016). This type of violence can spark hatred and tension within a relationship, which may sustain the abuse.

IPV may have some specific influences on victims who identify as women. Izaguirre and Calvete (2014) conducted a qualitative study of 35 Spanish mothers using semistructured interviews. The purpose of the study was to explore three behaviors

among the population: the influence of IPV on nurturing, the influence of pregnancy on IPV, and the influence of IPV on labor. The researchers recruited participants from six IPV agencies. The participants answered interview questions about their perceptions of IPV related to the three phenomena previously listed. Participants expressed psychological and physical abuse remained the same or increased during their pregnancy, and some began to experience sexual abuse. Other findings included participant admissions of difficulty during labor as a result of IPV. The most significant finding, according to Izaguirre and Calvete (2014), was that IPV is detrimental to mothering. Women felt they had decreased time and energy to devote to their children, they had to protect their children from the IPV, and they misplaced anger directed toward their children as a result of IPV. Women who were victims of physical violence experienced increased mortality, injuries, disabilities, worse general health, chronic pain, substance abuse, reproductive disorders, and pregnancy outcomes (Plichtha, 2004).

Also, there is a positive correlation between IPV and homelessness among women. In a study conducted in 2005 in 50 cities in the United States, IPV was a primary cause of homelessness (ACLU, 2005). Moreover, because there is a correlation between substance abuse and IPV, victims may develop substance abuse habits that further limit their abilities to financially support themselves (Kraanen, Vedel, Scholing, & Emmelkamp, 2013). The significant negative effects of IPV on victims led to the need for effective interventions to prevent and treat IPV (Bauer, 2014; Kraanen et al., 2013).

Effective Interventions for Preventing and Treating IPV

Bourey, Williams, Bernstein, and Stephenson (2015) conducted a quantitative meta-analysis of the published literature to evaluate effective interventions for IPV for individuals residing in low and middle-income countries. The researchers analyzed 22 articles, published from 2000–2015, in which researchers examined interventions for IPV. Bourey et al. (2015) highlighted structural interventions, or interventions where professionals targeted an environmental risk factor, as particularly effective in reducing the risk of IPV. These included school-based IPV interventions, community-based interventions targeting gender equity, and parenting interventions or interventions with maltreated adolescents. Bourey et al. (2015) noted parenting interventions or interventions with maltreated adolescents were successful because early exposure to violence led to increased likelihood of IPV, consistent with the findings from a study completed by McDermott and Lopez (2013). Bourey et al.'s (2015) research, in underscoring the importance of structural interventions, highlighted the need to further understand how structures such as age, gender, class, and race intersect to form increased susceptibility to IPV. By identifying these structures through studies such as the present research, researchers and practitioners can design targeted IPV interventions.

One environmental risk factor that may influence treatment is substance abuse. Capeeza et al. (2015) investigated the percentage of treatment facilities that offered IPV-related services and the effectiveness of these treatments. The researchers used data from the 2011 National Survey of Substance Abuse Treatment Services to examine the rates of IPV services in substance abuse treatment facilities in 2011. Through chi-square

analyses, Capeeza et al. (2015) determined few treatment facilities provided IPV services, but those that did treat IPV benefitted the clients' well-being. Similarly, Radcliffe and Gilchrist (2016) conducted a two-phase qualitative research study to address the treatment of IPV perpetration in substance abuse treatment. First, Radcliffe and Gilchrist (2016) completed a discourse analysis on drug and alcohol policies from 1998–2015. Subsequently, the researchers interviewed 20 stakeholders about their perceptions. Results suggested staff at treatment facilities sometimes lacked competency when approaching men about their relationships. As a result, and because of misconceptions regarding IPV, there were very few referral routes for IPV perpetrators seeking help while in substance abuse treatment. The findings from research completed by Capeeza et al. (2015) and Radcliffe and Gilchrist (2016) are problematic, because Kraanen et al. (2013) argued providing and screening for IPV significantly influences treatment and is an ethical imperative for substance abuse centers.

Measures of IPV

Several scales exist for evaluating IPV. One of the most common scales is the Conflict Tactics Scale (CTS; Straus, 1979) and the expanded version, the CTS2 (Straus, 1990). Several professionals creating major surveys have used the CTS2, including the researchers who created the International Dating Violence Survey, which they used to examine IPV rates in 13,877 college student couples from 32 countries (Straus & Gozjolko, 2014). The CTS2 includes 39 items which test individuals' partner conflict resolution, divided into five categories: negotiation, psychological aggression, physical assault, sexual coercion, and injury. However, professionals critiqued the survey, stating

it did not measure key variables for IPV research, including motivation for tactics, control, and coercion (National Institute of Justice, 2010).

Kraanen et al. (2013) created and validated the Jellenek Instrument for Assessing Partner Violence. According to Kraanen et al. (2013), the Jellenek Instrument for Assessing Partner Violence demonstrated high validity in assessing victims and perpetrators of IPV. Researchers conducted two studies on a collective sample of 200 substance users in the Netherlands regarding IPV rates and patterns. An additional strength of the instrument is the short duration of time it takes to complete because it only has four items and takes approximately two minutes. A weakness of the Jellenek Instrument for Assessing Partner Violence is researchers designed it for substance abusers. Also, the instrument may lack generalizability considering the limited sample within the Netherlands in which researchers validated the instrument (Kraanen et al., 2013).

Similar to research completed by Capeeza et al. (2015), Kastello et al. (2015) focused on interventions targeting co-occurring symptoms of IPV. However, Kastello et al. (2015) focused on screening for depression and post-traumatic stress disorder. Kastello et al. collected data from 239 low-income women in IPV programs to validate a single-item screening for depression and post-traumatic stress disorder. The findings from studies completed by Kastello et al. (2015) and Kraanen et al. (2013) indicated the focus on co-occurring scales among IPV victims. However, these scales were not appropriate for use in the present study.

For the purposes of the current study, I used the Abusive Behavior Inventory as the primary survey instrument (Shepherd & Campbell, 1992). The 30-item survey has two subscales, corresponding to the frequency of physical and psychological abusive behaviors. Aggarwal, Sinha, Kataria, and Kumar (2016) noted the Abusive Behavior Inventory has internal consistency (0.79–0.92) and criterion, convergent, and discriminant validity. Although other researchers who created measurement instruments for IPV focus on co-occurrence with substance abuse and brevity (Kastello et al., 2015; Kraanen et al., 2013), the professionals who created this instrument included a variety of IPV behaviors, which individuals within the sample of community college students may experience.

IPV Among Community College Students

Researchers know little about the extent and effects of IPV, among the community college population in particular. The findings regarding IPV rates and patterns for the general population do not necessarily apply to college students. Many college students are at a different life stage and inhabit a different environment, which makes the cause and effect of IPV different from what researchers observe in the wider population (Cho, 2012). Community colleges are the gateway to education for many minorities, low-income individuals, and first generation college students. The majority of these students are African American and Hispanic (Black et al., 2011). Researchers found these groups were at higher risk than the general population for experiencing IPV. These demographics, socioeconomic factors, and their interaction with cultural context indicate these individuals may be at higher risk for IPV (Black et al., 2011; Hart & Klien, 2013).

Another potential benefit of examining a community college population is a larger variety in ages, which researchers suggest may influence IPV experiences.

Age and IPV Experiences

According to my review of the literature, little research exists regarding the correlation of age and IPV experiences. Within the existing research, researchers suggest the prevalence of IPV among traditional college students, aged 18–24, is high. For example, Straus and Gozjolko (2014) researched an international sample of 13,877 college couples, and 24% of male and 32.1% of female students reported perpetrating IPV within the past year. These findings counter the assumption that increased egalitarian attitudes among younger generations lead to decreased incidences of IPV (Karakurt & Cumbie, 2012). McDermott and Lopez (2013) noted individuals develop levels of acceptance of IPV during early adulthood. Therefore, age is an important variable that contributes to incidences of IPV. Moreover, this critical developmental stage is essential for creating awareness and evidence-based interventions to reduce IPV. There are several risks that make college-aged students susceptible to IPV.

Risks for IPV Among College-Aged Students

Perceptions. Students' perceptions of IPV may influence whether they report being victimized. In exploring perceptions of IPV among college students, Witte and Mulla (2013) found students who did not perceive IPV as a serious problem were less likely to report it to authorities, more likely to experience it, and more likely to be the aggressor. The results of the study conducted by Witte and Mulla (2013) are similar to the findings of McDermott and Lopez (2013), who demonstrated social norms within

social groups may influence how college students perceive abuse in relationships.

McDermott and Lopez (2013) also indicate the potential for race and socioeconomic status to influence IPV susceptibility. Although some researchers believe current attitudes among the younger generations reduce male-to-female IPV, Karakurt and Cumbie (2012) noted belief in egalitarianism was not related to IPV incidence among young college students.

Alcohol and drug use. College-aged students are more likely than other groups to abuse alcohol. Two out of every five college students report binge drinking behaviors and college students are significantly more likely than the general population to experiment with drugs (National Institute of Health, 2015). Kraanen et al. (2013) noted approximately half of individuals in substance abuse counseling had perpetrated or been the victim of IPV within the past year. Nabors (2010) explored drug abuse patterns and the prevalence of IPV among college students. Nabors (2010) found 20–50% of students who had been abused were also drug abusers. Although the focus of the current research was not on drug abuse or the effects of alcohol on IPV, these studies provide a rationale for examining students in community colleges, where drug and alcohol use and abuse is more common (National Institute of Health, 2015).

Moore, Elkins, and McNulty (2011) explored how alcohol influences IPV. Moore et al. (2011) asked 184 male and female students to fill out daily electronic diaries regarding their relationships. Through the analysis of 7,775 daily reports, Moore et al. (2011) sought to determine whether alcohol influences the likelihood an individual will engage in IPV and how victims will perceive the perpetrators' actions. The results

indicated individuals consuming alcohol were significantly more likely to report higher levels of aggression, which led to higher levels of IPV. However, the victim's alcohol consumption was also an important factor, which influenced how he or she perceived the act. Victims who had also been drinking were less likely to perceive the act negatively. In contrast, victims who had not been drinking were more likely to perceive IPV as a problem (Moore et al., 2011).

Moore et al. (2011) determined blame ascribed to alcohol regarding IPV varied. Some students believed alcohol caused their partner to act in an abusive manner, although others directly blamed their partner. Despite the differences in how victims placed blame, Moore et al. (2011) argued college students' frequent consumption of alcohol partially accounted for the relatively high incidence of IPV among women in college. Researchers are unsure of the extent to which this finding can be applied to males, which suggests the need for researchers to assess the links between class, race, gender, and the incidence of IPV. Although men are significantly less likely to report IPV or seek help compared to women, men vary regarding believing their partner's abusive acts are a problem (Cook, 2009; Galdas et al., 2005; Hoff, 2012).

IPV Among Women: The Extent of the Problem

Prevalence of IPV among women. Increasing rates of IPV remain a growing problem for women throughout the United States. The United States Department of Health and Human Services (2012) found five million women are emotionally, sexually, or physically abused by their partners each year. The American Psychological Association (2013) found nearly one in three women in the United States reported

experiencing rape, physical violence, and/or stalking, which are the most common forms of IPV. However, these data do not include women who endured emotional forms of IPV. Fanslow, Gulliver, Dixon, and Ayallo (2015) found nearly 64% of women who were the victims of physical violence reported hitting back during a violent episode, which increased the severity of the IPV experience.

Additionally, many scholars have argued statistics pertaining to women who have been victimized by a partner are inaccurate because many cases of IPV go unreported (United Nations Women, 2013). The unwillingness of some women to report cases of IPV may be a fear of stigmatization as a victim and the psychological prison the abuser creates in the woman's mind (Witte & Mulla, 2013). A psychological prison refers to a woman being afraid of the consequences of her actions and less willing to openly discuss being the victim of IPV. However, women may believe IPV is a one-time occurrence or only happens when their partner is under increased stress (Centers for Disease Control and Prevention, 2014). These beliefs directly affect whether the woman will report the occurrence of IPV. As a result, it is difficult to accurately determine the prevalence of IPV for women in the United States.

Prevalence of IPV among women in college. Compared to other age groups, adolescent and young adult women experience IPV at higher levels (Davison, 2014). According to the American Bar Association (2013), women ages 16–24 are more likely to report being stalked by a partner compared to the rate older women report stalking. Linking IPV experiences to age, Cho (2012) concluded women are more likely to experience emotional violence prior to college, but physical and sexual violence are more

likely to occur among women attending college. Specifically regarding college women, Cho (2012) determined the findings had a high level of generalizability among socioeconomic classes and races. Age was the only factor that had an influence on the type of IPV experienced. Although these statistics may indicate an intersectional relationship between age and gender regarding IPV, researchers have not examined the relationship between these factors specifically.

Gervais and Davidson (2013) conducted a study on IPV among women enrolled in college, in which they highlighted the types of IPV experienced by college women. In this study, women in college who were in a relationship characterized by IPV experienced two separate types of objectification. The first type of objectification involved emotional abuse with the intent to make the woman feel ashamed. The researchers found this form of objectification was often focused on the woman's body and highlighted her supposed flaws. The second type of objectification involved physical abuse. This type also encompassed psychological objectification but was primarily identified by the regular occurrence of physical abuse. Exploring the effects both forms of objectification had on women enrolled in a four-year college, Gervais and Davidson (2013) found there was almost no difference between the effects of emotional and physical abuse. Both forms of abuse diminished women's self-esteem and influenced their decision to remain in the relationship.

A woman's expectations in a relationship may further influence whether she experiences IPV (Stein, Tran, & Fisher, 2009). Although women enrolled in a four-year college program have an increased level of independence, what they expect from a

relationship influences their decision to remain in that relationship. Stein et al. (2009) found college-aged women expected IPV to occur more frequently in relationships than it actually occurred. Stein et al. (2009) argued the expectation IPV will occur may increase the willingness of women attending college to remain in abusive relationships. Because of these expectations, a woman's friends and loved ones may not know about the IPV until the relationship progresses, making it increasingly difficult to persuade a woman in college to abandon an abusive relationship (Cho, 2012).

Researchers have suggested early exposure to violence may increase the likelihood of an individual entering future abusive situations (Cui et al., 2013; Karakurt, Keiley, & Posada, 2013). In a study exploring IPV among young adults, Storer, Casey, and Herrenkohl (2015) suggested 10–25% of adolescents had experienced some form of physical violence within a dating relationship. One in four women in college experienced attempted or completed sexual violence on campus. These findings indicate many women receive early exposure to IPV. Cui et al. (2013) examined whether violence in adolescent romantic relationships is associated with relationship violence later in young adulthood. Results indicated women continued in IPV cycles after early exposure more often than males. Thus, the statistics from Storer et al. (2015) combined with the findings from Cui et al. (2013) indicate a significant portion of college-aged women may be susceptible to future IPV.

Furthermore, after women leave relationships with IPV, they may continue to be victimized. Katz and Rich (2015) studied college women who experienced IPV in their relationships and what happens when the abusive relationship ends. Researchers recruited

participants from a psychology program at a university, and asked these participants to take an anonymous online survey focused on experiences during an IPV relationship and after breaking up. The researchers hypothesized individuals who experienced physical and sexual IPV would have an increased experience of stalking, pursuit, and violence even after the relationship ended. Katz and Rich (2015) determined although there were increased incidences of IPV post-breakup and an increase of threats and intimidation tactics among women who experienced physical and sexual IPV, stalking did not increase. Pre-breakup physical IPV predicted post-breakup physical IPV, and pre-breakup sexual IPV predicted post-breakup sexual IPV. Thus, even after a college-aged woman leaves an IPV relationship, she may still suffer violence from an ex-partner.

These findings relate to the current study because they highlight the factors leading to abuse. In these studies, researchers revealed the extent of the IPV problem among women in college. Although the statistics from the previously mentioned studies indicate women experience IPV more than men (American Bar Association, 2014; National Coalition against Domestic Violence, 2014), researchers should be cautious about suggesting a gendered perspective of IPV (Hattery, 2009). Men also experience IPV, as I review in the subsequent section.

IPV Among Men: The Extent of the Problem

Prevalence of IPV among men. Both men and women can be victims of IPV. The National Coalition Against Domestic Violence (2014) explored the statistical prevalence of men who have been victims of IPV and found one in four men has experienced IPV in their lifetime. According to the American Bar Association (2014),

approximately 835,000 males are physically abused by their partners annually. The American Bar Association (2014) found 7.6% of all men are the victims of sexual violence.

Many individuals perceive the percent of men who experience IPV to be less than the percent of women who experience IPV. However, researchers attribute this difference to the fact that men often do not report IPV when they are the victim (Probert, 2013). According to Abramsky et al. (2011), all researchers must consider the victimization of men in IPV research because many men may be enduring traumatic violence. Lacking from this research is evidence of how IPV is perceived as a problem for women (Cho, 2012). Although women also underreport victimization, Hattery (2009) argued gender roles ascribed to men may deter them from reporting victimization.

Gender roles and norms may contribute to the underreporting of IPV experiences for men. Hattery (2009) explored the reasons men do not report victimization. The researcher argued societal norms portray victimization as a gendered phenomenon. As a result, the gender roles ascribed to men may make them less likely to report victimization. Furthermore, men may perceive being victimized as shameful or degrading, because male victimization contradicts traditional gender roles. Corbally (2015) used a biographical narrative interpretive method to explore strategies used by men to account for experiences of abuse by their female partners. The most prevalent dominant narrative strategies included the fatherhood narrative, good husband narrative, and abuse narrative. In the fatherhood and good husband narratives, participants linked enduring abuse with traditional masculine roles and expectations (Corbally, 2015).

Brothers (2014) urged men to report cases of abuse to reduce the gendering of IPV, and in the present study, I provided additional information about men's experiences with IPV to reduce the stigmatization of male victims of IPV.

Some individuals perceive domestic violence against men as less severe than domestic violence against women (Brown, 2009). Cook (2009) found peer support and perceptions may affect a man's decision to remain in a relationship characterized by domestic violence. According to Cook (2009), individuals often do not perceive the victimization of a man by a woman as a problem. Patriarchal norms are grounded on the assumption that men control women. From this perspective, one could argue the underreporting of male victimization and domestic violence against males is influenced by how individuals perceive the problem. Although the general perception may be that the victimization of men is not a problem, Brown (2009) and Cook (2009) highlighted such victimization may be more of a problem than scholars initially believed.

The findings from the previously mentioned studies were pivotal for the present research because they demonstrate women are not the only victims of IPV. According to these studies, there is a significant number of men who are also victims of IPV. Underreporting or inaccurate reporting of abuse are two factors that lead scholars to believe the prevalence of IPV is significantly larger than current reports (Centers for Disease Control and Prevention, 2014). Men are underrepresented in studies exploring domestic violence (Abramsky et al., 2011; Proster, 2013). After reviewing these studies, I decided to consider IPV rates among men and women in community colleges. In

particular, I examined the vulnerability of men experiencing IPV, especially community college students.

IPV among men in college. Although researchers have investigated college-aged women's experiences with IPV (Davidson & Gervais, 2015; Gervais & Davidson, 2013; Stein et al., 2009), a review of the literature revealed limited accounts focused on men. Kivisto, Kivisto, and Moore (2011) found few researchers thoroughly investigated the topic because most researchers have focused primarily on women enrolled in traditional, four-year colleges. McDermott and Lopez (2013) found individuals in this age group influence how young adults perceive IPV throughout their lives. If individuals believe IPV is acceptable early in life, this may increase victimization and the prevalence of men who engage in IPV (McDermott & Lopez, 2013). In the present study, I examined how IPV affects men and women. I emphasized the importance of continuous research regarding both genders. Examining men's experiences with IPV with the same weight as women's experiences can educate individuals and increase the awareness of the seriousness of male victimization, and the influence of class and gender on IPV experiences.

Gender and IPV Experiences

As previously noted, the statistics regarding IPV rates for men and women are flawed because of underreporting and gender dynamics (Brothers, 2014; Cook, 2009; Hattery, 2009; Witte & Mulla, 2013). Available statistics indicate nearly one in three women experience physical and sexual IPV (American Psychological Association, 2013), whereas one in four men experience IPV in their lifetime (National Coalition Against

Domestic Violence, 2014). Alternatively, Karakurt and Silver (2013) determined IPV occurs at similar rates for men and women. A potential gender difference exists in the type of IPV an individual experiences. Centers for Disease Control and Prevention (2014) determined women are more likely to experience multiple forms of IPV, although men are significantly more likely to suffer primarily from physical abuse.

Men and women cite different reasons for remaining in relationships where IPV occurs. Cook (2009) found most men remained in abusive relationships out of fear of losing contact with the woman, living life without her, or losing contact with their children. Cook (2009) acknowledged the courts have made improvements in providing men with custodial rights to their children. However, Cook (2009) acknowledged the courts tend to award custody to women more often than men. Conversely, women cited a lack of financial support for themselves and their families as a primary motivator for remaining in abusive relationships (Abramsky et al., 2011; U.S. Department of Health and Human Services, 2013).

Another difference between male and female victims of IPV is the effects they experience as a result of victimization. Although the Centers for Disease Control and Prevention (2014) demonstrated individuals who are victimized are more likely to have headaches, stomach problems, emotional problems, and other long-term problems, some scholars have suggested men may experience more severe effects than females. The severity of these effects is accentuated in cases of severe physical victimization (Centers for Disease Control and Prevention, 2014).

A potential similarity between male and female victims is the commonality of substance abuse as a factor influencing the rates of IPV. Capeeza et al. (2015) stated substance abuse problems were not solely linked to male perpetrators of IPV; male and female victims and female perpetrators had similar rates of substance abuse. Thus, in the area of substance abuse among individuals in IPV relationships, gender did not play a role in substance abuse rates (Capeeza et al., 2015).

Gender Differences in IPV Among College Students

Researchers have conducted several studies regarding gender differences in IPV experiences within populations of college students (Edwards & Sylaska, 2013; Karakurt & Cumbie, 2012; Karakurt et al., 2013; Straus & Gozjolko, 2014). To identify effective approaches for preventing IPV and sexual violence among adolescents and to address a critical gap in research, Lundgren and Amin (2015) conducted a review of 61 adequately documented specific interventions on IPV and sexual violence. Influential factors for IPV included inequitable gender norms, tolerance of IPV, and relationship conflict (Lundgren & Amin, 2015). The predominant threads from this research included understanding the perceptions, the attitudes, and the contributors to IPV (Edwards & Sylaska, 2013; Karakurt & Cumbie, 2012; Karakurt et al., 2013) and understanding the characteristics of IPV relationships (Straus & Gozjolko, 2014).

To investigate the differences among men and women regarding IPV victimization and perpetration, Karakurt and Cumbie (2012) investigated the relationship between egalitarianism, dominance, and IPV in 87 couples at a Midwestern university. Couples ranged in age from 18–53. The researchers used a quantitative methodology and

adopted the Actor-Partner Interdependence Model. The results indicated significant differences between men and women's beliefs and IPV. Women were more likely to report egalitarianism. Men were significantly more likely to report hostile sexism, the need for authority, and physical aggression. Among men, egalitarianism, or believing men and women were equal, had no relationship to IPV. However, among women, higher egalitarian attitudes increased male victimization, and high egalitarian attitudes and high dominance in women increased the likelihood they would experience IPV. For men, male dominance increased the likelihood they would experience and perpetrate IPV (Karakurt & Cumbie, 2012). Findings from this research may not apply to the more restricted age group of the present study.

Sylaska and Walters (2014) assessed the extent to which gender influences perceptions of and reactions to IPV. Participants were 178 undergraduate students attending a southwestern university who responded to surveys based on one of four vignettes about IPV. The responses to the scenarios varied based on the gender of the participant, the victim, and the perpetrator (Sylaska & Walters 2014). Males were more likely to hold the victim responsible and tended to ignore the situation; females encouraged seeking help more than males. Male victims were not taken as seriously as female victims. These findings indicate gender significantly influenced individual perceptions of IPV, which may increase victimization among college students, according to McDermott and Lopez (2013).

Using the same dataset of 87 couples and additional qualitative interviews with select participants, Karakurt et al. (2013) conducted a mixed-methods study, focusing on

participants who witnessed violence as children and how that relates to insecurities, egalitarianism, and IPV among college students. Karakurt et al. (2013) found those with higher attachment insecurities, both males and females, were more likely to be the victims of IPV later in their dating lives. Additionally, females who witnessed conflict from their parents were more likely to be victims. Conversely, Kendra, Bell, and Guimond (2013) determined women who were abused as children were more likely to perpetrate violence. Specifically, child abuse predicted the likelihood a woman would perpetrate physical and psychological IPV, and indirectly influenced both physical and psychological IPV in the form of post-traumatic stress disorder and anger arousal.

College students in IPV relationships have a significantly higher likelihood of injury than those in nonviolent relationships. However, characteristics of these relationships may influence the likelihood of injury. Straus and Gozjolko (2014) conducted a quantitative analysis of 13,877 university student heterosexual dating relationships using data from the International Dating Violence Survey, conducted from 2008–2009 at 68 universities in 32 countries. Couples were coded as nonviolent, noncontrolling violent, or violent controlling. Within this sample, women (32.1%) were more likely than men (24%) to have perpetrated violence within the last year. Women self-reported as more likely to be violent controlling (26.3%) than men (20%). However, 27% of women reported their partners as violent controlling, whereas 25% of men reported their partners as violent controlling. These statistics indicate men may be less self-aware of their IPV behaviors than women. Additionally, IPV relationships that were violent controlling were predominately bidirectional, with 82% of men and 76.8% of

women reporting their partner was also violent controlling. Within the bidirectional abusive relationships, rates of injuries were nearly five times more common than in the other relationships. Rates were equal among men and women. Conversely, nonviolent women paired with violent partners were four times more likely to be injured than nonviolent men paired with violent partners.

One potential critique of the literature was heteronormativity, which I replicated in the present study. According to Edwards and Sylaska (2013), IPV research is largely heteronormative. Subjects are often in heterosexual partnerships, and individuals performing alternative gender and sexuality orientations are marginalized. Edwards and Sylaska (2013) studied IPV among the LGBTQ college community. Specifically, the researchers examined how minority stress related to IPV. The researchers used a quantitative methodology, using multiple online methods, to survey 391 young adults attending colleges in the U.S. Results of bivariate and multivariate analyses show a relationship between sexual and physical violence and internalized negativity toward the LGBTQ population. Additionally, physical perpetration was related to lack of self-identification as LGBTQ. Harmful stereotypes about minority sexuality and lack of identification with one's gender or sexuality correlated with increased IPV. Moreover, Edwards and Sylaska (2013) demonstrated minority stress is related to increased IPV rates, which may have implications for the intersectional influences of IPV. However, the researchers did not examine the intersectional effects of race within their sample of LGBTQ college students.

An additional gap in the literature I addressed in the present study was the tendency for previous researchers to investigate gender differences in IPV but not account for other factors such as age, socioeconomic class, and race. Therefore, a need to explore the correlations between these factors and the incidence of IPV exists. This is useful for understanding the causes of IPV and can be useful in future research. In the course of conducting this study, I gathered information from community college students to explore the relationships between IPV and age, race, gender, and socioeconomic status.

Class and IPV Experiences

Class is another variable influencing the intersectional experiences of victims and perpetrators of IPV. Individuals of lower socioeconomic status experience higher incidences of IPV. Abramsky, Watts, and Garcia (2011) reported having a low socioeconomic status contributed to a woman's decision to remain in an abusive relationship. The American Psychological Association (2013) found homeless mothers tended to report higher incidences and more severe occurrences of IPV compared to other socioeconomic groups.

Researchers must consider an individual's socioeconomic class because financial stability is a factor that influences an individual's decision to tolerate IPV. For example, Abramsky et al. (2011) determined if a woman does not work and is reliant on a partner who engages in IPV, there is an increased likelihood she will remain in the relationship. The U.S. Department of Health and Human Services (2013) provided a similar assessment, noting many women experiencing IPV worry about their ability to support themselves and their families long-term if they abandon their abusive relationship. This

worry is often amplified for women lacking job skills or a strong employment history (U.S. Department of Health and Human Services, 2013).

Race and IPV Experiences

Researchers have shown race is a strong indicator for determining the type of IPV a victim will experience. In IPV research, many researchers have focused on IPV with a female victim and a male perpetrator. According to the American Bar Association (2014), Native American women are significantly more likely to be sexually abused than women of other races. African American women are more likely to suffer severe physical victimization. Specifically, African American women ages 20–24 have the highest prevalence of abuse (American Bar Association, 2014). In contrast, the incidence of IPV among Hispanic women is consistent regardless of age (American Bar Association, 2014). Cho (2012) found victimization for women between the ages of 20–24 does not differ significantly between racial groups. This indicates age may be more influential than race regarding IPV rates (Cho, 2012).

Alternatively, although race was not the focus of their study, Kastello et al. (2015) indicated potential trends regarding the influence of race for female IPV victims. The sample consisted of 239 pregnant women of low socioeconomic status who were exposed to IPV within the past year. Within the sample, African American and Caucasian women were approximately equally represented, at 47.3% ($n = 113$) and 42.3% ($n = 101$), respectively. However, African American women of low socioeconomic class were significantly more likely to experience depression ($n = 50$; 46.3%) and post-traumatic

stress disorder ($n = 57$; 50.4%) than Caucasian women in the same class (depression, $n = 37$, 38.1%; post-traumatic stress disorder, $n = 33$, 32.7%).

Racial differences may also exist in treatment seeking or intervention behaviors. Mirick (2014) explored how various criteria predicted parent engagement with child protective services. Variables included substance abuse, child placement, IPV, and self-identification of race to determine the role of child protective services, if any, on an individual's life. Mirick (2014) recruited 50 participants from six social services agencies in a major northeastern metropolitan area and administered surveys to the participants. Mirick (2014) found IPV and race negatively predicted engagement. However, the researcher expressed that researchers rarely examine the influence of race within IPV and protective services research. Mirick (2014) explained future research and recommendations should include the suggestion that child protective service workers approach families with IPV differently because of the various complex variables present for these families. The findings highlighted the possibility that tailoring the intervention strategy for individuals of particular races may increase the positive outcomes of interventions and may underscore the different experiences of IPV for individuals of various races.

Intersectionality and IPV Experiences

Researchers have infrequently applied intersectionality in IPV research. In the following sections, I highlight the existing research in which researchers addressed intersectional experiences of IPV. However, when I reviewed the literature, I found only a literature review (Adams & Campbell, 2012) and a mixed methods study on women's

victimization (Matos et al., 2014), in which the researchers specifically cited intersectionality as a theoretical framework. When researching, I did not find any studies in which researchers examined the intersections of class and race on IPV experiences. Researchers have not examined age with relation to other demographic variables. Little research exists regarding the intersections of class and gender; race and gender; and race, class, and gender, as I review following this paragraph.

Intersections of Class and Gender in IPV Experiences

Although scholars have established socioeconomic status influences a woman's decision to remain in a relationship characterized by IPV, the influence of socioeconomic status on a man's decision to remain with an abusive partner has received little attention from researchers (Henning & Connor-Smith, 2011). Addressing the intersectionality of gender and class regarding IPV, Decker et al. (2014) assessed gender-based violence, including IPV and non-partner sexual violence, among adolescent women and the link between violence and economic distress. Decker et al. (2014) used data from a multicountry study conducted in 2013, in which researchers explored the habits of female adolescents ages 15–19. The researchers recruited participants using a respondent-driven sampling. Decker et al. (2014) selected five sites based on economic disadvantages in large urban settings including Baltimore, Maryland; New Delhi, India; Ibadan, Nigeria; Johannesburg, South Africa; and Shanghai, China. Participants answered a cross sectional survey on the prevalence of IPV and sexual violence. Participants recorded their experiences with partner and non-partner violence in the past year. The second instrument was analyzed with logistic regression models and focused on health related

issues including substance use, sexual and reproductive health, and self-health as a result of gender-based violence (Decker et al., 2014).

Decker et al. (2014) determined IPV and lifetime nonpartner sexual violence were each positively related to economic distress. Women of lower socioeconomic classes experienced more incidences of IPV and nonpartner sexual violence. For example, participants from Shanghai had higher socioeconomic status than participants from Johannesburg. Participants responded based on their IPV experiences from the previous year. The prevalence of IPV was 10.2% in Shanghai and 36.6% in Johannesburg. Lifetime nonpartner sexual violence prevalence was 1.2% in Shanghai and 12.6% in Johannesburg (Decker et. al, 2014). This study is relevant to the current research because the researchers demonstrated the need to focus on economically distressed populations and how their experiences relate to gender-based violence, including IPV.

Researchers have not determined the effects of the intersection of class and gender on men and their ability to leave abusive relationships. Also absent from the literature was the role of race and class on men's willingness to leave abusive relationships and court decisions. Researchers have not investigated the intersectional experiences of men, and to a lesser extent, women, regarding class and gender, which constituted a significant gap in the literature. In the current study, I filled this gap by identifying the effects of socioeconomic class and race on the willingness of men and women enrolled in community college to remain in IPV relationships.

Intersections of Race and Gender

The racial effects of IPV may intersect with the gender-related effects of IPV. Rennison and Welchans (2000) found African American men had a higher likelihood of IPV victimization than Caucasian men. Additionally, in a review of literature, Adams and Campbell (2012) discussed the intersections of gender and race related to IPV rates among undocumented immigrant women living in the United States. Findings from the study indicated gender, ethnicity, and legal status were related to social and economic disadvantages for immigrant women, which could also lead to negative health outcomes and IPV (Adams & Campbell, 2012). Common reasons immigrant women remain in IPV relationships include lack of access to social services, isolation, and fear of deportation (Adams & Campbell, 2012). Therefore, Adams and Campbell (2012) noted the need for further exploration of the intersectional experiences of IPV victims.

Within the current body of research, researchers have underexamined the influence of race on IPV rates for men. Brothers (2014) and Rennison and Welchans (2000) highlighted the need for further investigation of gender and race and how these variables relate to IPV. In the current study, I addressed this gap.

Intersections of Race, Class, and Gender

Contrasting the findings regarding IPV rates among females, Brothers (2014) argued race does not correlate with the incidence of IPV for men. Instead, Brothers (2014) found socioeconomic class tended to be a stronger predictor of IPV among men than race. In the present study, I illuminated the intersections of race, class, and gender

that contribute to IPV experiences for college students to address a significant gap in the literature.

Summary and Conclusions

Violence affects women and men of all races and socioeconomic classes throughout the United States. The intersectional influence of demographic variables including age, gender, class, and race may influence the frequency, perceptions, experiences, and tenure of IPV (American Bar Association, 2014; Brothers, 2014; Henning & Conner-Smith, 2011; Rennison & Welchans, 2000; WHO, 2012). Nevertheless, significant gaps in the literature exist. For example, Smith, White, and Holland (2003) noted factors such as class and race are not accounted for from the perspective of the victim and the perpetrator. In addition, researchers needed an intersectional standpoint to address the conflating factors contributing to IPV (Adams & Campbell, 2012).

A gap in the literature existed regarding male and female community college students' IPV experiences, from an intersectional perspective. In previous literature, researchers focused extensively on female victims (Davidson & Gervais, 2015; Gervais & Davidson, 2013; Stein et al., 2009). McDermott and Lopez (2013) noted during the formative young adult years, perceptions and experiences with IPV shaped individuals' perceptions of normal relationships. Therefore, experiencing IPV during the college years may be a critical experience requiring intervention. If researchers investigated a population within a community college, where minorities and individuals of low socioeconomic classes are more likely to be represented (Black et al., 2011; Hart &

Klien, 2013), they could improve the representation of these individuals and ensure a clear depiction of IPV among these groups.

As such, a gap in the literature existed and needed to be filled to put the existing studies in perspective and allow future researchers to account for intersectional differences between age, gender, racial, and socioeconomic groups in IPV experiences. In the present study, I aimed to fill the gap in IPV literature. Using the information gleaned from the previous studies, I generated ideas to serve as remedies for IPV prevention among women and men attending community college. Given the prevalence and negative effects of IPV, there was a need to find viable solutions to this problem (Black et al., 2010).

Chapter 3: Research Method

Introduction

The purpose of this quantitative correlational study was to examine the relationship between IPV and gender, race, age, class, marital status, and past abuse among U.S. community college students. In this chapter, I identify and justify my choice of the quantitative research design. I identify the population of interest, sampling procedures, instrumentation, and data collection methods. In the data analysis plan, I show how I statistically analyzed the research questions. The chapter concludes with a discussion of the threats to validity and the ethical considerations.

Research Design and Rationale

In the present study, I used a quantitative, correlational research design. Quantitative, correlational research designs are most appropriate when examining the relationship between numerically measurable constructs (Howell, 2013). Correlational research encompasses correlational and regression analyses (Howell, 2013). I considered other research designs, such as experimental or quasi-experimental. I did not use these designs because my research did not involve the manipulation of participants in control or experimental groups. Therefore, a correlational design was the best fit for this research. Through the administration of surveys and use of correlational analyses, I assessed the strength of the predictive relationship between gender, race, age, class, marital status, and past abuse, and frequency of physical and psychological IPV among community college students. The use of self-report surveys expedited the data collection

process because each survey question included multiple choice response options. I did not use open-ended responses.

In the study, I focused on comparisons between men and women who had experienced IPV and were enrolled in a community college. I provided an overview of the scope of IPV among community college students, focusing on abuse and factors that may contribute to abuse. The University of Michigan published statistics on college dating and the types of relationship abuse experienced by students. According to the figures, 21% of college students reported they had been abused by a current partner, although 32% reported they were abused by a previous partner (University of Michigan, 2016). The researchers did not focus specifically on community college students, which is the primary population I targeted in the present study. The key independent variables were gender, race, age, and socioeconomic status. The dependent, or criterion, variables were the frequencies of physical and psychological abuse.

Research Questions

The following research questions guided the study. I examined risk factors associated with IPV among community college students.

RQ1. Is there a significant predictive relationship between gender, race, age, class, marital status, past abuse, and frequency of physical IPV among community college students?

*H*₀1: There is not a significant predictive relationship between gender, race, age, class, marital status, past abuse, and frequency of physical IPV among community college students.

H_{A1} : There is a significant predictive relationship between gender, race, age, class, marital status, past abuse, and frequency of physical IPV among community college students.

RQ2. Is there a significant predictive relationship between gender, race, age, class, marital status, past abuse, and frequency of psychological IPV among community college students?

H_{02} : There is not a significant predictive relationship between gender, race, age, class, marital status, past abuse, and frequency of psychological IPV among community college students.

H_{A2} : There is a significant predictive relationship between gender, race, age, class, marital status, past abuse, and frequency of psychological IPV among community college students.

Methodology

Population

In the present study, the population I targeted was women and men enrolled in community college who had potentially suffered from physical or psychological violence in IPV situations. The inclusion criteria for participants included being at least 18 years of age and current enrollment or recent graduation from a community college. I worked with university officials to recruit participants for the present study. The study site was a community college where I am employed; thus, collecting data from students enrolled in this university led to convenience sampling. Convenience sampling is a nonprobability sampling method in which the researcher relies on data collection from population

members who are conveniently available to participate in the study (Explorable.com, 2009). At the time of the study, there were approximately 550 students enrolled at the primary site or recently graduated, according to school records. The student population included approximately 60% women and 40% men. The age of students was 17–68 years, and the average age of participants was 32 years. A majority of the population consisted of African American (69%) and Caucasian (21%) students.

Sampling and Sampling Procedures

The sample was comprised of a mixed demographic group. I anticipated a target population of 100–150 participants. The survey remained online until I received at least 125 responses. I used a convenience sampling strategy to facilitate the efficient collection of data, which provided an opportunity to use subjects outside of the university if I needed more participants. I had several inclusion criteria: (a) students were currently enrolled or recently graduated from community college and (b) students were at least 18 years of age.

I took the necessary steps to ensure statistical power for the data analyses. I considered the alpha level, power, and effect size when calculating the minimum sample size requirement. When implementing the sampling method and data analysis, I needed to involve a large pool of participants. I used multiple linear regressions to address the research questions. The regression had six predictor variables, including gender, race, age, class, marital status, and past abuse. I used a generally accepted medium effect size ($f^2 = .15$). In addition, I used a generally accepted power of .80 and alpha level of .05. Statistical power refers to the probability a researcher will reject the null hypothesis

(Howell, 2013). According to Cohen (1988), using the standard power of .80, there is a 20% chance of making a type II error (failing to detect a significant effect). Applying these parameters to the research questions, I determined a minimum sample size of 98 participants was sufficient for the present research.

Recruitment and Data Collection

After gaining approval from the Walden University Institutional Review Board, I solicited potential survey respondents. Although the study site was the primary source of data collection, the anonymous survey was available to students enrolled in other community colleges (both online community colleges and other local community colleges). By making the survey available to students from other schools, I generated more responses. I contacted the director of another college in Spartanburg, South Carolina, for permission to send surveys if I did not reach my target participation. A flyer was designed that included details regarding the purpose of the study, who should participate, and the link to access the study. The dissemination of this flier was a recruitment technique, which targeted the population I was studying.

Using Survey Monkey, I emailed prospective participants a link to complete the survey. I provided participants with an informed consent form, which outlined the research purpose and goals. To continue the survey process, participants were required to agree to all the terms outlined in the consent form. I did not collect identifying information from the participants, such as name, phone number, or address. I assigned each participant a confidential numeric identifier.

Instrumentation and Operationalization of Constructs

The Abusive Behavior Inventory was the primary survey instrument for the present study (Shepherd & Campbell, 1992). The 30-item survey measures two subscales: physical and psychological abusive behaviors. Participants agreed to estimate how often a list of behaviors occurred during the past six months. The survey questions were 5-point Likert-scale questions, ranging from 1 (*never*) to 5 (*very frequently*). Sample questions included “threatened to hit or throw something at you” and “accused you of paying too much attention to someone or something else”. The Abusive Behavior Inventory demonstrated acceptable reliability and supportive evidence for convergent, discriminant, and criterion validity (Shepherd & Campbell, 1992). The Abusive Behavior Inventory had previously been tested in a longitudinal, randomized control study among female survivors of abuse residing in Puerto Rico and the United States (Postmus, Stylianou, & McMahon, 2016). Internal consistency for frequencies of physical abuse ranged from $\alpha = .70$ to $\alpha = .88$. Internal consistency for frequencies of psychological abuse ranged from $\alpha = .88$ to $\alpha = .92$. I did not alter the content of the survey questionnaire, but I did adjust the pronouns to account for men and women taking the survey. The authors granted permission to use this survey instrument in the present study (Appendix A). I also included a demographic questionnaire at the beginning of the survey to record participants’ gender, race, age, and class.

The information yielded from the survey may lead to the development of strategies for preventing IPV among community college students. This information placed the current study in the context of the body of literature regarding IPV. I used the

survey host website, Survey Monkey, to administer the demographic questionnaire and the Abusive Behavior Inventory. The survey took less than 15 minutes to complete.

Variables. Specific research on IPV among community college students using intersectionality theory is rare, especially regarding gender, race, age, class, marital status, and past abuse. Researchers have presented each of these variables as contributing factors to IPV (Veenstra, 2011). In the present research, I examined these factors and their effects on IPV among community college students who have been in violent relationships with their partners.

Age. I measured age using a demographic survey (item #2), and treated it as an ordinal level variable ranging from (1 = 18–24 to 5 = 55–64).

Class. Class is the socioeconomic status of each participant. I measured the variable using a demographic survey (item #5) with an ordinal scale with five potential options ranging from (1 = \$0–\$24,999 to 5 = \$100,000–\$124,999).

Gender. I measured gender using the demographic portion of the questionnaire (item #1). I treated the variable as a dichotomous nominal level variable. I coded each participant's responses (1 = female and 2 = male).

Marital status. I measured marital status using a demographic survey (item #4). I treated it as a nominal level variable with three possible categories (1 = married, 2 = in a domestic partnership or civil union, and 3 = single).

Race. I measured race using a demographic survey (item #3). I treated it as a nominal level variable with six possible categories.

Past abuse. I used past abuse to measure whether participants experienced past

physical or psychological abuse during the previous two years. I measured the variable using a demographic survey (item #6), and treated it as a dichotomous nominal level variable (1 = yes and 2 = no).

Physical violence. The Abusive Behavior Inventory allowed participants to identify the frequencies at which they experienced physical violence. I treated the variable as a continuous measurement and calculated the results using the mean score of 12 survey items from the Abusive Behavior Inventory. Possible scores on the scale ranged from 1–5.

Psychological violence. The Abusive Behavior Inventory allowed participants to identify the frequencies at which they experienced psychological violence. I treated the variable as a continuous measurement and calculated the results using the mean score of 17 survey items from the Abusive Behavior Inventory. Possible scores on this scale range from 1–5.

Data Analysis

I first entered survey data into SPSS version 23.0 for Windows (IBM, 2012). I reported the frequencies and percentages for categorical data. I reported the means and standard deviations for continuous data. I used frequency tables and bar charts to examine the trends.

Pre-Analysis Data Screen

I screened the data for completion, accuracy, and outlying responses. I removed participants who did not respond to significant portions of the survey. I examined the frequency of physical and psychological abuse scores to ensure they existed within the

theoretical range of possible scores. I screened the data for outliers using standardized values (z -scores). Scores that were more than ± 3.29 standard deviations from the mean were considered outliers (Tabachnick & Fidell, 2013).

Reliability

I evaluated the reliability of the two scales through an examination of Cronbach's alpha coefficients. Cronbach's alpha is a calculation of the mean correlation between each pair of survey items and the total number of survey items in a scale (Brace, Kemp, & Snelgar, 2012). I interpreted Cronbach's alpha coefficients using the guidelines suggested by George and Mallery (2016), in which $\alpha \geq .9$ is excellent, $\alpha \geq .8$ is good, $\alpha \geq .7$ is acceptable, $\alpha \geq .6$ is questionable, $\alpha \geq .5$ is poor, $\alpha < .5$ is unacceptable.

Detailed Analyses

RQ1. Is there a significant predictive relationship between gender, race, age, class, marital status, past abuse, and frequency of physical IPV among community college students?

H₀1: There is not a significant predictive relationship between gender, race, age, class, marital status, past abuse, and frequency of physical IPV among community college students.

H_A1: There is a significant predictive relationship between gender, race, age, class, marital status, past abuse, and frequency of physical IPV among community college students.

RQ2. Is there a significant predictive relationship between gender, race, age, class, marital status, past abuse, and frequency of psychological IPV among community college students?

H₀2: There is not a significant predictive relationship between gender, race, age, class, marital status, past abuse, and frequency of psychological IPV among community college students.

H_A2: There is a significant predictive relationship between gender, race, age, class, marital status, past abuse, and frequency of psychological IPV among community college students.

To address the research questions, I performed two multiple linear regressions. Multiple linear regressions are an appropriate analysis when the purpose of the study is to examine the extent of a relationship between a set of multiple predictor variables on a single outcome (or criterion) variable (Tabachnick & Fidell, 2013). I used the standard ‘enter’ method, in which the researcher simultaneously enters all variables to determine their overall predictive effect. The predictor variables for Research Question 1 and 2 corresponded to gender, race, age, class, marital status, and past abuse. I dummy coded each of the nominal predictor variables prior to entering them into the regression model. The continuous criterion variables corresponded to frequency of physical and psychological IPV.

Prior to analysis, I assessed the assumptions of the multiple linear regression. Multiple linear regression operates on the assumptions of normality, homoscedasticity, and the absence of multicollinearity. Normality assumes the data are normally distributed

and assessed through examination of a Normal P-P plot. If the data does not vary from the normality line, the assumption is met. The assumption of homoscedasticity is met if a scatterplot displays no definite pattern between the predicted values and the residuals (Tabachnick & Fidell, 2013). Multicollinearity occurs when predictor variables are highly correlated, leading to incorrect interpretations of the associations between independent and dependent variables (Stevens, 2009). I assessed this assumption by examining the variance inflation factor (VIF) scores. Values under 10 indicate the absence of multicollinearity and that the assumption is met (Stevens, 2009).

If the F test of the overall model is significant, the researchers examines the individual predictor's coefficients to determine the extent to which each predictor contributes to the model. The coefficient of determination, R^2 , explains the amount of variance in the criterion variable that is explained by the predictors.

Threats to Validity

Threats to external validity include biases in specific data collection methods or interpretation of statistical findings. Through a convenience sample method, a threat for selection bias exists, which can reduce the ability to generalize findings to the population of interest. I did not automatically assume the findings were generalizable to the larger population (Creswell, 2014).

Threats to internal validity include limitations in the scope of the research. I was limited by the choice of a quantitative methodology. I was limited in my ability to explore the underlying experiences or perceptions of the participants. In addition, confounding variables may have affected the strength of the relationships I examined

between the variables of interest (Howell, 2013). I could not account for the effect of all covariates, and I noted this limitation in the interpretation of the statistical findings.

Diana (2015) performed a study, using a quantitative correlational design, of a group of nursing students and their perceptions of IPV and, specifically, if gender was a significant factor affecting nursing students' perceptions of IPV. Results from the survey indicated male nurses were more likely to perceive some forms of violence as acceptable (Diana, 2015). In the present research, the application of correlational design was warranted.

Diana (2015) recommended this and other research designs using quantitative methods for future research.

Ethical Procedures and Considerations

To avoid unethical practices, I conducted the present study after receiving approval from the Walden University Institutional Review Board. Minors could not participate in the present study, therefore all participants had to acknowledge they were older than 18 years of age. I selected participants based on convenience sampling. Participation was voluntary and anonymous. I retained the data collected during the present research.

Because some individuals who experienced IPV may have still been traumatized or troubled as a result of their experiences, they were not required to complete the entire survey. Violence is a serious issue, and it is possible some participants have been fearful of their identity being disclosed. For this reason, I provided informed consent forms, which explained survey participants' identities would remain anonymous and survey results would only be used for research.

Any students in need of further counseling or help with IPV could use the school's resources. The primary resource I advised participants to use was Well Connect. Well Connect is a 24-hour referring support service available to all students at the primary site. Well Connect services include telephonic counseling, housing referrals, subsidized childcare agencies, financial assistance, legal assistance, transportation assistance, and healthcare programs that offer reduced rates for medical, dental, and prescriptions services (WellConnect, 2015). For student not enrolled at the primary site, I provided phone numbers and addresses to call centers. I provided three resources for participants outside of the primary site. The first resource was the South Carolina Coalition against Domestic Violence and Sexual Assault (SCCADVASA), an organization that provides free, 24-hour confidential help to anyone experiencing IPV. The second organization that could provide help with IPV was Sister Care. Sister Care is an organization that offers assistance for survivors of IPV and their children. Sister Care would be a convenient resource for any participants in the study because they service five counties throughout South Carolina (2016). The third support option I provided was the National Domestic Violence Hotline. Anyone can call this hotline at any time and receive services ranging from planning for physical safety, helping victims who are struggling after leaving an abusive relationship, and legal help (National Domestic Violence Hotline, 2016). In accordance with federal and Institutional Review Board guidelines, I will maintain the data and information to further protect the confidentiality of the participants. The conventional safeguard method for data storage is using a password protected file in the researcher's residence. The data will be securely held for a period of

five years after the research is complete. Upon expiration of the five year period, I will permanently remove all data and information pertaining to the study from my computer.

Summary

The purpose of this quantitative correlational study was to examine the relationship between IPV and gender, race, age, class, marital status, and past abuse among community college students in the United States. In this chapter, I outlined and justified the selection of a quantitative, correlational research design. I identified the population and sampling procedures using a convenience sample among community college students. I presented the data collection procedures, instrumentation, and operationalization of variables. In the data analysis plan, I explained the statistical techniques I used to address the research questions. I used descriptive statistics and Cronbach's alpha reliability statistics to present trends in the data and the internal consistency of the scales. Multiple linear regression was the primary inferential analysis I used to examine the relationship between gender, race, age, and class on frequencies of physical and psychological abuse. I concluded the chapter with the threats to validity and the ethical considerations. In Chapter 4, I present the findings from the data collection process and statistically examine the research questions.

Chapter 4: Results

The purpose of this quantitative correlational study was to examine the relationship between IPV and gender, race, age, class, marital status, and past abuse among U.S. community college students. In this chapter, I present the findings of the data collection and analysis. I used Cronbach's alpha to explore the internal consistency of the physical and psychological IPV scales. I used descriptive statistics to explore the trends in the nominal and continuous level variables. I used multiple linear regressions to address the research questions. Statistical significance was evaluated at the conventional level ($\alpha = .05$).

Data Collection

Pre-Analysis Data Screen

I collected survey responses from 130 participants. A total of 29 participants did not respond to the full survey questionnaire and were removed from subsequent analyses. I calculated outliers by examining of z -scores. As recommended by Tabachnick and Fidell (2013), z -scores falling outside of the range ± 3.29 standard deviations away from the mean were considered outlying responses. I did not identify any outliers. The final sample consisted of 101 participants.

Descriptive Statistics

Frequencies and percentages. A majority of the participants were women ($n = 66, 65.3\%$). Most of the participants were between the ages of 35–44 years old ($n = 42, 41.6\%$). A majority of the participants identified as African American ($n = 57, 56.4\%$). The participants' relationship status was evenly distributed between those who were

married ($n = 35$, 34.7%), in a domestic partnership ($n = 40$, 39.6%), and individuals who were single ($n = 26$, 25.7%). A majority of the participants had an approximate household income of \$25,000–\$49,999 ($n = 55$, 54.5%). In Table 1, I present the frequencies and percentages.

Table 1

Frequency Table for Demographic Variables

Variable	<i>n</i>	%
Gender		
Male	35	34.7
Female	66	65.3
Age		
18 to 24	10	9.9
25 to 34	32	31.7
35 to 44	42	41.6
45 and older	17	16.8
Race		
Caucasian	30	29.7
African American	57	56.4
Other	14	13.9
Current relationship status		
Married	35	34.7
In a domestic partnership or civil union but not married	40	39.6
Single	26	25.7
Approximate household income		
\$0-\$24,999	13	12.9
\$25,000-\$49,999	55	54.5
\$50,000+	33	32.7

Note. Because of rounding errors, percentages may not equal 100%.

Summary statistics. Physical IPV scores ranged from 1.00–5.00, with $M = 2.88$ and $SD = 0.95$. Psychological IPV scores ranged from 1.00–5.00, with $M = 3.06$ and $SD = 0.86$. In Table 2, I present the findings of the descriptive statistics.

Table 2

Summary Statistics for Interval and Ratio Variables

Variable	Min.	Max.	M	SD
Physical IPV	1.00	5.00	2.88	0.95
Psychological IPV	1.00	5.00	3.06	0.86

Reliability. I examined Cronbach's alpha values for the series of items comprising each scale. I interpreted the value of the coefficients using incremental thresholds described by George and Mallery (2016), in which $\alpha \geq .9$ = excellent, $\alpha \geq .8$ = good, $\alpha \geq .7$ = acceptable, $\alpha \geq .6$ = questionable, $\alpha \geq .5$ = poor, and $\alpha < .5$ = unacceptable. The results for physical IPV ($\alpha = .92$) and psychological IPV ($\alpha = .92$) indicated excellent reliability. In Table 3, I report the statistics from Cronbach's alpha.

Table 3

Cronbach's Alpha Reliability Statistics for Scales

Scale	No. of items	α
Physical IPV	12	.92
Psychological IPV	17	.92

Results

Research Questions

I used the following research questions to guide my examination of the risk factors associated with IPV among community college students.

RQ1. Is there a significant predictive relationship between gender, race, age, class, marital status, past abuse, and frequency of physical IPV among community college students?

H₀₁: There is not a significant predictive relationship between gender, race, age, class, marital status, past abuse, and frequency of physical IPV among community college students.

H_{A1}: There is a significant predictive relationship between gender, race, age, class, marital status, past abuse, and frequency of physical IPV among community college students.

I conducted a linear regression to examine the predictive relationship between demographic factors and physical IPV. A linear regression is an appropriate statistical analysis to use when testing the predictive relationship between an independent variable and a continuous criterion variable (Tabachnick & Fidell, 2013). In this analysis, the predictor variables were gender, race, age, income, and relationship status. I dummy coded the categorical variables prior to entering them into the regression model. For gender, I treated females as the reference group. For race, I treated Caucasian participants as the reference group. For the race variable, the “Other” group consisted of individuals who identified as Hispanic, Asian/Pacific Islander, American Indian or Alaskan Native,

and multiple ethnicity. For income, I treated \$0–\$24,999 as the reference group. The lone participant with an income falling within the \$100,000–\$124,999 category was placed in a new category, >\$50,000. For relationship status, I treated single as the reference group. The criterion variable was physical IPV.

Prior to the regression analysis, I tested the assumptions of normality, homoscedasticity, and absence of multicollinearity. I tested the normality assumption through a visual inspection of a normal P-P plot between the expected cumulative probability and the observed cumulative probability. The raw data closely followed the normality trend line, suggesting the normality assumption was met (Figure 1). I visually tested homoscedasticity through an inspection of a residuals scatterplot. The assumption was validated because there was not a recurring pattern in the data (Figure 2). I tested the absence of multicollinearity by examining VIFs. As suggested by Stevens (2009), VIFs lower than 10 indicated an absence of collinearity between the predictor variables of interest.

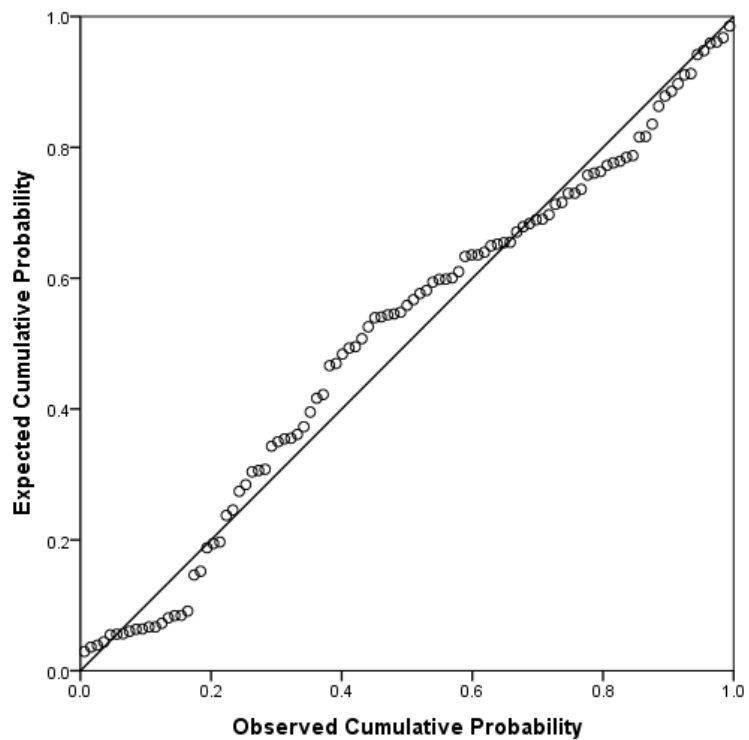


Figure 1. Normal P-P plot for demographics predicting physical IPV.

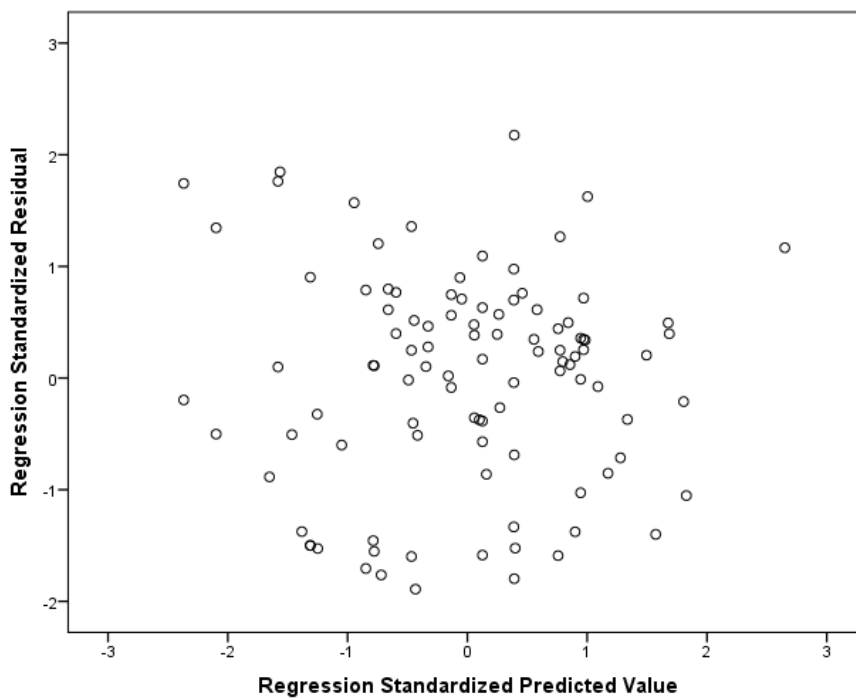


Figure 2. Standardized predicted values versus standardized residuals for the regression on physical IPV.

The results of the overall model of the multiple linear regression were statistically significant ($F(10, 90) = 1.99, p = .043, R^2 = .181$), suggesting a significant relationship between demographic factors and physical IPV. The R^2 value indicates approximately 18.1% of the variance in physical IPV rates can be explained by the demographic factors. Age, specifically the 25–34 age group compared to the 18–24 age group, was a significant predictor in the model ($t = -2.73, p = .008$). Individuals within the ages 25–34 scored 0.93 units less on physical IPV compared to individuals aged 18–24. Income, >\$50,000 compared to \$0–24,999, was a significant predictor in the model ($t = 1.99, p = .049$), suggesting participants with an annual income larger than \$50,000 scored 0.66 units higher on physical IPV compared to participants with an income less than \$24,999. None of the other predictor variables were statistically significant in the regression model. I rejected the null hypothesis (H_0) in Research Question 2, which states a significant predictive relationship between gender, race, age, class, marital status, and frequency of physical IPV among community college students exists. In Table 4, I present the results of the multiple linear regression.

Table 4

Multiple Linear Regression with Demographical Factors Predicting Physical IPV

Source	<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>	VIF
Gender (reference: female)	-0.13	0.19	.07	0.69	.490	1.05
Race (reference: Caucasian)						
African American	-0.29	0.21	-.15	-1.36	.176	1.36
Other	0.04	0.30	.02	0.14	.889	1.32
Age (reference: 18–24 years old)						
25–34 years old	-0.93	0.34	-.46	-2.73	.008*	3.14
35–44 years old	-0.62	0.34	-.32	-1.83	.071	3.45
45 and older	-0.41	0.40	-.16	-1.01	.317	2.83
Income (reference: \$0-\$24,999)						
\$25,000-\$49,999	0.32	0.30	.17	1.09	.281	2.73
>\$50,000	0.66	0.33	.33	1.99	.049*	3.03
Relationship status (reference: single)						
Married	-0.22	0.26	-.11	-0.82	.413	1.92
Domestic partnership	0.36	0.24	.19	1.54	.127	1.65

Note. $F(10, 90) = 1.99, p = .043, R^2 = .181$.

*Denotes predictor was significant at $\alpha = .05$.

RQ2. Is there a significant predictive relationship between gender, race, age, class, marital status, past abuse, and frequency of psychological IPV among community college students?

H_{02} : There is not a significant predictive relationship between gender, race, age, class, marital status, past abuse, and frequency of psychological IPV among community college students.

H_{A2} : There is a significant predictive relationship between gender, race, age, class, marital status, past abuse, and frequency of psychological IPV among community college students.

I conducted a linear regression to examine the predictive relationship between demographic factors and psychological IPV. In this analysis, the predictor variables were gender, race, age, income, and relationship status. I dummy coded the categorical variables, as described in Research Question 1. The criterion variable was psychological IPV.

Prior to the regression analysis, I tested the assumptions of normality, homoscedasticity, and absence of multicollinearity. I tested the normality assumption by visually inspecting a normal P-P plot between the expected cumulative probability and the observed cumulative probability. The raw data closely followed the normality trend line, indicating the normality assumption was met (Figure 3). I visually tested homoscedasticity through the inspection of a residuals scatterplot. The assumption was validated because there was not a recurring pattern in the data (Figure 4). I tested the absence of multicollinearity by examining VIFs. If they VIFs were less than 10, collinearity did not exist between the predictor variables of interest (Stevens, 2009).

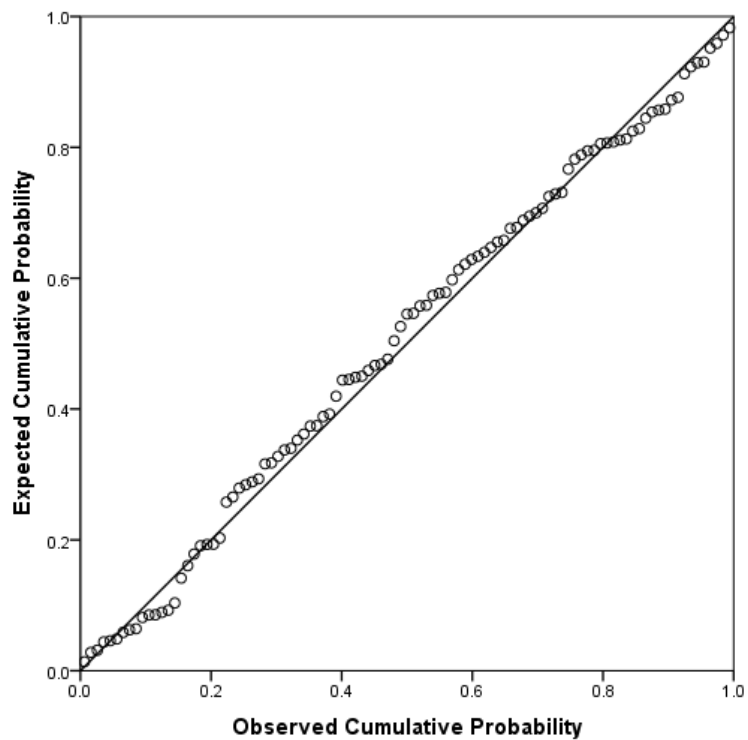


Figure 3. Normal P-P plot for demographics predicting psychological IPV.

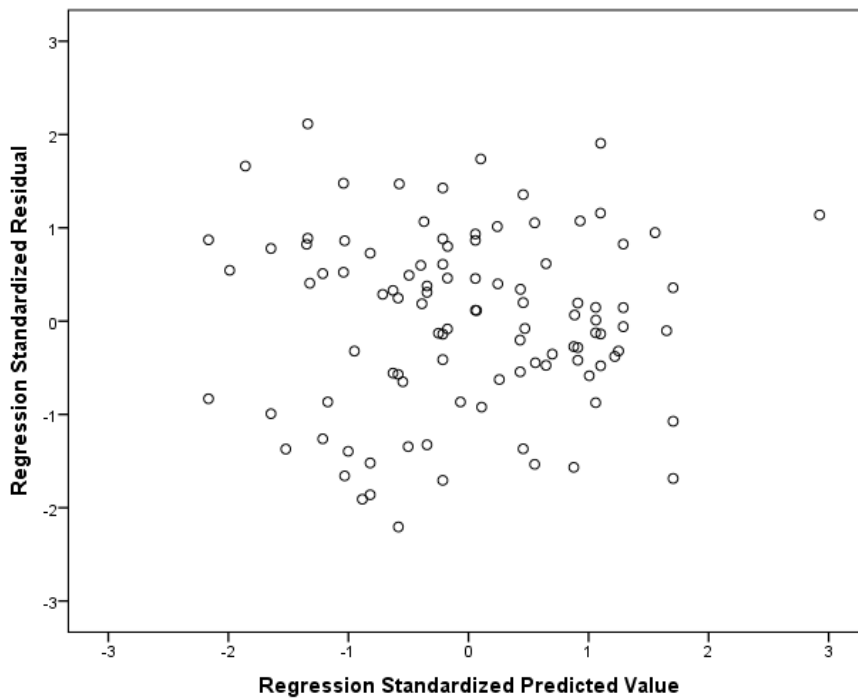


Figure 4. Standardized predicted values versus standardized residuals for the regression on psychological IPV.

Results of the overall model of the multiple linear regression were not statistically significant ($F(10, 90) = 0.96, p = .488, R^2 = .096$), indicating there was not a significant relationship between the demographic factors and psychological IPV. The R^2 value indicated approximately 9.6% of the variance in psychological IPV can be explained by the demographic factors. As a result of the nonsignificance of the overall model, I did not examine the individual predictor variables further. I did not reject the null hypothesis (H_02) in Research Question 2, indicating there was a significant predictive relationship between gender, race, age, class, marital status, and frequency of psychological IPV among community college students. In Table 5, I present the results of the multiple linear regression.

Table 5

Multiple Linear Regression with Demographical Factors Predicting Psychological IPV

Source	<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>	VIF
Gender (reference: female)	0.12	0.19	.07	0.66	.513	1.05
Race (reference: Caucasian)						
African American	-0.17	0.20	-.10	-0.85	.398	1.36
Other	-0.21	0.29	-.08	-0.72	.471	1.32
Age (reference: 18–24 years old)						
25–34 years old	-0.64	0.33	-.35	-1.97	.052	3.14
35–44 years old	-0.42	0.32	-.24	-1.30	.196	3.45
45 and older	-0.37	0.39	-.16	-0.96	.339	2.83
Income (reference: \$0-\$24,999)						
\$25,000-\$49,999	0.08	0.29	.05	0.29	.774	2.73
>\$50,000	0.42	0.32	.23	1.32	.189	3.03
Relationship status (reference: single)						
Married	0.06	0.25	.03	0.23	.821	1.92
Domestic partnership	0.22	0.23	.12	0.97	.337	1.65

Note. $F(10, 90) = 0.96, p = .488, R^2 = .096$.

Summary

The purpose of this quantitative correlational study was to examine the relationship between IPV and gender, race, age, class, marital status, and past abuse among community college students. In this chapter, I presented the findings of the data analysis. I used descriptive statistics to explore the trends of the nominal and continuous level variables. I used Cronbach alpha's test of reliability to examine the internal consistency scales. The findings indicated the scales (physical and psychological IPV) had excellent internal consistency. In Research Question 1, the findings of the multiple linear regression were statistically significant. Age and income were significant predictors in the regression model. I rejected the null hypothesis (H_01) in Research Question 1. In Research Question 2, the findings of the multiple linear regression were not statistically significant. I did not reject the null hypothesis (H_02) in Research Question 2. In the next chapter, I continue to explore the statistical findings in connection with the literature and theoretical framework.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

Violence that occurs in intimate relationships, including those with a current or former spouse, boyfriend, or girlfriend is considered IPV (Roberto, McCann, & Brossoie, 2013). A review of the literature revealed few studies in which researchers examined IPV within U.S. community college settings, where students are more likely to come from lower socioeconomic classes and be ethnic minorities (Hart & Klein, 2013). These populations traditionally have higher rates of IPV (Abramsky et al., 2011; Mirick, 2014). The purpose of this quantitative correlational study was to examine the relationship between IPV and age, gender, class, and race among community college students or recent graduates. The target population for this study was men and women who have experienced IPV while attending a community college in the United States. I used the Abusive Behavior Inventory to identify patterns of violence among the study participants. The findings indicated the selected demographic variables predicted physical IPV, although the demographic factors did not predict psychological IPV. More specifically, age and socioeconomic status were statistically significant predictors of physical IPV. The following chapter includes an interpretation of the findings, the limitations of the study, related recommendations, and the implications of the results.

Interpretation of the Findings

Violence, especially IPV, is a public health issue, which requires ongoing research in all areas, especially among college students (Carlson et al., 2015). Although previous researchers have focused on the experience of IPV among those in specific age

groups or gender categories (Cho et al., 2012; Davison, 2014; Edwards & Sylaska, 2013; Karakurt & Cumbie, 2012; Karakurt et al., 2013; Straus & Gozjolko, 2014), they have not considered these variables in relation to socioeconomics (Abramsky et al., 2011), race (Mirick, 2014), marital status (Abramsky et al., 2011), and past abuse (Katz & Rich, 2015). Based on my review of the literature, researchers who performed intersectional-based studies have focused primarily on the intersections of gender with race and class (Brothers, 2014; Rennison & Welchans, 2000). In the present study, I sought to narrow this gap by including intersectional variables.

Interpretation of Demographic and Socioeconomic Results

Findings for two of the variables (gender and race) were consistent with the findings from past researchers. A majority of the participants identified as women. Also, a majority of the participants identified as African American. Of the 101 participants, 66 respondents were women and 35 were men. Because a requirement of the study was participants must have experienced IPV, the skewed demographics indicate a larger proportion of African American women experience IPV compared to other populations. However, as I discuss later in this chapter, gender and race were not statistically significant predictors of physical or psychological violence. This is a potential contradiction that requires additional future research.

The reported relationship statuses of participants were evenly distributed between those who were married, in a domestic partnership, or single. This demographic information indicates all intimate partner relationships should be represented in future research. Abuse is not limited to individuals who are married. As indicated by the results

of the present study, young adults who are primarily single were more prone to physical IPV than married individuals.

Interpretation of the Findings for Research Question 1

In the first research question, I addressed whether there was a significant predictive relationship between gender, race, age, class, marital status, past abuse, and frequency of physical IPV among community college students. According to the multiple linear regression I conducted to assess this research question, approximately 18.1% of the variance in physical IPV was explained by the selected demographic factors. Age and income were statistically significant predictive variables. Individuals within the age range of 18–24 were more likely than other groups to experience physical violence. Those with higher income levels (more than \$50,000) were more likely than those with other socioeconomic statuses to experience physical violence.

The finding that individuals with higher socioeconomic statuses were more likely to experience IPV was in direct contradiction to the findings from previous researchers. Decker et al. (2014) found economic distress increased the likelihood that women would experience IPV in their lifetimes. Abramsky et al. (2011) further reported having a low socioeconomic status increased the likelihood a woman would remain in an abusive relationship. The American Psychological Association (2013) found homeless mothers reported higher incidences and more severe occurrences of IPV compared to individuals in other socioeconomic groups. However, Henning and Connor-Smith (2011) noted the influence of socioeconomic status on a man's decision to remain with an abusive partner has not received attention from researchers. Including men and women in these studies,

as it is included in the present study, may have revealed an intersectional difference in IPV experiences based on gender. This research exists in opposition to research solely focused on women, such as the studies conducted by Abramsky et al. (2011), the American Psychological Association (2013), and Decker et al. (2014).

With respect to age, the findings from the present study were consistent with observations of other researchers (Cho, 2012; Davison, 2014). For example, Davison (2014) noted adolescent and young adult women experienced IPV at higher levels than other age groups. Cho (2012) examined multiple variables, including socioeconomic status and race, and determined age was the only variable that related to IPV rates. Early exposure to IPV increases the likelihood of subsequent IPV relationships (McDermott & Lopez, 2013), therefore early interventions are essential.

However, the findings regarding gender contradicted the results of previous research. Researchers at the Centers for Disease Control and Prevention (2014) found women were more likely to experience multiple forms of IPV, although men were significantly more likely to suffer primarily from physical abuse. Researchers frequently examine only female populations (Abramsky et al., 2011; Davison, 2014; Decker et al., 2014), which could be a result of the perception that women are the sole victims of IPV. However, in the present study, neither gender was more likely to report physical IPV.

Interpretation of the Findings for Research Question 2

In the second research question, I addressed whether there was a significant predictive relationship between gender, race, age, class, marital status, past abuse, and frequency of psychological IPV among community college students. Results of the

multiple linear regression indicated there was not a significant predictive relationship between gender, race, age, class, marital status, and frequency of psychological IPV among community college students. Thus, the selected demographic variables did not relate to the frequency of psychological IPV.

Psychological violence is a type of IPV (Karakurt & Silver, 2013). However, in the present study, the participants did not report information indicating significant relationships between any demographic variables and psychological IPV. Although previous researchers have suggested demographic variables, including age, race, class, and gender may influence perceptions, type, and tenure of IPV (Abramsky et al., 2011; American Bar Association, 2014; Straus & Gozjolko, 2014), I did not find any significant findings of the relationship between these variables and psychological abuse. The nonsignificant findings largely contradicted the results of previous research. For example, Cho (2012) indicated emotional abuse, which is similar to psychological abuse in the present study, was associated with age. Individuals were more likely to experience emotional abuse later in life. Conversely, in the present study, I found no relationship between age and increased experiences regarding psychological abuse. Thus, the findings from the present study contradicted findings from the study by Cho (2012).

Past abuse and marital status did not influence IPV. This finding contradicted the results of previous research, in which researchers suggested past experiences with abuse may influence the subsequent likelihood of IPV (McDermott & Lopez, 2013). There may be specific features of the community college population that reduced the number of subsequent experiences with psychological violence. Also, individuals may be less likely

to classify psychological abuse as IPV (Karakurt & Silver, 2013), and, therefore, individuals who experienced such abuse may have opted not to participate in a study on the topic.

Limitations of the Study

As I indicated in Chapter 1, there were some limitations in the present study. The first limitation was the use of a quantitative methodology. This method limited the potential exploration of the underlying experiences or perceptions of the participants and introduced the potential for confounding variables that may have affected the relationships between the variables of interest (Howell, 2013). A further limitation involved the data collection process. First, the study was limited to community college students attending the primary site, which limited the generalizability of the study. To mitigate this limitation, I solicited participants from one other community college to establish a wider demographic survey base. However, both community colleges are located in the same geographic region. Therefore, generalizability remains somewhat limited.

Another limitation existed because I am an instructor at the primary site, which may have introduced bias. Although I ensured confidentiality and anonymity of the survey data and findings, participants at the primary site may have felt uncomfortable about participating. The sample individuals may have skewed the results. Most of the participants were within the age range of 35–44 years, so the sample of young adults may not have been as representative as the larger group. Therefore, the present study may

have been prone to selection bias. Similarly, individuals who earned more than \$50,000 a year were underrepresented in the population, which may have affected the results.

The final limitation in the present study was how I measured gender and sexuality. Individuals identified their gender as male or female. I did not design the demographic portion of the survey to account for transgender individuals. I did not introduce gender identity and sexuality in the present study because it could have complicated the understanding of IPV (Edwards & Sylaska, 2014). These variables were not used because of the potential sensitivity arising from this type of disclosure.

Recommendations

The first recommendations for research stem from the limitations of the study. Future researchers may consider mitigating the limitations I presented in several ways. Gaining a wider sample, perhaps by soliciting participants from community colleges throughout the United States, might increase the generalizability of the results. In addition, to limit bias, researchers should consider gaining access to schools they are not affiliated with.

An additional recommendation for future research is to examine how IPV affects the intersectional influences of age, race, class, and gender in a demographically diverse sample of community college students. Researchers may gain more intimate perceptions from individuals who experience IPV if they use a qualitative approach, or perhaps a mixed-methods study to gain a broader view of intersectional experiences with IPV. In future studies, researchers should include the LGBT community. Researchers may also include transgender or gender nonconforming as options on the survey to increase

understanding of how IPV affects individuals of all genders and sexuality. Moreover, sexual orientation may be an essential variable to include when measuring how IPV affects vulnerable populations.

Given the lack of results regarding predictors for psychological abuse, researchers should continue to investigate potential predictors of this type of abuse. Future scholars studying this topic could adopt or develop an instrument to identify trends related to behaviors and lifestyles that contribute to IPV among community college students. Future researchers may consider using predictors of emotional abuse including isolation, sexual abuse, degradation, and property damage as predictors for better understanding psychological abuse (Karakurt & Silver, 2013). In addition, it may be worthwhile to address if the variables in the present study predict psychological violence among a wider, more varied population.

Implications

Implications for Intersectional Theory

In the present study, I explored intersectionality theory and how race, age, gender and socioeconomic class affect the frequency of physical and psychological violence among community college students. The findings from the present study can contribute to social change by encouraging future researchers to use intersectional theory to examine the complex interrelationships surrounding IPV, specifically related to physical violence. Theorists can examine the interrelation among age and socioeconomic status, in particular, because these two factors were significant predictors of IPV in the present

study. Within community colleges, additional variables related to individuals ages 18–24 and high income individuals could have increased the likelihood of IPV.

Future researchers and theorists should also examine sexual orientation as a variable (i.e., homosexuality, lesbian, gay, bisexual and transgender) influencing IPV. Researchers could also examine the relationship of sexuality to race, class, and gender. This could help researchers uncover inequalities surrounding community college students and their intersectional experiences with IPV. Sexual orientation could a variable linked to psychological IPV, unlike the selected variables in the present study. Researchers may view intersectional theory as a challenging research methodology because of the variables that must be considered. However, if researchers assess populations that are vulnerable and difficult to reach, researchers could provide a better understanding of the factors that contribute to IPV (Shields, 2008).

Implications for Researchers

The results of the present study indicated traditional variables associated with IPV, such as low socioeconomic status, gender, and race, did not relate to increased incidence of IPV. Because many researchers assume the victims of IPV fit certain demographic categories, they have focused excessively on these populations. Instead, in the present research, I determined among this population, age and higher socioeconomic status related to increased physical IPV rates. From these findings, social change may emerge if public health researchers focus on a series of specific issues pertaining to community college students and IPV. As a result, I suggest public health researchers engage in the following actions to prevent and treat IPV. Such actions would include

creating instruments community college officials could use to determine if a program or advocacy is needed on their campus. These programs would be shared with individuals within the affected community college populations, such as individuals ages 18–24 and those of high socioeconomic status. Public health researchers could also develop future research to address why middle-class individuals and individuals ages 18–24 are experiencing increased rates of physical IPV. Lastly, they could develop training tools to help community college officials establish IPV programs without having to dedicate resources to developing such programs.

Implications for Practice

From the present research, community college counselors and leaders may feel inspired to further study the topic of IPV by examining how men and women are affected. Some research indicates women suffer from IPV more frequently than men, which means women are more likely to experience increased rates of depression, post-traumatic stress disorder, anxiety, suicide, self-harm, psychological distress, disturbed sleep, poor functional physical health, poor self-perceived physical health, and chronic physical health conditions (Dillon et al., 2013). However, in the present study, I indicated gender did not predict increased rates of physical or psychological abuse within this population. It is therefore essential for practitioners to look beyond the female-dominated purview of IPV interventions and focus equally on the effects of IPV for men and women. Educators and practitioners should also reconsider the expectation that low income and minority individuals are the primary populations affected by IPV (Association for Student Conduct Administration, 2015).

The results of the present study contributed to present and future growth within the body of research regarding IPV against community college students. Stakeholders in public health and community education who have resources may contribute to social change for community college students by creating programs that help men and women recognize the different levels of IPV and how to prevent it. Specifically, targeting young adults and individuals of higher socioeconomic status for intervention may reach community college students who are prone to experiencing physical violence. Faculty, staff, and on-campus awareness personnel could be important resources in creating effective, targeted interventions to reduce IPV rates.

I recommend community college officials, specifically from the community colleges represented in the present study, need to improve the well-being of students by providing on-site resources, in addition to Well Connect, for students. By providing an on-site resource personnel trained in intervening and addressing IPV, school officials can help students gain a better understanding of what they are experiencing. Such staff could also help students gain access to continuous support, if needed. Adding a resource personnel position could help students feel more comfortable sharing their experiences rather than speaking to someone over the phone about such sensitive situations. College officials could share information about the new resources through posters and fliers. Researchers can design additional surveys to examine the effect the proposed new resources would have on students. This style of social marketing, which officials have conducted at four-year universities throughout the United States to address sexual

violence, can also be adopted to address IPV in community college settings (WHO, 2009).

Training for educators and other public health personnel, particularly training that does not encourage stereotypes about who is victimized by IPV, can be provided through SCCADVASA. The organization provides a two-part training program to ensure individuals can work at their own pace. The first part of the training includes modules completed online. The second half of training is completed in person. The training is designed to help service providers who work with survivors of sexual assault and/or domestic violence. The service providers must meet the specific requirements of the Crime Victim's Ombudsman, Office of Victim Services Education and Certification for Basic Victim Service Providers (SCCADVASA, 2017). After training is completed, the individuals earn a certificate. Ongoing training is provided throughout the year through conferences hosted by SCCADVASA. The training can be used for learning and networking with other experts and CEUs. For best practice, I recommend community college officials require one daytime faculty, one evening faculty, and two front office personnel attend this training yearly.

Implications for Social Change

The implications for social change from the present study include informing public health researchers and administrative staff about the influence of age and socioeconomic status on physical violence rates. Administrators including the campus president, faculty, and staff must maintain retention. Helping students with their goals to graduate is imperative for accreditation. Incorporating a successful intervention and

prevention program for IPV students, particularly those in the 18–24 age range and of higher socioeconomic status, could help students gain the resources and social skills to leave a violent relationship. Therefore, the students would be able to focus on their studies, rather than on their personal safety. Developing targeted intervention programs would contribute to positive social change by promoting effective IPV prevention, encouraging students who are in violent situations to leave them, increasing awareness, and promoting advocacy for those attending community colleges.

Students who gain the skills to be in healthy relationships contribute to positive social change by preventing violence. Preventing IPV requires forward thinking, long-term commitment, and sustained efforts to achieve positive social change. The belief early in life that IPV is acceptable may increase victimization and the percentage of men who engage in IPV (McDermott & Lopez, 2013). Therefore, early, targeted intervention is essential to ensure those who experience IPV get appropriate resources to break the cycles of physical violence. In this study, I indicated two important variables related to physical IPV experiences among men and women. This finding can help stakeholders target interventions to those who are most vulnerable. The findings from the present study can also create positive change by encouraging the professionals providing interventions to consider their unconscious biases and over-representation of certain demographic groups as they intervene in potential IPV relationships. Furthermore, targeted interventions may reach affected students within the community college population, rather than efforts focused on the traditional categories of race and gender.

The results may also prompt social change by challenging stereotypes regarding who IPV affects. As research evolves, practitioners in public health and in education must understand IPV affects a larger demographic than young women or individuals with low socioeconomic status. Public health researchers can learn from findings that indicate individuals in a middle socioeconomic class suffer from physical IPV. Public health professionals should avoid excessive focus on traditional categories used in research, such as gender, race, and low socioeconomic status. The unilateral focus on these categories has led to researchers examining only on females, or only those of a particular race or socioeconomic status. Future researchers should avoid stereotypic thinking, including the idea that a majority of people who suffer from IPV are those who are undereducated and earn a low annual income (WHO, 2009). This shift may cause social change by illuminating variables that contribute to IPV outside of the stereotypical perceptions of IPV victims.

Results from the present study could help fill the gap that exists regarding information about IPV in this population and contribute to social change within community college campuses by providing direction for targeted, effective interventions among vulnerable populations. The findings may ensure students and staff gain a more complete understanding of the connection between community college students and the various variables that contribute to IPV. The findings may also increase IPV awareness for faculty and staff working at community colleges, so these professionals can address IPV among vulnerable populations, specifically ages 18–24 and those of higher socioeconomic statuses. Professionals could design presentations to illustrate the

concerns and interests of these populations. The staff could be trained to better identify those with increased vulnerabilities to IPV.

Conclusion

In the present study, I established two variables were related to increased incidence of physical IPV (age and higher socioeconomic status). Contrary to stereotypical views of individuals affected by IPV, the findings from the present research indicated all types of students enrolled in community colleges, regardless of race or gender, experienced IPV. Furthermore, expectations about gender and socioeconomic status present in the literature did not apply within this particular population. Thus, it is essential that those in charge of intervening to stop IPV check their assumptions when reaching out to vulnerable populations and providing resources.

The findings from this study may have contributed to an increased use of intersectionality theory in quantitative research. Multiple variables relate to IPV, according to intersectionality (Davis, 2008). Certain demographic variables predicted the frequency of physical violence, but not psychological violence. Significant variables that predicted physical IPV were age (individuals 18–24 years of age were the most likely to experience IPV) and socioeconomic status (individuals with an annual incomes larger than \$50,000 were the most likely to experience IPV). There was a gap in the literature regarding the intersectional relationships of age, gender, class, and race, and IPV rates. The findings from this quantitative correlational study indicated more research, intervention, prevention, and assessment tools must be established for community college students experiencing IPV.

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Appendix A: Permission to Use the Abusive Behavior Inventor

From: Shakiera Benson [mailto:shakierawebber@gmail.com]

Sent: Thursday, August 18, 2016 5:25 PM

To: JAMES A CAMPBELL <james.campbell@wisc.edu>

Subject: Instrument Permission

(a)

Hello, Dr. Campbell, I am contacting you for permission to use the Abuse Behavior Inventory survey as a part of my thesis. I am currently attending Walden University and I am working on my dissertation; my research topic is Intimate Partner Violence among Community College Men and Women. Thank you in advance for permitting the use of the instrument.

(b) From JAMES A CAMPBELL

Hi Shakiera – you are welcome to use the ABI as long as it is cited in your work. We wish you well with your research. Jim Campbell

James Campbell, PhD
Associate Dean
Division of Continuing Studies
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21 N. Park St., Rm. 7310
Madison, WI 53715
(608)262-2352
jcampbell@dcs.wisc.edu

From: Shakiera Benson [mailto:shakierawebber@gmail.com]

Sent: Thursday, August 18, 2016 7:00 PM

To: MELAINIE SHEPARD

Subject: Instrument Permission

Hello, Dr. Shepard, I am contacting you for permission to use the Abuse Behavior Inventory survey as a part of my thesis. I am currently attending Walden University and I am working on my dissertation; my research topic is Intimate Partner Violence among Community College Men and Women. Thank you in advance for permitting the use of the instrument.

Melanie Shepard

Yes, you have my permission to use the instrument. Good luck with your research

Appendix B: Abusive Behavior Inventory – Partner Form

	Never	Rarely	Occasionally	Frequently	Very Frequently
1. Called partner a name and/or criticized him/her.	1	2	3	4	5
2. Tried to keep partner from doing something he/she wanted to do(example: going out with friends, going to meetings)	1	2	3	4	5
3. Gave partner angry stares or looks	1	2	3	4	5
4. Prevented partner from having money for his/her own use	1	2	3	4	5
5. Ended a discussion with partner and made the decision himself	1	2	3	4	5
6. Threatened to hit or throw something at him/her	1	2	3	4	5
7. Pushed, grabbed, or shoved him/her	1	2	3	4	5
8. Put down his/her family and friends	1	2	3	4	5
9. Accused partner of paying too much attention to someone or something else	1	2	3	4	5
10. Put partner on an allowance	1	2	3	4	5
11. Used partner's children to threaten him/her (example: told her that she would lose custody, said he would leave town with the children)	1	2	3	4	5
12. Became very upset with partner because dinner, housework, or laundry was not ready when he/she wanted it or done the way he/she thought it should be	1	2	3	4	5
13. Said things to scare partner (examples: told him/her something "bad" would happen, threatened to commit suicide)	1	2	3	4	5
14. Slapped, hit, or punched him/her	1	2	3	4	5
15. Made partner do something humiliating or degrading (example: begging for forgiveness, having to ask his/her permission to use the car or do something)	1	2	3	4	5
16. Checked up on partner (examples: listened to his/her phone calls,	1	2	3	4	5

checked the mileage on his/her car, called him/her repeatedly at work)					
17. Drove recklessly when partner was in the car	1	2	3	4	5
18. Pressured partner to have sex in a way that he/she didn't like or want	1	2	3	4	5
19. Refused to do housework or childcare	1	2	3	4	5
20. Threatened partner with a knife, gun, or other weapon	1	2	3	4	5
21. Spanked him/her	1	2	3	4	5
22. Told partner that he/she was a bad parent	1	2	3	4	5
23. Stopped partner or tried to stop him/her from going to work or school	1	2	3	4	5
24. Threw, hit, kicked, or smashed something	1	2	3	4	5
25. Kicked him/her	1	2	3	4	5
26. Physically forced partner to have sex	1	2	3	4	5
27. Threw partner around	1	2	3	4	5
28. Physically attacked the sexual parts of his/her body	1	2	3	4	5
29. Choked or strangled him/her	1	2	3	4	5
30. Used a knife, gun, or other weapon against him/her	1	2	3	4	5

* Note: Item 21 was deleted from the scale by developers because of low response rate and negative correlation with total scale.

Physical abuse items include 6, 7, 14, 18, 20, 24, 25, 26, 27, 28, 29, and 30 (item 21 is not included in subscale computation). The mean score of these items is computed by summing the point values given in response to each item in the subscale and dividing by the applicable number of items. Higher scores are indicative of greater levels of physical abuse perpetration.

Psychological abuse items include 1, 2, 3, 4, 5, 8, 9, 10, 11, 12, 13, 15, 16, 17, 19, 22, and 23. The mean score of these items is computed by summing the values of the items and dividing by the applicable number of items. Higher scores are indicative of greater psychological abus