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EXPOSURE TO DOMESTIC VIOLENCE AND CHILDHOOD EMOTIONAL ABUSE:

Childhood Domestic Violence Exposure among a Community Sample of Adult Perpetrators: What Mediates the Connection?

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Abstract

The association between childhood exposure to domestic violence and later intimate partner violence (IPV) perpetration in adulthood has been well established in the literature. However, the literature examining the factors of exposure that contribute to perpetration in adulthood is fraught with mixed findings, with some studies finding a direct link between childhood domestic violence exposure and later IPV perpetration and others ruling out a link after controlling for other contextual barriers such as community violence and socioeconomic status. This study examined 124 non-treatment-seeking and unadjudicated adult male IPV perpetrators and found exposure to domestic violence in childhood contributes to the normalization of violence, which could predict future adult IPV perpetration. Practice implications are discussed, namely primary and secondary prevention of intimate partner violence.

Keywords

childhood exposure; early intervention; intimate partner violence perpetration; IPV prevention

The prevalence and impact of childhood exposure to adult domestic violence (DV) has been documented for more than 20 years. It is estimated that 3 to 10 million U.S. children are

exposed to adult DV in their households by seeing it, hearing it, or observing the aftermath of such violence (Carlson, 1984, 2000; Straus, 1992). Although exposure to adult DV is neither a prerequisite nor a determinant for problem behaviors, children who have been exposed to DV are more likely to exhibit cognitive and behavioral problems (e.g., acceptance of violence, withdrawal, aggression) when compared to those not exposed to violence in their homes (Appel & Holden, 1998; Edleson, 1999; Edleson et al., 2007; Lehmann, 2000; Rossman, 2001). For clarity, we are using *domestic violence* for exposure to violence in childhood, and *intimate partner violence* for adult perpetration of the violence.

Although the prevalence of children's exposure to DV is well established, *how* children are exposed to adult domestic violence and the type of violence to which they have been exposed has not been well documented or researched until recently. Earlier estimates of children's exposure were extrapolated from national surveys on dyadic adult violence and not measures specific to children's exposure to that violence (Carlson, 1984; Edleson et al., 2007; Straus, 1992). The focus has also often been on the impact of that exposure (Graham-Bermann, 1996; Grych, Seid, & Finkelhor, 1992), without enough specificity on the types and frequency of the violence, and the degree to which the children are involved (e.g., injured while intervening in the violence; Edleson et al., 2007; Mbilinyi, Edleson, Beeman, & Hagemester, 2003). Some studies indicate that only physical violence exposure was assessed (Edleson et al., 2007; Fergusson, Boden, & Horwood, 2006); however, researchers and practitioners are increasingly stressing the importance of investigating psychological aggression as an essential aspect in understanding adult-perpetrated intimate partner violence (IPV; Fergusson et al., 2006). Methods for measuring and assessing childhood exposure to DV have improved (Edleson et al., 2007); however, results of these methods are only recently appearing in the literature.

There is also inconsistency in the IPV literature on the direct effect that childhood exposure to DV has in later adulthood. Although a number of earlier studies found a link between childhood exposure to DV and adult IPV perpetration, many studies lacked experimental rigor and did not comprehensively assess for confounding variables. This is explained further later. Recent studies, within the last five years, are finding other factors (e.g., socioeconomic disadvantage, family dysfunction) that might buffer the effects of the violence and either eliminate or diminish the association. More empirical investigation is needed to explore other variables that might help explain or mediate the association between childhood exposure to DV and adult IPV perpetration.

This study presents findings on the association between exposure to DV and IPV perpetration among non-treatment-seeking and unadjudicated adult male perpetrators of IPV. This article focuses on intervening variables to this association or variables that might contribute to or account for the association between childhood DV exposure and adult IPV perpetration. Intervening variables assessed for this article include the perpetrators' perceived consequences of IPV and their normative beliefs of IPV prevalence, which are further explained later.

CHILDHOOD EXPOSURE AND ADULT PERPETRATION

Previous research shows higher rates of IPV perpetration are associated with higher levels of childhood DV exposure (Delsol & Margolin, 2004; Ehrensaft et al., 2003; Murrell, Christoff, & Henning, 2007). Based on a review of 21 studies, Delsol and Margolin (2004) found a range of 34% to 54% of men who engaged in IPV as adults were exposed to DV as children, compared with the 8% to 27% of men without a history of violence in their childhood home. At the same time, the relative effects of childhood exposure to DV are still quite mixed (Feldman, 1997; Holtzworth-Munroe, Bates, Smutzler, & Sandin, 1997; Hotelling & Sugarman, 1986). For example, a proportion of children exposed to DV do not exhibit more cognitive or behavioral problems when compared to children not so exposed, which has been explained in part by resilience in the children (Graham-Bermann, 1996).

Social learning theory (SLT) states that people behave as they do in part as a result of observing and imitating others' behaviors (Bandura, 1973, 1977). We internalize attitudes learned from others, imitate behaviors of our role models, and receive reinforcement through positive and negative feedback from our role models (Wareham, Boots, & Chavez, 2009, p. 163). Indeed, studies have found that individuals exposed to DV in their childhood might learn abusive behaviors and perpetrate IPV in their adulthood (Ehrensaft et al., 2003; Feldman, 1997; Stith et al., 2000; Wareham et al., 2009; Widom, 1989). Delsol and Margolin (2004) noted that exposure to family violence could also lead to distorted beliefs about violence, including seeing IPV as an accepted component of family life. This latter explanation, IPV as an accepted component of family life, led to the selection of one of the constructs for this study: perceived norms of IPV perpetration.

DIFFERING METHODS AND MIXED FINDINGS

The extent of the association between childhood DV exposure and adult IPV perpetration varies with the population studied (e.g., perpetrators, battered women, national survey respondents), differing definitions of violence, methods (cross-sectional, cohort, longitudinal), sample sizes, and analyses of intervening variables. Samples of perpetrators in studies are usually taken from court-mandated treatment sites (Murrell et al., 2007; Wareham et al., 2009), which might not be reflective of the larger population of IPV perpetrators. As Murrell and colleagues (2007) pointed out, those arrested for IPV might differ significantly from perpetrators voluntarily seeking help for their behavior, who might also differ from those who do neither. Moreover, in some studies, the definition of children's exposure to DV is up to the respondent's interpretation and often based on one dichotomous question (i.e., "Did you witness domestic violence in your home?"; Ehrensaft et al., 2003). Even when an association between exposure to DV and IPV perpetration is established, exposure is neither a necessary nor a sufficient cause for men to engage in violence in their relationships (Delsol & Margolin, 2004), and studies have varied as to which intervening variables are examined.

INTERVENING FACTORS

There are several factors that could account for at least some of the association between childhood DV exposure and adult IPV perpetration (Delsol & Margolin, 2004; Fergusson et al., 2006). Some studies do not find a direct link between exposure to DV and adult IPV perpetration after controlling for extraneous variables such as family dysfunction and socioeconomic disadvantage (Fergusson et al., 2006). Fergusson et al.'s (2006) longitudinal study of a birth cohort of more than 1,000 New Zealand young adults found the association between reported exposure to DV in childhood and later IPV perpetration was weak to begin with and was greatly reduced after controlling for confounding factors including socioeconomic disadvantage, family dysfunction, and impaired parental bonding. They argued that the association is a reflection of the "psychosocial context within which inter-parental violence occurred rather than the traumatic effects of such exposure on longer term development" (Fergusson et al., 2006, p. 103). Rossman, Hughes, and Rosenberg (2000) added that risk factors are additive, merging to heighten the effects of children's exposure to DV.

Delsol and Margolin (2004) agreed that because IPV usually occurs within an unhealthy family environment, other experiences and attitudes might account for some of the association between childhood DV exposure and adult IPV perpetration, such as legitimization or normalization of aggression and violence. In fact, studies have found that IPV perpetrators tend to overestimate the percentage of men who abuse their partner and their estimates are related to their own violence toward their partner (Neighbors et al., 2010). As Delsol and Margolin (2004) stressed, continued empirical investigation of factors that intervene in the association between childhood DV exposure and IPV perpetration can illuminate the mechanisms of inter-generational transmission of IPV. Identification of these variables might also facilitate intervention with male perpetrators of domestic violence, especially those who have been found to be motivated to seek help or change their IPV behavior as a result of, in part, their awareness of the impact their behavior is having on their children, relationship, and work (Walker et al., 2010).

This article fills several gaps in the literature, including the use of an experimental design in the parent study, recruitment of perpetrators from the community, and a direct assessment of types and frequency of exposure to DV as children. This article not only analyzes the association between exposure to DV and adult IPV perpetration, but investigates potential mediating variables, including normative misperceptions of IPV prevalence and perceived consequences of violence.

METHOD

The parent study, the Men's Domestic Abuse Check-Up (MDACU), developed and preliminarily evaluated a telephone-based intervention to reach non-treatment-seeking IPV perpetrators who were also using substances, and motivate them to self-refer into treatment (see Mbilinyi et al., 2011; Roffman, Edleson, Neighbors, Mbilinyi, & Walker, 2008). The University of Washington's Institutional Review Board approved all study procedures.

Participants

Participants were recruited using radio and print ads in the newspaper and flyers (see Mbilinyi et al., 2008). The radio and print ads described the MDACU as a confidential opportunity to assess one's behaviors and think through future options. During a 12-month period, 348 men called the project to discuss their IPV behavior. Following screening, 124 eligible participants were enrolled in the study. Eligibility criteria related to IPV included recent IPV behaviors (past 90 days), no recent arrests or court involvement for IPV, and no current participation in IPV treatment. The Revised Conflict Tactics Scale (CTS2) was used to determine eligibility based on recent IPV behaviors, including physical, psychological, and sexual assault (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Eligible participants were randomly assigned to a telephone-delivered motivational enhancement therapy session (experimental condition) or mailed IPV and substance abuse educational information (comparison condition). Following receipt of either intervention, participants completed follow-up assessments by telephone after one week and one month (for more information on study procedures, see Mbilinyi et al., 2011). The 124 participants were 65.9% White, 16.9% Black or African American, 4% American Indian/Alaska Native, 3.2% Native Hawaiian, 2.4% multiracial, and 1.6% Asian (see Table 1 for demographics by childhood DV exposure), and 94% of the participants identified themselves as non-Hispanic and non-Latino. Participants ranged in age from 18 to 67 years old, with the average being 39 years old. Sixty-three percent of the participants were married, 95% were heterosexual, and 74% reported having children. Eighty percent of the participants worked full time (at least 30 hours a week), with 64% reporting a household income of \$40,001 or more. Seventy-seven percent of the sample attended at least some college. Only 9% of the participants reported having received IPV services prior to 90 days from when they were screened into our project.

In terms of their family of origin, the majority of the men (57%) reported growing up in a two-parent household. Forty-eight percent of them were exposed to excessive substance use by at least one adult in their home. Seventy-six percent of the participants reported seeing abusive behaviors (yelling or name-calling, breaking or smashing things in the context of DV/intimidation, or hitting) by adults in their household at least annually.

Measures

Childhood DV exposure was assessed by asking participants how frequently the adults in their household (a) yelled at each other or called each other bad names, (b) broke or smashed things in the context of DV/intimidation, and (c) hit each other. Answers were given on a 5-point Likert scale ranging from 1 (*never*) to 5 (*daily*). A composite score was created with these three items (range = 3–15, $M = 6.19$, $SD = 2.73$, $\alpha = .73$).

IPV perpetration was assessed using a slightly modified version of the CTS2; Straus et al., 1996). We modified the scales to include a dichotomous response as to whether participants had engaged in any of the IPV behaviors (physical, psychological/verbal, injurious, sexual) in their lifetime, then the frequency of that behavior happening in the past 90 days. Summary counts were created for minor and severe tactics of psychological aggression, physical assault, sexual coercion, and injury subscales, according to the publisher's cutoff

for minor and severe tactics (for details on psychometrics of each scale, see Mbilinyi et al., 2011).

The Perceived Consequences of Domestic Violence Questionnaire (PCDVQ) was developed specifically for this study (Walker et al., 2010). It includes 27 items that assess the IPV perpetrator's perceptions of the consequences resulting from his abuse, including psychological and interpersonal effects, and interference with work or school, health, and family. A sum of the raw scores was created ($M = 93.35$, $SD = 124.58$, $\alpha = .81$). The items were also dichotomized into a yes–no format, and a count of these items was created ($M = 10.02$, $SD = 4.56$, $\alpha = .80$).

Perceived norms were assessed with seven questions that asked participants to estimate the national frequency of violent acts in intimate relationships (Neighbors et al., 2010), including throwing objects in the context of IPV/purpose of intimidation, punching, choking, sexual coercion, and threatening partner with a gun. For the purposes of this analysis, a scale was created by taking the average of all these items ($M = 22.01\%$, $SD = 17.04\%$, $\alpha = .91$). The actual mean of these items according to the National Violence Against Women survey is 11.78% (Tjaden & Theonnes, 2000).

RESULTS

Individuals were divided into three groups on the basis of their childhood DV exposure. Individuals with no exposure made up 23.4% of the sample ($n = 29$). Individuals who reported any DV exposure were divided into two groups of approximately equal size. The low exposure group (range on exposure scale = 4–6, $M = 5.34$, $SD = 0.75$) contained 35.5% of the sample ($n = 44$), and the high exposure group (range on exposure scale = 7–15, $M = 8.94$, $SD = 2.12$) contained 41.1% of the sample ($n = 51$).

Analysis of variance and chi-square tests were used to determine if there were significant differences by childhood DV exposure on any demographic variables. No significant differences were found ($p > .10$; see Table 1).

Table 2 presents IPV perpetration by childhood DV exposure. A clear trend is visible in which perpetration increased with childhood exposure. These differences were significant for severe psychological aggression ($p < .01$), both minor and severe physical assault ($p < .01$, $p < .10$, respectively), minor sexual coercion ($p < .05$), and severe injuries ($p < .05$). In all cases, individuals with high childhood DV exposure reported the greatest amount of IPV perpetration.

Table 3 presents the PCDVQ results. No significant differences ($p > .10$) were observed in the total sum or count of items across child DV exposure groups. Thus, according to Baron and Kenny's (1986) causal steps approach to evaluating mediation (establishing mediation by testing one variable at a time), perceived consequences was eliminated as a potential mediator of the association between childhood DV exposure and adult perpetration of IPV. Item-level responses were examined to see if specific types of consequences varied by childhood exposure level. Individuals with high levels of childhood DV exposure were more likely to report that their abuse caused shame or embarrassment to someone; however, they

less frequently reported feeling loss of respect for themselves compared to individuals with no childhood DV exposure. Those in the low exposure group were more likely to report that their behavior interfered with seeing their children than either other group.

To test whether perceived norms about IPV mediated the relationship between childhood DV exposure and IPV perpetration, we employed the Baron and Kenny (1986) strategy that uses a step-by-step approach to rule out other variables that might explain the relationship between the independent and dependent variables of interest (e.g., childhood DV exposure and IPV perpetration). First, we tested whether DV exposure could predict IPV perpetration in a multiple regression model. Significant results were found for both minor and major psychological aggression ($p < .01$) and physical assault ($p < .01$), minor sexual coercion ($p < .01$), and severe injuries ($p < .05$; see Table 4). Next, we tested whether DV exposure could predict perceived norms of IPV, which was also significant: $\beta = 0.17$, $p = .065$. Finally, we entered both DV exposure and perceived norms into a multiple regression predicting IPV perpetration. Full mediation, in which the significant effects of DV exposure are reduced to zero by the effects of perceived norms, was found with severe physical assault and injury. Partial mediation, in which the predictive power of DV exposure was substantially reduced, was observed with severe psychological aggression and minor physical assault.

DISCUSSION

Identification of factors that intervene in the association between childhood exposure to DV and adult perpetration is important in identifying targets for intervention aimed at interrupting the intergenerational transmission of IPV by preventing it from occurring (primary prevention) or worsening (secondary prevention). Although untreated and nonadjudicated IPV perpetrators make up the majority of men who engage in violence toward their partner, they are seldom studied in intervention research, which tends to focus on those recruited following arrest who make up the minority of perpetrators. This study was unique in that it recruited untreated adult male perpetrators who had not been recently arrested for their violence. This study also provides a potentially instrumental variable, perceived norms of IPV, in explaining the relationship between childhood exposure to DV and adult IPV perpetration.

The majority (77%) of participants in the parent study were exposed to adult DV in childhood in their households at least once a year, with close to 36% exposed to it annually or monthly (low exposure), and 41% exposed weekly or daily (high exposure). No statistically significant differences were found in the prevalence of childhood DV exposure by demographics (age, race, and education level). Similar to other studies, the lack of statistical significance might be a result of the parent study's small sample size, particularly once further subdivided into exposure groups. Many other studies on childhood exposure to DV do not mention demographics except for gender, and those that do report additional demographics report mixed findings (Wareham et al., 2009). A mixed findings conclusion is typical in most reviews or meta-analyses of IPV perpetration, victimization, or treatment, in part as a result of diverse definitions of IPV, varied methodologies, and scant studies with enough statistical power (see Babcock, Green, & Robie, 2004; Gondolf, 2004). Future

studies should examine demographics influencing the association between childhood exposure to DV and adult IPV perpetration.

Initial analyses confirmed earlier findings that those with high exposure to DV as children also reported the most frequent IPV perpetration as adults (Murrell et al., 2007). This relationship was found not only with physical assault and severe injury perpetration in adulthood, but also in severe psychological aggression and minor sexual coercion—all domains of the CTS2. Most studies report on the occurrence of childhood exposure to DV and adult perpetration as a lumped dichotomous variable, or only focus on adult physical perpetration. Our findings go beyond these studies by describing the types and frequency of childhood exposure to DV as well as adult IPV perpetration.

Although childhood exposure to DV was found to be associated with adult perpetration of IPV, it was not related to overall perceived consequences of IPV. This finding surprised us, considering that previous analyses have found a significant relationship between the frequency of perceived consequences and IPV perpetration (see Walker et al., 2010). Furthermore, those with high exposure to DV as children were more likely to report their IPV behavior causing shame and embarrassment to someone, yet less frequently reported feeling that they were losing respect for themselves compared to participants with no childhood DV exposure. Violence might have been normalized from a young age for these perpetrators—although they acknowledged its occurrence and impact on others, it did not influence their perceptions of consequences to the self. Interestingly, a paper by Wareham and colleagues (2009) analyzed male domestic batterers in treatment who were exposed to DV as children and found that, contrary to their initial expectations, men who reported that physical violence interfered with their daily activities were more likely to commit severe partner violence. Additionally, those who reported watching media with images of IPV were less likely to commit both minor and severe IPV. They interpreted these findings as a potential reflection of violent media being a cathartic release from aggression, or an underestimation of the effects of media on IPV perpetration. Similar to our results, another explanation for their findings is that for those perpetrating severe violence, it is a behavior that is considered normal, despite its interference in their daily lives. Respondents who watch IPV in the media but do not actually perpetrate themselves might be able to recognize it as a behavior outside of the norm.

For the participants in our study, childhood exposure to DV appeared to have contributed to their misperceptions of normative IPV behaviors. Perceived norms fully mediated the relationship between childhood exposure to DV and severe physical assault and injury, and substantially mediated the relationship between childhood exposure to DV and severe psychological aggression and minor physical assault. These findings illuminate the power that normalization of violence has on perpetration. The powerful effect that norms had on the link between childhood DV exposure and adult perpetration confirms and extends findings from an earlier study by the authors in which participants with high normative misperceptions (or being more likely to normalize violence) also reported higher frequency of IPV (Neighbors et al., 2010). Correcting normative misperceptions in men with a history of childhood exposure to DV is a reasonable prevention target.

Intergenerational transmission of violence and SLT posit that early relationships between children and their parents set a foundation of “normative” and acceptable behaviors that might lead some individuals to perpetuate the same behaviors as adults (Wareham et al., 2009). Our study’s findings confirm and extend both theories. The DV exposure in childhood contributed to the participants’ normalization and perpetration of violence as adults (i.e., overestimating the percentage of men who engage in IPV).

At the same time we must be careful how to interpret the findings to ensure that they are not taken out of context. We must remember that many children exposed to DV do not normalize violent behaviors or perpetrate IPV in their adulthood (Delsol & Margolin, 2004; Wareham et al., 2009). Conversely, not all perpetrators of IPV were exposed to DV in childhood. Regardless of the presence or lack of exposure to violence, or the influence or lack of other factors (e.g., alcohol or drug influence), adults could still decide to perpetrate in calculated manners (i.e., generally to their partner not a stranger, and in private), and use various tactics to maintain control, intimidate, and instill fear in their partner (Aymer, 2008; Carney & Buttell, 2006).

Although our findings illuminate a potential mediator of the relationship between childhood DV exposure and subsequent adult IPV perpetration, we do not see this link as way of rationalizing or explaining away an adult’s choice to engage in IPV. We view these findings as important in understanding exposure to DV in childhood and subsequent adult IPV perpetration. We aim to ultimately gain insight into factors that might help to prevent violence, whether that be at the primary prevention level before exposure, at the secondary level with early detection and intervention to early signs of violence, or tertiary intervention after a pattern of abusive behavior has been established. The field needs additional pieces of the puzzle, and this article might help to provide one of them. Just as alcohol and drugs are not an excuse for DV, neither should be childhood exposure to DV. However, just as incorporating substance abuse in DV treatment could improve outcomes for those affected, carefully addressing exposure to DV and its related elements (e.g., normalization of violence) might enhance IPV treatment where relevant.

Limitations

One limitation of this study is that there was no nonviolent comparison group. It would be helpful to have information on men who were exposed to DV as children but did not become violent adults. This could help to distinguish differing characteristics between those who became violent and those who did not. Another typical limitation for most studies investigating exposure to DV and IPV perpetration is reliance on retrospective reports. With retrospective studies it might be difficult for adult men to accurately remember their levels of exposure to DV as children. It could also be that some men, eager to blame their histories rather than accept personal responsibility for their violent behavior, overreported childhood exposure to DV. Alternatively, childhood exposure to DV might have been underreported due to social stigma.

Another limitation of this study is the small sample size ($N = 124$), reducing the generalizability of the study as a result of the uneven racial mix of the sample. Finally, the data from this study were cross-sectional, so it is difficult to make causal inferences about

the relationship between normalization of violence and engaging in IPV behavior. Notwithstanding these limitations, these results have potentially important implications for practice, in particular, prevention and intervention programs for IPV.

CONCLUSIONS AND IMPLICATIONS FOR PRACTICE AND RESEARCH

Because most DV is not reported to police or clinicians, it is likely that even more children are exposed to violence than have been reported. Children can normalize violence from seeing it at home, in the community, at school, in the media, and so on. As Delsol and Margolin (2004) speculated, “exposure to DV is perhaps one of a series of childhood adversities that tend to co-occur, which may contribute to adult perpetration” (p. 118). Our findings drive home the urgency of exploring early intervention approaches to protect at-risk (i.e., identified as having been exposed to DV) children and youth from exposure and its sequelae. Future research on prevention or early intervention should also include girls and young women at risk for perpetration. Providing normative feedback on the true prevalence of IPV could combat perceptions of “normality” that might come with exposure to IPV. Our results also signal a need for universal prevention efforts among all children, youth, and adults, not only those at risk. Similar to findings in the substance abuse field, a person might be less likely to perpetrate IPV if he or she believes that the behavior is unacceptable and outside the norm (Lewis & Neighbors, 2007; Neighbors et al., 2010) and perceives nonviolent relationships as normal.

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TABLE 1

Demographics by Childhood Domestic Violence Exposure

	No	Low	High	<i>F/χ</i>
Age	39.76	39.75	38.86	<i>F</i> = 0.92
Has children	75.9%	72.7%	74.5%	$\chi^2 = 0.09$
Race/ethnicity				$\chi^2 = 7.97$
Caucasian	62.1%	72.7%	58.8%	
Black/African American	20.7	13.6	17.6	
Asian	3.4	2.3	0.0	
American Indian or Alaskan Native	3.4	4.5	3.9	
Hawaiian or Pacific Islander	0.0	2.3	5.9	
Other	10.3	4.5	11.8	
Hispanic	14.3%	42.9%	42.9%	$\chi^2 = 0.38$
Education level				$\chi^2 = 4.31$
High school diploma or less	20.7%	25.0%	21.6%	
College degree or less	69.0	56.8	72.5	
Graduate degree or less	10.3	18.2	5.9	

Note. No test statistic was significant (*p* > .10).

TABLE 2

Intimate Partner Violence Perpetration by Childhood Domestic Violence Exposure

	No	Low	High	<i>F(p)</i>
Psychological aggression count: Minor (e.g., insulted or swore at partner)	3.63	3.73	3.80	1.50
Psychological aggression count: Severe (e.g., called my partner fat or ugly) ^{a, b}	1.20	1.42	1.98	6.736***
Physical assault count: Minor (e.g., pushed or shoved my partner) ^{a, b}	1.87	2.03	2.84	8.468***
Physical assault count: Severe (e.g., used a knife or gun on my partner)	0.63	0.90	1.21	2.635*
Sexual coercion count: Minor (e.g., made partner have sex without condom) ^b	0.41	0.36	0.66	3.523**
Sexual coercion count: Severe (e.g., used force to make my partner have sex)	0.04	0.09	0.11	0.592
Injury count: Minor (e.g., felt physical pain the next day due to a fight with partner)	0.76	0.71	0.87	0.688
Injury count: Severe (e.g., went to a doctor because of a fight with my partner) ^b	0.17	0.17	0.39	3.353**

^aNot significantly different from high.

^bLow significantly different from high.

* *p* .10.

** *p* .05.

*** *p* .01.

TABLE 3

Perceived Consequences of Domestic Violence Questionnaire (PCDVQ) by Childhood Domestic Violence Exposure: Means, Frequencies, and Percentages Endorsing Items at Least Once in Past 30 Days

	No	Low	High	F	χ^2
PCDVQ sum (range = 0–797)	118.14	59.82	107.62	2.579	
PCDVQ count (range = 0–21)	9.59	9.82	10.43	0.389	
Item Results	Mean Frequency				
	Percentage Endorsing Item				
Distracted at work or school	10.21	8.49	14.08	0.694	
	71.4%	82.9%	74.0%		1.515
Felt down	12.55	9.86	11.94	0.269	
	86.2%	97.7%	90.6%		3.456
Your behavior scared you	4.83	1.32	5.96	1.185	
	55.2%	47.7%	54.7%		0.589
Felt bad about the way you treated your partner	24.79	8.25	14.92	2.699	
	86.2%	93.2%	92.5%		1.228
You missed a day of school or work	0.52	0.21	0.34	0.864	
	20.7%	14.3%	14.0%		0.718
Worried about partner leaving or threatening divorce	13.66	4.43	7.75	1.758	
	62.1%	43.2%	62.3%		4.193
Relative or friend avoided you	0.21	0.32	0.81	0.530	
	7.1%	6.8%	15.4%		2.294
Worried you were going to be exposed or found out	5.41	1.23	2.32	2.261	
	27.6%	27.3%	30.2%		0.118
Worried about what abuse was doing to your children	15.71	7.09	13.36	1.840	
	66.7%	66.7%	66.7%		0.00
You had injuries due to a fight with partner	0.34	0.16	0.19	0.471	
	10.3%	13.6%	9.4%		0.452
Caused shame or embarrassment to someone	0.90	0.89	4.75	2.928*	
	34.5%	34.1%	60.8%		8.539**
Worried about losing respect of friends and relatives	5.31	2.20	2.40	2.236	

	No	Low	High	F	χ^2
Worried you would be arrested for abuse	41.4%	47.7%	39.6%	0.447	0.678
Had a fight, bad feelings with a friend	24.1%	27.3%	15.4%	1.526	2.133
Had a fight, bad feelings with family	17.2%	6.8%	15.1%	1.374	2.187
Your children were afraid of you	0.45	0.48	1.34	1.008	1.544
Your behavior frightened your partner	17.2%	20.5%	28.3%	0.722	4.134
Worried that you were going to seriously injure your partner	0.59	1.59	2.18	0.845	1.341
Felt that you were losing respect for yourself	11.83	2.58	7.25	7.327***	2.616
Got arrested or in trouble with law due to abuse	69.0%	74.4%	75.5%	0.931	0.431
Were not able to do regular activities around the house	0.00	0.02	0.00	1.814	1.879
Felt you were going crazy	0.0%	2.3%	0.0%	1.453	0.906
Worried about losing your job	2.00	1.35	3.36	1.452	0.544
Family, friend, or neighbor avoided you or told you to cut it out	48.3%	37.2%	43.4%	0.480	3.282
Work performance suffered	4.38	3.30	7.19	0.775	0.660
Behavior interfered with seeing children	58.6%	50.0%	54.7%	2.092	5.266*
Went to hospital or doctor due to fight with partner	1.71	0.71	0.37	0.572	1.307

.10' *p*

'05' *p*
**
'01' *p*
*

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TABLE 4

The Mediating Effects of Perceived Norms on the Relationship Between Childhood Domestic Violence Exposure and Intimate Partner Violence Perpetration (Standardized Betas Presented)

Dependent Variable	Partial Model	Full Model	
	Domestic Violence Exposure	Domestic Violence Exposure	Perceived Norms
Psychological aggression count: Minor	0.124 *	0.114	−0.108
Psychological aggression count: Severe	0.338 ***	0.278 ***	0.207 ***
Physical assault count: Minor	0.322 ***	0.218 **	0.187 **
Physical assault count: Severe	0.224 ***	0.140	0.245 ***
Sexual coercion count: Minor	0.181 ***	0.146	0.086
Sexual coercion count: Severe	0.030	0.025	0.096
Injury count: Minor	0.103	−0.020	0.179 **
Injury count: Severe	0.144 **	0.118	0.175 **

*
p .10.

**
p .05.

p .01.