

Effect of Psychological Well-being on Transmission of Domestic Violence

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Introduction

- In the US, nearly **one in every three** adult women experiences at least one physical assault by a partner during adulthood (The World Health Organization, 2016).
- In the US, **15 million** children are exposed to domestic violence in their home, and **7 million children** live in families with severe violence. (McDonald, Jouriles, Ramisetty-mikler, Caetano, & Green, 2006).
- Many long-lasting effects from experiencing violence in childhood have been observed, including: anxiety, depression, PTSD, low esteem, substance abuse, antisocial behaviors, low academic achievement (e.g., Maxwell, Callahan, Ruggero, & Janis, 2016).

- Exposure to domestic violence as a child has been linked with perpetuating violence in one's own relationship later in life (e.g., Yeager, & Loving, 2015).
- Not all individuals who were exposed to family violence during childhood continue to perpetuate violence (Bancroft, Silverman, & Ritchie, 2012).
- It is important to identify potential moderators that may disrupt and stop this cycle of violence.

Vulnerability-Stress-Adaptation (VSA) Model

- Individual differences in enduring vulnerabilities, such as family-of-origin experiences, affect how individuals and couples adapt in later life, such as if they continue to experience violence in their future romantic relationships (Karney & Bradbury, 1995).
- Three theoretical factors that influence overall relationship satisfaction and stability include:
 - a) **enduring vulnerabilities**
 - b) **stressful life events**
 - c) **adaptive processes**

Present Study

- **Aim:** Understand how psychological well-being as a latent construct and childhood exposure to parental violence both being a victim and perpetrator of violence in adult relationships using structural equation modeling.
- **Hypothesis:** Psychological well-being will be associated with lower odds of experiencing IPV in later adult intimate relationships. It also acts as a protective factor which moderates the relationship between childhood exposure to violence and adulthood IPV.

Method

- Add Health Data:
 - Longitudinal design across 14 years at 4 waves,
 - Reports from parents and the child initially, and then the adult child at later waves.
- Data were collected using an in-school survey, and followed by an in-home interview.
- Data were taken from Wave I (7-12), Wave III (14-19) and Wave IV (24-32)
- $N = 3,193$ (1447 male & 1746 female)

Variables

- **Predictor:**

- *Adolescent exposure to violence*

- How often their parents or other adult caregivers slapped, hit, kicked, neglected, forced them to have sexual relations, or touched them in a sexual way, by the time they started the 6th grade (Wave III)

- *Psychological wellness (latent construct)*

- **Self - esteem.** “You have a lot of good qualities”, “a lot to be proud of”, “just as good as other people” (Wave I)
 - **Self - worth.** “You feel wanted and loved”, you feel socially accepted” (Wave I)
 - **Life satisfaction.** “You are happy”, “enjoyed life”, “feel hopeful about future” (Wave I)



- **Outcome:**

- *Perpetration of IPV in adulthood (dichotomous)*

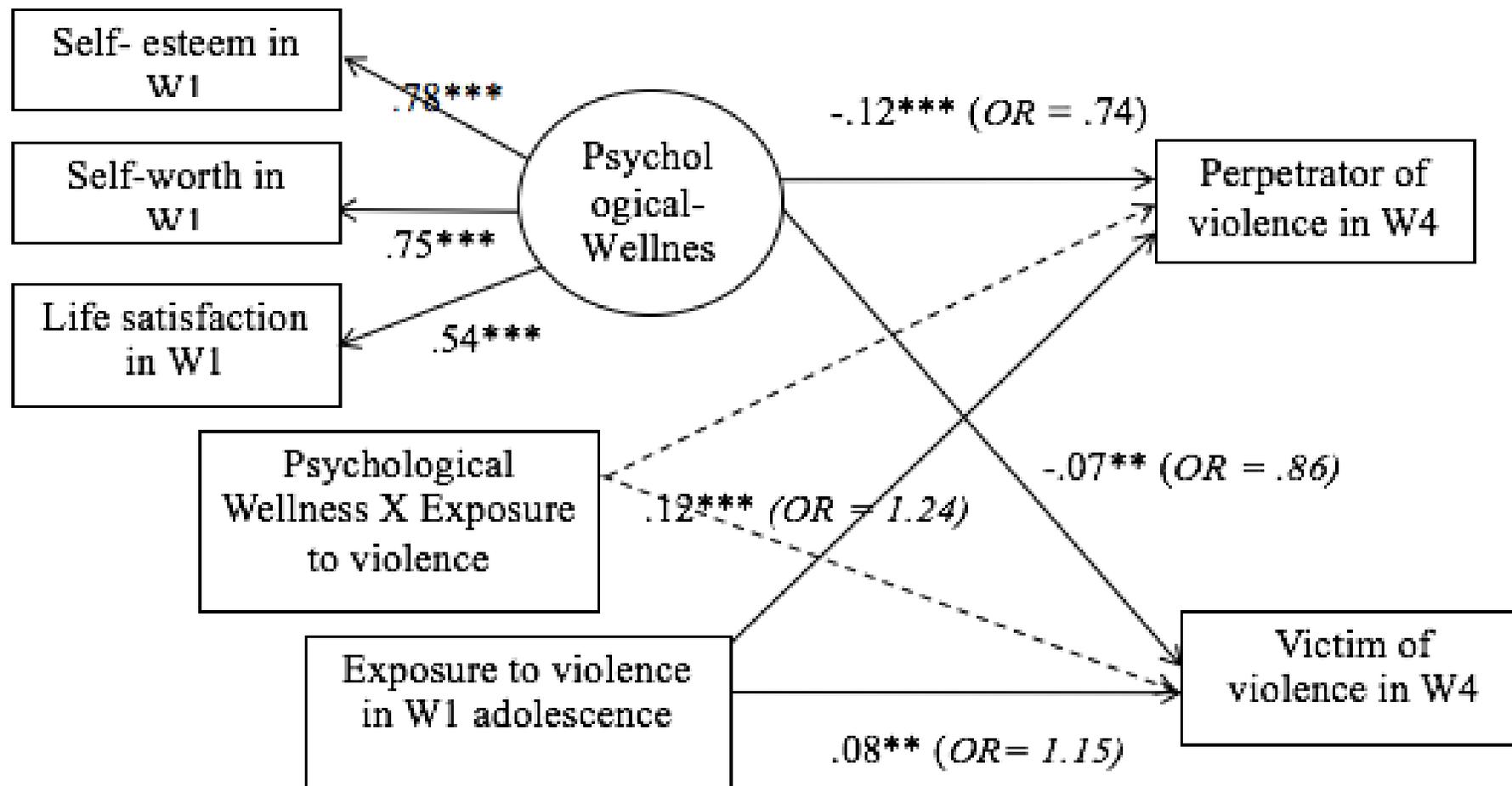
- Frequency of physical and/or sexual violence (e. g., hitting, kicking, pushing, shoving, throwing, slapping, threatening, having injury, and unwanted sex) at Wave IV was committed toward the current partner.

- *Victimization of IPV in adulthood (dichotomous)*

- Frequency of physical and/or sexual violence (e. g., hitting, kicking, pushing, shoving, throwing, slapping, threatening, having injury, and unwanted sex) at Wave IV that was committed by the current partner against them.

Analysis Plan

- Latent interaction term was created between latent psychological well-being variable and the domestic violence variable at
- Odds ratios were used to interpret predictions of these dichotomous outcomes.



Results – Correlations

- W4 perpetration was significantly related to early exposure of family violence ($r = .09, p < .01$), W1 self-esteem ($r = -.05, p < .01$), W1 self-worth ($r = -.07, p < .01$), and W1 life satisfaction ($r = -.07, p < .01$).
- W4 victimization was found significantly related to early exposure to violence ($r = .07, p < .01$), and life satisfaction ($r = -.06, p < .01$).

Results – Odds Ratios

- With every unit increase in the variable exposure to domestic violence in adolescence increased the likelihood of later adult perpetration by 23% ($b = .29, p < .001, OR = 1.23$), and victimization by 15% ($b = .14, p < .05, OR = 1.15$).
- Further, higher psychological well-being was associated with a 14% reduction in the odds of being a victim of IPV in adulthood ($b = -.15, p < .05, OR = .86$) and a 26% reduction in the odds of being a perpetrator of IPV ($b = -.20, p < .001, OR = .74$).

Discussion

- Moderator did not interact with exposure to violence in adolescence to reduce later risk of behaving violently and exposing to violence.
- Early exposure to DV was more like to increase the risk of both partner violence perpetration and victimization in adulthood.
- Well-being as a main effect, was linked with lower levels of IPV in adult relationships.

Clinical Implications

- Increasing adolescents' psychological well-being (i.e., self-esteem, worth and happiness)
 - increase the confidence, mood, and quality of relationships of adolescents.
 - assist adolescents to find their values