

ACADEMIC THESIS

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**Exploring intimate partner violence in the
relationships of adolescents and young
adults.**

**Thesis submitted to the University of Nottingham for the
degree of Doctor of Forensic Psychology**

Submitted for Examination: 2017

Dedication

This thesis is dedicated to young women who are affected by violence and other issues raised herein. I hope the findings helped to provide a clearer understanding and assisted victims in moving towards a life free from violence. Additionally, my dedication is extended to those individuals who work with victims of intimate partner violence; your hard work and compassion are inspiring.

Abstract

Although the issue of intimate partner violence (IPV) has received much attention, this has largely focused on adult relationships despite recent findings indicating that IPV is also a substantial problem in adolescent and young adult (AYA) relationships. Particularly, there has been little research conducted in the UK. The thesis followed a developmental pathway with each chapter mapping onto a different stage of development from early childhood to young adulthood. The thesis began with a case study that explored and mapped IPV with a specific individual and how her early experiences and attachment difficulties presented later in her intimate relationships. Specifically, the case study highlighted the client's insecure anxious attachment style appeared to underpin her pattern of forming intimate relationships where she was at risk of being victimized, and later of perpetrating abuse. The importance of early environments and familial risk factors was then focused on in greater detail in the systematic review. The review highlighted that children who had been maltreated and those who were exposed to parental violence were at greater risk of being victims of IPV when they were older. Social learning theory was utilised as an approach to understand this as individuals may normalise aggressive behaviours they are exposed to as a child, leading to them becoming entrenched patterns of dealing with their own conflict as they grow up. The findings from the systematic review also highlighted the need to utilise a measure of conflict that was developed and validated with AYA, which was the focus of chapter 3 and in doing so moved further into the developmental pathway by focusing on adolescent conflict behaviours specifically. Finally, the research study looked at factors and prevalence rates involved in the re-victimization of IPV in AYA aged 16-24. Prevalence of emotional violence was highest, being endorsed by 40% of the study cohort. When focusing on re-victimization, it was found that coping style was not a predictor of IPV re-victimization in the current study population, although attitude to IPV and having a partner who utilised aggressive methods to deal with conflict were predictors. In conclusion, the findings provide greater context to AYA IPV in the UK, however early intervention work looking specifically at emotional violence and attitudes to IPV should be focused on in order to reduce the risk of re-victimization into young adulthood.

Authorship Declaration

There are no conflicts of interest or other author declarations, such as publications, to disclose.

Acknowledgements

Firstly, I would like to extend my thanks to my two supervisors Dr. Ruth Tully and Prof. Kevin Browne, your guidance and knowledge ensured that I remained focused over the course of this doctorate. There are many people who have been part of this journey with me, and I would not have been able to complete this doctorate without their support, love, and patience. From those dear friends who helped me pick this lane and pursue my passion when I was unsure, to those who motivated me to continue when I was feeling overwhelmed. To my family who provided me with a sense of normality over the course of these 2 years, I am eternally grateful. My parents, Sukhdev and Jasbir, who have been unrelenting in their support and love for me, I cannot ever thank you enough. To my darling sisters Kavita and Talisa, thank you for providing me with things to look forward to, including quiet time to unwind. My dear grandad, your ability to embrace change has provided me with belief in my own ability, and that in the end, everything is always ok. I have been exceptionally lucky to have a number of friends who were, and continue to be, so incredibly understanding of the task ahead of me, and were on hand at a moment's notice to offer me reassurance and humour; Raj, Ali, and Amreen, I cannot thank you enough. To Karla, we started this journey as strangers, and we complete it together as colleagues but most importantly, as life-long friends. You have kept me going and reminded me why we wish to enter this field, and the good work there is to do ahead of us. All of these people mentioned, and so many more, did not choose to have this training eclipse their lives, but knowing how important it was to me, they took it on and did so without complaint. I have seen myself grow and learnt much about myself through the course of this doctorate, and I am clearer now more than ever that this kind of support and love is a rarity. I am so exceptionally lucky to be surrounded by such positivity and kindness. Sincerely and eternally-thank you all.

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Introduction

Aim and structure of thesis

The aim of this thesis was to explore intimate partner violence in adolescent and young adult relationships. The key definitions of importance for this thesis were Adolescence & Young Adults (AYA), and Intimate Partner Violence (IPV). Since there is not a standardized age range for AYA, the rationale for using 16-24 years old was a significant part of thesis development. With regard to the lower limit, this was guided by the UK recently broadening its official definition of domestic violence to include 16 year olds stating "any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family member regardless of gender or sexuality." (Home Office, 2013). Therefore a lower limit of 16 years old was appropriate as the thesis focused on a UK AYA population. Regarding the upper limit, direction was taken from the Office of National Statistics who consider young adults as those up to the age of 24 years old. Additionally, some key studies looking at IPV in this age group, such as an extensive one conducted by the World Health Organisation (2012) also used the upper limit for AYA as 24 years old. Therefore, for the purpose of this thesis 'AYA' was defined as individuals between the ages of 16-24 years old.

Defining Intimate Partner Violence (IPV) was perhaps more straightforward as the same broad definition is used more commonly i.e. specific violent behaviour between a former or current couple that includes physical aggression, sexual violence, or psychological control (Calvete, Corral & Estevez, 2007). However, the difficulty is often in further defining each type of violence and negotiating grey areas between 'normal' and abusive behaviour in relationships. Additionally, contrary to assumption men are also victims of IPV (Drijber, Reijnders & Ceelen, 2013) and women can be perpetrators (Stuart & Moore et al., 2006). However, Gadd & Fox et al. (2013) found that although some males were victimized by their partners they often retaliated with more violence. Additionally, male participants did not report fearing their partners in the same way females have reported fear in intimate relationships. It is generally accepted therefore that there are gender

specific issues relating to IPV (Reed & Raj et al., 2010) thus the thesis focused on female victims of IPV in order to better understand the issues related to victimization.

With the important definitions established, the thesis then focused on attachment style and social learning theory as approaches to conceptualise AYA IPV and underpin the thesis chapters. Social Learning Theory (Bandura, 1973) is based on the idea that behaviours displayed by caregivers, including maladaptive behaviours such as aggression, are observed and modelled by children. The child then learns that this behaviour is normal and imitates this in their learned pattern of behaviour within their own relationships, including their intimate relationships. This strengthens the importance of focusing on early experiences where children learn to normalise violent behaviours, and how this may make it more likely that they go on to experience violence in their relationships. Linked to early experiences and interactions with caregivers, is Attachment Theory (Bowlby, 1973). Specifically, this theory recognises that the bond between a caregiver and child, including how the child's needs are met, is important in the personal and emotional development of the child. Therefore, if the child's needs are not met by their caregiver, or there is not a strong and consistent attachment to a caregiver, the child may develop difficulties into adulthood with forming healthy attachments, including romantic ones. Together, these theoretical approaches complement each other and draw on the importance of early experiences with parents/caregivers in observing acceptable ways to deal with conflict in relationships, and also how these early attachments are fundamental in building healthy emotional bonds with others. When there are difficulties in early experiences, this may result in insecure attachments or early beliefs that violence is an acceptable way to manage conflict, together increasing the risk of experiencing IPV in AYA relationships.

Although AYA IPV research from the UK has been somewhat limited, the studies that are available have been of great importance in providing an overview of the issues apparent to AYA in the UK (Barter et al., 2009, Fox & Corr et al., 2013, Gadd & Fox, 2013). The landmark work of Barter and colleagues in particular highlighted

that teenagers experienced as much IPV as their older adolescent peers, emphasising the vulnerabilities surrounding this age group as a whole. Additionally, Barter's work recognised that although males also experienced IPV at the hands of their partners, females experienced more violence and greater negative consequences due to their experiences compared to males. Similarly, findings by Gadd & Fox et al. (2013) highlighted that male victims appeared to manage their experience differently to females including less fear of their female perpetrator.

Furthermore, many of the UK findings were consistent with other international studies that adolescents were not only more likely to experience IPV than their older counterparts (Stöckl, March, & Pallitto et al., 2014), but it was more likely to be on repeated occasions (Fox & Corr et al., 2013), this was particularly the case when the male partner was "older or much older" (Barter, 2009). The available UK literature also highlighted that one of the main issues for young people was their lack of insight that experience of IPV was not a normal part of a healthy relationship (Schutt, 2006) and furthermore, that younger people endorsed forgiving IPV from an intimate partner which may perpetuate the violence. The UK literature also maintained the findings that young people were less likely to seek help from adults regarding their IPV experiences (Fox & Corr et al., 2013). This finding was also supported by Schutt (2006) who found that young people were more likely to speak to their peers about IPV. Collectively, the available literature from the UK highlighted that AYA appeared to normalise IPV, which could be a factor in it becoming a recurrent pattern within their relationships hence the need to develop a more robust understanding about violence in this age range and reduce the likelihood that continues in their developmental pathway.

Currently however, a clear understanding of the rates of recurrence or re-victimization in AYA populations particularly in the UK, and the factors related to this, have not been studied. This is addressed in the current thesis. Additionally, although the literature highlights that early familial experiences are important, this has not been systematically reviewed to ascertain which early familial factors in particular increase the likelihood of IPV as one gets older. The current thesis aims

to systematically consider the specific aspects of early familial risk factors for experiencing AYA IPV which could then inform the focus of interventions.

The structure of the thesis followed a developmental pathway starting with a focus on early childhood and moving across to adolescence and young adulthood (figure 1). The case study allowed an individual's experience of IPV to be mapped and consequently highlighted the importance of early experiences in developing an understanding of oneself and one's relationships, sometimes known as schema. Schema are negative patterns of thinking and behaving which are formed through learned associations (Bem, 1981) and provide 'shortcuts' to understanding information. As these learned associations become stronger or more entrenched, they can be activated easier, and thus become further entrenched which further reinforces the negative behaviour. Similarly to Social Learning Theory, the learning of negative behaviors is pivotal in the development of how behaviours are understood. Furthermore, the importance of the individual having a stable base or secure attachment is the focus of schema interventions. Therefore, given the Client's history of IPV, sexual difficulties, and presentation, a Schema Focused intervention was utilised in order to identify her maladaptive schema and begin to work on a healthier attachment and stable base with the view that the client would learn more positive ways of managing difficult interactions. Since schemas are rooted in early childhood experiences, chapter 2 specifically focused on which early familial experiences were risk factors for IPV.

The findings from the systematic review highlighted the need to utilise a measure of conflict that was developed and validated with AYA, which was the focus of chapter 3 and in doing so moved further into the developmental pathway by focusing on AYA conflict behaviours. The importance of peers in influencing attitudes towards IPV has been well documented particularly as they move further in their development, therefore general IPV attitudes were empirically studied further in chapter 4 as a predictor of re-victimization. Further, the impact of coping styles at this developmentally critical age was considered as a factor in the reoccurrence of violence in relationships.

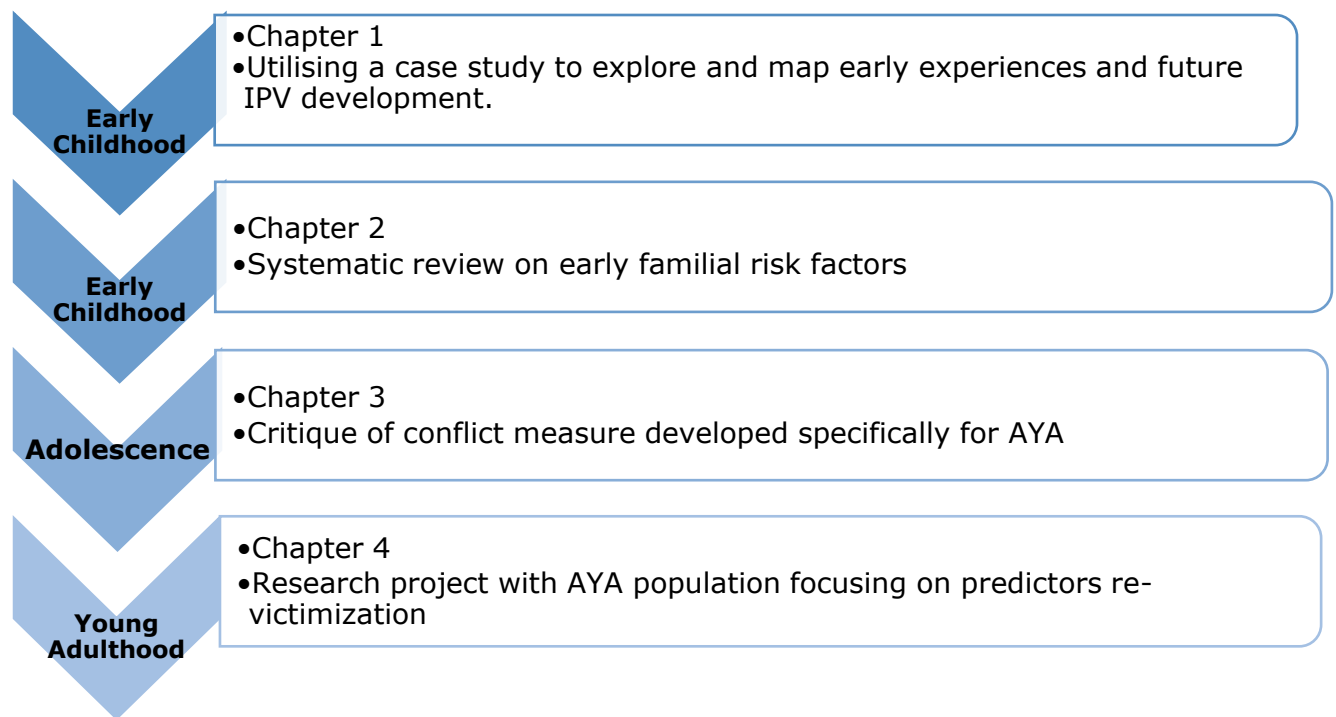


Figure 1: Thesis structure and formation following a developmental pathway

With this in mind, the following questions were addressed in the current thesis:

1. How can a client's early experiences impact their development and IPV difficulties?
2. Which familial risk factors predict intimate partner violence in AYA relationships?
3. What is an effective measure of conflict in AYA relationships?
4. What are the predictors of AYA being re-victimized in their intimate relationships?
5. What are the prevalence rates for different types of violence, in a UK population?

The developmental pathway allowed these questions to be explored and addressed, with each chapter focusing on a part of the pathway. The thesis was organised into five main chapters:

Chapter 1 consisted of a case study where experience of IPV was explored and mapped with a specific individual and further thesis chapters focused on particular aspects that were identified more broadly. Early familial experiences, difficulties in

sexual development, and aspects of personality were important in the client's understanding of sexual boundaries leading to historical sexual victimization by intimate partners, and her own sexual perpetration. Assessments looking at schema, personality, and coping styles were administered. Psychometrics highlighted that the client held many entrenched schema, most significant were Abandonment, Recognition-Seeking, and Pessimism/ Worry. The client's high scores on the Depressive and Dependent scales on the MCMI-III indicated that she was likely to develop strong dependent attachments to others. The intervention therefore consisted of mapping of sexual development, schema education, and exploring boundaries in intimate and non-intimate relationships. The case study highlighted how relationship boundaries were implicated in both IPV victimization, and in sexual perpetration. Underpinning this was her insecure anxious attachment style, personality factors, and a number of early maladaptive schemas stemmed from early familial risk factors and a disrupted family environment. The client's case study strengthened the importance of identifying early familial risk factors, including attachment styles, in more detail and was the foundation for chapter 2.

Specifically, chapter 2 aimed to present a literature review following a systematic approach examining familial risk factors for experiencing IPV in AYA relationships in greater detail. This chapter confirmed that from the studies included, maltreatment in early childhood was an important factor in experiencing IPV later in life. Other important risk factors identified in the review were exposure to parental violence, and attachment style although there was some variation with regard to the impact of different types of attachment style. To a lesser degree, family dynamics were also highlighted as a risk factor. There were many strengths of the review including a large sample size and many studies utilised items from the same measure allowing a degree of generalizability. A significant limitation was that none of the studies utilised a UK sample therefore it is difficult to generalize the findings to a UK population.

Moving further across the developmental pathway, chapter 3 critically evaluated the Conflict in Adolescent Dating Relationships Inventory (CADRI, Wolfe et al., 2001) as a measure to examine the degree of conflict and violence specifically between

adolescent dating partners. As highlighted in chapter 2, many studies using AYA populations still utilised other measures such as the Conflict Tactics Scales 2 (CTS-2, Straus, 1996) as it is a well-developed, popular measure regardless of the fact that it was designed to measure adult conflict and does not distinguish between adolescent and adult conflict behaviours. The psychometric properties of the CADRI were explored and its effectiveness in measuring distinct patterns of conflict abuse in adolescent relationships were discussed. Specifically, internal reliability, test-retest reliability and concurrent validity were assessed, all of which were at acceptable levels although the reliability and validity was reliant on the initial developmental study of the measure which increased the risk of developer bias.

Chapter 4 moved further along the developmental pathway and drew on UK and international findings that at this social development stage, peers become more influential in the development of attitudes, particularly concerning IPV attitudes. It was hypothesised that holding attitudes which support, justify, or minimise IPV may lead to it becoming normalised in relationships and subsequently repeated leading to re-victimization. Therefore the empirical research examined factors involved in predicting IPV re-victimization including coping style and experience of IPV as well as attitudes to IPV. Participants were grouped by their experience of IPV to determine their re-victimization status i.e. no experience of IPV, single episode of violence, and repeated episode of violence. This study also looked at prevalence of emotional, physical, and sexual violence in AYA relationships, and importantly prevalence of re-victimization. For participants who did endorse experience of violence, the mean rates of re-victimization were high across all three types of IPV; emotional abuse (86%), physical abuse (72%), sexual abuse (61%).

The thesis concluded with chapter 5 and a discussion of the findings in relation to the aims of the thesis. The implications of the findings were considered in terms of research and clinical practice, and a model of IPV victimization based on existing models was offered that was specific to AYA and considered their psychosocial development.

Chapter 1: Case Study

Utilising a case study to explore and map early experiences and future IPV development.

Abstract

Introduction: The aim of this case study was to identify the experience of IPV during adolescence with an individual, and to map out important areas that the remainder of the thesis then explored more broadly. The case study included assessment, formulation, and intervention for a Client who had Intimate Partner Violence (IPV) as a feature of her history. Difficulties in her sexual development pathway, as well as aspects of her personality were important in understanding her sexual boundaries leading to historical sexual victimization by adult intimate partners, and sexual perpetration towards children.

Method: A 5 P's formulation identified Client A's predisposing factors of insecure anxious attachment style which was important to consider in the intervention. Assessments looking at personality, schema, and coping styles were administered. Intervention consisted of schema education, mapping of sexual development and exploring boundaries in intimate and non-intimate relationships.

Results: Client A's responses on the MCMI-III supported clinically significant personality patterns, namely Borderline and Paranoid. Client A's high scores on the Depressive and Dependent scales indicated that she was likely to develop strong dependent attachments to others. Psychometrics also highlighted Client A had many entrenched schema, most significant were Abandonment, Recognition-Seeking, and Pessimism/ Worry. These elements of her functioning and personality were likely to be related to her early difficult experiences, including a lack of boundaries with parents and development of an insecure attachment pattern. Self-esteem appeared to decline during the course of therapy. There were some aspects of coping which improved such as seeking support.

Discussion: Relationship boundaries were implicated in both IPV victimization and sexual perpetration. Underpinning this was her insecure anxious attachment style and personality factors which were grounded in difficulties experienced earlier on in her development.

Introduction

Client A was referred to the author in order to undergo SOT (Sex Offender Treatment) intervention. This was largely focused on Schema Awareness as it was important for her clinical team to gain a better understanding of Client A's current sexual thoughts, urges and preoccupations to help determine her risk of sexually offending. Additionally, this case study allowed the client's history to be mapped from an early age to identify how these difficulties may have developed and how they presented with regard to her experience of IPV.

Intimate partner violence (IPV) and sexual victimization were prominent features of Client A's formulation. Related to this, the questions this case study aimed to address were; 'How can a client's early experiences impact their development and IPV difficulties? Where might this have stemmed from, and what intervention could help her recovery?' These questions were important in order to understand how early experiences of sexual victimization during AYA can manifest when coupled with other difficulties. Understanding the formulation helped to identify an effective intervention to reduce further risk of victimization. Additionally, this case study identified the important features of IPV for an individual, with later chapters broadening these findings to AYA more generally.

The literature has identified that early risk factors such as insecure anxious attachment (Grynych & Kinsfogel, 2010, Dempster 2015) and family factors (Makin-Byrd & Bierman 2013, Maas & Fleming et al., 2010, Vezina, Hébert, & Poulin et al., 2015) are important in female AYA's likelihood of being a victim of IPV. These factors are also present in juvenile sex offender literature, with attachment style (Qayum 2012, Rich 2005,) being of particular importance. Therefore, the formulation allowed areas of joint therapeutic need to be identified for the risk of both future IPV and sexual offending. It also allowed wider connections between her attachment style and the current relationships she forms to be made.

Developing a secure attachment with the therapist (Young, Klosko & Weishar, 2003) was important in allowing Client A to learn to talk about her sexual history and current sexual thoughts without anxieties that in doing so she would fracture

the therapeutic attachment. In line with the Good Lives Model (Ward, 2002) it was also important to balance the sensitivity of the disclosures (and the consequences of this for her), with building her self-esteem and her ability to lead a meaningful life (Ward, 2002). Formulating for Client A identified a number of predisposing issues which were important in her current presentation such as, poor physical boundaries within the family, non-consensual sexual intercourse with intimate partners, sexual exploitation on the internet, and bullying at school. These factors, along with important precipitating factors, appeared to perpetuate the current issues therefore it was important to understand the interaction between these factors in order to map the client's difficulties and identify areas of importance for AYA's experiencing IPV.

The case study highlighted how IPV during adolescence and young adulthood can manifest and in particular the importance of exploring early predisposing factors such as family environment and relational boundaries to understand how this may lead to the experience of IPV further into the developmental pathway. The remaining thesis chapters were also structured to reflect this.

Reason for referral

Client A was transferred to the hospital on Section 3 of the Mental Health Act primarily for her prolific self-harm behaviour which was often sexual in nature. There were concerns regarding her sexualised behaviour and history of sexually inappropriate behaviour with young male and female family members. Client A had made progress in her recovery since admission, specifically she had not self-harmed in 4 months. However as she was seeking home leave and contact with her two young siblings it was necessary to assess Client A's current functioning, and obtain an understanding of the underlying factors involved in her thoughts and behaviours to allow a client-centered treatment plan and reduce risk to herself or any potential victims.

The case was referred by her multi-disciplinary team (MDT) in order to obtain a detailed formulation of past and current issues regarding attachments and how this

impacted the client's vulnerability and risk of becoming involved in inappropriate relationships, both as victim and as perpetrator. Additionally, it was important for the team to gain a better understanding of the client's current sexual thoughts, urges and preoccupations to help determine the degree to which this impacted her risk of sexually offending. In order to do this her sexual development journey needed to be established.

Guiding Theory

The assessment and treatment of Client A was guided by the literature available on both intimate partner violence in young relationships, and juvenile sexual offending. Both areas, although distinct from each other showed an overlap when considering attachment style. Attachment theory (Bowlby, 1973) states that the bond between a caregiver and child is important in influencing the beliefs a child holds about themselves, others, and the world around them. Furthermore, Bowlby stated that attachment patterns are relatively stable and consistent from childhood to adulthood, therefore romantic partners that one tends to choose are in line with the models that are developed during childhood. Consequently, childhood attachments with caregivers in the early years of life are decisive in how later attachments are made, including romantic ones.

Dempster & Rogers et al. (2015) posited that adolescents with anxious avoidant attachment styles were more likely to have experienced unwanted sex. Also, it has been suggested that an anxious attachment style is an important factor in early age of intercourse (Gentzler & Kerns, 2004) and heightens the risk of domestic abuse (Tracy, Shaver & Albino et al., 2003). Similarly, Yarkovsky & Timmons (2014) focused on the relationship between attachment style, age at first sexual intercourse, and dating victimization. They found that women reported higher rates of victimization if they were anxiously attached and were of an earlier age when they first had sex. Client A reported that she was 14 when she first had sex and described this as non-consensual with a man who was much older than her, 31 years old, whom she met online. This was also in line with findings from the World

Health Organisation (2012) that a risk factor for IPV was first sexual experience being unwanted or forced. Furthermore, the risk of IPV increased for young females if their male partner was much older than them (Barter & McCarry et al., 2009). In addition to this, Client A was victimized online on a number of occasions from a young age, often being coerced to perform sexual acts on camera for strangers. This was supported by findings from Sullivan, Erwin & Helms et al. (2010) who identified 'media and technology' as an overarching risk factor for victimization and perpetration of abuse in relationships. Collectively, this provided a picture of Client A's attachment style being implicated in her experiences of unwanted sex and sexual activities, including her very first experiences of sex, and that this was heightened by her partners often being much older than her.

Linked to her anxious attachment style was self-esteem, which was recognised as an important area of input. Self-esteem, as well as difficulties in communication and problem solving, have also been highlighted in the literature as being associated with dating victimization among youth (Smith & Donnelly 2001). Furthermore, Alvarez-Garcia & Pérez et al. (2015) found that with cybervictimization in particular, positive self-esteem was a protective factor. Similarly Fisher, Beech & Browne (1999), found significantly lower self-esteem in sexual offenders compared to non-offenders, as well as heightened emotional loneliness. Client A's self-esteem was self-reported, and observed by staff and family, as being low on a number of occasions, therefore by actively working to build her self-esteem and encouraging her protective factors, her risk of sexual victimization and perpetration could be reduced.

Self-harm behaviour was one of many maladaptive coping strategies Client A often utilised. Calvete, Corral & Estevez (2007) investigated schemas, coping, and depression in a sample of 'battered women'. The findings indicated that maladaptive cognitive schemas were associated with higher use of disengagement coping. Schemas are deep-seated thinking patterns which are difficult to modify without therapy, therefore by focusing on coping style and encouraging a more engagement coping style (i.e., problem solving, cognitive restructuring, expressing emotions and utilising social support) this may improve the strategies an individual

uses to cope with difficult experiences. Furthermore, Acierno & Resnick et al. (1999) found that maladaptive coping and younger age were associated with higher risk of re-victimisation. Therefore, addressing Client A's current coping strategies and encouraging healthier ways to deal with stressors was an important factor in reducing risk of re-victimization.

Early Maladaptive Schema are broad and pervasive toxic patterns of thinking, behaving, and acting that develop from our early childhood experiences and are elaborated as we grow older (Arntz & Jacob, 2012). With regard to the sexual offending and links to schemas, Qayum (2014) found distinct differences in the maladaptive schemas and attachment to caregivers in juvenile sex offenders. Particularly, those who offended against children were more likely to have a fearful attachment style, with higher scores on schema domains of subjugation and self-sacrifice. Rich (2005) importantly highlighted that insecure anxious attachment is not the sole factor in causing sexually abusive behaviour. However, such difficulties with early attachment are important vulnerabilities, which may become further entrenched by other risk factors as an individual develops into adulthood and this may increase the risk of sexually abusive behaviour. Similarly with intimate partner violence, attachment style alone does not cause an individual to become victimized or a perpetrator of violence, however when an attachment difficulty is present and other risk factors are apparent, the risk of IPV may be increased.

Social History for Client A

Client A was the eldest of 3 children. Her parents separated when she was 9 years old and her father disclosed to her that he was homosexual, but not to tell anyone therefore putting her in a difficult position of withholding information from her mother. She described feeling isolated at home and at school and did not have any friends. She also reported being bullied for being overweight. Due to her social isolation, Client A described utilising the internet for social and sexual contact. This included being coerced by older adults to perform sexual acts including masturbating on camera. When Client A was approximately 14 years old she began

self-harming by way of cutting. When she turned 18 years old she was admitted to the adult secure female service. There had been historical disclosures by Client A where she stated that she sexually touched a male family friend who was 7 years old at the time, and she had also had thoughts to touch her young female cousins. It was unclear what her current sexual thoughts or risk factors were. Additionally, Client A disclosed that she entered into a number of inappropriate intimate relationships in her teens which resulted in episodes of intimate partner violence, namely sexual and emotional abuse. Client A was diagnosed with an emerging personality disorder, likely to be emotionally unstable. Similarly, previous reports by clinicians indicated that Client A presented with an insecure anxious attachment style evident in her thinking patterns and behaviour, although the specific attachment assessment was not reported, therefore this is a tentative conclusion for the current case study. However, observationally it was consistently noted that Client A presented with a tendency to become overly attached to individuals in caregiver roles such as staff, but also to intimate partners making her vulnerable to abuse in relationships. Therefore a better understanding of Client A's sexual development trajectory, including her victimization during intimate relationships, and vulnerability to sexual exploitation were important to identify and understand in order to reduce the likelihood of this continuing into adulthood.

Assessment

Assessment methods included were largely based on psychometric testing, but also involved observations of Client A's behaviours with members of staff and peers, and within therapy sessions to observe her attachment patterns. Concurrent to the individual therapy, Client A completed a number of psychometric assessments including;

- MCMI-III (Millon Clinical Multiaxial Inventory- 3rd edition)
- Young Schema Questionnaire (Short-Form)
- Rosenberg Self-Esteem Questionnaire

- Coping Response Inventory (CRI)

The MCMI-III (Millon, Davis & Grossman, 2006) was used as a screening tool to indicate whether any clinical syndromes or personality level pathology may be present.

The Young Schema Questionnaire (YSQ- Young, 2003) assesses the presence of 18 Early Maladaptive Schemas (EMS). EMS are self-defeating ways of interacting with ourselves, others, and the world, so when a particular maladaptive schema is triggered, the individual may think, behave or experience emotions that are dysfunctional which can perpetuate the difficulties they are facing. Identifying EMS was an important step in providing a deeper understanding about the client's behaviour or thinking patterns in order to modify and work towards more helpful ways of functioning.

The Rosenberg Self-Esteem Scale (Rosenberg, 1965) measures self-esteem in individuals.

The Coping Response Inventory (Moos, 2004) is a brief self-report inventory that identifies cognitive and behavioural responses the individual uses to cope with a recent problem or stressful situation.

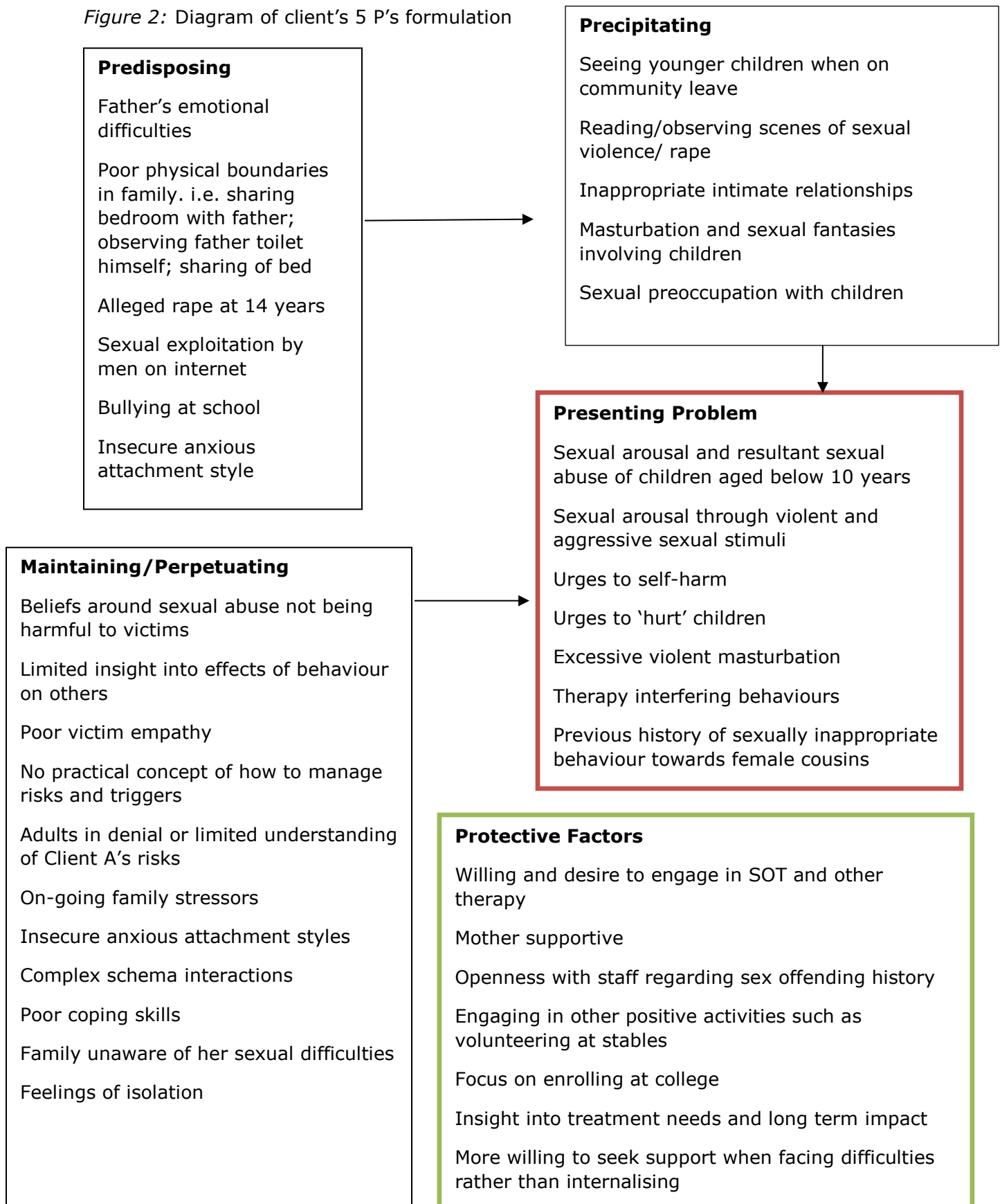
The formulation process was pivotal in providing a well-rounded understanding of how the problem arose. From the literature available, it is hypothesised that there were a number of early familial factors that were present for Client A including an insecure anxious attachment style, which often led to her becoming submissive in relationships in order to maintain the attachment and was the case in her sexual victimization, both with romantic partners and with strangers online. Her first sexual experience was described as being forced or unwanted, and this has been identified as a risk factor in being victimized in adulthood (WHO, 2012). Therefore it was important to address Client A's distorted sexual boundaries that she currently held, to allow her to form healthier relationships and reduce the risk of being a victim or perpetrator of sexual abuse.

5 P's Formulation (Weerasekera, 1996)

A 5 P's formulation was devised for Client A highlighting her presenting, predisposing, precipitating, perpetuating, and protective factors (figure 2). Understanding her difficulties and strengths in this way allowed the treatment plan to be individualised which has been linked to better patient outcomes (Hensley, 2012). A recurrent factor in the formulation was insecure anxious attachment style both historically and currently, and difficulty in understanding boundaries in relationships.

The formulation was also important in highlighting Client A's protective factors such as a willingness to engage in therapy, some support in completing therapy from her family particularly her mother, and focusing on future attainments such as further education and leisure activities. These protective factors were important to encourage and maintain as the content of therapy became more sensitive. It allowed a positive focus and also provided Client A with healthier outlets. The formulation is depicted in full below.

Figure 2: Diagram of client's 5 P's formulation



Client A's insight into her difficulties and treatment needs, in the therapists opinion, saw the largest shift over the course of her intervention, particularly in the last 8 sessions. She stated on many occasions during these latter sessions that 'I know I have done well, but I'm still having urges', 'I'm not fine', 'I need to do more Psychology'. She was able to identify and reflect on her increased openness and honesty in sessions and how this had been useful for her in exploring the difficulties she has. During the course of therapy it appeared Client A moved from a 'preparation' to an 'action' stage of change (Prochaska & DiClemente, 1992).

Intervention

The intervention was undertaken by the author with supervision provided, in addition to support from the MDT. In total 22 sessions were completed. This included 1 transition session at the start of therapy with the outgoing therapist, and 2 transition sessions at the end with the new incoming therapist. Given the number of changes in therapist for Client A, it was important that continuity of care was managed appropriately to allow a therapeutic alliance to begin to form seamlessly. From the formulation, specific objectives for therapy were identified including building self-esteem, understanding sexual boundaries, undergoing schema awareness, and identifying Client A's current sexual thoughts and preoccupation.

In addition to this, providing a positive experience of therapy and using it as a healthy attachment for her to utilise in future relationships was an overarching aim that ran through each session. Additionally, protective factors were highlighted and encouraged such as supporting her decision to enrol in college and being flexible with sessions to allow her volunteering at stables to be facilitated. This was in line with the Good Lives Model (Ward, 2002) and allowing the client to lead a more fulfilling life rather than simply focusing on her risk factors as a way of reducing her level of risk. Similarly, Rich (2005) highlighted the need to treat the individual as a whole person and not just a sex offender. Therefore it was imperative that there was also a focus on her positive attributes as an individual too.

The therapy plan was based on providing Client A with an understanding of schema and which domains were important for her. Further, it was important to look at

which situations triggered maladaptive schema being activated for her, and to have an understanding of how her behaviour was impacted due to this. This involved providing Client A with an understanding of how she may have learned to interpret particular situations, in line with a social learning theory approach, which overtime developed problematics 'shortcuts' in thinking and behaviour. Additionally, a narrative of her sexual developmental journey was mapped and areas of sexually inappropriate behaviour, both being a victim and perpetrator were explored. From this Client A had a safe and informed forum to discuss her current sexual thoughts and behaviours. Client A's intervention plan is shown in Table 1 below.

Area of Intervention	Number of sessions
Transition with outgoing therapist	1
Understanding boundaries in relationships	2
Schema education	5
Attachment & Sexual development mapping	12
Transition with incoming therapist and review	2

Table 1: Intervention plan for Client A

A large part of therapy involved talking about Client A's sexual development and experiences in an attempt to map her sexual journey and identify where her development may have been interrupted and the consequences of this. Twelve sessions were spent exploring this and it was in this section of therapy that she disclosed her current and previous sexual thoughts and urges.

Results

MCMI-III: Screening for clinical syndromes and personality disorder using the Millon Clinical Multiaxial Inventory- 3rd edition

Severe Personality Pathology

Client A's responses supported clinically significant personality patterns within two of the three domains, namely Borderline and Paranoid. Given the Borderline scale scores were highest it is likely that her deficits are primarily in regulating her

emotions and managing stressful situations. Client A expressed that in the past she would find it difficult to express how she was feeling and resorted to self-harm behaviours. She also found stressful situations difficult to manage and acted impulsively due to this.

Personality patterns

Client A's response supported a presence of a personality patterns, as her scores exceeded the guideline of 85, within the Depressive (104), Dependent (90) and Masochistic (86) scales. Client A's high scores on the Depressive and Dependent scales indicate that she is likely to develop strong dependent attachments with others, coupled with her depressive personality attributes this could lead to cycles of low mood and rejection/abandonment if the attachment is fractured or she is left wanting more.

Clinical syndromes

Client A scored highly on the Bipolar (111) and Anxiety (85) scales indicating prominence of clinical syndromes by exceeding the threshold score of 85.

Together, the MCMI-III provided an understanding of Client A's presentation. Her clinically elevated Depressive, Dependent, and Masochistic personality patterns helped to understand her tendency to become significantly and quickly attached to others, particularly in romantic relationships or those which are caring in nature. The self-defeating and depressive elements of her personality were often visible in the way she described herself and her presentation of low mood. In session she often looked for reassurance that she was doing well and worried a great deal about how she was perceived by others including the therapist. Client A presented with a complex amalgamation of Axis I and II syndromes, however due to her young age and the degree of psychological input there is still opportunity to work therapeutically towards modifying problematic elements of her personality. In turn, this could reduce her pattern of forming unhealthy intimate relationships.

Young's Schema Questionnaire-Short Form YSQ-3

Client A completed the YSQ-S3. It is suggested that a mean score of 2 or above for any of the 18 EMS is meaningful and should be explored further with the client. Generally speaking, a higher score indicates a more entrenched schema rooted in early childhood experiences. Client A's results suggested that 17 out of 18 EMS domains were meaningful for her. The one domain which was marginally below a score of 2, was 'Emotional Deprivation'. The highest scoring domains were 'Abandonment' ($m=5.6$), 'Admiration/ Recognition Seeking' ($m=5.2$), and 'Pessimism/ Worry' ($m=5$), these domains were likely to be most deeply entrenched for Client A and were regularly evident in her presentation. Table 2 shows Client A's results for each of the EMS on the YSQ-S3;

Schema Mode	Total	Mean
	9	1.8
Emotional Deprivation		
Abandonment	28	5.6
Mistrust	21	4.2
Social Isolation/ Alienation	20	4
Defectiveness/ Unlovability	17	3.4
Failure to Achieve	17	3.4
Practical Incompetence	18	3.6
Vulnerability to Harm/ Illness	19	3.8
Enmeshment	15	3
Subjugation	15	3
Self-sacrifice	15	3
Emotional Inhibition	17	3.4
Unrelenting Standards	20	4
Entitlement/ Superiority	22	4.4
Insufficient Self-Control	21	4.2
Admiration/ Recognition Seeking	26	5.2
Pessimism/ Worry	25	5
Self- Punitiveness	17	3.4

Table 2: Total and Mean scores on YSQ-3

Abandonment

This schema refers to the expectation that one will lose anyone with whom an emotional attachment is formed. The person believes that one way or another, the close relationships will end imminently (Young, 2003). Client A tended to surrender to this schema by becoming very dependent and attached to others. When that individual left or did not reciprocate the emotional attachment, Client A was left feeling rejected and this schema was strengthened. With regard to IPV, this often presented as staying in unhealthy relationships where she was repeatedly victimised, as the fear of abandonment was too overwhelming.

Recognition-Seeking

This schema refers to an excessive emphasis on gaining approval and recognition from others at the expense of one's own needs (Young, 2003). Client A tended to surrender to this and constantly required approval from others as evidenced in therapy sessions where she repeatedly sought validation that she was doing well. With respect to her intimate relationships, this often presented with her participating in sexual activities that she was unsure of in order to receive recognition from her intimate partner i.e. her online sexual behaviours and experiences of sexual intercourse.

Pessimism/ Worry

This schema refers to an exaggerated expectation that things will go wrong at any moment. This schema usually occurs when parents were pessimistic, worried, or expected the worst outcome (Young, 2003). It was unclear how Client A presented this schema, sometimes she worried excessively about things which were out of her control so there may have been elements of surrendering to this schema.

Also of interest was the finding that the Subjugation and Self-sacrifice schema modes which were highlighted by Qayum (2014) as being of particular importance for juvenile sex offenders, were not as entrenched which could indicate that therapy could be effective in modifying core thought patterns and help reduce the level of risk related to sexual offending towards children.

Rosenberg Self-Esteem Questionnaire

Client A scored 18 out of a possible 30 prior to the intervention. This dropped to 15 post intervention. The 'normal' range for this measure is between 15 and 25, with scores below 15 indicating low self-esteem (Rosenberg, 1965). Client A's score indicated that her self-esteem although still within the normal range declined through the duration of therapy. This may be due to the sensitive nature of her disclosures and the way she viewed herself due to this, i.e. 'I am dirty, I am worthless'. It was important therefore that she was actively encouraged and praised for being involved in her volunteer work and other past-times which made her feel good about herself and she was encouraged to utilise pro-social ways of communicating when she was feeling low about herself, to avoid reverting back to self-harm or other dysfunctional behaviours.

Coping Response Inventory (CRI)

The CRI is a self-report inventory which aims to identify the cognitive and behavioural coping response to a recent problem or stressful situation. The 8 scales measure two different coping styles, Approach Coping Style (Logical Analysis, Positive Reappraisal, Seeking Guidance and Support, and Problem Solving) and, Avoidant Coping Styles (Cognitive Avoidance, Acceptance or Resignation, Seeking Alternative Rewards and Emotional Discharge).

A positive outcome post treatment would be an increase in approach coping styles and a reduction in avoidant coping styles (Moos, 2004). Client A's pre and post CRI scores are tabulated below;

	Pre	Post
Approach Style		
Logical Analysis	12	10
Positive Appraisal	11	9
Seeking Support	14	16
Problem-solving	13	11
Avoidant Style		
Cognitive Avoidance	12	8
Resignation (acceptance)	6	10
Alternative Rewards	16	11
Emotional Discharge	10	12

Table 3: Pre and Post scores on the Coping Response Inventory

Client A's responses indicated a decline in all but one area of 'approach coping styles'. This may be due to the nature of the topics discussed during therapy which made it difficult for her to problem-solve or seek positive appraisal. However, there was an improvement in her ability to seek support when dealing with a problem which was important to her being able to process her emotions and suggested she is able to utilise some positive coping strategies.

Her Avoidant Coping styles were more complex. Positively, there was a reduction in her use of Cognitive Avoidance and Alternative Rewards, as a means of coping with situations. However, the use of Resignation and Emotional Discharge saw slight increases.

There could be a number of reasons for this. Firstly, having more of an awareness of her emotions and thoughts could inadvertently lead to greater distress, thus cognitive avoidance increased to reflect this. A refresher or further encouragement to use her Dialectical Behaviour Therapy (DBT, Linehan 1993) skills could be useful for her, particularly when addressing sensitive and emotionally triggering subjects in therapy.

Discussion

This case study related to Client A's difficulties with boundaries and attachments which often presented as victimization and perpetration in both intimate and non-intimate relationships. This was informed by understanding her early attachments, pattern of learned maladaptive thoughts and behaviours, and mapping of her sexual development pathway. Sexual boundaries were implicated in both IPV victimization and sexual abuse perpetration. Underpinning this was her insecure anxious attachment style and personality factors which have been recognised as important factors in forming relationships. Tracy & Shaver et al., (2003) stated that childhood attachment is important in providing the blueprint for later attachments including romantic ones, particularly during adolescence. Specifically, they attest that insecure attachments are more likely to lead to an individual using sex as a tool to meet personal emotional needs, rather than a healthy romantic alliance. It is likely that Client A's disrupted early environment which included lack of consistent boundaries, blurred parental roles, and internal conflict due to keeping secrets, was not able to adequately meet her emotional needs and may have led to a disrupted attachment pattern. As Client A encountered this more often, she possibly learned particular ways to interpret this information and developed shortcuts or schemas which then reflected in her relationships and may have led to her forming unhealthy relationships and making her vulnerable to IPV, particularly sexual violence. Therefore providing education on attachment, both from a childhood perspective and the impact in later life as well as identifying her maladaptive schemas, were an important element of the treatment plan.

The case study also highlighted that although the intervention was focused on reducing risk of IPV and sexual risk in the future, it was important to look back on the developmental pathway in order to recognise where such difficulties stemmed from and how these vulnerabilities presented themselves over time. Client A's mapping exercise placed an emphasis on attachment styles and family dynamics in particular. Exposure to violence and experience of child abuse were additional areas that needed to be explored in order to further understand difficulties in her early environment, however Client A was not at a stage where she was able to disclose

this information. Both attachment theory and social learning theory allowed a rounded perspective of the early factors impacting Client A's development and thus further targeted interventions could help make deeper changes that reflect in the long term and could impact her relational interactions, particularly with regard to intimate relationships.

Client A was able to develop and maintain a positive therapeutic relationship which helped form a template of a safe and secure alliance where she explored her difficulties openly, honestly and safely. In terms of longer term recovery, it will be useful for Client A to explore her childhood in more detail as she remained reluctant to discuss her early years and this part of her emotional and sexual development remained unclear. Her very early experiences and bonds with her caregivers are important to identify and understand as they are pivotal in the blueprint of her attachment style, and attachment difficulties. It will be crucial to explore the types of invalidating, and possibly traumatic experience she was subjected to as she was growing up and recognise how her emotional needs were met during childhood to give her an understanding of how this impacted the way she saw herself. Due to the lack of disclosure regarding particular aspects of her childhood, it is also possible that there were other factors which impacted Client A's understanding of herself and the world around her which may not have been related to the family dynamic or home environment and are important to consider. For example, she may have experienced or learned maladaptive patterns of behaviour from her wider community, peers, or media particularly given her history of being vulnerable to online victimization. Therefore, despite the behaviour being learned, it may not have been modelled in the family environment but from other important influences external to the family home. Similarly, even with a hostile family environment, this may not have directly impacted Client A's experience of IPV per se but may have made her more vulnerable to experiencing other situations which then directly impacted her experience of IPV. For example, if Client A was exposed to violence in the home and so ran away from home in order to cope with this, it may have been the risk encountered on the streets for homeless AYA (Tyler & Schmitz, 2015) which then directly lead to her experience of IPV and further distorted or entrenched the view that violence is a normal part of relationships.

A limitation of the case study is that although it was always going to be time-limited, it ended just as the client began to disclose important details of her current sexual thoughts, providing an indication of her risk. Therefore just as different elements of the intervention began to amalgamate and the narrative of her sexual development began to form, the therapy had to prepare for ending, including the ending of the therapeutic relationship itself. Additionally, her insecure anxious attachment style was established from previous reports, however specific assessment details were not reported. Although Client A's presentation would support an insecure anxious attachment style, without further details on her previous assessment, this remains tentative for the purpose of the current case study.

This case study highlights how IPV victimization during adolescence can feature in the formulation for an individual. Risk factors for IPV such as attachment style, were also present in other areas of risk such as sexual offending. By looking at the underlying attachment and schema, and working to modify these to healthier and more positive aspects of the individual there is an opportunity to reduce risk to the individual and by the individual. Further, by promoting protective factors there is an opportunity to support the individual in leading a meaningful life into adulthood.

The case study was focused on the risk factors for IPV victimization and sexual perpetration and looked at areas of joint therapeutic need. There is of course also a difference between these two areas and it will be important to identify how early familial experiences impacts IPV risk specifically. This will then help identify how these specific risk factors develop into IPV behaviours with AYA.

Chapter 2: Systematic Review

Which familial risk factors predict Intimate Partner Violence for Adolescents and Young Adults?

Abstract

Aim: This systematic review aimed to identify which familial risk factors predict intimate partner violence (IPV) for adolescents and young adults (AYA).

Method: A search was conducted on 3 electronic databases in 2016; 1746 citations were deemed potentially relevant. Of these, 60 were relevant. However, 34 were eliminated as these were duplicate citations. Subsequently, the researcher checked the remaining 26 citations based on inclusion/exclusion criteria. A further 2 citations were identified to be relevant from the reference list of a previous review by Capaldi et al. (2012). Out of the 28 citations left, two were unobtainable. Eight were removed due to poor quality assessment. Therefore eighteen studies were analysed.

Results: Of the eighteen studies reviewed, seven studies concluded that child abuse/maltreatment increased the risk of victimization and perpetration of IPV in adolescence. Four studies concluded exposure to parental violence during childhood increased the risk of AYA IPV, this included both victimization and perpetration. Four studies focused on attachment style as a risk factor and found that attachment style did increase risk of IPV. There was some variation between studies with regard to the type of attachment style and its relationship with IPV risk. The final risk factor that was identified by 3 studies was 'Family Dynamics & Structure'. Family structure, particularly traditional 2-parent biological families did not increase the likelihood of experiencing IPV.

Conclusions: Strengths of the review include; the large sample size of 55, 495 which allowed greater generalizability, and 55% of the studies utilised items from the Conflicts Tactics Scale 2 allowing a degree of consistency between the studies in their measurement of conflict. A limitation was that none of the studies utilised a UK sample therefore it is difficult to generalize the findings to a UK population. Further research is required in this area using a UK population.

Keywords: risk factors, familial, AYA, IPV, violence, adolescent, dating violence

Background

In attempting to understand how IPV occurs in some AYA relationships and not others, some risk factors have been suggested which may increase the likelihood of being a victim of AYA IPV. In order to have a clearer understanding of these vulnerabilities during adolescence and young adulthood, a number of researchers focused further back in the developmental pathway to early childhood. Early experiences are important in developing our social interactions, they help us navigate the world around us as we develop into adults, and lay the blueprint for our future interactions to build on. Behaviours, patterns of thinking, and social understanding are often instilled and reinforced during the early years of development. In line with Social Learning Theory (Bowlby, 1973), particularly important are experiences with caregivers which can impact behaviours that are modelled and subsequently normalised over time. Therefore, negative experience with caregivers early on in life, could play an important part in determining negative interactions in adulthood. Furthermore, the familial context involved in early experiences has been recognized as an important factor impacting intimate relationships in emerging adulthood (Umana-Taylor, Zeiders, Updegraff, 2013).

Adolescence has been described as a period of critical transition in the developmental trajectory (WHO, 2012), individuals are no longer in the childhood stage of development and thus their reliance on significant adults or caregivers is declining (Casey, Jones & Hare, 2008). At the same time, they generally lack the social and emotional astuteness to effectively manage the new and complex situations they experience. An increase in independence often means adolescents begin to engage in new experiences some of which may be challenging to manage given their emotional and social immaturity such as experimenting with drugs or alcohol, or the uptake of sexual experiences (Crone & Dahl, 2012). Their relative vulnerability as they attempt to navigate towards adulthood with limited experience may lead to high risk behaviours. This may be particularly pertinent in the case of forming intimate relationships. Intimate relationships, particularly during adolescence, are an opportunity to explore and meet emotional and sexual needs,

as well as developing a deeper sense of self (Collins, Welsh & Furman, 2009). However, these relationships can also be stressful and complex interactions to manage and can lead to conflict. Although most interactions are managed effectively with positive conflict behaviours, some are managed poorly leading to aggression or violence.

It appears that AYA are particularly vulnerable to violence in relationships with some studies finding that 1 in 5 teenage girls experience violence at the hands of a partner and that younger females are at greater risk of being a victim of abuse than their older counterparts (Stöckl, March, & Pallitto et al., 2014). Looking specifically at IPV in young people, the NSPCC focused on 13-17 year olds and found prevalence rates of 25% for females and 18% for males experiencing of physical partner violence. They found that not only did females experience more violence compared to males, but they also experienced more negative impact as a result of the abuse (Barter, McCarry, & Berridge et al., 2009). The Bureau of Justice Statistics estimated that women in the age group of 18 to 24 years sustain one of the highest rates of IPV (Catalano, Fagan, Gavin et al., 2012). Similarly, Black, Chido, Preble et al. (2014) found that both males and females experience IPV victimization prior to 25 years old. This suggests that this age group is particularly vulnerable to IPV and therefore a rationale for focusing on AYA and the factors which impact their risk of IPV experience is well grounded.

During this fragile developmental period, it is understandable that numerous short- and long- term consequences of IPV have been identified for victims. Hammen & Brennan (2003) suggested the short-term impact included medical intervention for injuries and contact with authorities or legal interventions. Long-term, and perhaps more problematic health and psychological concerns included the uptake of substances as a coping strategy, depressive symptoms and an increase in suicide attempts (Ackard & Eisenberg et al., 2007). This was also highlighted in the case study detailed in chapter 1, where Client A presented with prolific self-harm which could be partially attributed to her IPV experiences. The consequences of IPV may also impact other areas of their life including education, work, and future intimate

relationships (Riger, Raja, & Camacho, 2003). The recurring aspect of IPV for AYA have also been highlighted, with findings suggesting violence in adolescent relationships increases the risk of violence during relationships in adulthood (Wekerle & Wolfe, 1999). This suggests that the impact of IPV during adolescence is an important area to understand, both in terms of being able to provide intervention during adolescence and prevention of future IPV further into the developmental pathway towards adulthood.

Adopting a social learning theory approach, this may be due to normalising and modelling the maladaptive behaviour within the home, particularly violence (Bandura, 1973) and the lack of non-violent coping methods. Social learning theory posits that children learn behaviour by observing and modelling the behaviour of others, particularly those they have an attachment to such as parents. On this premise if parents display aggression or violence, or are victim to these behaviours during conflicts with their partner this may be imitated by the child, and become a learned pattern of behaviour. Specifically, exposure to early familial disruptions such as parental violence may heighten the risk that the child models the same behaviours when encountering conflict in their own intimate relationships (Ehrensaft & Cohen et al. 2003).

In understanding family factors in more detail, some studies specifically looked at attachment styles. They offered insecure attachment patterns in particular as a factor in increasing the likelihood of violence in later relationships (Wolfe et al., 1998). Additionally, childhood attachment styles have been suggested as an important consideration in understanding the development of sexual and romantic behavioural patterns in adolescents and young adults (Tracey & Shaver, 2003). Similar to the social learning model, the attachment style perspective highlights the impact of early experiences, particularly a child's attachment style and how this is implicated in intimate relationships. Specifically, it has been suggested that those who develop insecure attachments lead to the use of sexual relationships as a means for gaining control and meeting personal needs, rather than sexual and

romantic relationships that would be considered emotionally healthy and satisfying (Rich, 2005). This could increase the risk of forming or remaining in unhealthy or unfulfilling relationships, increasing tensions and conflict which might then be managed maladaptively, and this relationship style may then reinforced in later adulthood too.

Furthermore, Cleveland, Herrera & Stuewig (2003) went further to attest that close parental relationships can actually provide a protective factor from dating abuse as the quality of the parental relationship can develop self-worth. Howard & Wang (2003) found that females who were satisfied with their parental closeness were less likely to become victimized, than those who described poor parental closeness. Additionally they were more likely to recognise difficulties they may be experiencing in their relationships, and take action to seek help on these difficulties. Vezina & Herbert's (2015) findings from their literature review offered some insight by suggesting links with IPV and living in a broken home and inadequate parental supervision. Their findings indicate that early environmental experiences, particularly within the home could increase the risk of IPV. Further strengthening the opinion that early family environments are of importance when looking at risk of AYA IPV, Stith, Rosen & Middleton et al. (2000) suggested that children who had been maltreated were at greater risk of being victims of violence when they were older. Similarly, Banyard, Arnold & Smith (2000) suggested girls with previous sexual abuse history during childhood, were also more likely to be victim of IPV in romantic relationships.

However, it has also been suggested that female victims of maltreatment during childhood are also at increased risk of being *perpetrators* of violence during their youth (Briere & Runtz, 1990). For example, research has found that adolescents who have experienced childhood physical or sexual abuse, or witnessed abuse among family members during their childhood had an increased risk of perpetrating IPV (Duke & Pettingell et al., 2010). This highlights the issue of victim/perpetrator duality and the possible implications of this as the individual moves through their

adolescent and young adult years, when such experiences will be pivotal in shaping their views of themselves and others around them. The issues of bi-directional violence adds another layer of complexity in understanding the role of early experiences in dating violence.

By understanding the relationship between early family environments and AYA IPV, there is an opportunity to identify important risk factors and work towards reducing the impact of maladaptive or negative familial experiences later in adult life.

Although many familial risk factors have been suggested for IPV generally, few have looked in detail at AYA. Adolescence and young adulthood is a period where social and emotional development is perhaps at its peak but also still quite malleable. Therefore findings that family environment plays a crucial factor in moulding an individual, particularly in terms of their propensity to be violent or be a victim of violence, highlights the need to further investigate this area in a systematic and comprehensive way in order to understand which familial factors can impact IPV risk for AYA. By garnering a clearer understanding about the link between these aspects an early intervention approach can be adopted and there is real potential that many of the long-term consequences particularly re-victimization, perpetration, and intergenerational violence, can be appropriately intervened or modified.

Existing review assessment

During the scoping exercise, it was established that a thorough and recent review on risk factors for IPV was completed by Capaldi, Knoble, Shortt et al. (2012) including demographics (age, ethnicity, SES, education), familial factors (parenting, attachment, exposure to violence) and psychological factors (self-esteem, mental health). This review included a significant number of studies pertaining to adolescents as well as adults. Guided by the case study in chapter 1 which highlighted the importance of early familial risk factors in the development and experience of IPV, how this impacts their attachment style and understanding of sexual boundaries, the current review focused on familial factors which included

attachment styles, but also included other risk factors that have been determined from the literature such as parenting and exposure to familial violence. This is an important area to understand for AYA as their experience of familial risk factors is likely to be more recent compared to older adults, thus the impact of them may be more prominent. Therefore understanding more about such risk factors is crucial to AYA.

Aims & Objectives

The study aimed to systematically review the familial risk factors which may increase the likelihood of experiencing IPV for AYA, both in terms of victimization and perpetration. Specifically it included attachment styles, poor parenting, neglect, exposure to family violence, and experience of child abuse as prominent indicators of risk.

Type of research question and PICO strategy

A PICO strategy was devised to assist in formulating a clear systematic review question.

<i>Population</i>	Studies including females with a mean age of 24 years (AYA)
<i>Intervention</i>	Exposed to maladaptive familial and adjustment factors
<i>Comparator</i>	Not exposed to such factors
<i>Outcome</i>	Increased incidence of IPV including perpetration and victimization

Table 4: PICO strategy

Population

The review included studies where the focus was on female AYA victimization or perpetration. First experiences of intimate relationships provide templates that future intimate relationships are based on. Therefore, if early intimate relationships are punctuated with violence or abuse, this may become normalized and continued

through the lifespan. Additionally, this age group is often neglected in the literature available, either being grouped with young children or adults when in fact they are a unique population. Their growing independence from caregivers may make them less reliant on the support of parents and other adults, however at this stage in their development their coping and social skills may still be fragile and subject to change. Therefore an event such as IPV could prove highly stressful. A lower age limit has not been set as this gives an opportunity to capture any literature on violence in relationships from the earliest age, thus the lower age limit will be effectively set by the literature that has been published. Some studies utilised large student samples, including older students which were effectively outliers. Therefore, if the mean age of participants was 24 years old, the study was retained in the review.

Intervention/exposure

The exposure of intervention being considered was exposure to maladaptive familial factors. Therefore the review assessed studies focusing on attachment style, parenting, exposure to family violence, and experience of child abuse. Attachment style studies were required to include some formal assessment of attachment style of AYA and/or caregiver. This may be in the form of a standardized measure of attachment such as the Attachment Style Interview (Bifulco, 2002) or Adult Attachment Scale (Collins & Read, 1990). For studies assessing exposure to family violence, self-report was sufficient since not all incidents may have been reported to authorities but continued exposure to arguments or sibling violence, or threats may have still served as a risk factor. Similarly experience of child abuse was largely self-report, however some comprehensive research studies may include additional reports and official documentation which would be advantageous.

Comparator

Control group studies where AYA who did not experience familial risk factors were also included, was the gold standard since this made highlighting relevant risk factors more apparent. However given that this is relatively new area of research

interest, lack of control group did not result in the study being excluded if all other criteria was met.

Types of outcome measures

Identifying outcomes

The outcome that was assessed in each study was experience of AYA IPV, specifically;

- Experience of physical violence/ abuse
- Experience of sexual violence/ abuse
- Experience of emotional violence/abuse
- The outcomes were identified through means such as self-report or criminal conviction of perpetrator for IPV.

Types of studies

The review included cohort and cross-sectional studies to assess and elicit risk factors. Longitudinal studies included cohort studies which tracked AYA who were or were not exposed to risk factors over time, and assessed if IPV was an outcome. Longitudinal studies were the gold standard for the purpose of this review. Retrospective studies focused on known victims of AYA IPV and retrospectively looked at their familial environment during their development; they were the next group of studies to be considered. Cross-sectional studies were next in the ranking and although still able to provide useful information, the lack of a longitudinal aspect made them slightly less informative in assessing risk factors.

Inclusion/Exclusion Criteria

Intervention studies were excluded since this review was not focused on effectiveness of such interventions. Likewise, interventions by their very nature may modify behaviour thus distorting which risk factors are present and associated with IPV for AYA. Studies from all languages were included, abstracts were translated and if preliminary criteria was met, the complete article was translated and assessed for eligibility.

Inclusion criteria was applied to the title/abstracts that were retrieved from preliminary searches. The inclusion criteria was;

- included publication in a peer-reviewed journal, conference proceeding, policy, or book
- a representative sample
- a response rate of at least 50%
- use of a physical, sexual, or emotional violence outcome measure
- at least one familial risk factor assessed or described
- study population includes adolescents or young adults
- all languages will be included
- date criteria was set as 2010-2016

Insufficient detail of any of the above was an exclusion criterion, as were the following;

- a focus on perpetrator risk factors only
- population of victims were solely male
- age range was focused on adults (over 24)
- not a reputable source or reference list (i.e. web source only)

Methods

Sources of literature

The current systematic review utilised a number of sources to search for relevant papers and studies. The search was conducted between 27th June and 7th July 2016. Sources covered a number of widely used databases to ensure the review was comprehensive and to reduce the effect of publication bias. Databases searched from 2010-2016 included Web of Science (including Social Sciences Citation Index), PsycINFO, and PubMed.

The British Library online thesis catalogue was also searched to identify any non-published thesis which may be relevant. No articles were deemed to be relevant to the current review. The reference lists from a previous systematic review by Capaldi

et al. (2012) on the topic of risk factors for intimate partner violence was identified and the same date, inclusion and exclusion criteria was applied.

Additionally, experts were contacted via email to input their knowledge and provide suggestions to increase knowledge in this area and also provide archived or non-significant data where relevant. The review contacted 5 experts in the field for advice as to other relevant studies. One author suggested looking through their publications list, another author signposted back to one of the other authors identified, and the third author provided a reference list from their PhD thesis. Two authors did not respond.

Search Strategy

The following search terms were used for each of the databases and combined to retrieve all possibly relevant hits, the syntax can be found in Appendix 1.

Search terms and synonyms used
AYA [plus synonyms OR; child*, adolescen*, young adults, young person, young people teen*]
IPV [plus synonyms OR; intimate partner violence, partner violence, partner abuse, dating violence, dating abuse, child abuse, domestic abuse, domestic violence, teen relationship abuse, psychological abuse, emotional abuse, sexual violence, rape, physical violence, physical abuse]
Famil* risk factors [plus synonyms OR; family, parents, siblings, extended family, risk, risk.mp., protective, dysfunction, maladaptive, instability/unstable]
Attachment style [plus synonyms OR; insecur*, anxious, disorgani\$ed]
Parenting [plus synonyms OR neglect*, authoritarian, permissive, uninvolved]
Exposure to family violence [violen* famil* ADJ5 violen*]
Experience of child abus*

Table 5: Search terms used

Study Selection

Following an initial search of titles from each database, all titles and abstracts identified as possibly relevant were screened to determine if inclusion criteria was

met. Any duplicate citations were removed. Where abstracts did not provide enough information to determine if the criteria could be applied, the full text article was retrieved. Similarly, full text papers were retrieved for all articles that met the inclusion criteria. The inclusion and exclusion criteria was applied strictly by the author to all studies identified.

Quality Assessment (Assessment of the risk of bias)

It was important to conduct a quality assessment to ensure areas of possible bias were highlighted and efforts made to reduce this. Once relevant papers were identified from the inclusion/exclusion criteria, the quality of the remaining studies was assessed. A proforma checklist was also utilised to ensure all papers were assessed against the same criteria (see Appendix 2).

A second reviewer assisted in quality assessment by looking at information from 20% of identified papers and independently assessed whether they should be included based on the criteria. Any discrepancies in decisions between the 2 reviewers were discussed. Both the author and reviewer agreed on the quality assessment of all studies therefore a third reviewer was not required.

The types of bias that were important to this review were sampling, reporting, and detection biases. Sampling bias was countered by ensuring recruitment strategies in identified studies considered control populations where possible i.e. individuals who did not experience IPV during adolescence and young adulthood. Experts were contacted for archival data where studies yielded non-significant results included to reduce reporting bias. All studies had an appropriate definition of physical, sexual, or emotional abuse (outcome) and the familial risk factor they were focused on in order to be used in the systematic review. Only studies that met the criteria of the quality assessment were retained. This ensured the review only assessed studies which were of a high methodological quality, thus allowing conclusions that were drawn to be more generalizable. The quality assessment focused on the following areas; type of study, types of comparison group, response rate, types of outcome measures.

Data Extraction

Data was then extracted from all studies that met the inclusion and quality assessment criteria. A proforma (see Appendix 3) was utilised to extract relevant data from each study. The key variables assessed were: aims of the study, study design, sample selection, statistical analysis, clarity of outcome measure, and appraisal of limitations.

Results

The study selection process is described in the flow chart below (figure 3) and details how the studies were identified, and the reasons for excluding other studies. The review included eighteen publications containing 17 studies.

Characteristics of included studies

Table 6 provides a summary of the identified studies including details on participant group, age range, population size, risk factor of focus, summary of findings, the guiding theory used, and the location of the study. The lower age range from the studies was 11 years old. The overall number of participants included in the review was 55,495 due to a number of large scale national studies being included in the review. As is evident, all of the studies were undertaken in North America, with sixteen of the eighteen studies located in the USA and the remaining two from Canada. Additionally the table highlights the guiding theory used was largely social learning theory utilised in seven studies, and attachment theory in four studies.

Quality of included studies

Table 7 highlights the quality of the studies used. Sixty-one percent of studies were cross-sectional design. The remaining 39% of studies were cohort studies using either prospective or retrospective design. Only 11% (2 studies) utilised a control group. The lowest response rate achieved from the 18 studies was 59%, when this study was removed, the remaining studies had a mean response rate of 85%. Seventy per cent of the studies (13 out of 18) utilised a version of the Conflict Tactics Scale, or items from this to measure violence in dating relationships, with

11% of the studies utilizing the Conflict in Adolescent Dating Relationship Inventory which looks at conflict in adolescent relationships specifically.

Data Extraction

Table 8 shows the data extracted from the studies with reference to their study aims, population, results and limitations. These areas are discussed in the results section.

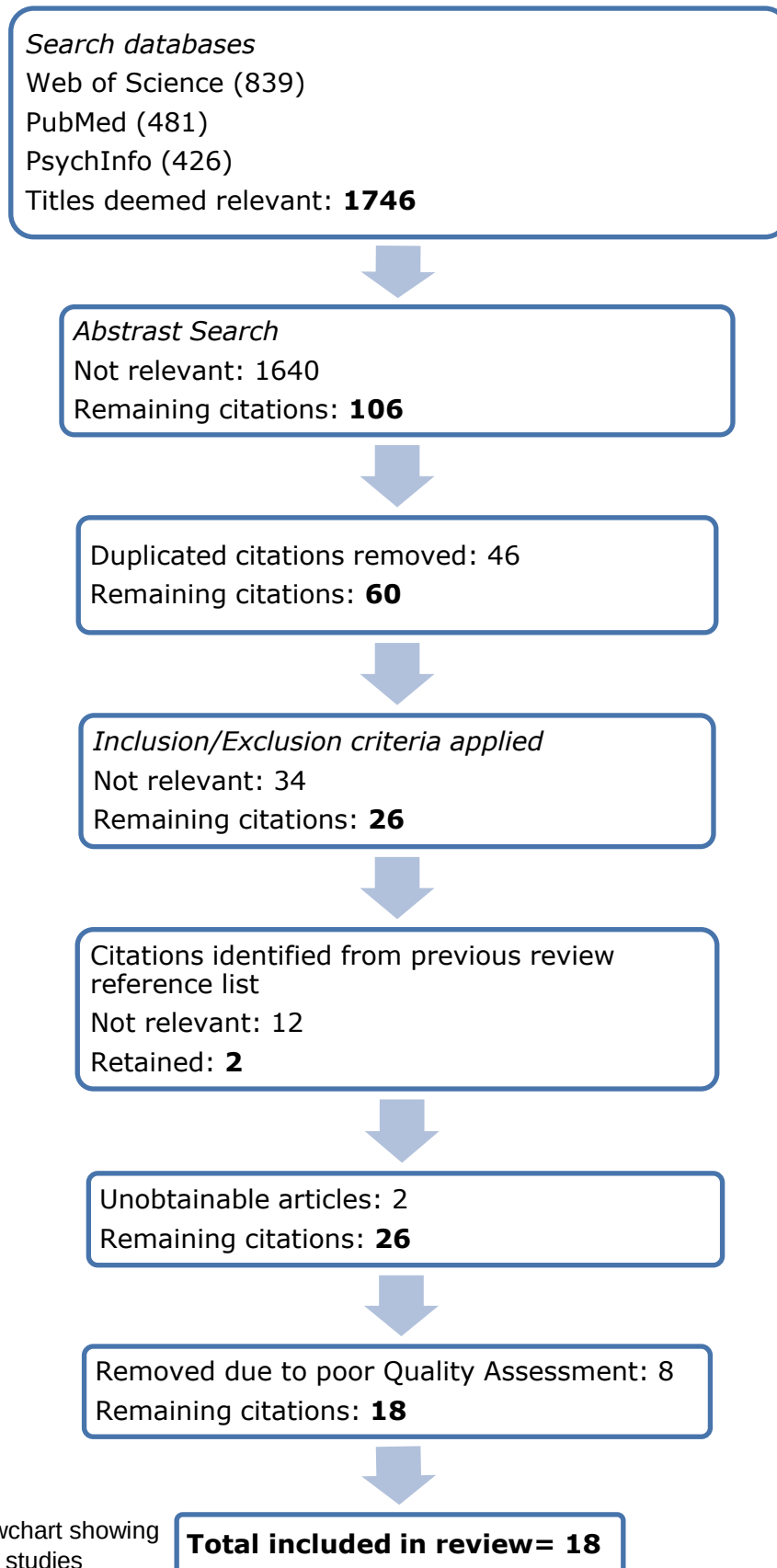


Figure 3: Flowchart showing description of studies

Author, Year	Participant Group	Age	N	Risk factor	Findings	Guiding Theory	Location
Black, Chido, Preble et al., 2014	Urban African American Youth	11-17	175	Child Abuse	Females who experienced child abuse, also experienced IPV perpetration and victimization.	Not specified	USA
Dempster, Rogers, Pope et al., 2015	University students	18-49 (M= 19.3)	488	Insecure Parental Attachment	Individuals with avoidant parental attachment styles reported more unwanted sex.	Attachment Theory	USA
Alleyene- Green, Grinnell- Davis, Clarke et al., 2014	Data from wave 2 of National Longitudinal Study of Adolescent Health.	13-21	879	Biological father involvement	Biological father closeness or quality of relationship did not decrease dating violence.	Attachment Theory	USA
Grynch & Kinsfogel, 2010	High school students	14-18	391	Romantic Attachment Style	Anxious attachment style was more predictive than avoidant in boys in dating aggression. Both anxiety and avoidance were predictive for girls.	Attachment Theory	USA
Karlsson, Temple,	High school students with	14-15	981	Witnessing parental DV	Exposure to parental violence was a predictor of	Social Learning Theory	USA

Weston & Donna Le, 2016	dating experience				experiencing dating violence.		
Laporte, Jiang, Pepler, Chamberland, 2011	In contact with youth protection agency & community sample	12-19	1007	Family violence-aggression perpetration and victimization	Females who had been victimized by either of their parents were at greater risk for re-victimization, but not aggression, within their dating relationships. High-risk adolescent males who reported childhood victimization were at a particularly high risk of being aggressive toward their girlfriends, especially if they were harshly disciplined by their father.	Social Learning Theory	Canada
Maas, Fleming, Herrenkohl & Catalano, 2010	Longitudinal data	11-12 th grade	941	Childhood Predictors	Bonding to parents and social skills were protective factors of IPV risk.	Learned Helplessness	USA
Makin-Byrd & Bierman, 2013	Elementary and middle school	Kinder garten -18	401	Family dynamics	Aggressive family dynamics in childhood and early adolescence was a	Developmental Interactional Model	USA

	children followed up into high school.	years old			factor in the development of dating violence. This was related to the child using the oppositional-aggressive responding style initially in the home, in other situations too.		
McMahon, Hoertel, Wall et al., 2015	NESARC data	18+	34,653	Childhood maltreatment	Maltreatment during childhood was associated with higher risk of victimization, perpetration and reciprocal violence.	Not stated	USA
Milletich, Kelley, Doane & Pearson, 2010	University students	18-30 (M=19.4)	703	Exposure to interparental violence, childhood physical and emotional abuse	The direction of violence exposure, i.e. mother-father violence, and experience of physical abuse was related to IPV.	Social Learning Theory Parental & Socialization Theory	USA
Narayan, Englund, Carlson & Egeland, 2014	Children with high risk mothers	16-23	182	Exposure to Interparental Violence	Exposure to IPV directly predicted dating violence perpetration in early adulthood and marginally predicted dating violence victimization.	Attachment Theory	USA

Paat & Markham, 2016	Data from International Dating Violence Study, consortium of university's	18-25	3,495	Family factors; Early socialization, family social structures	Childhood neglect and witnessing DV was significantly related to victimization and perpetration.	Social Learning Theory	USA
Sandberg, Valdez, Engle et al., 2016	Psychology students at university	18-56 (M= 22.6)	133	Attachment anxiety	Attachment anxiety was associated with increased risk for experiencing physical violence. Attachment avoidance was unrelated to IPV victimization.	Attachment Theory	USA
Simons, Simons, Lei et al., 2012	University students	M=19.5	2088	Parental warmth/hostility	Supportive interactions in parents increased the likelihood that offspring also experienced aggressive behaviours in their own relationships.	Social Learning Theory	USA
Tyler & Melander, 2012	Homeless youth engaged in the Homeless Young Adult Project	19-26 (M= 21.4)	172	Child maltreatment Parental warmth	Experience of neglect and substance use had direct effects on IPV with substance use mediating the relationship between	Social Learning Theory	USA

					physical abuse and dating violence.		
Tyler & Schmitz, 2015	Homeless youth engaged in the Homeless Young Adult Project	19-26 (M=21.4)	172	Child maltreatment Parental warmth	Young people who had greater number of delinquent acts also reported higher levels of IPV. Youth who were female, experienced more child physical abuse, utilised deviant subsistence strategies were more likely to report greater dating violence.	Social Learning Theory	USA
Valle & Tillman, 2012	National Longitudinal Study of Adolescent Health	Grade 7-12	8,363	Childhood Family Structure	Childhood family structure was not associated with serious relationship conflict during AYA.	Life Course Perspective	USA
Vezina, Hébert, Poulin, et al., 2015	Data from longitudinal study	Point 1 at 15 years Point 2 at 21	443	History of family violence	History of family violence, childhood behaviour problems and adolescent high risk behaviour were associated with an increased risk of IPV victimization, either in	Routine Activities Theory	Canada

					adolescence or early adulthood, or at both.		
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Table 6: Summary and description of identified studies

Author, Year	Study Design	Comparison Group	Response Rate	Outcome Measure
Black, Chido, Preble et al., 2014	Cross-sectional design	Not used	100%	Conflict Tactics Scale-Parent Child
Dempster, Rogers, Pope et al., 2015	Cross-sectional design	Not used	67%	Adult Scale of Parental Attachment
Alleyene-Green, Grinnell-Davis, Clarke et al., 2014	Cross-sectional design	Not used	Data taken from larger study	Items on biological father involvement
Grynych & Kinsfogel, 2010	Cross-sectional design	Not used	75%	Experiences in Close Relationships Scale Conflict Tactics Scale- Parent Child
Karlsson, Temple, Weston & Donna Le, 2016	Cross-sectional design	Not used	87%	Conflicts in Adolescent Dating Relationships Inventory
Laporte, Jiang, Pepler, Chamberland, 2011	Cross-sectional design	Community control group used	0.3% eliminated due to incomplete responses	Childhood Victimization scale Dating Victimization scale Dating Aggression scale
Maas, Fleming, Herrenkohl & Catalano, 2010	Prospective & retrospective cohort design	Not used	76%	Conflict Tactics Scales 2 to measure <i>parental</i> IPV Childhood Trauma Questionnaire
Makin-Byrd & Bierman, 2013	Cohort design	Youth from high-risk control	80%	Conflict Tactic Scale 2- physical abuse items

		and normative		Childhood Behaviour Checklist Problem Behaviour Profile
McMahon, Hoertel, Wall et al., 2015	Cohort design	Not used	70.2%	Conflict Tactics Scale 2- physical and emotional abuse items Childhood Trauma Questionnaire
Milletich, Kelley, Doane & Pearson, 2010	Cross-sectional design	Not used	Not stated	Conflict Tactics Scale 2- physical assault & injury items Exposure to Abusive & Supportive to Environments: EASE-PI
Narayan, Englund, Carlson & Egeland, 2014	Cohort study	Not used	68%	Conflict Tactics Scale 2- physical abuse items Life Events Scale Self-Report Inventory
Paat & Markham, 2016	Cross-sectional design	Not used	85%	Conflict in Adolescent Dating Relationships Inventory
Sandberg, Valdez, Engle et al., 2016	Cohort study (prospective)	Not used	59%	Experience in Close Relationships Traumatic Life Events Conflict Tactics Scale 2- physical abuse items at Time 2 only
Simons, Simons, Lei et al., 2012	Cross-sectional design	Not used	100%	Adapted Conflict Tactics Scale Harsh & Supportive Marital Interactions Scales Iowa Youth Families Project Measures

Tyler & Melander, 2012	Cross-sectional design	Not used	95%	28 items taken from Conflicts Tactics Scale 2
Tyler & Schmitz, 2015	Cross-sectional design	Not used	95%	28 items taken from Conflicts Tactics Scale 2
Valle & Tillman, 2012	Cohort study	Not used	91%	Items taken from Conflict Tactic Scale 2
Vezina, Hébert, Poulin, et al., 2015	Cohort study	Not used	92%	Conduct Disorder Scale Conflict Tactics Scale-Parent Child Social Behaviour Questionnaire Items adapted from the Psychological Maltreatment of Women Inventory, the Conflict Tactics Scale, and the Sexual Experience Survey

Table 7: Quality Assessment of identified studies

<i>Author, Year</i>	<i>Study Aims</i>	<i>Population</i>	<i>Results</i>	<i>Limitations</i>
Black, Chido, Preble et al., 2014	To assess the experience of child abuse and the relationship to their attitudes about teen dating violence (TDV) as well as victimization and perpetration of TDV for African American youths.	Participants were recruited at school and community health fairs attended by African Americans. All youth between 11-17 years were invited to take part in a day-long research day at the university, which included 5 hours of data collection.	Males were significantly more accepting of male perpetration of IPV than compared to females.	- Fatigue effects - Convenience sample - Parental consent required
Dempster, Rogers, Pope et al., 2015	To assess if emerging adults with insecure attachment were at higher risk for unwanted sexual experience. Focused on the relationships between patterns of parental attachment, sexual attitudes, and unwanted sex.	Participants were students recruited through convenience sampling in general education classes at an American public university.	Utilised canonical correlation analysis. The two attachment styles (anxious and avoidant), gender, and sexual attitudes were predictors for five unwanted sexual experience variables. For females, only the first function was statistically significant.	- Student convenience sample - Did not use standardized measures in full

			The avoidant college women in this sample reported higher levels of consensual unwanted sexual experiences than other attachment styles.	
Alleyene-Green, Grinnell-Davis, Clarke et al., 2014	To assess the relationship between biological father involvement (contact and closeness) and its impact on sexual risk behaviours and IPV victimization of adolescent girls.	Participants were drawn from the second wave of the public release of the National Longitudinal Study of Adolescent Health. Individuals who reported being female, a history of being sexually active, and having a romantic partner in the previous 18 months were selected.	This study used structural equation modelling to look for mediating factors.	- Self-reported data limitations - Measure of father involvement was limited and focused on incidence rather than frequency, intensity or duration - Inconsistency in the time frames used, i.e. father–daughter activity was assessed over 4 weeks while dating violence and sexual behaviours were assessed over the previous 18 months

Grynch & Kinsfogel, 2010	To assess if adolescents' reports of anxiety and avoidance in romantic relationships moderated the association between family aggression and hostile, abusive behaviour toward dating partners.	Participants were high school student's aged 14-18 years in Social Studies classes. Those who provided parental consent were then provided with measures to complete.	Hierarchical regression analyses were conducted. Family aggression and both attachment styles were included as the first step of the regression. Family aggression was strongly related with IPV for those who were more anxious than those reporting lower levels of anxiety. Avoidant attachment did not moderate the relations between family aggression dating aggression.	- Self-report design - Did not obtain partner reports - Parental consent required - Cross-sectional design. Longitudinal design would allow the interaction between attachment, attitudes, emotions, and behaviour over time to be examined
Karlsson, Temple, Weston & Donna Le, 2016	To assess if witnessing violence between parents and greater acceptance of violence, predicts IPV victimization.	Participants were recruited from a sub-sample of male and female adolescents recruited from 7 high schools. The sub-	Witnessing interparental violence accounted for 2% of the variance in physical TDV victimization for	- Relied on retrospective self-report both for TDV and witnessing interparental violence

		study consisted of participants who reported that they had started dating. Self-report questionnaires were completed and participants were given a US\$5 gift card on survey completion.	females. Witnessing mother to-father violence and acceptance of female-perpetrated TDV were significant predictors of physical TDV victimization.	- The cross-sectional design meant temporal relations could not be assumed - Did not include a measure of child abuse and only included 2 items measuring interparental violence
Laporte, Jiang, Pepler, Chamberland, 2011	To assess if adolescents who were aggressive toward their parents are more likely to be aggressive toward their romantic partners. Also to assess if adolescents who have been victims of parental aggression were more likely be victimized by their romantic partners.	Participants consisted of high risk adolescents recruited from various services, and were compared to adolescents who participated in a community study.	The level of IPV aggression was higher for adolescents who hit their parents than for those who reported not to. Adolescents who reported being victimized by their parents were more likely to report IPV victimization.	- Looked at frequency but not intensity of aggression towards parents and partners - Violence against parents was measured by a single item - Variance of high-risk groups as they were referred for a number of different issues

				- Unable to determine whether adolescents' experiences of hitting their parents came before or after their experiences of hitting their partners
Maas, Fleming, Herrenkohl & Catalano, 2010	To assess the potential pathways of IPV victimization, including childhood risk (maltreatment and exposure to parental violence) and protective factors.	Participants were from the Raising Healthy Children project, a longitudinal study of students drawn from 10 public schools. To be included, subjects had to complete at least one of the annual surveys between 11 grades when TDV victimization was measured.	Only one pathway was significant longitudinally this was parent-child bonding to alcohol use. The path was stronger for females than males.	- Single item was used to measure TDV - Partner data was not collected - Poverty was measured by access to free school meals was perhaps too broad
Makin-Byrd & Bierman, 2013	To assess if aggressive family dynamics and child	Participants taken from the Fast Track study which included youth from the high-	None of the early adolescent variables significantly predicted IPV perpetration.	- There was no partner report, both of the caregiver or the participant

	aggressive-oppositional behaviour at school, predicted adolescent IPV.	risk control and general population.	However, both adolescent aggressive behaviour at home, and the quality of the parent-child relationship predicted IPV victimization.	- The findings regarding IPV perpetration suggested other factors were important during adolescence
McMahon, Hoertel, Wall et al., 2015	To assess if different types of childhood maltreatment increased risk for adulthood intimate partner violence (IPV) and if this was due to maltreatment or their shared association or both.	Participant data were taken from the second wave of the NESARC study (National Epidemiologic Survey on Alcohol and Related Conditions).	The prevalence of IPV perpetration and reciprocal IPV were significantly higher in women than in men. IPV victimization was significantly more prevalent in men than in women. Additionally, childhood sexual abuse had direct effect on the risk of victimization for both males and females	- Reliance on retrospective data & self-report - Only participants who had a romantic relationships within a year were included
Milletich, Kelley, Doane & Pearson, 2010	To assess exposure to interparental mother-to-father and father-to mother	Participants were a convenience sample of university	Witnessing interparental violence and experiencing	- Focused on current or most recent relationship,

	violence, and to assess if and childhood physical abuse and emotional abuse predicted IPV perpetration and victimization in dating relationships.	students. However there were a number of selection criteria including age.	childhood physical abuse increased IPV victimization, whereas childhood emotional abuse decreased reports of IPV victimization.	therefore those who left a physically abusive relationship were excluded - Cross-sectional design - Did not utilise the positive aspects of the EASE-PI
Narayan, Englund, Carlson & Egeland, 2014	To assess dating violence through adolescent relational conflict and the mediating roles of conflict in different adolescent relationships.	Participants were recruited from an ongoing prospective study, the Minnesota Longitudinal Study of Risk and Adaptation. Participants were high-risk mothers. Participants were enrolled at birth. Participants and parents completed annual interviews.	Exposure to parental violence was a significant direct predictor of IPV perpetration. It was also a marginally significant direct predictor of IPV violence victimization.	- The study had a small sample size - Risk of sample bias as participants were largely Caucasian from a specific high-risk group - Mother's perpetration of violence was not assessed
Paat & Markham, 2016	To assess the risk factors for partner violence,	Participants were U.S. college students	Specifically, for the participants who faced	- Cross-sectional design limits ability

	relationship behaviours, violent socialization, interpersonal relations, relational satisfaction, socio-psychological attributes, and dating profiles among college students from different sociocultural backgrounds.	who participated in the International Dating Violence Study conducted by members of research consortiums from 32 nations. This study sample was made up of undergraduates from 16 universities in the United States who were 18-25 years old, and had been dating for at least a month in a heterosexual relationship.	greater levels of psychological aggression, witnessing domestic violence as a child was associated with greater physical victimization in dating. Victims of childhood neglect and domestic violence were more likely to impose physical aggression on their dating partners.	to offer causal inference - Participants may have been reluctant to report violent perpetration due to social desirability issue
Sandberg, Valdez, Engle et al., 2016	To assess the relationship between adult attachment patterns and IPV victimization.	Participants were college women enrolled in undergraduate psychology courses, living in Northern California. Time 1 data were collected from the	IPV victimization and attachment anxiety were both significantly associated with subsequent IPV victimization.	- Attrition rate for follow-up was high - CTS-2 was not used to measure IPV victimization at Time 1, as at Time 2 - Quality of participants' relationship status or

		participants during a questionnaire study on attachment and posttraumatic stress. Time 2 was conducted 6-months later.		their partners' attachment style was not assessed - Also did not assess the participants' own acts of IPV
Simons, Simons, Lei et al., 2012	To assess the effects of parenting on IPV experiences. Further, if interparental hostility and harsh parenting were related IPV victimization and perpetration.	Data were collected from undergraduate students.	The regression line for interparental hostility and IPV perpetration was significantly steeper for individuals whose parents were also high on interparental warmth than for those whose parents were low on interparental warmth.	- Measures used were modified and not standardized which may have impacted construct validity
Tyler & Melander, 2012	To assess if physical abuse, sexual abuse, neglect, and lower levels of parental warmth were positively and directly associated with dating violence. Also, if child maltreatment and lower levels of parental warmth	Participants were taken from the Homeless Young Adult Project, a pilot study designed to examine the effect of neglect and abuse histories on	Results showed the high experience of neglect and substance use showed strong positive associations with IPV.	- Only used self-report data - Although participants were asked to reflect on their experiences over specific time periods, the data was cross-sectional

	were indirectly and positively associated with dating violence through antisocial behaviours.	homeless young adults' mental health and high-risk behaviours; 144 homeless and 55 housed adolescents were interviewed. Study eligibility required young people to be between the ages of 19-25 and homeless.		and not strictly longitudinal
Tyler & Schmitz, 2015	To assess if child physical abuse and caretaker arrests were positively associated with IPV.	As described above	Youth who experienced more child physical abuse engaged in more school fights. These individuals were also more likely to have participated in more types of deviant subsistence strategies. Young adults who were female and utilised deviant subsistence	- Difficulties of recruiting hard-to-reach populations means a convenience sample of homeless young people was used - Self-reported data - Problems with what constitutes a fight and interpretations of this by participants

			strategies were more likely to report greater IPV.	
Valle & Tillman, 2012	To assess if being raised in a two-biological parent family or 'non-traditional' families was more likely to have adolescent and adult relationships marked by conflict.	Participant data were taken from Add Health, a nationally representative study of adolescents in Grades 7-12 in the United States in 1995. This study included respondents who completed Waves I, II, and IV of the in-home interview, and whose parents completed the Parental Questionnaire at Wave I.	Childhood family structure was not associated with AYA IPV during.	- Only conflict within the most current or recent marriage was captured, missing relationship conflict in previous relationships - Participants were not asked about family structure changes they may have experienced prior to Wave I
Vezina, Hébert, Poulin, et al., 2015	To assess prevalence rates of psychological, physical, and sexual IPV victimization among girls in adolescence (age 15) and early adulthood (age 21), and to	Participants were part of a longitudinal study initiated in 1986-1987 with a representative community sample,	Experiencing family violence while growing up increased the likelihood of being victimized in adolescence only,	- The sample was not widely representative as was largely Caucasian and middle-class

	assess the continuity of these violent experiences across developmental periods. Additionally, to investigate the potential influence of historical family violence, childhood behaviour problems, and adolescent high-risk behaviours as predictors IPV victimization.	using kindergarten children in the Quebec. 929 of the original sample agreed to participate in the adolescent assessment. Only participants who had been dating during at least 2 weeks in the past year completed the adolescent dating victimization questionnaire.	victimized in early adulthood, and of being classified in the 'revictimized' group.	- The study used a limited time period of 1 year and of one romantic partner which may underestimate the prevalence rates of victimization
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Table 8: Data extraction of identified studies

Descriptive data synthesis

Child Abuse/ Maltreatment

Of the 18 studies identified, 7 highlighted child abuse or maltreatment as a risk factor for IPV. Largely, the studies indicated that maltreatment increased the risk of victimization and perpetration of IPV in adolescence. Maas, Fleming, Herrenkohl, & Catalano (2010) focused on the relationship between child maltreatment, poverty and parental violence on the risk of victimization of dating violence. They found gender differences in that child maltreatment and violence between parents predicted victimization for females, whereas only child maltreatment predicted dating victimization for males. Looking at maltreatment in more detail, McMahon, Hoertel, Wall, et al., (2015) assessed five types of childhood maltreatment namely, sexual abuse, physical abuse, emotional abuse, physical neglect, emotional neglect. They found that most types of maltreatment increased risk of IPV including perpetration, victimization and reciprocal violence. Sexual abuse however, had an additional effect on risk of victimization for both males and females. Additionally, emotional neglect had a stronger association with victimization in females than males. Laporte, Jiang, Pepler, Chamberland (2011) found that adolescents who were victimized by their parents were also more likely to be victimized by their dating partner too. This was a stronger association for females in the high-risk group than males. Conversely, the association between childhood victimization and dating victimization was stronger for males than females in the comparison group.

In terms of perpetration, high-risk boys who reported childhood victimization were at a high risk of being aggressive towards their partners. Paat & Markham (2016) found that experience of childhood neglect, as well as exposure to domestic violence, was significantly related to victimization and perpetration. Interestingly, they did not find significant relationship between early experience of corporal punishment or harsh parenting, and dating violence. This indicates there may be a very particular pathway or mechanism that is involved in neglect and being exposed to domestic violence that increases risk of dating violence, and it goes beyond experiencing harsh parenting strategies or physical punishment. Black, Chido, Preble, et al. (2014) focused on African American participants only and looked at a number of predictors of IPV, including

childhood neglect. They found that females who experienced child abuse, also experienced perpetration and victimization of violence in their dating relationships.

When looking specifically at homeless youth, Tyler & Melander (2012) conducted path analyses and found that neglect, as well as substance abuse, had direct effects on dating violence. Additionally they found females, older youth and non-whites were more likely to experience dating violence. Later analysis (Tyler & Schmitz, 2015) found that child physical abuse in particular was associated with delinquent acts since being on the streets, which in turn were also associated with higher level of dating violence. Therefore this specific group of vulnerable young people, i.e. homeless, were more likely to experience dating violence if they have experienced neglect and child physical abuse.

Exposure to interparental violence

Closely aligned to the risk factor of child abuse/maltreatment was exposure to interparental violence. Both of these risk factors emphasized the disruptions to normal social and emotional development, which could then progress into adolescence and adulthood. Four studies identified exposure to interparental violence as a risk factor for AYA IPV. Overall, the findings indicated that exposure to parental violence predicted IPV. Vézina, Hébert, Poulin, Lavoie, Vitaro & Tremblay (2015) also highlighted in their prospective study that gender differences were apparent in the type of IPV experienced, where girls showed greater risk of psychological victimization if they had been exposed to family violence during their childhood. Specifically, they found family violence, together with childhood behaviour problems and adolescent high risk behaviours, were associated with an increase of girls being victimized.

Karlsson, Temple, Weston & Donna Le (2016) found that attitudes accepting dating violence mediated the relationship between witnessing interparental violence and teen violence dating victimization. Furthermore, they highlighted the direction of violence between parents had specific implications particularly witnessing mother-to-father violence. This was associated with acceptance of female perpetrated violence and was a predictor of male physical dating violence victimization. In line with this both male and female participants were more

accepting of mother-to-father violence, than father-to-mother violence. The gender split was also reflected in participants generally accepting female-male dating violence than male-female dating violence.

Milletich, Kelley, Doane & Pearson (2010) also looked at the direction of violence that participants were exposed to. They concluded that participants who witnessed a parent who was the same sex as them perpetrate physical violence towards the opposite parent, increased the risk of the individual perpetrating dating aggression. Specifically, being exposed to mother-to-father violence had stronger associations with female aggression in dating relationships, and witnessing father-to-mother had stronger associating with male aggression in dating relationships. The authors attested these findings to social learning theory.

Lastly, in their prospective study, Narayan, Englund, Carlson & Egeland (2015) found that exposure to parental violence in early childhood directly predicted dating violence perpetration in early adulthood. It also marginally predicted dating violence victimization.

Overall, all four studies highlighted exposure to parental violence during childhood increases risk of IPV later in life including victimization (Karlsson et al., 2016), and perpetration (Narayan et al., 2015). Further, the direction of violence between parents was important in perpetrating dating aggression (Milletich et al., 2010) specifically with same sex parent being the perpetrator then increasing the chance of perpetration of aggression. However, Karlsson et al. (2016) only found associations with mother-to-father were significant for female perpetration and male victimization. Interestingly, both Karlsson and Vézina found prevalence of psychological violence victimization was higher for those who were exposed to parental violence during their childhood. These findings collectively reinforce the theoretical link between social learning theory and exposure to parental violence in childhood, in experiencing aggression and violence during AYA.

Attachment Style

Given the emphasis of early experiences on the formation of attachment styles, it was evident that this risk factor would be of importance and also converge to some degree with the other risk factors. Generally, the 4 studies identified found that attachment style difficulties did increase risk of IPV. There was some variation between studies with regard to the type of attachment style and its relationship with IPV risk. Dempster, Rogers, Pope, Snow & Stoltz (2015) looked at males and females with insecure anxious and insecure avoidant personality styles. They found that those with avoidant attachment styles were more likely to report episodes of unwanted sex, with gender being a moderator in the type of unwanted sexual experience.

With regard to IPV perpetration, Gryncz & Kinsfogel (2010) found that an anxious attachment style was more predictive in male dating aggression than for avoidance attachment style. However both anxious and avoidance styles were predictive for female perpetration of IPV. Sandberg, Valdez, Engle & Menghrajani (2016) however, found that although an anxious attachment style was associated with an increased risk of physical assault victimization, avoidance attachment style was unrelated to IPV victimization.

Using an attachment theory model, Alleyne-Green, Grinnell-Davis, Clark et al. (2014) hypothesized that closeness and quality of relationship with the biological father would decrease dating violence experience as they posited that father involvement would impact attitudes and behaviours of adolescents. Their results did not support this hypothesis and no relationship was found between closeness with biological father and experience of IPV.

Family Dynamics & Structure

When looking more broadly at familial risk factors and considering family dynamics and structure as a risk factor in of itself, 3 studies were identified focusing on various attributes.

Makin-Boyd & Bierman (2013) focused on aggressive family dynamics, namely parent aggression, aggressive-oppositional child behaviour at home, and parent-child relationship quality, during childhood and early adolescence. Their findings indicated that dating violence was impacted by family dynamics by emphasizing

oppositional-aggressive responding style at home, which is then expanded to other contexts including romantic relationships.

Valle & Tillman (2012) found that childhood family structure was not associated with serious relationship conflict during AYA, specifically adolescents from 'non-traditional' 2 biological parent families were no more likely to report relationship conflict. Moving further into the developmental pathway, the impact of childhood family structure also did not increase risk of conflict in relationships into adulthood either. This was with the exception of adolescents from single mother families who were 25% more likely of having a relationship marked with conflict.

Simons, Simons, Lei, Hancock & Fincham (2012) took a different approach however and built on the argument of Straus et al. (1990). As has been evidenced with the risk factor of exposure to interparental violence, being exposed to hostility and aggression between parents during childhood increases the risk of both victimization and perpetration in later life. The basis of Simons & Simons' research was the argument that being exposed to a parental relationship which displayed both hostility and warmth, would indicate to the child, from a social learning theory perspective, that aggression was a normal part of a loving relationship. Therefore, they argued that parental warmth would increase rather than decrease the likelihood of dating violence for adolescents. Their results supported this, and they found that supportive parental interactions increased the likelihood that the individual would present with aggressive behaviours, both perpetration and victimization in their own intimate relationships in both males and females. Interestingly, they also found that harsh and supportive parental practices towards the individual did not result in greater experience of victimization or perpetration of violence in romantic relationships. This is in line with findings by Paat & Markham (2016) which have been discussed above.

Discussion

The current review examined which early familial risk factors increased the risk of IPV victimization in adolescence and young adulthood. The review identified a number of risk factors relevant to AYA IPV from eighteen identified studies that

met the specified criteria. Maltreatment and child abuse was recognized as a risk factor most frequently, largely the studies indicated that maltreatment increased the risk of both victimization and perpetration of IPV in adolescence.

Furthermore, although sexual abuse experienced as a child had an additional effect on the risk of being victimized in intimate relationships for males and females, emotional neglect during childhood increased risk of AYA IPV for females only. Largely, the studies found that adolescents who were victimized by their parents during their childhood were also more likely to be victimized by their dating partner too (Laporte, Jiang, Pepler, Chamberland, 2011).

Four studies highlighted exposure to parental violence as a risk factor, and found this increased risk of IPV later in life including both victimization and perpetration. It was also found that girls were particularly at risk of psychological victimization if they had been exposed to parental violence during childhood.

Four studies focused on attachment style as risk factors and found that with regard to perpetration, both anxious and avoidant attachment styles were a factor. However, when considering victimization the studies did not provide a consistent picture, with Dempster et al., 2015 stating that an avoidant attachment style increased the risk of more unwanted sexual experiences, and Sandberg et al. (2016) stating that avoidant style was unrelated to IPV, but anxious attachment increased the risk of physical abuse.

The final risk factor that was identified was 'Family Dynamics & Structure'. Family structure, particularly traditional 2-parent biological families did not increase the likelihood of experiencing IPV (Valle & Tillman, 2012). Additionally, when looking at parental warmth Simons & Simons et al. (2012) found that supportive parental interactions increased the likelihood that the individual would present with aggressive behaviours, both perpetration and victimization in their own intimate relationships in both males and females.

These findings are particularly applicable to the female AYA population which is the focus of this thesis. The review highlighted that early familial factors are important in both victimization and perpetration of violence in intimate relationships. This was supported in chapter 1, where disruptions in Client A's

early family environment increased the risk of her IPV victimization, and perpetrating sexual violence in other relationships.

The findings also showed that it is important to recognize that females also perpetrate violence in relationships and therefore interventions and future work need to address and understand this behaviour, as well as victimization of IPV.

Many of the studies adopted either a social learning theory or attachment theory approach in order to understand the link between early familial risk factors and later experience of IPV. Social learning theory may partially explain the link between family experiences and violence, in that a child who experienced direct or indirect violence in their home environment may learn that violence is normal and acceptable in relationships, which could impact their relationship decisions and increase the risk of violence in later life too. When focusing on female victimization in particular, experiencing familial disruptions such as exposure to violence or maltreatment appeared to lead to difficulty in protecting themselves from violence in a learned helplessness manner, which may make them vulnerable to violent relationships as they develop into adulthood (Bargai, Ben-Shakhar, & Shalev, 2007). This may be due to these early experiences providing the foundations for expectations about self and others that go on to also shape interpersonal and intimate relationships in adulthood (Gorrese & Ruggieri, 2012).

Although social learning theory and attachment theory are particularly useful models to understand and intervene in IPV behaviours, some have argued that their utility is limited as little focus is placed on the young person's ability to recognize their situation and want to change their circumstances themselves as they grow up and develop more autonomy over their decisions (Barter, 2009). Additionally, it is difficult to apply these theoretical frameworks to those who did not experience disrupted family environments, witness interparental violence, and had relatively stable attachments in their formative years, but still went on to experience IPV. It is important therefore that other areas of young people's lives, such as attitudes and coping styles regarding IPV are explored in order to develop a more holistic understanding model of IPV experience. Additionally, developing the use of typologies to understand the different functions of IPV within AYA (Fooshee & Bauman et al., 2007) would be a constructive way of

recognizing the importance of context within IPV behaviours and that experience of this is may not be from a homogenous AYA group.

A methodological limitation of this review was that it only focused on physical, sexual, and emotional abuse as these were the areas of IPV commonly focused on. However, it did not include financial abuse or coercion which were recently incorporated into the official Home Office definition of domestic violence in 2013, in the search strategy. It would have been useful to include all aspects of violence as per the official UK definition to provide a robust understanding of risk factors related to AYA IPV. Additionally, although the databases searched are popular and well-established in holding high quality research, they are largely North American databases and this may partially account for the lack of papers and research from other geographical areas including the UK. Future research may benefit therefore in including other more European databases such as ScienceDirect to ensure a more robust and inclusive range of articles.

For some articles, the age ranges for their study included participants over the age range specified in the PICO. However, the mean age of their study population still fell within the inclusion criteria of 24 years old, therefore such papers were retained and the data was included within this review as the age range was likely due to be an age outlier rather than a pattern within the demographics of their population. Even if a conservative view were to be adopted, and those studies with an age range exceeding 24 years old were to be removed, the factor of Maltreatment/ Child Abuse would still be the most supported risk factor in the literature.

In addition 2 articles were unavailable despite making requests through various institutions including the British Library. It is unknown how these particular studies may have impacted the findings of the review which is another limitation.

A strength of the review was the large sample size of 55,549 which allows greater generalizability, however there was a large variation in the sample sizes used between studies ranging from 175-37,653 which would also impact the power and confidence levels of the findings. Furthermore, a strength of the current review was that a majority of the studies utilised a version of, or items from, the Conflicts Tactics Scale (CTS) therefore there was some degree of

consistency between the studies in their measurement of conflict. The CTS does not measure conflict behaviours in adolescent relationships specifically, so although studies may have been consistently using the CTS to measure IPV, it may not have been appropriate in measuring conflict in AYA. A limitation of the review was that all of the studies were conducted in North America, and USA in particular. This limits the degree to which the findings are applicable to other populations outside North America where social and cultural differences may impact the results.

Limitations of the studies were largely focused on the cross-sectional nature of a majority of the studies which limits the ability to infer a causal effect, and also the lack of partner data being collected to corroborate participant reports of violence. Collecting partner information is an important part of IPV studies as research indicates that adult women provide different accounts than their husbands when reporting incidences of aggression and violence in their relationship (Gondolf, 2002). Therefore obtaining additional information would highlight inconsistencies and may provide a greater understanding about the factors involved in IPV.

Students from high school and universities were largely utilised in a majority of studies which was frequently noted as a limitation. However, although student sampling may be seen as a convenient and accessible group, this population also tends to engage in riskier sexual behaviours (Dempster, Rogers, Pope, et al., 2015) so does provide important insight into IPV practices for adolescents and young adults. Additionally, a number of studies required parental consent in order for participants to be included which may have either impacted which individuals opted to be part of the study, or impacted their ability to be forthright in their responses due to their parents being aware of their participation. In line with this, there may have also been a reluctance to report violent experiences both in the childhood and in their relationship due to social desirability issues. Furthermore, a number of studies modified the measures they used and therefore they were not standardized, which may have impacted the construct validity. Lastly, only 2 of the 18 studies utilised a control group allowing a more robust comparison with AYA who experienced risk factors.

Conclusions and recommendations

The impact of early familial experiences on the development of young people has been well reported, however only recently that research started to look at this in relation to IPV in adolescence. With the age group of 18-24 being the most likely to experience IPV (Stöckl, March, Pallitto et al., 2014) it is important that we understand the factors involved earlier on in the developmental pathway so it can be prevented later. Further research is required in this area especially utilizing information from partners to provide a more accurate picture of violence experienced in relationships and to reduce the reliance on self-report data in this area.

The review findings highlighted that research conducted in this area has been useful in providing a foundation regarding the prominent familial risk factors involved in AYA IPV, but it is difficult to generalize the findings to a UK population. None of the studies utilised a UK sample and thus the idiosyncrasies of adolescents in the UK, which may differ to those in North America, have not been assessed in the current review. This limits the applicability of the findings for a UK population, although the available research from the UK does support the findings of this review and the importance of early familial experiences as a risk factor for IPV (Barter et al., 2009, Fox & Corr et al., Schutt, 2006).

Therefore it would be useful for more research on this area to be completed with UK populations, which would then allow a similar review to be conducted with a nationally representative population. This would allow for interventions to be more targeted and effective. Additionally, it would be beneficial for more research to be conducted on financial and coercive abuse as this would then allow a broader understanding regarding the spectrum of abuse.

Chapter 3: Critical Review of a Psychological Measure

A Critique of the Conflict in Adolescent Dating Relationships Inventory (CADRI).

Abstract

Introduction: The Conflict in Adolescent Dating Relationships Inventory (CADRI) was developed by Wolfe et al. in 2001 to examine the degree of conflict and violence between adolescent dating partners. It was developed specifically to measure abuse in this age group, and to avoid having to utilise measures that were designed and validated with adult populations. Naturally the processes and dynamic involved in adolescent relationships differ to adult relationships, not least due to different stages of emotional, social, and physical development between adolescents and adults. Attempting to translate outcomes on measures developed for adult relationships to adolescents was deemed inadequate and thus the CADRI was developed.

Method: This review examines the CADRI in terms of its psychometric and scientific properties, and its effectiveness in measuring conflict and abuse in adolescent relationships specifically. This review also examines the short form of the CADRI; the CADRI-S developed by Fernandez-Gonzalez et al., 2012 and its effectiveness in measuring abuse in adolescent relationships whilst reducing the number of tests items utilised to do this.

Conclusion: Test-retest reliability appeared to improve when sexual violence items were removed (Wolfe et al., 2001, Hokoda et al., 2006). It is unclear why test-retest was poorer for the sexual abuse subscale but could be due to young participants feeling uncomfortable answering questions about sexual violence in a short period of time, which they may or may have been exposed to.

Alternatively, it could also reflect that sexual behaviour is not a consistent behaviour and therefore may not be consistent over the 2 week period between testing and re-testing. The assessment of concurrent validity was limited due to the dearth of validated measure of IPV in adolescence to measure the CADRI against.

Introduction

Adolescence has been identified as a distinct developmental period, where individuals are on the cusp of adulthood yet still vulnerable to a number of issues due to their emotional and social inexperience (Yurgelun-Todd, 2007). Early intimate relationships play a particularly important role in healthy adult development by promoting healthy attachments, stabilising identity, forming social support and encouraging effective problem solving during periods of disagreement (Foshee & Bauman et al., 2009). Naturally, there is an element of experimenting and testing of boundaries when attempting to establish these healthy elements within relationships. This may present as interpersonal conflict which can be particularly difficult to manage in relation to romantic relationships, however in some cases this may present as emotional, physical or sexual violence. Perpetuating this issue is social acceptance during this developmental period (Barter & McCarry et al., 2009). Therefore, many will not disclose their experience of violence to others and risk being shunned or scrutinised, meanwhile others simply may not be aware that they are experiencing violence particularly if it is assumed to be a 'normal' part of forming and maintaining romantic relationships (Wood, Barter & Berridge, 2011).

During this fragile developmental period, it is understandable that short-term and long-term consequences of violence have been identified. Long-term problematic health and psychological concerns include substance abuse, depressive symptoms and an increase in suicide attempts (Ackard, Eisenberg & Neumark-Sztainer, 2007). Importantly, findings suggest violence in adolescent relationships increases the risk of violence in adult relationships (Wekerle & Wolfe, 1999). Violence itself can take many forms, ranging from physical and sexual assault to insidious emotional torment and psychological harm. Therefore there it is important to have a measure that can accurately and adequately assess the types of conflict specific to adolescent relationships. Furthermore, the literature indicated that bidirectional violence in adolescent and young adult relationships was more commonplace than would be thought, with figures up to 57% for males, and 60% for females both perpetrating and being a victim of partner violence (Renner & Whitney, 2012) further supporting that perpetration and victimization of violence were addressed in order to measure conflicts accurately. The Conflict in Adolescent Dating Relationships Inventory (CADRI)

was developed by Wolfe et al., 2001 to examine the degree of conflict and violence specifically between adolescent dating partners. Since each item on the assessment relates to both perpetration and victimization, the CADRI is useful in looking at the distinct patterns of conflict and conditions of unidirectional and bidirectional violence. This review aims to investigate how effective the CADRI is in measuring conflict and abuse in adolescent relationships.

The CADRI is a relatively recent measure, and prior to its development the most commonly used measure of conflict in relationships was the Conflict Tactics Scale-2 (CTS-2, Straus, 1996). The CTS-2 measures the extent to which partners in a dating, cohabiting, or marital relationship engage in conflict with each other. Specifically it assesses three tactics used in conflict; physical assault, psychological aggression, and negotiation. This format is similar to the CADRI in that each item is answered twice, once for victimization and once for perpetration of each behaviour. The CTS-2 has been widely used as reflected in its psychometric properties. The reliability co-efficient taken from 41 articles that used the CTS-2 reported a mean alpha value of .77 which is acceptable. This included international use in 17 different countries which highlights its potential cultural robustness. However, as comprehensive and widely used as this measure is, it has focused largely on conflict in adult relationships therefore is not tested with regard to sensitivity to the nuances involved in adolescent relationships such as the level of maturity, social pressures, influence of peers (Barter, McCarry & Berridge et al., 2009), duration of the relationship, and prior intimate experiences (Wood, Barter & Berridge, 2011). The CADRI therefore is able to build on the effectiveness of the CTS-2 measure whilst still being sensitive to the particular issues that are apparent in adolescent conflicts.

The CADRI measure

The CADRI is a self-report measure consisting of 35 items. Each item is scored on a Likert scale from 0 to 3 according to its frequency 'never' is scored 0, 'seldom' is scored 1, 'sometimes' is scored 2 and 'often' is scored 3. High scores indicate greater incidence of violent behaviour within the relationship, whereas lower scores indicates lesser incidence of violence. The measure looks at both perpetration and victimization of each item which is important in considering unidirectional and bidirectional violence for both males and females. Therefore

the respondent completes 70 items in total. Ten items included also look at more positive conflict resolution behaviours, in an attempt to assess how healthier adolescent relationships deal with conflict without resorting to violence.

The authors of the CADRI began development of the measure by recognising the strengths of the CTS-2. They performed an initial exploratory factor analysis on the CTS-2 items with adolescents in order to identify which items were relevant to the population. The results identified loadings on two factors; *abuse/ coercion* (threatening behaviours, physical abuse and sexual abuse) and *negative communication* (emotional and verbal abuse). They found that sexual and physical violence were endorsed by less than 20% of participants therefore these behaviours were amalgamated and formed one item of 'severe abuse'. This ensured that important elements of conflict were still evident in the measure and able to capture more severe behaviours, however they did not dominate the measure. Following further confirmatory factor analyses, they then put forward a 5 factor model which identified five different types of abuse. These were *physical, sexual, threatening, relational* and *emotional/verbal*, and constituted first-order factors. They all loaded on to a second-order factor of 'abuse' with Goodness of Fit Index reaching high significance of .93.

Despite this, age and sex variation was evident for 2 of the first-order factors namely 'sexual abuse' and 'relational abuse'. Therefore a restricted model was also offered which excluded the sexual abuse and relational abuse subscales. This provides researchers or clinicians with the option of a restricted, yet more effective model if the respondents are likely to be younger or male, or the full five-factor model which assesses a more comprehensive range of abusive behaviours. This 5 factor model may be particularly important when different types of abusive behaviours are still being formulated.

Ryan (2013) argued that due to the nature of IPV behaviours, internal consistency and test-retest reliability are the major forms of reliability that should be considered in measures of IPV. In addition, concurrent validity was also discussed.

Internal Reliability

Internal reliability, measured by Cronbach's alpha coefficient, is an indication of how consistently items measure the same variable (Tavakol & Dennick, 2011). Values are expressed as a number between 0 and 1, with acceptable values of alpha ranging from 0.70 to 0.90 (Tavakol & Dennick, 2011). Higher alpha scores suggests that items on the measure were strongly correlated to each other. From the initial validation study by the authors of the CADRI, the alpha coefficient for 'total abuse' which combines the items from the five subscales was high at .93. This indicated the items were effective in measuring abuse more broadly. The alpha coefficients for the verbal or emotional abuse subscales were ($\alpha=.81$) and for physical abuse subscales ($\alpha=.76$), across sex and grade. These high alpha values supported that the items on the CADRI generally measured the same variable.

The alpha value for the threatening behaviour subscale was slightly lower at .73. This indicated that the threatening behaviours items may also be measuring other elements of abuse, or participants may be interpreting these items in a variety of ways. In line with these alpha values, Wekerle & Leung (2009) looked more broadly at the internal reliability of the measure for perpetration and victimization of conflict and also found internal validity to be high in their sample of 14-17 years old which was $\alpha=.85$ for perpetration and $\alpha=.91$ for victimization. Other than Wekerle's study and initial developmental study assessment of internal reliability was limited, therefore further research would be beneficial in reducing the impact of potential developer bias.

Test-retest reliability

Test-retest reliability ensures the constructs being measured remains stable over time (Ryan, 2012). Test-retest reliability is calculated by looking at the correlation of scores from 2 time points, using Pearson's correlation with an r of .70 being acceptable. The initial validation study assessed test-retest reliability by asking a random 20% sample who completed the CADRI initially, to complete it again 2 weeks later. The subscales generally showed acceptable reliability of the measure when administered 2 weeks later for the total abuse scale $r=.68$. This was with the exception of the sexual abuse scale. In line with this, the

restricted abuse model which omits the sexual abuse items had an improved reliability of $r = .75$. It is unclear why inclusion of the sexual abuse subscale reduced test-retest reliability but could be due to participants feeling uncomfortable repeatedly answering questions about sexual violence which they may or may have been exposed to. Similarly, Hokoda & Ramos-Lira et al. (2006) assessed 2 week test-retest reliability and found low correlations for Threatening Behaviour (perpetration) $r = .39$ and Sexual Abuse (victimization) $r = 0.43$. Furthermore, Wekerle & Leung et al's (2009) study looked at 14-17 year olds who experienced childhood emotional neglect and later experienced IPV during their teenage years. They assessed overall test-retest reliability for the measure which was in line with low correlations from other studies, $r = .38$ for perpetration and $r = .44$ for victimization. These studies show that some subscales have better test-retest scores than others. An assumption of test-retest reliability is that behaviours do not change over the time period provided between test and retest (as this deflates reliability), and that respondents do not remember their responses from first testing and repeat them on the second test (Ryan, 2012). Intimate Partner Violence is distinct in that it often violates these assumptions as couples, and adolescent couples specifically, show different patterns of violence which may change in a short space of time making it difficult to assess test-retest reliability in a measure of IPV (Ryan, 2012). This may go some way to explain why some subscales appeared to show more stability when test-retest reliability was assessed.

Concurrent Validity

Concurrent validity relates to the correlation of a measure with another validated measure of the same construct (Stevens, 2009). The assessment of concurrent validity was limited in the literature available. In their systematic review of measures of IPV, Exner-Cortens, Gill & Eckenrode (2016) identified 6 measures of IPV specifically designed for AYA, including the CTS-2 and the CADRI, that had any reliability or validity data available. Furthermore, they highlighted that the most commonly used measures with adolescent samples were the CTS-2 and the CADRI. Assessment of concurrent validity with the CADRI was only available for the CTS-2 and Conflict in Adolescent Dating Relationships Inventory-Short

Form (CADRI-SF). Therefore the lack of validated measures available could explain the limited concurrent validity data.

Name of measure	Correlation with CADRI
Conflict Tactics Scale-2 (CTS-2)	$r=0.70$ psychological
Psychological and physical IPV scales only	$r=0.68$ physical
Conflict in Adolescent Dating Relationships Inventory- Short Form (CADRI-SF)	$r=0.91$

Table 9: Concurrent validity of CADRI with other measures of IPV

Given the CADRI was developed from the CTS-2 greater correlation between the two measures would be expected. However, with closer inspection it was apparent that although both measures addressed 'conflict' the definitions were broad between the measures (Exner-Cortens, Gill & Eckenrode, 2016). This was particularly apparent with psychological and violent IPV definitions. (Cascardi, Blank & Dodani, 2016). For example, psychological IPV on the CADRI includes behaviours such as *jealousy* and *surveillance tactics* which are not present on the CTS-2. The CADRI also uses separate subscales to distinguish between *threatening gestures* and actual *physical aggression*. Likewise, the violent behaviours included on the CTS-2, appear to be more severe, particularly for physical violence with the inclusion of 'burning' and 'choking' a partner (Cascardi, Blank & Dodani, 2016). These variations in the way different forms of violence are conceptualised may explain the reduced concurrent validity between the CADRI and CTS-2.

A shortened version of the CADRI, the CADRI-S was developed by Fernandez-Gonzalez, Wekerle & Goldstein (2012). The 10-item measure aligns itself closely to the full-version CADRI, as such its item composition reflected the 5 first order factors with two items included from each subscale. It correlated strongly with the full CADRI, $r = .91$ as well as with each of the corresponding subscales ($r = .87 - .96$) indicating that both measures converged to a high degree in measuring conflict in adolescent relationships. The CADRI-S reported a slightly lower internal reliability than the full scale CADRI, dropping to $.81$ from $.93$. This could be due to the reduction of items on the measure which is known to impact the internal reliability, with fewer items reducing the alpha value (Tavakol &

Dennick, 2011). This suggests that the full CADRI has acceptable concurrent validity with the CADRI-S.

It would be useful to validate the CADRI with other validated measures of conflict in adolescence highlighted by Exner-Cortens, (2016) such as Adolescent Partner Aggression Scale (APAS, Leisen 2000) or the Recent Fearful Dating Experiences (RFDE, Schultz and Jaycox, 2008). This would allow a better understanding of how the CADRI is able to measure IPV in adolescence in relation to other measures as this is currently limited.

Discussion

This review aimed to address the psychometric properties of the CADRI and its effectiveness in measuring conflict and abuse in adolescent relationships. Specifically, internal reliability, test-retest reliability and concurrent validity were assessed. The internal consistency in particular was high for the full model at $\alpha = .93$ indicating the items on the CADRI were consistent in measuring the same variable i.e. abuse. Wekerle & Leung et al., (2009) had similar findings when assessing the internal validity for perpetration and victimization of conflict. Test-retest reliability appeared to improve when sexual violence was removed (Wolfe et al., 2001, Hokoda et al., 2006). It is unclear why test-retest was poorer for the sexual abuse subscale but could be due to young participants feeling uncomfortable answering questions about sexual violence in a short period of time, which they may or may have been exposed to. Alternatively, it could also reflect that sexual behaviour is not a consistent behaviour and therefore may not be consistent over the 2 week period between testing and re-testing. The assessment of concurrent validity was limited due to the dearth of validated measures of IPV in adolescence to measure the CADRI against. Overall, the reliability and validity of the CADRI was reliant on the initial developmental study of the measure and a handful of other empirical research studies which is a limitation of the CADRI itself and increases the risk of developer bias. In order to improve this, further research looking at the psychometric properties of the measure would be beneficial in strengthening the measure.

However, the research base to explore and confirm the constructs of the CADRI was acceptable, collecting data from 1,019 adolescents, evenly split between

males and females across the adolescent span from 13-19 years old. The large proportion of participants were of European origin, however efforts were also made to represent other ethnicities such as First Nations, Asian, Middle Eastern, Hispanic, East Indian, African and other origins from both urban and rural areas. Furthermore, the measure used the structure of Conflicts Tactics Scale-2, a well-researched and well used measure (Black et al., 2014, Grynych et al., 2010, Maas et al., 2010, Valle & Tillman, 2012) which provided a stable foundation for the CADRI to be developed from. Given the variation of the model for age and sex, a full model and restricted model were proposed. This is a strength of the measure as it can be utilised appropriately to provide the most valid information based on the subscales that are appropriate for participant, particularly if they are young or male.

With regard to the details of the measure itself, the items are answered in relation to the 'last 12 months'. Confining the information collected to the past 12 months may miss important information that could aid in understanding conflict in adolescent relationships. Also, the measure itself looks at conflictual behaviours that occurred *during* an argument. Therefore it neglects the behaviours that occur prior to, and after the argument which are important in understanding the whole process and trajectory of conflict in adolescent relationships. Additionally, the wording of the measure presumes a heterosexual relationship thus creates a heterosexual bias. This can be easily amended by providing options for the pronoun used or making the items gender neutral i.e. using 'my partner' as opposed to 'my boyfriend'. This will allow the data collected from the CADRI to be more sensitive to the difference, if any, between homosexual and heterosexual dating conflict as well as normalising same-sex relationships in adolescence.

Another limitation of the measure, as is the case with many similar inventories of this nature, it is entirely self-report and given what we know about adolescents being less likely to disclose violence in their relationships to adults there may be an element of social desirability as well as under-reporting present (Barter, McCarry & Berridge et al., 2009). It would be useful to include an element of proxy/observer information collected from partners or possibly even peers that would provide more information on how adolescents behave in their

relationships, and how this correlates with their own subjective understanding of abusive behaviours.

Since the measure was developed in 2001, almost 15 years ago, it does not consider the current context of adolescent dating conflict via social media or online platforms. Sullivan & Erwin et al., (2010) identified 'media and technology' as an overarching risk factor for victimization and perpetration of violence in relationships. Furthermore, up to 12% of students have experienced some form of electronic dating violence (Hinduja & Patchin, 2011) including receiving threatening phone calls and uploading pictures to cause humiliation. Dating applications, "sexting" (which is defined as 'transfer of sexually explicit photos via cell phone' Strassberg & McKinnon et al., 2013), and online dating are all features of the current dating landscape, particularly in the age range identified, therefore the measure does lack in the breadth of conflicts it measures. It may be useful to use the CADRI in collaboration with another measure that looks at the online elements of dating conflict in adolescence to ensure it is able to capture the spectrum of dating conflicts.

Some have argued that measures such as the CADRI and the CTS-2 are only able to measure the prevalence of conflict behaviours and are limited in providing context or a reflection of the diverse behaviours of dating violence (Foshee & Bauman et al., 2005). This makes the application of measures such as the CADRI difficult, particularly in an evaluative context of examining violence prevention programs. Although the CADRI does look to measure conflict behaviours primarily, it does also ask a small number of questions prior to the items on the measure such as number of relationships, length of relationships, and experience of dating which helps to provide some context albeit limited.

There is always the need to find the middle ground between collecting rich, informative data and reducing fatigue effects for participants, the CADRI could risk higher levels of attrition if it was any longer than 70 items. Given its acceptable validity and reliability, and its concurrence with the original CADRI, using the CADRI-S which is just 20 items could aid engagement. This could perhaps find the synthesis between meaningful, valid data, and low attrition rates. This age group can be difficult to engage (Rockwood & Frank et al., 2005), more so on a topic which may feel uncomfortable or sensitive for them therefore

if a trade-off does need to be made then the CADRI-S is able to provide some consistency with the larger more detailed measure. Similarly, Exner-Cortens & Gill et al. (2016) argued that the CADRI-S has its advantages over non-tested or modified versions of short scales. The main benefits of this measure is that it covers the same content as the CADRI and has been used with both high risk (Wekerle & Scott et al., 2001) and general populations demonstrating its applicability with diverse groups of adolescents. Furthermore, if researchers or clinicians require additional information from the participant, the CADRI-S can be used in combination with more qualitative, open-ended questions or other measures which are able to assess the contextual element of adolescent dating conflict more extensively.

This tool also highlights the importance of addressing bidirectional violence in adolescent relationships and ensuring this is adequately addressed in the measure given its high prevalence. Being able to choose between a full or restricted model helps to ensure the data collected is valid for the individual in question and patterns which emerge from the data are indeed accurate reflections.

Conclusion

The differences between adolescent and adult relationships are widely documented, therefore a measure that reflects these nuances and provides an accurate picture of violence during this developmental period is required. As such the CADRI provides an effective way to measure abuse in adolescent relationships and sustains scientific integrity despite a number of limitations. Importantly, the CADRI can be used to identify and monitor abusive behaviours from a perpetration and victimization perspective. Continued use of the CADRI will help researchers gain a clearer understanding of the intricate processes that precipitate and perpetuate violence at this early stage of intimacy. Focused intervention can then be provided to modify violent behaviours, encourage pro-social conflict resolution and allow more stable relationships which are free from violence as they enter further into adulthood.

Chapter 4: Primary Research Study

Does coping style and attitudes to violence impact re-victimization in Adolescent and Young Adult (AYA) victims of Intimate Partner Violence (IPV).

Acknowledgements

I would like to thank my supervisors Dr. Ruth Tully and Prof. Kevin Browne. Their support, guidance, and knowledge was imperative to this study. I would also like to thank Tom Bailey who provided assistance with the statistics element. Additionally, this study would not have been possible without the support of all those who acted as gatekeepers in schools, colleges, universities, youth groups and specialist services to assist with the recruitment of participants. Lastly, and most importantly, I would like to thank all the young women who participated in this study and were willing to share their experiences on a sensitive and difficult topic. I hope together we have been able to take a small step in understanding violence in relationships, and move towards providing young people with a future free from intimate partner violence and full of hope.

Abstract

Introduction: Violence in intimate relationships is a worldwide problem. Previous research indicates that intimate partner violence (IPV) also occurs in younger relationships (Barter et al., 2009), and some studies suggest young people are at higher risk of IPV (Halpern et al., 2001). However, much of this research has been conducted in other countries so we do not know how Adolescent and Young Adults (AYA) are affected in the UK and the type of violence they experience. Attitudes to violence and coping style have shown to be important in how people manage violence in relationships (Acierno et al., 1999). Knowing more about this area could help AYA victims of IPV develop useful coping skills, and reduce the risk of re-victimisation in the future.

Method: Participation included online self-administered completion of demographics, Conflict in Adolescent Dating Relationships Inventory (CADRI, Wolfe et al., 2001) to provide details about their experience of IPV, Coping Strategies Inventory- Short Form 32 (Tobin et al., 1989) to identify coping styles

endorsed, and the Intimate Partner Violence Attitude Scale-Revised (IPVAS-R, Fincham et al., 2008) to look at attitudes towards IPV. Participants were placed into 1 of 3 groups depending on their experience of IPV and re-victimization.

Results: Prevalence of emotional violence in this cohort was 40%, with sexual abuse (26%) and physical (19%) being reported less. Mean rates of re-victimization were high across all three types of IPV; emotional abuse (86%), physical abuse (72%), and sexual abuse (61%). Neither engagement nor disengagement coping styles predicted re-victimization, however attitudes to IPV and partner perpetration of violence were statistically significant in predicting IPV re-victimization

Discussion: Considered the variations in prevalence rates for the different types of violence and the findings regarding IPV attitudes and partner perpetration of violence re-victimization. Limitations and future research focus discussed.

Keywords: AYA, adolescent, young adults, IPV, dating violence, coping style, attitude, victim, re-victimization

Introduction

Adolescence is a time of marked changes in many areas of an individual's life as they transition from childhood into adulthood. This includes building social relationships outside the family unit (Grotevant & Cooper, 1985), formulating a sense of self and identity (Sebastian, Burnett & Blakemore 2008), and developments in the brain which underlie many social and emotional behaviours (Yurgelun-Todd, 2007). Adolescence is therefore an important period of physical, social, and emotional development where fluctuations in behaviour may occur as the individual attempts to adapt and understand this process. Adolescence is a part of the developmental period which is also characterised by heightened emotional intensity and conflict within relationships (Collins, 2003). Dating and the formation of intimate relationships is an example of normative social and emotional maturation during adolescence, providing opportunity for personal growth, partner selection, and forming of romantic attachments (Foshee, Bauman, Ennett et al., 2005). Although generally positive, attempting to navigate the challenges of new social roles at a time of developmental instability

can lead to previously uncharted and confusing experiences where dysfunctional social situations can occur, including the possibility of conflict and violence in relationships (Barter, McCarry & Berridge 2009).

Intimate Partner Violence (IPV) refers specifically to violent behaviour between a former or current couple and includes physical aggression, sexual violence and psychological control (Calvete, Corral, & Estevez, 2007). There are a number of behaviours that constitute physical violence, varying from moderate to severe. Moderate physical violence may refer to being pushed, grabbed or shoved, slapped or hit, whereas severe physical violence may refer to being kicked, bitten, beaten up, choked, burned or threatened with a weapon (Miller, Breslau, Chung et al., 2011). Similarly, emotional violence can include a number of behaviours such as withholding money, being prevented from seeing or contacting friends or family, being called names, humiliated or threatened (Mazza, Dennerstein, & Ryan et al., 1996). Due to the subtlety of these behaviours, it may not be identified as emotional violence straightaway thus these behaviours might be present for some time in the relationship. Sexual violence can refer to rape or attempted rape, unwanted sexual advances, violence or threat of violence during or after sex (Mazza, Dennerstein, & Ryan et al., 1996). Additionally, for the purpose of this study the recurrence of violence within relationships was defined as experiencing violence on more than one occasion in the same relationship, or experiencing violence across different relationships, as well as experiencing different types of violence i.e. emotional, physical, or sexual in their current or previous relationships. These definitions are of course not an exhaustive or exclusive list; there are a number of other behaviours that would also constitute intimate partner violence, as well as different types of violence occurring simultaneously in the relationship. In fact, the lack of a unified definition of what IPV is and the behaviours involved, can make it difficult to identify this behaviour in relationships. This is particularly the case in adolescent and young adult (AYA) relationships where rules and boundaries involved in romantic relationships are still in the early stages of being understood and managed. For example, Sullivan, Erwin, Helms et al. (2010) found that adolescents often showed difficulty in distinguishing between playful banter approaches, and when this crossed the line to aggression. Furthermore Gadd & Fox et al. (2013) findings highlighted that AYA male perpetrators often

showed little insight into their violent behaviour within their intimate relationships. Collectively, these findings illustrate the difficulties AYA appear to have in recognising IPV behaviours.

Similarly, a multi-method study by Coy, Kelly & Elvines et al. (2013) found gender specific issues regarding sexual consent in AYA. Specifically, they concluded that although young people's understandings of consent as a construct were relatively clear, when applied to real situations there were challenges in how they made sense of sexual negotiation, and this appeared to be gender specific. Specifically, they found that it was young women who were expected to show or communicate refusal of sex. Young men were viewed as 'reckless' in terms of obtaining sexual consent which varied from not seeking consent, to coercion of sex. The study highlighted the nuances involved in the issue of sexual consent and how this is even more delicate for AYA who are at an age and developmental stage where these complex cognitive, emotional and social tasks still require understanding and adjustment. This can lead to tensions and conflicts in the relationship and result in negative behaviours such as violence as a consequence. This is consistent with the finding that 1 in 5 teenage girls experienced violence at the hands of their partner (Stöckl, March, Pallitto et al., 2014).

Chapter 2 highlighted that much of literature on AYA IPV has been developed in North America, however it is a very real issue in the UK. The 2004 British Crime Survey reported that as well as poverty, youth was a factor associated with greater risk of domestic violence thus understanding AYA relationships is an area of high priority (British Crime Survey England & Wales, 2006). Similarly, the NSPCC conducted the first UK study aimed at understanding more about violence specific to youth relationships and included 1,353 13-17 year olds. A large proportion of respondents reported being in an intimate relationship (88%), with 25% of females and 18% of males reporting experience of physical partner violence. It appears that not only do females experience more violence compared to males, but they also experienced more negative impact as a result of the abuse (Barter et al., 2009) including depressed mood, eating disorders, substance use, decreased life satisfaction and low self-esteem (Sullivan, Erwin, Helms et al., 2010). Therefore, there is a strong need to understand how and

why IPV occurs at this age, and which factors are involved in violence being maintained in the relationship.

Adolescence

Given the issues with defining IPV mentioned earlier, it is difficult to estimate prevalence rates of IPV in AYA populations. At a time when peer approval and inclusion are vital to social acceptance (Sullivan, Erwin, Helms et al., 2010) it is likely that many will not want to disclose violence to others and risk being shunned or scrutinised, meanwhile others simply may not be aware that they are experiencing IPV. To this effect, The World Health Organisation (WHO, 2012) conducted an international study on IPV with young women aged 15-24, in 9 countries across the world namely Bangladesh, Brazil, Ethiopia, Namibia, Peru, the United Republic of Tanzania, Samoa, Serbia, and Thailand. They found prevalence rates were between 16% and 66%, although most sites reported rates of 50% or more. They also found that IPV was more prevalent in 15-24 year olds compared to those aged 24 and over. Similarly, Halpern, Oslak, & Young et al. (2001) found that prevalence of physical violence specifically, was higher in 18-24 year olds at 55%, compared to 32% for 27-33 year olds. These findings highlight a similar pattern; that AYA are at greater risk of IPV than their older counterparts. This is very disconcerting especially if we are to assume that underreporting plays a part, suggesting prevalence could in fact be much higher for AYA. This does not mean that all AYA will encounter violence in their relationships, although some individuals are at higher risk of being involved in IPV. Chapter 2 discussed some early familial IPV risk factors i.e. experience of childhood abuse or maltreatment, exposure to parental violence, and attachment style. The WHO study also identified a number of risk factors that may increase the likelihood of experiencing IPV, including the individual's first sexual experiences being unwanted or forced. This highlights the importance of early intimate experiences, and how their negative impact can increase violent experiences in later life too. However, as an individual moves out of childhood and through their developmental pathway towards adulthood, greater emphasis is placed on the role of peers in understanding relational interactions and forming their unique identity (Grotevant & Cooper, 1985) whereas during childhood this was largely occurring within the family environment. As such, peers become influential in the formation of attitudes. Therefore, when focusing

on this part of the developmental pathway, the attitudes AYA hold are important in understanding their experience of IPV and the current situation of AYA IPV in the UK more broadly.

Attitudes towards IPV

Studies have reported that both males and females are more likely to disclose IPV to peers rather than adults (Barter, 2009, Sullivan et al., 2010). Since advice and support is more likely to be provided by peers it is critical then to understand the attitudes AYA have surrounding IPV. However, this is a complex area to investigate since AYA may not recognise more subtle behaviours that constitute violence or psychological abuse. Some studies have shown that a number of young people see violence as a normal part of an intimate relationship, particularly those from disadvantaged communities (NSPCC Report, Wood, Barter & Berridge et al., 2011). Normalising violent behaviour in this way may mean that the behaviour is accepted and repeated in future relationships, or in the same relationship on a regular basis. Exner-Cortens, Gill, & Eckenrode (2016) highlighted the relationship between endorsing dating violence attitudes and presentation of dating violence behaviours. Similarly, Arriaga (2002) suggested that adolescents often dismiss physical aggression towards them by their intimate partner as jesting behaviour. Further, males seemed to endorse this view more so than females. This indicates that not only do some victims dilute the impact of violence in their relationships, but also young males may not be aware of behaviour that constitutes aggression, thus may continue to act in this manner. If unchallenged this may lead to these behaviours and attitudes becoming entrenched into adulthood and thus difficult to modify. Attitude to IPV may also impact upon coping styles, for example if a victim holds an attitude or belief regarding victim blame in IPV, they may not seek social support or may condone the behaviour of the perpetrator. This could then impact upon their coping strategy, and potentially increase their risk of re-victimisation.

Coping

The coping style adopted by individuals in AYA relationships is also an important area to focus on. Coping refers generally to the cognitive and behavioural efforts utilised to manage stressors (Taft, Resick, Panuzio et al., 2007). Most of the time, coping skills are useful in managing particular situations. However, coping

methods can become maladaptive in an effort to deal with our circumstances in the short-term. For example, during times of stress people may turn to alcohol as a means of coping with their immediate circumstances, despite possible negative impact in the long term (Johnson, Ollus, Nevala, 2007). The method that victims use to cope with their experience of IPV is of great importance for AYA. Acierno, Resnick, Kilpatrick et al. (1999) found that maladaptive coping and younger age were associated with higher risk of re-victimisation. Therefore understanding more about the coping skills victims of AYA IPV utilise could be pivotal in reducing the risk of re-victimisation, and possibly an area to focus on in IPV interventions.

When referring to coping, it is suggested that there are two methods one can use to deal with circumstances, *engagement* and *disengagement* styles (Taft, Resick, Panuzio et al., 2007). *Engagement* refers to the proactive methods used such as problem solving, cognitive restructuring, expressing emotions and utilising social support in order to cope with stressors. *Disengagement* coping strategies, which are considered more passive methods, include avoiding problems, wishful thinking, self-criticising or social withdrawal. Disengagement coping may be easier to utilise and help minimise short-term negative impact, however in the long-term, these skills may maintain violence in the relationship. The international literature on coping with IPV is relatively underdeveloped but has produced some important findings that could also be relevant to a UK population. Iverson, Litwack, Pineles et al. (2013) found in their US sample that disengagement coping mechanisms were associated with a greater risk of being re-victimized. Therefore there is a risk that if maladaptive coping skills are learned during these developmentally important years they will be utilised again, increasing the risk of re-victimisation and reinforcing the use of maladaptive coping. Understanding that adolescence and young adulthood is a crucial time in emotional and social development, the literature remains sparse on how females cope with IPV at such a young age. The importance of coping mechanisms cannot be downplayed as it may be an important factor in ending current IPV and reducing the risk of future re-victimisation. This necessitates a better understanding of the strategies employed by victims to manage violence in their relationships. As seen in chapter 1, if left unmanaged difficulties with coping may progress into young adulthood and become even more problematic.

Violence within intimate relationships is a global health issue (WHO, 2012). As well as financial cost to the community, there is a greater emotional cost to the individuals involved, both perpetrator and victim. Understanding IPV in early relationships is important in allowing maladaptive behaviours, attitudes, and coping styles to be identified and modified at an earlier opportunity, reducing the long-term incidence of violence into adulthood. Although the international literature is established in IPV, it is particularly apparent that the UK literature requires significant development for AYA IPV. The current study will provide context to the general topic of violence in AYA relationships in the UK, as well as contributing to the knowledge of attitudes and coping with IPV in this age group. The current study therefore moves across the developmental pathway described throughout the thesis, and focuses on the adolescence and young adulthood stage of development. Focusing on this provides promising advances in ensuring early intimate relationships are a time of positive personal and romantic development, and an encouraging pathway to adulthood for both males and females.

The objectives of this study are to identify the prevalence rates of IPV and specifically, IPV re-victimization, with a UK AYA population. Additionally, the study aim is to understand the relationship between attitudes toward IPV, coping, and re-victimisation for AYA victims. The hypothesis being that participants who endorse a disengagement style of coping will have greater experience of re-victimisation. Additionally, those who endorse attitudes condoning IPV will have greater experience of IPV and being re-victimized. From these, predictors of IPV re-victimization will then be examined.

Methods

Participants:

Females aged between 16-24 years old were recruited via a number of methods. Largely this involved promotion of the study in schools, colleges and universities. Additionally, specialist services who work with young people requiring support for various issues including IPV victimization, were involved in promoting the study. Twenty specialist services and 38 schools and higher education institutions were contacted. Additionally, social media platforms such as Facebook and Twitter were utilised to promote the study and aid recruitment.

With all recruitment methods there was an element of 'snowballing' of participants as it was encouraged that the study link was shared with other females in the age range required. Depending on their responses, participants were placed into one of three study groups for analysis; group 1-where no violence was experienced, group 2- where multiples episodes of violence were experienced, and group 3- where only a single episode of violence was experienced. Experience of violence for all groups included physical, emotional and sexual violence, and related to both previous and current relationships. Using the G*Power programme version 3.1.9.2 it was ascertained that for a regression analysis a total sample size of 119 would be required to achieve a medium effect size of 0.5 and an alpha error probability of 0.05. As such, each of the 3 groups required 40 participants each in order to state medium effect size. Exclusion criteria was; being male, younger than 16 or older than 24, if an individual was likely to be highly distressed by participating, or risk further violence due to their participation. Lastly, participation was dependent on the participant providing informed consent. The study was entirely online in an effort to provide participants with anonymity and counter effects of under-reporting.

Procedures:

The online study link was universal for all participants therefore the same questions were completed regardless of their experience of IPV. Each participant was required to give approximately 25 minutes of their time to participate in the study. It was explained in the participant information sheet (Appendix 4) that entry into the study was entirely voluntary and that access to services was not affected by their decision. It was also explained that they could withdraw during completion of the survey, but once the survey was submitted their data would not be removed as it is anonymised. Signposting to recognised support services was provided to all participants on completion or withdrawal from the study.

Measures:

The questionnaire was developed on Bristol Online Surveys and distributed to participants via an online link for completion. All participants completed the same measures. Participation included self-administered completion of demographics questions, family factors, and experience and prevalence of

violence (Appendix 5). Additionally a number of standardised instruments were utilised, these consisted of;

Conflict in Adolescent Dating Relationships Inventory- Short Form (CADRI-S, Fernandez-Gonzalez, Wekerle & Goldstein, 2012).

The CADRI-S is a shortened version of the Conflict in Adolescent Dating Relationships Inventory (CADRI, Wolfe et al., 2001) which examines the degree of conflict and violence between adolescent dating partners. The CADRI-S is a self-report measure consisting of 20 items in total. The measure looks at both perpetration and victimization of each item which is important in considering unidirectional and bidirectional violence for both males and females. Therefore each question is presented twice, once in relation to being victimised and then being a perpetrator of the behaviour. High scores indicate greater incidence of violent behaviour within the relationship, whereas lower scores indicates lesser incidence of violence.

Coping Strategies Inventory- Short Form 32 (Tobin, Holroyd, Reynolds, Wigul, 1989) was utilised to look at coping strategies endorsed by participants. The CSI-SF32 is a self-reported 32 item measure adapted from the longer 72-item Coping Strategies Inventory, and is a generic measure of coping. It includes measuring engagement and disengagement strategies. Engagement strategies include problem solving, cognitive restructuring, social contact, and expressing emotion. Disengagement strategies include problem avoidance, wishful-thinking, social withdrawal, and self-criticism. Subscales are then calculated to identify problem-focused and emotion-focused engagement and disengagement strategies. From these subscales an overall engagement and disengagement score is derived.

Intimate Partner Violence Attitude Scale-Revised (IPVAS-R, Fincham, Cui, Braithwaite & Pasley, 2008) assesses attitudes towards IPV. The IPVAS-R consists of 17 questions covering 3 factors; abuse, control, and violence. Responses are provided on a 5-point Likert scale ranging from strongly disagree to strongly agree. The scale has been used with numerous student populations. Higher scores on this measure indicates greater endorsement of attitudes of condoning IPV.

Ethical considerations

Some participants in the study may have been considered vulnerable either due to their young age or their experience of IPV which may be previous or current. However their participation was fundamental in understanding IPV in AYA relationships and how their coping styles may impact re-victimization. All individuals had the opportunity to read PIS prior to deciding to participate and signposting to relevant support services was also available should they require it. Consent was obtained from the participants themselves, all of whom were aged between 16-24 years old therefore parental consent was not required. Informed consent was provided by ticking the consent box prior to commencement of the survey therefore separate written informed consent was not sought. This study was provided with ethical approval by the University of Nottingham, Faculty of Medicine & Health Sciences Research Ethics Committee.

Results

Of the 1282 hits on the study link, a total of 93 participants completed the online questionnaire in full providing a low response rate of 7.25%. However this is a rudimentary view of the response rate as it assumes that everyone accessing the study link was a potential participant, when they may also have been gatekeepers assessing the suitability of the questions. The power analysis recommended a population of 120 in order to achieve a medium effect size. The study population of 93 indicates that 77% of the recommended population size was achieved. All participants in the study were female, the average age was 20.65 years old. The respondents were largely White 77%, with 12% being Asian, 5% Mixed, and 4% Black. The living circumstances of respondents indicated that 63% of participants lived with their parents or stepparents, 16% reported living with their partner, 15% reported living with their friends and 5% reported living alone. Furthermore, 28% reported living in a single parent family. None of the participants reported having ever been under the care of social services. Free school meal eligibility during primary school has been suggested as a useful proxy measure of socio-economic status (Hobbs & Vignoles, 2007), 16% of the sample were eligible for free school meals indicating they were at the bottom quartile of income distribution.

With regard to relationship status, 27% stated they were single. Four percent stated they were 'casual dating', and 68% considered themselves to be in a relationship. Of those who were currently in a relationship, 98.5% of participants were in a relationship with a male, and 1.5% of respondents reflected being in a relationship with a female. On average, they had been in a relationship for 30 months. Only 1% of participants reported having a child at the time of the study, the average age of participants' children was 6 years old.

All respondents were allocated to a group ad hoc depending on their experience of IPV. Group 1 was made up of 28% of participants who did not report any experience of IPV in either their current or previous relationships, Group 2 consisted of 62% of participants who experienced repeated episodes of IPV, i.e. re-victimization, and Group 3 consisted of 9% of participants who experienced a single episode of IPV.

Table 10 shows the prevalence of physical, sexual, and emotional violence experienced by participants. Additionally it shows whether the violence was experienced in current and previous relationships.

As well as identifying whether IPV was experienced in current or previous relationships, the study also explored how many relationships this occurred in. Of those who experienced IPV, 57% stated it occurred only in on relationship, with 11.8% stating it occurred in more than one relationship. This indicates that where IPV was experienced in relationships, this tended to occur in one relationship, rather than repeatedly across relationships.

	Experienced violence %(N)	In current Relationship	In previous relationship
Physical Violence	19% (18)	7.5% (7)	12.9% (12)
Emotional Violence- <i>Threatened</i>	24% (23)	3.2% (3)	21.5% (20)
Emotional Violence- <i>Humiliated</i>	38% (36)	7.5% (7)	32.3% (30)
Emotional- <i>Controlling</i>	40% (37)	10.8% (10)	29% (27)
Emotional Violence- <i>Fear of partner</i>	28% (26)	6.5% (6)	22.6% (20)
Sexual Violence	26% (25)	4.3% (4)	23.7% (21)
Sex when didn't want to	19% (18)	4.3% (4)	15% (14)
Sex when scared	13% (12)	3.2% (3)	9.7% (9)

Table 10: Percentage of physical, emotional and sexual violence experienced by the study population

Of those who endorsed that they experienced IPV, the data was then further analysed to assess the re-victimization aspect by asking participants if they had experienced violence on more than one occasion. Table 11 highlighted that for all types of IPV more participants experienced IPV on more than one occasion, than on a single occasion. This was particularly prominent for emotional violence, as those who did experience emotional violence, on average 85% experienced this on more than one occasion.

This pattern was also evident with physical violence where those who experienced this type of IPV, 72% experienced this on more than one occasion. Similarly, for those females who experienced sexual violence, on average 65% experienced this on more than one occasion.

Type of violence	Only on 1 occasion % (N)	More than 1 occasion % (N)
Physical Violence	27% (5)	72% (13)
Emotional Violence- <i>Threatened</i>	13% (3)	87% (20)
Emotional Violence- <i>Humiliated</i>	19% (7)	80% (29)
Emotional- <i>Controlling</i>	5% (2)	95% (35)
Emotional Violence- <i>Fear of partner</i>	19% (5)	81% (21)
Sexual Violence	28% (7)	72% (18)
Sex when didn't want to	44% (8)	55% (10)
Sex when scared	42% (5)	58% (7)

Table 11: Percentage of physical, emotional and sexual violence re-victimization experienced by the study population

When the data was analysed with regard to ethnicity (table 12), some interesting patterns were found. Particularly, the finding that Asian and Black respondents were not found in Group 3 i.e. a single experience of violence, although this may also be due to the small sample size. When correlations were conducted, there were no significant correlations found between ethnicity and experience of violence.

Ethnicity	No Violence % (N)	Only on 1 occasion % (N)	More than one occasion % (N)
White	19.6% (18)	8.6% (8)	49.5% (46)
Asian	6.5% (6)	0	6.5% (6)
Mixed	0	1.1% (1)	4.3% (4)
Black	2.2% (2)	0	2.2% (2)

Table 12: Experience of violence categorized by ethnicity

Similarly the data also looked at how experience of violence was related to the living status of participants (table 13). The findings suggest that when

participants experienced repeated violence, this was largely when they were living with their parents/stepparents, or with their partner. When correlations were conducted, there were no significant correlations found between living status and experience of violence. Due to the small sample size it is difficult to understand in greater detail the relationship between living status and experience of IPV, but could be an interesting area to investigate further.

Living status	No Violence % (N)	Only on 1 occasion % (N)	More than one occasion % (N)
Parents/stepparents	18.3% (17)	7.5% (7)	37.6% (35)
Partner	2.2% (2)	0 (0)	14.0% (13)
Alone	2.2% (2)	0 (0)	3.2% (3)
Friends	5.4% (5)	2.2% (2)	7.5% (7)

Table 13: Experience of violence categorized by living status

When considering socio-economic status, measured by eligibility to free school meals, and experience of violence (table 14) the findings showed that those who were eligible, and so considered to be in families in the bottom quartile of income distribution, were only found in the two groups where violence was experienced. Therefore, all participants in this study who were considered to have come from a lower SES family, reported experiencing IPV in their relationship. However, further correlations between SES and IPV were not significant. Again, due to the small sample size it is difficult to make broad generalisations about SES and experience of violence, however it does highlight an area to focus on in the future research.

SES proxy	No Violence % (N)	Only on 1 occasion % (N)	More than one occasion % (N)
Yes	- (0)	14.0% (13)	2.2% (2)
No	28.0% (26)	48.3% (45)	7.5% (7)

Table 14: Experience of violence categorized by SES proxy

Familial violence

Familial violence was also explored to ascertain if individuals were experiencing other types of violence aside from IPV, in other parts of their life. Thirty-six

percent of participants stated they had witnessed violence in the home, and 24% stated they had been a victim of violence by a parent or caregiver. This is in line with the findings from chapter 2 highlighting child maltreatment, and exposure to violence in the home as risk factors for experiencing IPV in adolescence and young adulthood. With regard to other members of the family, 24% stated they had been a victim of violence by a sibling or other family member. Lastly, participants were asked if they ever witnessed violence towards their mother, as this has been identified as a risk factor for IPV, 29% stated they had.

Bivariate correlations of the variables were also conducted to identify relationships between variables. Attitudes to IPV (measured by the IPVAS-R) showed significant but small correlation with problem-focused disengagement ($r=.276$, $p<.007$), and with disengagement style more generally ($r=.236$, $p<.023$). This suggests that those individuals who hold attitudes condoning IPV, are also more likely to utilise disengagement coping styles and problem-focused coping styles in particular.

Generic disengagement coping style correlated significantly with a number of variables. These included a small negative correlation with age ($r = -.307$, $p<.008$) and a small negative correlation with current relationship status ($r = -.285$, $p<.006$). When disengagement style was broken down into its components of problem-focused disengagement and emotion-focused disengagement these relationships were further apparent. Problem-focused disengagement which includes avoidance of the problem and wishful thinking, was negatively correlated with age ($r = -.343$, $p<.001$) suggesting younger females displayed more of these behaviours.

Interestingly, engagement coping style generally and the subscales of problem-focused engagement and emotion-focused engagement did not correlate with any variables other than coping style. This could suggest that disengagement coping style is more prominent than engagement coping style in this population. Additionally, there were not any significant correlations found for ethnicity, partner age, or the length of current relationship. Similarly, witnessing violence against the mother, which in previous studies has shown to be an important risk factor for experiencing IPV, did not show to correlate with any other variables.

A small negative correlation was found between those who experienced violence from a parent or caregiver, and their attitudes towards IPV ($r = -.207$, $p < .009$). Similarly, a negative relationship was found for those who experienced violence from a family member other than their parent, and their attitudes towards IPV ($r = -.245$, $p < .018$).

The CADRI-S provides a total for both participant and partner perpetration of violence. A paired-samples t-test was conducted to compare CADRI-S totals for participant and partner perpetration of violence within the intimate relationship. There was a significant difference in the scores for participant perpetrated violence ($M = 1.24$, $SD = .46$) and partner perpetrated violence ($M = 1.41$, $SD = .64$); $t(92) = 3.62$, $p = .000$, with greater violence perpetration being attributed to the partner.

To further explore attitudes, coping, and experience of IPV as predictors re-victimization, an ordinal logistic regression analysis was conducted. The first model was run with IPVAS total, CADRI-S total, engagement coping style as the predictors. Overall the model fit was significant ($\chi^2 = 9.0$, $p = .029$) in predicting participants being re-victimized. McFadden's R^2 test provides an estimate of the variance of the model, in this case it was 5% which is low. Additionally, only the CADRI-S was a significant variable in the model ($\beta = .68$, $p = .03$).

Another model was run to see if the model fit and variance improved once the subscales looking at self and partner perpetration of violence, rather than the total CADRI-S scores, were included. When comparing the model without the subscales, the model fit improved from .029 to .026 with the inclusion of the subscales ($\chi^2 = 11.06$, $p = .026$). The variance also slightly improved to 7% using the McFadden test, although the Nagelkerke suggested 13.6% variance. Additionally, the model still predicted participants being re-victimized however, partner perpetration of IPV was the only significant predictor ($\beta = .981$, $p = .05$). This indicates that the model of fit predicting re-victimization of IPV improved when partner perpetration of violence was considered. Additionally, including the subscales of the CADRI-S improved the variance of IPVAS on the model, although not to a level of statistical significance ($\beta = .68$, $p = .083$).

A third model was run including the subscales of CSI i.e. inclusion of both engagement and disengagement coping styles into the model. This model improved the goodness of fit from the previous model from $\chi^2 = 11.06$, $p = .026$ to $\chi^2 = 13.0$, $p = .023$. The variance of this model using the McFadden test was 8%, with the Nagelkerke's test indicating 15.8%. The model now also highlighted that partner perpetration of violence was statistically significant in the model ($\beta = 1.203$, $p = .023$). Furthermore, the IPVAS was now statistically significant in the model ($\beta = .089$, $p = .033$). Therefore, the model which included the subscales for both the CADRI-S and the CSI as well as the IPVAS, had an improved -2log likelihood. The smaller this value the better as it reflects the error and that data is more closely aligned to the intercept, this model had a reduced -2 log likelihood of 150.019, therefore the addition of the subscales improved the fit of the model and reduced the error. Therefore the final model highlights that re-victimization of IPV is better predicted by attitudes to IPV (measured by the IPVAS) and experience of being victimized by your partner, measured by the CADRI-S subscale.

Discussion

The results from this study have been useful in providing a clearer understanding of AYA IPV in the UK. Group allocation of participants indicated that 9.7% of participants experienced IPV on 1 occasion, and 62% of participants had experienced repeated IPV in their relationships. Specifically, experience of emotional violence was endorsed highly by participants, particularly prevalence for experiencing controlling behaviour was 40%. Both sexual and physical violence were endorsed at a lower rate ranging from 13-19%, which is lower than other prevalence rates in the literature i.e. 55% for physical violence identified by Halpern, Oslak, & Young et al. (2001). This may be due to a number of reasons. AYA often misinterpret physical aggression as playful behaviour (Arriaga, 2002) therefore the low prevalence of physical violence may reflect this as they may simply not understand it as violence. Similarly, the issue of sexual consent for AYA is often confusing, with findings suggesting the onus is on the young women to communicate refusal of sex (Coy, Kelly & Elvines et al., 2013). Therefore, if there are difficulties in communicating refusal and an individual hasn't explicitly said no, this may be assumed to be consensual by proxy even if it is not. This kind of experience may then impact

AYA's interpretation of what a consensual sexual experience is, and limit their understanding of the violence they might be experiencing. These findings are even more concerning when considering re-victimization. For emotional violence, of those who had experienced this violence in their relationship, 87% of participants reported being a victim of such behaviour on more than one occasion. These findings are also in line with the findings focused on male perpetrators of IPV that some AYA males are accomplished in controlling their partners using threatening behaviour (Gadd & Fox et al., 2013). Collectively, this indicates that if emotional violence is a vulnerability in the relationship, the behaviour may be more likely to continue on repeated occasions from both victim and perpetrator. Similarly, regarding both sexual and physical violence, for those who stated they were victimized, 72% went on to endure this on repeated occasions. Previous research suggested that early family environments are important in increasing the risk of IPV, specifically exposure to early familial disruptions such as parental violence may heighten the risk that the child models the same behaviours when encountering conflict in their own intimate relationships (Ehrensaft & Cohen et al. 2003). From a social learning theory perspective this could be due to violent behaviour being modelled and normalised during childhood, thus become a learned pattern of behaviour. In line with this, the current study found that 36% of participants had witnessed violence in the home, furthermore 24% stated they had been a victim of violence by a parent or caregiver. These early experiences of violence may have made them more vulnerable to experiencing violence in their later relationships, including in the form of IPV.

A novel element of this research was the focus on coping styles in relation to IPV. Interestingly, engagement coping style which included problem solving, cognitive restructuring, expressing emotions and utilising social support did not correlate with any other variables. Disengagement coping style however was significantly correlated with a number of other variables. These included negative correlations with age and a small negative correlation with current relationship status. This suggests that the younger the age of the participants, the greater the endorsements of general disengagement coping styles. This was particularly the case for the subscale of problem-focused disengagement, which includes problem avoidance and wishful thinking, which was also negatively

correlated with age suggesting younger females utilised more of these particular coping strategies. This indicates that disengagement coping style and the subscale of problem-focused disengagement appears to features more prominently in AYA IPV than engagement coping style. Understanding this could be an important factor in addressing IPV in detail by focusing on problem-focused disengagement specifically, and promoting more engagement-focused coping styles. Experience of IPV during AYA has been identified as a risk factor for later victimization in adulthood (Wekerle & Wolfe, 1999), therefore addressing maladaptive coping styles early on could reduce the likelihood that IPV also features in adulthood. Additionally, the intergenerational impact of IPV exposure to young children and how this then increases their risk of both perpetrating and being victimized has been well documented (Vézina & Hébert et al., 2015, Karlsson & Temple et al., 2016, Millettich & Kelley et al., 2010). Therefore intervening at an early opportunity and preventing IPV becoming normalised into adulthood could also reduce the intergenerational impact of IPV.

To explain the relationship between re-victimization and the independent variables of attitude to violence, coping style, and experience of AYA IPV, an ordinal logistic regression analysis was conducted. The model was significant for participants in the re-victimization group and findings indicated that attitudes to IPV was a significant predictor of IPV victimization. Regarding experience of IPV as measured by the CADRI-S, partner perpetration was also a significant predictor of re-victimization as would be expected i.e. if a partner utilises violence as a method to deal with conflict in the relationship, this will increase the likelihood of being re-victimized. The model therefore refutes the study hypothesis that participants who endorsed a disengagement style of coping would be at greater risk of IPV re-victimisation. Instead attitudes endorsing IPV, and experiencing partner perpetration of violence predicts IPV re-victimization. A caveat to the finding however is the small variance of the model of which at best was 15.8%, therefore it would be useful to expand these findings to allow re-victimization to be predicted in more detail.

There are a number of limitations to the current study. Primarily, the sample size of the study was lower than required for a medium effect size therefore it is difficult to generalize the findings. The low response rate may have been due the

online nature of the study which has been noted to have a lower response rate compared to postal surveys for instance (Sheehan, 2001). However, the reasons for the low response rate is unclear since there were over 1000 hits to the study link but this did not appear to translate to completion of the survey. This could be partly explained by the length of the survey, which despite using shortened versions of standardized measures was still 97 questions long. There is also a possibility that the sensitive nature of the questions, particularly around violence in the home and in relationships, may have been too traumatic for some individuals to answer. Given the young age group and the known difficulties in engaging this population, the study may have benefitted from offering participants an incentive for completing the study. Furthermore, participation in the study was contingent on access to the internet and a computer which may have been a limitation in recruiting a comprehensive sample. Despite this, it was important that due to the sensitive nature of the study, anonymity was maintained for participants to allow them to report their experiences freely. However, due to the anonymous nature of data it was not possible to establish where participants had been recruited from therefore it could be possible that response rates were skewed in favour of specialist services, which could explain the unequal group sizes. Additionally, the emphasis on providing anonymity in order to allow more open and honest responses restricted the study to quantitative data, as qualitative may have made participants identifiable therefore useful, more detailed data was not collected on this occasion.

The low response rate of 7.25% may have also impacted the power of the findings more generally. Similarly, there was an apparent ethnic bias as 77% of the sample were white, and therefore ethnic minorities collectively only made up 23% of the population, and SES bias with only 16% of participants considering themselves to have come from families in the bottom quartile of income distribution. Additionally, as studies were promoted via schools and universities, there may have been a selection bias with the more conscientious students completing the survey in full, and therefore the sample may not be truly comprehensive. This also restricts the generalizations that can be made from the findings to all AYA's. Additionally, partner data was not collected which is an important aspect in building a more accurate picture of IPV. However, given the importance of anonymous nature of the current study it would be difficult to

collect partner information and still allow participants to reflect openly on their IPV experiences. Similarly, the study relied solely on quantitative surveys to determine acts of conflicts which although a common method used, has been criticized for being limited and missing important contextual information (Foshee, Bauman et al., 2007). Therefore, the study may have benefitted from a mixed-methods approach in order to provide more context around IPV in AYA relationships, particularly around the circumstances that lead to re-victimization. However, this approach would be difficult to achieve without extending the length of the survey further, and may have also compromised the anonymity of participants provided using standardized measures in a survey methodology by probing for further information. Given the low response rate, future research may benefit from a shorter survey coupled with some semi-structured questions which sensitively explores important areas such as IPV attitudes in more detail, whilst still providing participants with anonymity to answer freely. Additionally, a postal survey or on-site confidential completion of surveys in schools and universities etc. could provide greater access to participants who may not have access to the internet or a computer to complete their survey.

Despite these limitations the findings have provided a useful picture of issues impacting AYA IPV in the UK. Research looking specifically at UK populations has been limited and thus there was a reliance to utilise findings from different countries. Although this has its benefits when thinking about AYA IPV more broadly, it does not reflect the idiosyncrasies of UK AYA which then limits the effectiveness of interventions and strategies that aim to reduce IPV. Further research would benefit from taking findings from the current study and looking in greater detail at IPV in ethnic and SES populations. Additionally, future research obtaining partner views on IPV will be important in progressing our wider understanding of AYA IPV from all perspectives, especially since partner perpetration of IPV was a significant predictor of re-victimization in the model. Lastly, it will be important to focus on attitudes related to IPV as this was a significant predictor of IPV. Understanding more about the kind of attitudes that are held by AYA can then aid in the development of interventions focused on addressing and modifying these attitudes from both victimization and perpetration perspectives, which in turn may help to reduce the occurrence of IPV re-victimization. Additionally, the findings highlighted that emotional

violence was endorsed by participants to a large degree therefore looking into this specific type of IPV could also be beneficial in supporting young people cultivate healthy intimate relationships, and allow this to be a foundation for their relationships as they move towards adulthood.

Chapter 5: Discussion

The thesis highlights that despite adult IPV being well-researched, this has not been the case for IPV in AYA relationships. This is particularly apparent for UK research literature. The objective of this thesis was to contribute to the understanding of AYA IPV in the UK. In order to do this, a number of wider aims related to IPV in the relationships of AYA were established and guided the development of the thesis.

Starting from the beginning of the thesis, the purpose of the chapter 1 was to use the case of an individual who had experienced IPV to identify the important areas that were then focused on across the developmental pathway. Client A highlighted the significance of early familial experiences and the importance of focusing further back in the developmental pathway in order to better understand IPV within this transitional stage of growth and development. The case study also focused on schemas, specifically the most deeply held schemas of Pessimism/worry, Abandonment, and Recognition Seeking which were important in explaining her vulnerability to experiencing IPV. A combination of these schema were also likely to be related to the re-victimization of IPV due to patterns of not only expecting the worst and fearing the relationship will end, but also wanting to please. Collectively, the case study highlighted the findings of this thesis along the developmental pathway; that early experiences in childhood may increase the risk of IPV, and strengthening of these early experiences into attitudes condoning violence during adolescence may create the context for IPV to be experienced on a number of occasions, leading to re-victimization.

Difficult early experiences are important in the development of schemas and Chapter 2 identified specifically which early familial experiences were of significance in IPV i.e. maltreatment and exposure to violence.

The methodology of the systematic review adhered to various inclusion and exclusion criteria. It is important to note that although the findings provided a clearer understanding of the familial risk factors involved in IPV, the studies were restricted to those conducted in North America therefore caveats are required when considering the applicability of the findings to a UK population. Many of the studies retained in the systematic review applied social learning theory to their research to explain the relationship between early childhood experiences and later risk of IPV. Specifically, this may be due to observing, modelling and then normalising maladaptive behaviour within the home, particularly violence and the lack of non-violent coping methods. Therefore, exposure to early familial disruptions such as parental violence may heighten the risk that the child models the same behaviours when encountering conflict in their own intimate relationships (Ehrensaft & Cohen et al. 2003).

Although, social learning theory and attachment theory were commonly identified as useful conceptual frameworks to understand how early vulnerabilities to IPV may arise into adolescence and young adulthood, there is perhaps an overemphasis on early experiences and little recognition on the importance of relational experiences that are not within the family or in the very formative years of development. For example, studies both internationally (Wolfe & Crooks et al., 2009, Black & Chido et al., 2014, Fincham & Cui et al., 2008) and in the UK (Fox & Corr et al., 2013, Schütt, 2006) have highlighted that regarding IPV specifically, young people are more influenced and likely to take advice from their peers. A limitation of social learning and attachment theory is that these critical relations are largely overlooked. Additionally, this theoretical framework is limited in being able to underpin IPV experience for those individuals who had stable home environments or were not exposed to violence, but still experienced IPV. This is not to undermine the importance of social learning theory or attachment theory, however the framework will require further development to account for the range of behaviours exhibited and the varied developmental pathway of AYA who experience IPV.

In Chapter 3, the thesis also highlighted that a measure was required that was specific to AYA, rather than relying on a generic measure of adult conflict such as the Conflict Tactics Scale-2 (CTS-2) which did not account for behaviours

such as jealousy and surveillance tactics which are more common in AYA relationships. The Conflicts in Adolescent Dating Relationships Inventory (CADRI) aims to differentiate between threatening gestures and actual physical aggression which may present differently in AYA relationships and therefore should not be categorized as one concept, and has separate subscales for these which helps to determine the severity of conflict. In Chapter 4, the empirical research opted to use the shortened version of the CADRI; CADRI-S (Fernandez-Gonzalez, Wekerle & Goldstein, 2012) as the 20-item measure aligned closely to the full-version of the CADRI. The AYA age group can be difficult to engage in research (Rockwood & Frank et al., 2005), additionally, fatigue effects may impact attrition rates therefore a shorter measure which is still comparable with larger more detailed measures was beneficial in ensuring that data collected was to a high standard with reduced attrition.

There were some noted limitations to the measure including its development being 15 years ago thus current issues related to adolescent conflict via online platforms or social media were not addressed in the measure. Additionally, measuring IPV exclusively using a survey method limits the breadth of data collected on individual's experiences and omits important contextual data that could be obtained in a mixed-methods or qualitative approach to highlight the idiosyncrasies for AYA and how these differ to IPV experiences of adults. For example adopting the approach of Foshee and colleagues (2007) and using typologies to understand IPV more broadly provides a deeper understanding related to the context involved in IPV thus does not attempt to understand IPV as a homogenous experience. This thesis has provided a useful overview on IPV victimization, particularly around re-victimization, therefore future work leading on from this could develop these finding using qualitative aspects to deepen our understanding further.

The findings from the research study in chapter 4 supported the case study observations in Chapter 1, with 24% stating they experienced maltreatment earlier in their developmental pathway. The findings of the systematic review in Chapter 2 were also supported as exposure to parental violence was also identified as increasing risk of IPV later in life including both victimization and perpetration, with over a third of participants experiencing this. It was also

found that girls were particularly at risk of psychological victimization if they had been exposed to parental violence during childhood. These difficult and dysfunctional experiences are important in how individuals view their world, including their relationships as they grow up. Related to this, the importance of attitudes of AYA was identified in chapter 4 with the finding that attitudes to IPV was a predictor of re-victimization.

Establishing a better understanding of re-victimization was a key aim of this thesis. Attitudes to IPV was the strongest predictor of re-victimization, and partner perpetration was also a significant predictor. The model therefore refuted the study hypothesis that participants who endorsed a disengagement style of coping would be at greater risk of IPV re-victimisation. The finding regarding attitudes being an important predictor of IPV victimization in AYA are also in line with previous findings around the role of peers in discussing experiences of IPV and normalising this. Additionally, it also emphasised the transition from early childhood where the family environment and parental attachments in particular are important in the formation of attitudes, into adolescence where these elements are still present however the role of peers becomes more crucial in developing a sense of self, and the attitudes that develop as a consequence of this. Therefore, attitudes to IPV should be considered a priority for IPV intervention programmes, particularly since studies have shown that a number of young people see violence as a normal part of an intimate relationship (NSPCC Report, Wood, Barter & Berridge et al., 2011) as well as research highlighting a relationship between endorsing IPV attitudes and experiencing IPV in their relationship (Exner-Cortens, Gill, & Eckenrode, 2016). This also highlights an area of wider intervention where the problematic norms of peers could be challenged and modified in an attempt to encourage healthier views on relationships and the behaviour within them more widely in this age group.

The hypothesis that coping style, particularly disengagement coping style, would predict IPV re-victimization was not supported. This refutes findings by Iverson, Litwack, Pineles et al. (2013) that disengagement coping mechanisms were associated with a greater risk of being re-victimized in adults, and Acierno, Resnick, Kilpatrick et al. (1999) who similarly suggested that maladaptive coping

and younger age were associated with higher risk of re-victimisation. This may indicate that there is a distinction between AYA and adult risk factors for IPV re-victimization. However, when looking at the sub-domains of disengagement coping style, a small negative correlation was found between age and problem-focused disengagement, which includes avoidance of the problem and wishful thinking, suggesting younger females displayed more of these behaviours. This could be an area to explore further in future research.

Contribution of thesis to current literature and clinical implications

As mentioned previously, a large proportion of the research into IPV has focused on adult relationships, despite findings that AYA are at greater risk than their older counterparts. The thesis followed a developmental pathway highlighting the important aspects from childhood through to young adulthood in experiencing IPV. Perhaps the most novel aspect of this thesis however was the focus on re-victimization and understanding the prevalence rates for AYA. The empirical research identified that experience of emotional violence was endorsed highly by participants, particularly prevalence for experiencing controlling behaviour was 40% in the study sample. Both sexual (26%) and physical (19%) violence were endorsed at a lower rate. These findings are even more concerning when considering re-victimization. For emotional violence, of those who had experienced this violence in their relationship, 87% of participants reported being a victim of such behaviour on more than one occasion. Previous studies on AYA IPV in the UK have focused largely on prevalence rates of violence, but it is only the current study that has looked specifically at the prevalence rates of re-victimization of IPV. This allows a better understanding of patterns of violence beyond single IPV experiences, which is important in recognising the trajectory of violence into adulthood.

Patterns of re-victimization are also important when considering the intergenerational aspect of IPV. Research has found that children who experienced abuse are at greater risk of living with a violent spouse as well as being more likely to abuse their own children, compared to those who do not experience abuse (Browne, Hamilton-Giachritsis, & Vettor, 2007). The children are then vulnerable to experiencing greater violence in different aspects of their life, including their intimate relationships, but also violence within the

community in gangs or with peers. Collectively, this cycle reinforces the idea that utilising violence is an effective strategy in managing interpersonal conflict. This embedded attitude over generations will undoubtedly be difficult to modify. Therefore, although interventions need to consider AYA specific risk factors such as attitudes to IPV as identified in this thesis, a truly effective intervention will also consider the family dynamic, peers, and wider community and work to facilitate change on a number of levels rather than focusing on one aspect in isolation.

As mentioned early, the conceptual framework utilising social learning theory and attachment theory is somewhat limited, and combining this with other approaches could be useful. Erikson's Stages of Development (Erikson, 1994) and the Model of Self and Others (Bartholomew & Horowitz, 1991) are particularly useful in understanding IPV in adolescence and young adulthood, and is depicted in figure 4. Bartholomew's Model of self & others identifies 4 categories of attachment namely secure, preoccupied, dismissive, and fearful. This model is strongly underpinned by attachment theory proposed by Bowlby (1973) and how attachment patterns are relatively stable and consistent from childhood to adulthood therefore romantic attachments and thus partners that one tends to choose, are in line with the internal models that are developed during childhood. Therefore, initial attachments with caregivers are decisive in how later attachments are made, including romantic ones. Expanding further on this, the Model of Self and Others identified 4 categories based on high or low anxiety (which looks at how individual views themselves), and high or low avoidance (which looks at how individuals view others) i.e. secure relates to low anxiety/ low avoidance, dismissive relates to high avoidance/ low anxiety, fearful relates to high avoidance/ high anxiety, and finally preoccupied is low avoidance/ high anxiety. The findings of this thesis focus particularly with the latter attachment of *preoccupied* whereby individuals view themselves poorly and so desire connections and validation from others, but also worry about losing the relationship and being alone. This relates to AYA specifically as there is research evidence that due to intense feelings of rejection and fear of abandonment, they are more prone to be involved in violent outbursts in order to protect the relationship (Leary & Twenge et al., 2006). This attachment style may present in relationships as highly dependent or clinging to their partner,

and being so worried about the relationship ending and losing that attachment, that they remain in unhealthy relationships. These behaviours were observed with Client A in chapter 1 and highlighted how such interactions may present. Victims of AYA IPV would likely fit into this category where the relationship is so important, aggressive or violence may be accepted in order to maintain the relationship. The preoccupied attachment could particularly fit those individuals in the empirical research who reported being re-victimized and so find themselves in this pattern of behaviour on repeated occasions perhaps due to fear of losing their partner and being alone. Of course, this model works on the assumption that the prominent attachment style for AYA experiencing IPV is a preoccupied attachment style for the reasons discussed previously. Further development of the model requires this assumption to be tested more robustly to ascertain attachment style in order to ensure the proposed model is applicable and relevant to this population.

Taking these findings and integrating them into Erikson's Stages of Development Model provides a more comprehensive model. Erikson postulates that all individuals encounter crisis, but these are in fact important to our psychosocial growth and development. He identified 8 stages of conflicts that are experienced at different stages of development, and overcoming these is important in allowing individuals to adjust to their environment in a positive manner and thus experience psychosocial growth. Of the 8 stages, stage 5 and stage 6 are of particular importance to this thesis. The crisis at stage 5 is Identity versus Role Confusion and is present during adolescence. During this stage individuals focus on discovering who they are and forming their identity therefore crisis may occur as they move from childhood to adulthood, with their identity and sense of self being in a state of flux. During this period, sexual identity is also expected to form, and may also be implicated in Role Confusion when trying to navigate new experiences and attempt to form their own boundaries of behaviours that are acceptable in relationships. Furthermore, Stage 6 focuses on young adults and the crisis of Intimacy versus Isolation where individuals may attempt to meet a partner and settle down, and as part of this may find themselves in unhealthy relationships or ones which fail, and therefore the crisis of living a life of isolation without a partner. Taking these two stages together, the model can be used to

understand why adolescence and young adulthood may be a vulnerable developmental period for experiencing IPV. There is a focus during these periods, to not only form a sense of identity and idea of oneself, including personal views and boundaries within relationships, but also to seek intimacy in order to obtain long term relationships for positive psychosocial development. These crises, if not managed effectively, may give rise to experiencing aggression or violence within intimate relationships as interpersonal boundaries are formed, and further, as long term intimacy is sought in young adulthood. This proposed model for IPV victimization complements and builds on the developmental pathway used throughout the thesis (figure 1), and highlights the importance of early experiences and the impact of this as one grows older. Furthermore it highlights the vulnerabilities that are related to AYA development specifically, and how a combination of these factors provides a context that is then more susceptible experience of IPV.

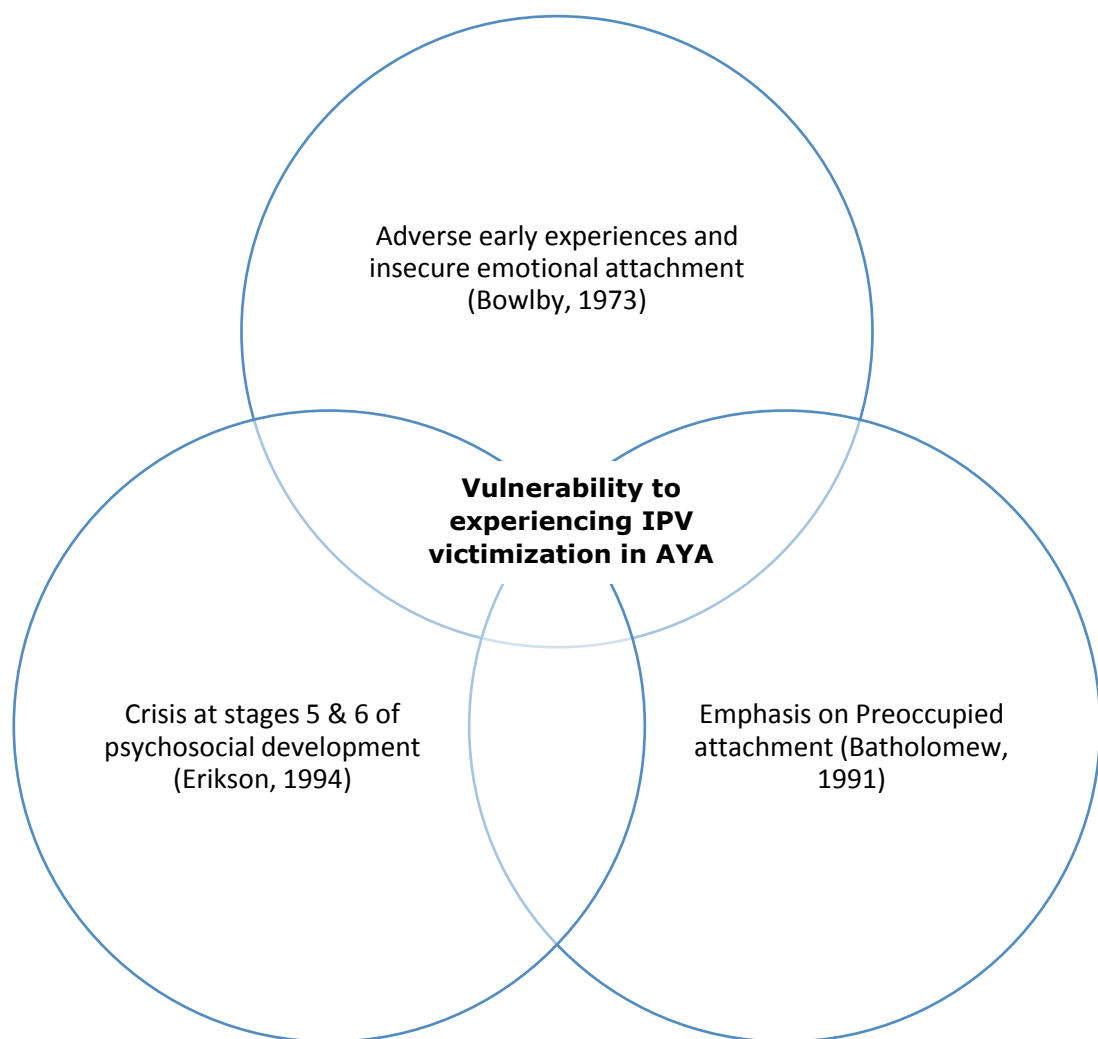


Figure 4: Model for IPV victimization

Future research

Although the findings from this study have been important in understanding the landscape of AYA IPV, a deeper understanding is required including looking at partner perspectives. This will also allow a greater understanding regarding the occurrence of bi-directional violence in AYA relationships, and the role of females as perpetrators of IPV too. Additionally, further understanding regarding co-occurrence of different types of IPV and the pattern of this will be important to understand. Utilising a mixed methods approach incorporating interviews or focus groups could be a useful direction in providing important contextual data around the issues related to IPV, which is currently lacking in the current survey methodology. Additionally, the gold standard in research of this nature as highlighted in chapter 2, is a longitudinal design as this provides a more robust prospective view of IPV development over time, and other important factors involved in re-victimization of IPV into adulthood. Although this research has identified attitudes to IPV as an important factor, the small population size limits the power of these findings. Therefore, future research should aim to replicate and refine the understanding of IPV re-victimization which will in turn help ensure that it does not become a repetitive and normalised feature of intimate relationships into adulthood.

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Appendices

Appendix 1: Systematic Review database search strategy

1. AYA [plus synonyms OR; child*, adolescen*, young adults, young person, young people teen*]
2. IPV [plus synonyms OR; intimate partner violence, partner violence, partner abuse, dating violence, dating abuse, child abuse, domestic abuse, domestic violence, teen relationship abuse, psychological abuse, emotional abuse, sexual violence, rape, physical violence, physical abuse]
3. Famil* risk factors [plus synonyms OR; family, parents, siblings, extended family, risk, risk.mp., protective, dysfunction, maladaptive, instability/unstable]
4. 1 AND 2
5. 1 AND 3
6. 2 AND 3
7. 4 AND 5 AND 6 **first stage of hits**
8. Attachment style [plus synonyms OR; insecur*, anxious, disorganised]
9. Parenting [plus synonyms OR neglect*, authoritarian, permissive, uninvolved]
10. Exposure to family violence [violen* famil* ADJ5 violen*]
11. Experience of child abus*
12. 8 AND 7
13. 9 AND 7

14.10 AND 7

15.11 AND 7

16.12 OR 13 OR 14 OR 15 **second stage of hits**

17.Sort results of 16 for relevance to inclusion/exclusion criteria.

Appendix 2: Systematic Review Quality Assessment form

Review title or ID

Study ID (<i>surname of first author and year first full report of study was published e.g. Smith 2001</i>)

Notes:

1. General Information

Date form completed	
Name of person extracting data	
Report title (<i>title of paper/ abstract/ report that data are extracted from</i>)	
Report ID	
Reference details	
Report author contact details	
Publication type (<i>e.g. full report, abstract, letter</i>)	
Possible conflicts of interest (<i>for study authors</i>)	

Notes:

2. Study Eligibility

Study Characteristics	Eligibility Criteria	Unclear			Location in text
		Yes	No		
Type of study	Cohort Study	☐	☐	☐	
	Cross-sectional Study	☐	☐	☐	
	Other study type	☐	☐	☐	
Types of comparison group		☐	☐	☐	
Response rate					
Types of outcome measures		☐	☐	☐	
INCLUDE ☐ EXCLUDE ☐					
Reason for exclusion					
Notes:					

DO NOT PROCEED IF STUDY EXCLUDED FROM REVIEW

Appendix 3: Systematic Review data extraction form

1. Population and setting

	Description	Location in text
Population description		
Setting		
Inclusion criteria		
Exclusion criteria		
Method/s of recruitment of participants		
Informed consent obtained	☐ Yes ☐ No ☐ Unclear	
Notes:		

2. Methods

	Descriptions as stated in report/paper	Location in text
Aim of study		
Design		
Start date		

End date			
Total study duration			
Ethical approval needed/ obtained for study	☐ ☐ ☐ Yes No Unclear		
Notes:			

3. Risk of Bias assessment

Domain	Risk of bias Low risk High risk Unclear risk	Support for judgement	Location in text
Sampling <i>(selection bias)</i>	☐ ☐ ☐		
Incomplete outcome data <i>(attrition bias)</i>	☐ ☐ ☐		
Blinding of outcome assessment <i>(detection bias)</i>	☐ ☐ ☐		
Publication	☐ ☐ ☐		
Other bias	☐ ☐ ☐		

Notes:

4. Participants

	Description as stated in report/paper	Location in text
Withdrawals and exclusions		
Age range		
Sex		
Race/Ethnicity		
Other relevant sociodemographics		
Subgroups measured		
Subgroups reported		
Notes:		

5. Outcomes

Outcome- IPV

	Description as stated in report/paper	Location in text
IPV definition		

Person measuring/reporting		
Scales: upper and lower limits (<i>indicate whether high or low score is good</i>)		
How was it measured?		
How was it reported?		
Was outcome tool used, if so was it validated?	☐ ☐ ☐ Yes No Unclear	
Imputation of missing data		
Power		
Notes:		

Any other results reported		
Unit of analysis		
Statistical methods used and appropriateness of these methods		
Reanalysis required?	☐ ☐ ☐ Yes No Unclear	

Reanalysis possible?	☐ ☐ ☐ Yes No Unclear		
Reanalysed results			
Notes:			

6. Applicability

Have important populations been excluded from the study? <i>(consider disadvantaged populations, and possible differences in the intervention effect)</i>	☐ ☐ ☐ Yes No Unclear	
Does the study directly address the review question? <i>(any issues of partial or indirect applicability)</i>	☐ ☐ ☐ Yes No Unclear	
Notes:		

7. Other information

	Description as stated in report/paper	Location in text
Key conclusions of study authors		

References to other relevant studies		
Correspondence required for further study information		
Notes:		

Appendix 4: Participant Study Information Sheet



Participant Information Sheet

(Version 03:02.03.16)

Study Title:

Coping with Intimate Partner Violence (IPV) in adolescent and young adult (AYA) relationships.

Research Team:

Mamta Sidhu, Dr. Ruth J. Tully & Professor Kevin D. Browne

We would like to invite you to take part in our research study. Before you decide we would like you to understand why the research is being done and what it would involve for you. Talk to others about the study if you wish. Ask us if there is anything that is not clear.

What is the purpose of the study?

Violence in intimate relationships is a worldwide problem. Much of the research however has examined violence in adult relationships. We know from international research that violence also occurs in younger relationships but because of the lack of research we don't know how victims cope with this at a younger age.

This study is being conducted to understand the ways young people cope with violence in their relationships. Understanding more about IPV in this age group will help stop this at an earlier opportunity and avoid it reoccurring.

Why have I been invited?

You are being invited to take part because you are between the ages of 16 and 24 and have been in a relationship in the past or currently. We are inviting a range of people to take part such as those who have experienced difficulties in their relationships e.g. violence or bullying, and those who may not have experienced these issues.

Do I have to take part?

It is up to you to decide whether or not to take part; this is entirely voluntary if you do wish to participate you can print this online information sheet if you wish. You can provide consent by ticking the consent box and completing the survey.

What will happen to me if I take part?

If you are happy to take part, you will have to tick the consent box on the next page. This will take you through to the survey and will take approximately 15 minutes to complete. The questions will look at your experience of intimate relationships and any violence you may or may not have experienced. Your answers are completely confidential and anonymous; because you do not provide personal details such as your name, address or date of birth we cannot identify you from your answers. Please be honest in your answers as this helps us to understand intimate relationships in young adults more effectively. Once you have completed the survey you will be asked to confirm you are happy to submit your responses. As the survey is anonymous, you will not be able to withdraw from the study once it has been submitted.

Expenses and payments

Participants will not be paid to participate in the study.

What are the possible disadvantages and risks of taking part?

It is not expected that you will encounter any disadvantages or risk by taking part in the study. You may find the questions concerning violence in relationships upsetting, particularly if you have experienced this. Details of services that support young people who have or are experiencing violence in their relationships are provided at the end of this information sheet. You can contact these services if you would like to talk to someone about your experience or would like more information.

What are the possible benefits of taking part?

We cannot promise the study will help you personally but the information we get will help us understand more about adolescent and young adult relationships. This may help us make some positive recommendations about helping those who have experienced violence. You will have contributed to these recommendations by taking part.

What happens when the research study stops?

When the study stops, this online link will be deactivated and the data will be analysed. Themes and patterns will be looked at more closely. Research will be published and presented in different settings.

What if there is a problem?

If you have a concern about any aspect of this study, you should email the researchers who will do their best to answer your questions. Contact details are given at the end of this information sheet. If you remain unhappy and wish to complain formally, you can do this by contacting The University of Nottingham Ethics Committee.

Will my taking part in the study be kept confidential?

You will not be asked to provide any personal details such as name or address, the study is entirely anonymous. Your responses to the survey will be kept strictly confidential, stored on a secure server and on a password protected database.

We will follow ethical and legal practice and all information about you will be handled in confidence.

Research data will be kept securely for at least 7 years. After this time your data will be disposed of securely. During this time all precautions will be taken by all those involved to maintain your confidentiality, only members of the research team will have access to your personal data.

What will happen if I don't want to carry on with the study?

Your participation is voluntary and you are free to withdraw at any time prior to submitting the online survey. If you would like to provide a reason why you don't wish to carry on, it will help us understand and plan studies better in the future. You will not be able to remove your data once your survey has been submitted as all information is anonymous so we are not able to retrieve individual surveys. Therefore, if you change your mind after you have submitted the survey, your responses will still be used in the study analysis.

What will happen to the results of the research study?

We aim to publish the results of the study in journals and in the media by 2017. Summaries of the research study may also be sent to various schools, colleges, universities and support services. Individuals will not be identified in any reports. We hope to have a better

understanding about the ways young people cope with violence in their relationships and help stop it becoming a long-term problem. The results will also form part of a doctoral thesis about violence in adolescent and young adult relationships.

Who is organising and funding the research?

This research is being organised by The University of Nottingham. The research has not received specific funding or grant monies.

Who has reviewed the study?

This study has been reviewed and given favourable opinion by The University of Nottingham Research Ethics Committee.

Further information and contact details

If you have any questions about any aspect of this research, please do email the research co-investigator on msxms2@nottingham.ac.uk who will respond as soon as possible to your queries.

You can also contact the Chief Investigators, their details are below.

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Links to support services

NSPCC

<http://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/domestic-abuse/>



<http://www.refuge.org.uk/get-help-now/help-for-teenage-girls/>



<http://respect.uk.net/>



[http://www.barnardos.org.uk/what we do/our work/domestic_violence.htm](http://www.barnardos.org.uk/what_we_do/our_work/domestic_violence.htm)



free confidential help for young people under 25

http://www.getconnected.org.uk/get_help/abuse_and_violence



<http://www.nhs.uk/Livewell/teengirls/Pages/relationshipviolence.aspx>

Appendix 5: Participant Study Survey



UNITED KINGDOM • CHINA • MALAYSIA

Thank you for consenting to take part in this study. Your input will help us to understand violence in adolescent and young adult intimate relationships. This survey is anonymous so please answer the questions openly and honestly so that we can learn more about young relationships.

ABOUT YOU

1. How old are you?

Years _____ months _____

2. What is your ethnicity?

White

Black

Asian

Mixed/ multiple ethnic group

Arab

Other _____

3. Are you currently.....?

In School/College

At University

Working in full time employment

Working in part employment

Not in education or employment

Other

4. What is your highest level of education? (please choose one)

Left education and have no qualifications

Still studying towards GCSEs

Achieved some GCSEs

I have a vocational qualification

A levels/AS Levels

Undergraduate degree

Master's degree or higher

Other

5. Who do you live with at present? (please choose one)

I live with parent(s)/ stepparent(s)

I live with my boyfriend/girlfriend

I live with another family member

I live alone

Other

6. Do you have any children?

Yes- *How many? How old are they?*

No

7. Are you or anybody in your household receiving any of the following benefits? (please tick all that apply)

Jobseeker's Allowance

Housing Benefits

Working Tax Credit

Child Tax Credit

Employment & Support Allowance

Income Support

Council Tax Support

Universal Credit

8. During your time at school were you eligible to receive free school dinners (after Year 2 only)?

Yes

No

YOUR RELATIONSHIP

9. What is your current relationship status? (please choose one)

Single [jump to question 11]

Casual Dating

Dating

Married

Other

[If dating/married]

10. Is your partner?

Male

Female

11. How old is your partner?

Years_____months_____

12. How long have you and your current partner been together?

Years_____months_____

PHYSICAL & EMOTIONAL VIOLENCE IN RELATIONSHIPS

13. Has a current or previous partner ever physically hurt you/physically been violent to you? e.g. pushing, punching, slapping or kicking.

Yes- *was this on more than 1 occasion? Current or previous?*

No

14. Has a current or previous partner ever threatened you in order to make you do something you didn't want to do?

Yes- *was this on more than 1 occasion? Current or previous?*

No

15. Has a current or previous partner ever tried to humiliate you on purpose (e.g. embarrassing you in front of friends or family)?

Yes- *was this on more than 1 occasion? Current or previous?*

No

16. Has a current or previous partner ever controlled what you could or couldn't do, including isolating you from your friends or family?

Yes- *was this on more than 1 occasion? Current or previous?*

No

17. Have you ever felt scared of a current or previous partner, or worried they would do something bad to you?

Yes- *was this on more than 1 occasion? Current or previous?*

No

SEXUAL VIOLENCE IN RELATIONSHIPS

18. Has a current or previous partner ever made you do something sexual when you didn't want to? (this might include sexual touching, oral sex, sex)

Yes- *was this on more than 1 occasion? Current or previous?*

No

19. Has a current or previous partner ever made you have sex when you didn't want to?

Yes- *was this on more than 1 occasion? Current or previous?*

No

20. Has a current or previous partner ever made you have sex when you were scared?

Yes- *was this on more than 1 occasion? Current or previous?*

No

21. Has violence ever occurred just before sex in any past or current relationship?

Yes- *was this on more than 1 occasion? Current or previous?*

No

22. Has violence ever occurred just after sex in any past or current relationship?

Yes- *was this on more than 1 occasion? Current or previous?*

No

23. When was the last episode of...?

Physical violence _____

Emotional violence _____

Sexual violence _____

Not applicable

24. If this violence did not occur in your current relationship, how long were you with that partner?

Years _____ months _____

Not Applicable

25. Have you experienced physical, sexual or emotional violence in more than one relationship?

Yes- *please provide number of relationships?*

No- only in one relationship

Not applicable (not experienced violence in relationships)

26. Have you experienced violence from a partner after the relationship had ended?

Yes-

No

27. Have you ever witnessed violence in your home (e.g. brothers and sisters, parents)?

Yes

No

28. Have you ever witnessed someone being violent against your mother?

Yes

No

YOUR THOUGHTS & EXPERIENCES

The following questions ask you about things that may have happened to you with your dating partner while you were having an argument.

When answering these questions, tick the box that is your best estimate of how often these things have happened with the person you are thinking of (current or ex-dating partner) in the last 12 months. As a guide use the following scale:

Never: this has never happened in your relationship.

Seldom: this has only happened about 1–2 times in your relationship.

Sometimes: this has happened 3–5 times in your relationship.

Often: this has happened 6 times or more in your relationship.

N/A: this does not apply to your relationship.

During a conflict or argument with my dating partner in the last 12 months:

1. I spoke to my partner in a hostile or mean tone of voice.

Never	Seldom	Sometimes	Often	Not Applicable
-------	--------	-----------	-------	----------------

My partner spoke to me in a hostile or mean tone of voice.

Never	Seldom	Sometimes	Often	Not Applicable
-------	--------	-----------	-------	----------------

2. I insulted my partner with put-downs.

Never	Seldom	Sometimes	Often	Not Applicable
-------	--------	-----------	-------	----------------

My partner insulted me with put-downs.

Never	Seldom	Sometimes	Often	Not Applicable
-------	--------	-----------	-------	----------------

- 3. I said things to my partner's friends about my partner to try and turn them against him/her.**

Never	Seldom	Sometimes	Often	Not Applicable
-------	--------	-----------	-------	----------------

My partner said things to my friends about me to turn them against me.

Never	Seldom	Sometimes	Often	Not Applicable
-------	--------	-----------	-------	----------------

- 4. I kicked, hit, or punched my partner.**

Never	Seldom	Sometimes	Often	Not Applicable
-------	--------	-----------	-------	----------------

My partner kicked, hit, or punched me.

Never	Seldom	Sometimes	Often	Not Applicable
-------	--------	-----------	-------	----------------

- 5. I slapped or pulled my partner's hair.**

Never	Seldom	Sometimes	Often	Not Applicable
-------	--------	-----------	-------	----------------

My partner slapped or pulled my hair.

Never	Seldom	Sometimes	Often	Not Applicable
-------	--------	-----------	-------	----------------

- 6. I threatened to hurt my partner.**

Never	Seldom	Sometimes	Often	Not Applicable
-------	--------	-----------	-------	----------------

My partner threatened to hurt me.

Never	Seldom	Sometimes	Often	Not Applicable
-------	--------	-----------	-------	----------------

- 7. I threatened to hit or throw something at my partner**

Never	Seldom	Sometimes	Often	Not Applicable
-------	--------	-----------	-------	----------------

My partner threatened to hit or throw something at me.

Never	Seldom	Sometimes	Often	Not Applicable
-------	--------	-----------	-------	----------------

8. I spread rumours about my partner.

Never	Seldom	Sometimes	Often	Not Applicable
-------	--------	-----------	-------	----------------

My partner spread rumours about me.

Never	Seldom	Sometimes	Often	Not Applicable
-------	--------	-----------	-------	----------------

9. I touched my partner sexually when they didn't want me to.

Never	Seldom	Sometimes	Often	Not Applicable
-------	--------	-----------	-------	----------------

My partner touched me sexually when I didn't want them to.

Never	Seldom	Sometimes	Often	Not Applicable
-------	--------	-----------	-------	----------------

10. I forced my partner to have sex when they didn't want to.

Never	Seldom	Sometimes	Often	Not Applicable
-------	--------	-----------	-------	----------------

My partner forced me to have sex when I didn't want to.

Never	Seldom	Sometimes	Often	Not Applicable
-------	--------	-----------	-------	----------------

The following questions look at your opinions regarding relationships. Please be honest in your answers.

Please indicate whether you agree or disagree with the following statements according to the following scale; **Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree**

- 1. I would be flattered if my partner told me not to talk to someone of the other sex.**

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

- 2. I would not like for my partner to ask me what I did every minute of the day.**

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

- 3. It is okay for me to blame my partner when I do bad things.**

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

- 4. I don't mind my partner doing something just to make me jealous.**

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

- 5. I would not stay with a partner who tried to keep me from doing things with other people.**

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

- 6. As long as my partner doesn't hurt me, "threats" are excused.**

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

- 7. During a heated argument, it is okay for me to bring up something from my partner's past to hurt him or her.**

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

- 8. I would never try to keep my partner from doing things with other people.**

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

- 9. I think it helps our relationship for me to make my partner jealous.**

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

10. It is no big deal if my partner insults me in front of others.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

11. It is okay for me to tell my partner not to talk to someone of the opposite sex.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

12. Threatening a partner with a knife or gun is never appropriate.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

13. I think it is wrong to ever damage anything that belongs to partner.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

14. It would not be appropriate to ever kick, bite, or hit a partner with one's fist.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

15. It is okay for me to accept blame for my partner doing bad things.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

16. During a heated argument, it is okay for me to say something just to hurt my partner on purpose.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

17. It would never be appropriate to hit or try to hit one's partner with an object.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

The purpose of this questionnaire is to find out the kinds of situations that trouble people in their day-to-day lives.

Take a few moments and think about an event or situation that has been very stressful for you during the last month. By stressful we mean a situation that was troubling you, either because it made you feel bad or because it took effort to deal with it. It might have been with your friends family, with school, with your job, or with your friends.

As you read through the following items please answer them based on how you handled your event. Please answer items based on the 5-point scale; **Not at all, A little, Somewhat, Much, Very Much**

1. I worked on solving the problems in the situation

Not at all	A Little	Somewhat	Much	Very Much
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2. I looked for the silver lining so to speak; I tried to look on the bright side of things

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

3. I let out my feelings to reduce the stress

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

4. I found somebody who was a good listener

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

5. I went along as if nothing were happening

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

6. I hoped a miracle would happen

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

- 7. I realised I was personally responsible for my difficulties and really lectured myself**

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

- 8. I spent more time alone**

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

- 9. I made a plan of action and I followed it**

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

- 10. I looked at things in a different light and I tried to make the best of what was available**

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

- 11. I let my feelings out somehow**

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

- 12. I talked to someone about how I was feeling**

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

- 13. I tried to forget the whole thing**

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

- 14. I wished the situation would go away or somehow be over with**

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

- 15. I blamed myself**

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

- 16. I avoided my family and friends**

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

17. I tackled the problem head on

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

18. I asked myself what was really important and discovered things really weren't that bad after all

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

19. I let my emotions out

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

20. I talked to someone that I was very close to

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

21. I didn't let it get to me; I refused to think about it too much

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

22. I wished the situation had never started

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

23. I criticized myself for what happened

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

24. I avoided being with people

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

25. I knew what had to be done, so I doubled my effort and tried harder to make things work

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

26. I convinced myself that things aren't quite as bad as they seem

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

27. I got in touch with my feelings and just let them go

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

28. I asked a friend or relative I respect for advice

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

29. I avoided thinking or doing anything about the situation

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

30. I hoped that if I waited long enough, things would turn out ok

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

31. Since what happened was my fault, I really chewed myself out i.e. was hard on myself

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

32. I spent some time by myself

Not at all	A Little	Somewhat	Much	Very Much
------------	----------	----------	------	-----------

Thank you for taking part in this survey, please click submit to complete the survey.

SUBMIT

As you know we are trying to find out more about IPV in young relationships in general and thanks again for taking part. If you have experienced any kind of violence in your relationships and would like someone to talk to, or would like more information, please look through the links below. These services are experienced in helping young people experiencing IPV - please do contact them if you are living with violence or scared of your partner.

Links to support services

Appendix 6: Supervisor sign-off form

The Centre for Forensic & Family Psychology



Professional Doctorate in Forensic Psychology (D.Foren.Psy.)

Name of Trainee:	Mamta Sidhu
Name of Primary Supervisor:	Prof. Kevin Browne
Thesis Title:	Exploring intimate partner violence in the relationships of adolescent and young adults.

This thesis contains a CD-ROM containing the raw data in an SPSS or Excel format used for this research, along with the relevant SPSS command and output files (or equivalent data for qualitative research), an electronic copy of the thesis, and a copy of the thesis without the references or appendices section.

☐

Turnitin report enclosed.

☐

This thesis has been reviewed before submission by the Primary Supervisor with the following comments:

I consider this thesis to be ready for examination.

Signed (Trainee): M.Sidhu.....

Date: 08.05.2018.....

Signed (Primary Supervisor):_____

Date: 08.05.2018.....