

Adolescents' Exposure to Intimate Partner Violence, Delinquent Behaviors, and the Role
of Perceived Social Support

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Acknowledgements Page

To my Lord and Savior, without you I can do nothing!

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Dedications Page

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Abstract

An underestimated 10.7 million of the 52.7 million US children (ages 0-17) living with two parents live in homes where male-to-female intimate partner violence (IPV) between adults has occurred in the last year. Children's exposure to IPV (EIPV) affects their behavior, development and educational outcomes. Adolescent's exposure and behavioral responses to EIPV is understudied. This study uses a secondary analysis of data from the third National Survey of Children Exposed to Violence (the most comprehensive nationwide survey of the incidence and prevalence of children's exposure to violence conducted to date) to explore the ways adolescents' EIPV are associated with delinquent behaviors, and whether the perception of social support (SS) is a protective factor in the relationship between EIPV and delinquent behaviors. This analysis extends the understanding of the relationship between EIPV, delinquency, and SS: (a) It documented that SS was more protective for females than males. (b) While White non-Hispanic children experienced lower levels of EIPV and higher levels of SS, both "races" demonstrated a benefit from SS. 3) Measures of SS vary only minimally across the age ranges in this study. In contrast both measures of delinquency and EIPV got worse with age.

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Chapter 1: Introduction

An estimated 10.7 million of the 52.7 million US children (ages 0-17) living with two parents live in homes where male-to-female intimate partner violence (IPV) between adults has occurred in the last year (Cunningham and Baker, 2011). An important area of emphasis in child development research over the past several decades has been the issue of children's exposure to violence (CEV). Questions about the social, psychological, and educational consequences of exposure to violence have regularly appeared in the research on children and youth (Johnson and Ferraro, 2000; McCloskey, 2011; Sousa et al, 2010). Unanswered questions and an increased understanding of the underreporting of the amount and types of exposure children have to violence have increased the need to understand the breadth and impact of CEV (Finkelhor et al., 2009; Finkelhor et al., 2005a).

While being a victim through exposure to IPV (EIPV) has generated interest in the CEV literature, specifics related to the research continue to lag behind (Finkelhor et al., 2005c). Fueling the early research was the development of the Juvenile Victimization Questionnaire (JVQ) that came out of the Developmental Victimization Survey [DVS] (Finkelhor et al., 2005b). In 2001, violence and victimization researchers constructed an inventory of childhood victimization and shortly after designed the JVQ, an instrument widely used in data collection (Finkelhor et al., 2005b; Hamby et al., 2004).

The adolescent years are often turbulent, but despite a growing focus on CEV, few studies have focused specifically on adolescents' delinquency issues related to IPV exposure. To understand whether children of different ages, genders, and races respond differently to exposure to violence, it must be understood what delinquent behavior responses to CEV are, and if social support plays a protective role.

Despite questioning a universal definition of resilience (Pooley and Cohen, 2010; Southwick et al., 2014), the literature highlighted two components. First, the individual must encounter adversity or a high-risk situation and second, there must be a process of successful adaptation (Schilling, Aseltine, and Gore, 2008). This adaptation, also called a protective factor (Buchanan, 2014) was often reflected in high well-being and facilitated by a person's resources. According to Development Services Group Inc. (2015),

protective factors can include social support networks in five domains: individual, familial, peer, school, and community. These domains provide support that helps with biological and psychological dispositions, bonding, attachment, performance awareness and numerous other behaviors that help CEV. It is important to know what kind of social support is the most appropriate to help children of all ages having EIPV in their homes.

It is well documented that perceived social support from teachers, families, and friends plays a positive role in adolescents' mental health (Armstrong et al. 2005; Pinkerton and Dolan, 2007; Suldo et al., 2009; Traylor, Williams, Kenney, and Hopson 2016). Though there are mixed findings related to the sources of stress and support, social support is widely held as a protector to the impact of stress in adolescents (Camera et al., 2017). Having access to social supports, whether concrete or perceived is a protective factor for adolescent health and a variety of developmental outcomes (Cassel, 1976). The use of social supports has an association with lower rates of suicide, more responsible sexual behavior, lower rates of substance use, later sexual debut and lower rates of delinquency or perpetration of violence (Frydenberg, 1997; Barker, 2007). Adolescents should be able to decide what kind of help they need. Whether it is formal or informal it is a protective factor for their health, and overall life satisfaction.

Exposure to violence is stressful, and young people are more vulnerable to traumatic and stressful events (Zhang, Zhang, Zhang, and Guo 2019). Because of this reality, it is important to determine if perception of social supports has a relationship with delinquency amongst adolescents. Stress may be either characterized as an external event, typically measured with a negative life event believed to be stressful, and hence objective (Christensen et al. 2019; Derogatis and Coons, 1993; Holmes and Rahe, 1967). Or it may be described as an individual perception central to the impact of a given stressor and hence subjective (Christensen et al. 2019; Lazarus and Folkman, 1984). Children exposed to intimate partner violence benefit from a belief that they have support, regardless if it is ever used, as this belief seems to buffer the negative impact of the stressful event and support quicker recovery (Cohen, 2004; Cohen and McKay, 1984). This is an example of the stress-buffering hypothesis, which proposed that perceived social support serves as a protective factor against the negative effects of stress from negative life events on mental health (Cassel, 1976). The paucity of published accounts investigating adolescents' EIPV,

delinquency, and perception of social supports highlights a need for this research. If perception of social support can help adolescents, behavioral outcomes after EIPV might be improved by increasing a variety of social supports. This dissertation is one step in reducing the gap in this important research area.

Purpose of the Study

Children's EIPV affects their behavior, development and educational outcomes. Adolescent's exposure and behavioral responses to IPV is understudied. This study explored the ways adolescents' EIPV are associated with delinquent behaviors, and the role perception of social support plays protecting behavioral responses to exposure with a focus on delinquent behaviors. The purpose of this study is to highlight the role social support plays protecting adolescents exposed to IPV from delinquent behaviors. By doing so, professions can design better preventions and interventions.

Problem Statement

Based on the introductory discussion, it is possible to show a two-fold problem that will serve as a point of departure for the present analysis. The review of literature will clarify the problem areas. One problem area is the fact that many children/adolescents experience multiple victimizations that can affect their overall behavior. Some adolescents demonstrate tremendous resilience, while others find themselves less well equipped to cope with such concerns. The second problem area involves better understanding of whether social supports mitigate the development of behavioral problems in some adolescents. Behavioral responses to IPV exposure vary among adolescents, as does the impact of perceived social supports. These variances are central to the problem areas proposed in this study. Showing a link between EIPV, social supports, and behavioral outcomes in adolescents, could point to perceived social supports as a strategy for promoting better behavioral outcomes among children across the age continuum exposed to IPV.

Background and Significance of the Study

Exposure to discord between parents has debilitating effects on children's mental health and development dating as far back as the 1930s (Towle, 1931). It has slowly progressed from being rumored as a social problem, to labeled as a health burden (Catalano, 2006), to being psychological abuse—specifically listed in the emotional abuse category in the 1996 US National Center on Child Abuse and Neglect survey. Increasingly, EIPV is being categorized as maltreatment (McGee and Wolfe, 1991; McTavish et al 2016; Peled & Davis, 1995; Somer & Braunstein, 1999). Despite extensive evidence from cross-sectional (Grych et al., 2000), and longitudinal (Harold Shelton, Goeke-Morey, and Cummings, 2004) studies indicating that children exposed to conflict between parents that is frequent, intense, and poorly resolved are at elevated risk for a host of negative developmental outcomes. These include increased anxiety, depressive symptoms, aggression, antisocial behavior, poor academic attainment, substance misuse, and criminality. The consensus related to prevention, intervention, clinical program development and remediation has lagged (Cowan & Cowan, 2002; Harold, Acquah, Sellers, Chowdry and Feinstein, 2016).

This is of particular concern since EIPV is often noted as one of the most common and severe adverse events occurring at high rates in the home during childhood (Margolin and Gordis, 2000). Additionally, other research suggested that exposure to physical violence is highest early in the marital relationship, when children are likely present (O'Leary et al., 1989). Compared to the general population, families with documented incidents of domestic violence have a noteworthy higher number of children in the home (Fantuzzo et al., 1997). The consequences of CEV are of great interest to family, mental health, and educational scholars (Sousa et al., 2010), as well as policy makers and social service entities (Johnson and Ferraro, 2000; McCloskey, 2011).

Children's Exposure to Violence

A look at the history of the research related to CEV is necessary to fully understand how EIPV is in the literature, and the importance of expanding research to offer support for specific interventions. There are numerous variations across subsets of

CEV, which make it difficult to know the full extent of violence against children, or to accurately account for the multiple victimizations (i.e. polyvictimization) that many children experience (Finkelhor et al. 2011; Finkelhor et al. 2009; Finkelhor, Ormrod and Turner, 2007; Finkelhor et al. 2005).

In 2001, violence and victimization researchers constructed the inventory of childhood victimization and shortly after designed an instrument widely used in data collection. This instrument is the Juvenile Victimization Questionnaire [JVQ] (Finkelhor et al. 2005b; Hamby et al. 2004). In 2003, David Finkelhor and the University of New Hampshire used the JVQ to obtain 1-year incidence estimates of a comprehensive range of childhood victimizations across gender, race, and developmental stage (Finkelhor et al. 2005b). This study was a nationally representative sample of 1959 children ages of 10 to 17 and 1,030 caregivers of children aged 2 to 9 living in the United States gathered reports on 34 forms of offenses against youth including witnessing and indirect victimization. Among other things, this study found that one-third (357 per 1000) of the national sample of children and youth had exposure to the victimization of another person or exposed to victimization indirectly in the course of the study year (Finkelhor et al. 2005b). The DVS provided the first national estimates from a population survey. The estimates of specific types of victimization in the DVS are generally higher than previous victimization studies such as the National Crime Victimization Survey. It is well established that single items in surveys often underrepresent the true extent of violence (Bolen and Scannapieco, 1999).

In 2006, Alliant International University's Institute on Violence, Abuse, and Trauma hosted a forum on *Children Exposed to Violence*. Sponsoring this forum was the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the National Center for Children Exposed to Violence (NCCEV). This forum proved to be a catalyst for an increase in visibility and support of the issue. A group of high-level subject matter experts attended the forum and the major outcome was the identification of the key issues needed to help advance the study of CEV and more funding from the federal government. This allowed for innovative studies shortly afterward.

In 2008, researchers conducted the first comprehensive national survey investigating the entire spectrum of CEV, crime, and abuse across all ages, settings, and

timeframes (Finkelhor et al. 2009). Which became known as the National Survey of Children's Exposure to Violence (NatSCEV). It examined past-year and lifetime exposure to physical and emotional violence through both direct victimization and indirect exposure to violence (either as an eyewitness or through other knowledge) and focused on multiple and cumulative exposures to violence. Several studies pointed to a reality that children exposed to adult relational violence were at significant risk for multiple negative outcomes, including depression, aggression, conduct disorder, violence, substance misuse, academic failure, PTSD, and suicidality (McTavish et al. 2016; Rivett et al. 2006).

Finkelhor et al. (2009) reported that a large proportion of children surveyed (38.7%) reported in the previous year more than one type of direct victimization (a victimization directed toward the child, as opposed to an incident that the child had exposure to). Of those who reported any direct victimization, two-thirds (64.5%) reported more than one type. Children reported high levels of exposure to different types of violence in the past year: more than 1 in 10 (10.9%) reported 5 or more direct exposures to different types of violence, and 1.4% reported 10 or more direct victimizations.

Additionally, according to the Office of Juvenile Justice, many children are exposed to different types of violence at the same time in their homes (intimate partner violence and child abuse/neglect), which further exacerbates the problem of understanding if one type of violence makes a child more vulnerable to other types of violence and victimization. The cumulative effects of repeated exposure to violence as both victim and a witness (Finkelhor et al. 2009) must be understood.

Summary

The implications of CEV reach every area of society. From impacts in youth education, to the general health and well-being of society, it is imperative to gain a clearer understanding of the relationship between the exposure of violence children have inside their homes (a place of refuge), and their responses to this exposure (i.e. delinquency, externalizing behaviors and other maladaptation). Exposure to IPV is understudied, and adolescents living in homes with IPV have their normal development interrupted. Research must explain the relationship between EIPV and delinquency. This

analysis highlights the impact EIPV has on delinquent behavior in adolescent respondents and the relationship their perception of social support has on delinquent behavior. Findings can inform the future design of interventions and support offered to victims/survivors.

Chapter 2: Literature Review

It is important to point out that the literature related to CEV has underrepresented the extent of children's actual exposure to violence (Finkelhor et al. 2005). Though increasing due to improved surveying and methodological advances, varying estimates often only measure a subset of the exposure and fail to reveal the breadth of violence occurring (Bolen and Scannapieco, 1999; Finkelhor et al. 2009). In 2008, Kracke and Hahn estimated children's exposure to domestic violence alone as ranging from 3 to 17 million incidents. There has been an attempt to measure CEV, but the lack of a universal vocabulary has thwarted efforts (Kracke and Hahn, 2008). This study investigates the relationship between adolescent children's EIPV, delinquency and perception of social support. Though early research on this topic appeared in 1931 when social workers attempting to place children in foster homes identified a negative impact on children with exposure to violence in their home of origin (Towle, 1931). Research related to children's EIPV appeared in the literature associated with domestic violence research and battered wives in the late 1970s (Gayford, 1975).

Children Exposed to Violence: Theoretical Frameworks

Social learning theory is one theoretical framework that posits a strong association between EIPV and later behavior problems (Bandura, 1977; Bandura and Walters, 1963). This theory suggests that children who observe parents solving problems by using violence may use violence to solve their problems. While social learning theory offers an incomplete model for examining the relationship between EIPV, child adjustment, and an array of maladaptive patterns that arise from that exposure (Yates et al. 2003), it provides insight into the delinquency that often accompanies EIPV and CEV.

The cognitive-contextual framework (Fosco, DeBoard, and Grych 2007; Grych et al. 2000; Grych and Fincham, 1990; Jouriles, Spiller, Stephens, McDonald and Swank, 2000) offers an explanation for the meaning that children take away from parental violence and the influence that it has on relationships, adaptation, and educational outcomes (Grych et al. 2000; Jouriles et al. 2000). Specifically, when children have exposure to parental conflict, they become confused about what caused the conflict.

Sometimes they feel like they caused it. When this confusion exists, sometimes children will display behavior problems (Grych and Fincham, 1990).

Lastly, according to the life course perspective (Elder, 1998), the family interactions children experience could put children on a course that adversely affects opportunities later in life (Elder, 1998; MacMillan, 2001). For children and adolescents who have been in violent homes since birth, it is possible that the fighting and unrest has made the parents unavailable for offering the support necessary to cope with the exposure to violence (Robbie-Rossman and Ho, 2000). Identifying the specific association between EIPV and delinquency may offer insight into the social support needed to prevent negative outcomes from EIPV.

Children Exposed to Violence: A Brief History of the Literature

Edleson (1999) published a review of 31 research articles and expanded on the common definitions of how children experience domestic violence. The author found several behavioral, emotional, and cognitive-functioning problems associated with exposure to domestic violence. Edleson (1999) also found factors that appeared to moderate the effects of this exposure to violence. Research on the role of the interparental relationship and the effect of intimate partner conflict/violence on children has a long and established history (Cowan and Cowan, 2002; Davies and Cummings, 1994; Grych and Fincham, 1990; Harold and Conger, 1997; Harold, Leve and Sellers 2017; Rhoades, 2008). This history's focus on physical violence in relationships coincided with the rise of the feminist movement in 50s and 60s, and the emergence of battered women shelters across the world in the early 70s. While the domestic violence movement was garnering attention with the opening of battered women shelters across the country, research on women and children in those shelters expanded slowly. This early research was a natural bridge to refine research on children's EIPV. Case studies of child witnesses first appeared in the 1970s, with the first empirical studies conducted in the 1980s (Kitzmann, Gaylord, Holt and Kenny 2003). Research on children's EIPV was emerging in the late 1980s and early 1990s, while CEV became a serious mental health, social and public health problem. From 1995 to 1997, the Center for Disease Control and Prevention (CDC) conducted a study of Adverse Childhood Experiences (ACE), one of the largest investigations of childhood abuse and neglect, household challenges, and later-life health

and well-being at Kaiser Permanente. The original ACE Study occurred with two waves of data collection. Over 17,000 Health Maintenance Organization (HMO) members from Southern California receiving physical exams completed confidential surveys about their childhood experiences and current health status and behaviors.

The language around what had been termed domestic violence started to change when experts from various fields of study started communicating. Because EIPV terrorized children and significantly disrupted child socialization, many researchers started to consider EIPV to be a form of psychological maltreatment (McGee and Wolfe, 1991; Peled and Davis, 1995; Somer and Braunstein, 1999), and in the late 1990s we saw a shift from a more passive reference to *witnessing* that didn't call for accountability from anyone for the negative consequences. This raised the stakes in all the conversations related to children's exposure to several types of violence. By this time, it was becoming widely known that EIPV in the home occurred at high rates and was often noted as one of the most common and severe adverse events during childhood (Margolin and Gordis, 2000). Such information is useful in considering approaches to prevention and early detection of child maltreatment.

While this is useful information, Kitzman et al. (2003) did a meta-analytic review of the literature on child witnesses to domestic violence and found no difference in adjustment problems between children with exposure to physical violence as well as exposure to IPV and children with only exposure to IPV. Which highlighted the need for more in depth research on CEV and the need to clearly understand if EIPV has a different impact on children.

History of Children Exposed to Intimate Partner Violence

Levine (1975) conducted the first case study to examine childhood EIPV's negative affects while the first empirical studies did not appear until the early 1980s (Porter and O'Leary, 1980; Straus, 1980). This was essentially the first generation of exposure literature published between the 1980s and the early 1990s. It was primarily concerned with documenting the association between male-perpetrated violence towards females and several types of childhood symptomatology (Graham-Bermann, 1998). Fantuzzo and Lindquist (1989) published a qualitative review of the first generation of empirical literature. That work shed light on the inconsistencies and methodological limitations, including little precision in describing the types of violence to which children were exposed, the use of unstandardized measures of exposure to domestic violence, and a failure to assess moderating variables such as age and gender (Fantuzzo and Lindquist, 1989). This review led to a second generation of research, primarily published after 1990. These studies used more sophisticated research designs and tested models that included mediating and moderating variables. Despite these efforts, a paucity of research in the field existed until the late 1980s and early 1990s when a storm of research on child exposure to domestic violence emerged, and a clear declaration of the danger and impacts of this exposure on children compelled a response. Current empirical studies have continued these trends while continuing to address the limitations of the research methodologies employed in previous studies (Graham-Bermann, 1998).

The response has been gradual. The language used to describe the extent of the issues has shifted from it being called a problem, to a crisis, and the impact of witnessing violence has been changed to children's exposure to violence (Finkelhor et al. 2009). This change in reference presents a challenge in the literature. Exposure to discord between parents has potentially debilitating effects on children's mental health and development dating back to the 1930s when Towle brought attention to the unusual opportunity afforded to foster care supervisors placing children in foster homes. In that early article (Towle, 1931) highlighting the impact of what was then referred to as children witnessing violence, case managers were able to gauge emotional elements both before and immediately after the entrance of the child into a new family (Towle, 1931).

This historic analysis of the evaluation and management of marital situations in foster homes suggested exposure to violence between parents caused serious negative impacts—it speaks to the value of early intervention. With social-psychiatric supervision, supervising social workers found behaviors needing attention and noted that children’s issues need intervention before they became fixed behavioral patterns. These interventions happened in response to the biological parents’ dynamics as well as with the foster parents (Towle, 1931). Knowing how long the issue has existed, it is difficult to understand why more has not been done to intervene in the lives of children exposed to IPV.

Studies not directly speaking to physical violence were front runners to research relating to EIPV. Numerous studies found that children exposed to conflict between parents that is frequent, intense, and poorly resolved are at elevated risk for a host of negative developmental outcomes including increased anxiety; depressive symptoms; aggression; antisocial behavior; poor academic attainment; substance misuse; criminality; and suicidality in the extreme (Asarnow et al. 1987; Bernet, Wamboldt, and Narrow, 2016). Increasingly, research suggested that the effects of EIPV on children might extend beyond the singular definition/measurement of overt physical and verbal violence, to include conflicts between parents/caregivers absent of overt physical or verbal attributes (e.g. maladapted conflict resolution skills), but where children’s emotional, behavioral, social, and extended outcomes (e.g. positive academic performance) are also adversely affected (Rivett et al. 2006).

Most earlier analyses determined that one of the best measures of victimization intensity is the number of types of victimization per respondent based on the screening categories in the JVQ (Finkelhor et al. 2005b; Hamby et al. 2004). However, there is limited CEV literature on victimization by EIPV and delinquency, particularly as it relates to adolescents. The research has not fully explored this group and how their characteristics, experiences, and needs differ from others.

Methodological Issues

The excessive costs associated with research involving human subjects has increased the popularity of secondary analysis of large existing data sets. Additionally, scant access to certain age groups make existing data sets including understudied age groups, genders and races attractive. There are many benefits to conducting secondary analysis of data and notable limitations and challenges (Camara et al., 2017). One of the challenges associated with determining prevalence of different types of child maltreatment (McTavish et al. 2016) is the lack of clear definitions. Estimates vary according to the definition used as well as the study methods, including approaches to administering questions and sampling procedures, among others (MacMillan et al. 2007). For example, measuring the incidence of children's EIPV is possible, but estimates are limited to cases reported to CPS and or interviews of families in emergency shelters. Children victimized through exposure to IPV are often absent from the families interviewed at domestic violence and other emergency shelters as a result of social service interventions and/or them not being available for interviews, thus their voice is largely absent in research. Community-based surveys can estimate prevalence by asking adults about their childhood EIPV, but these retrospective designs may be subject to recall bias (Hardt and Rutter, 2004).

Self-reported questionnaires by children and adolescents offer the most accurate estimate of victimization, but there are numerous methodological, legal, and ethical issues that need addressing when designing and implementing such approaches (Finkelhor and Turner, 1997- 2014; Ybarra et al., 2009).

For this reason, a range of estimates is often presented. Even when considering these various methods, all current estimates of prevalence are likely under-estimate actual rates of children's EIPV (Bolen and Scannapieco, 1999; Finkelhor et al. 2009). A review of adult retrospective self-reports similarly showed that, conservatively, at least 10–20% of children have EIPV yearly (Carlson, 2000). Of the various ages of CEV, many new activities introduced to children during adolescence (i.e., smoking, drinking and sexual activity) also carry high risks for preventable health problems (Institute of Medicine and National Research Council, 2011). Research including necessary sample sizes for good

quantitative results is expensive making the quest for answers to important question among specific groups difficult. Analyzing data from the NatSCEVIII's (2014) large survey of adolescents created an opportunity to learn about a population that has historically been difficult to secure reliable data for (Finkelhor and Turner, 1997-2014).

Language

The lack of consistent definitions, the underreporting of IPV, and the amount of time it takes to publish statistics have had a direct impact on the lack of reliable national data related to the prevalence of EIPV. However, in 2011, It was estimated that in the United States, approximately 1.5 million children have EIPV, and of these, 7 million have been exposed to extreme forms of violence within their household (Fortin, Doucet and Damant, 2011).

Different classifications of abuse and the variety of naming conventions have contributed to the challenges of accurately analyzing the amount of exposure to specific types of violence children experience. According to Jaffe, Wolfe, and Wilson (1990), exposure in the context of IPV refers to children seeing, hearing, or being aware of violence directed toward one parental figure by their partner. Even though there is no standard definition of IPV because of variations in national and state legislation, there is a general consensus that it includes not only physical aggression, such as hitting, kicking and beating, but also emotional or psychological abuse such as humiliation, intimidation, and controlling actions (Wathen and Macillan, 2013).

Children Exposed to Violence: Underreporting

Teaching non-violent conflict resolution to children can be a challenge in a world where people use violence to get what they want. Every day children have exposure to violence in their homes, schools, and communities. This exposure happens through the media, in relationships, at parks, malls, or sporting events. Violence is ever present, and this exposure can cause harm to children physically, mentally, and emotionally. Numerous studies on the health and behavioral consequences of child maltreatment and other forms of violence against children revealed gaps in how many children have

exposure to violence directly and indirectly (Finkelhor et al. 2009). The variability in estimates revealed a gap that only measured a subset of exposure. This failure to reveal the full extent of violence against children also fell short of capturing the complete picture of the breadth of victimizations that many children experience; the co-occurrence of certain types of violence (i.e. EIPV, child maltreatment or neglect within a household); important nuanced vulnerabilities from exposure; and the cumulative effects of repeated exposure to violence as both a direct victim and a witness (Finkelhor et al. 2005a; Finkelhor et al.2009a; Finkelhor et al. 2009).

Earlier attempts to measure CEV had a focus that failed to capture the actual amount of exposure children had to violence. The 1995 CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) study questioned adults on their memories of adverse childhood experiences rather than surveying children directly, and the set of adverse experiences was more limited than those included in NatSCEV. In June of 1999, under the leadership of former Deputy Attorney General Eric Holder, the OJJDP attempted to do something to address children's exposure to violence with the creation of the Safe Start initiative. Despite the lack of clarity about how much exposure children were having to violence; the effects were clear. The purpose for creating this initiative was to prevent and reduce the harm to children because of exposure.

The OJJDP launched NatSCEV with the support of the CDC to address the growing need to document the full extent of children's exposure to violence. Finkelhor et al. (2009) comprehensively examined the extent and nature of children's exposure to violence across all ages, settings, and time frames. The basis for this national survey was the 2002 Developmental Victimization Survey (DVS), which provided only a limited assessment of lifetime incidence of exposure to violence (Finkelhor et al. 2005). The DVS also did not include children younger than 2-years old. The NatSCEV expanded the DVS by comprehensively assessing lifetime exposure, considering more forms of violence, and including infants in the sample. The NatSCEV size and age range provided more reliable estimates of rarer forms of victimization and more exact rates within different subgroups of the population (Finkelhor et al. 2009).

Children Exposed to Intimate Partner Violence and Polyvictimization

Exposure to IPV is rarely an isolated event in the families with child victims of abuse, there may be victimization by seeing abuse and other adversity such as parental substance abuse, child maltreatment, mental health difficulties, homelessness, involvement in crime (Holt et al. 2008). Exposure to IPV has a link to child abuse and other adversity that victimize children and keep their homes from being a place of refuge (Finkelhor et al. 2005a; Finkelhor et al. 2005b; Finkelhor, Omrod & Turner, 2007; Finkelhor et al. 2009a). Children exposed to violence often face other forms of abuse (Finkelhor et al. 2005a; Finkelhor et al. 2005b; Finkelhor, Omrod, & Turner, 2007; Holt et al. 2008). A failure to understand behaviors related to different victimizations may lead professionals to an incomplete diagnosis associated only with exposure to violence, which may lead to other personal victimizations being left unaddressed or treated (Holt, Buckley and Whelan, 2008). According to Finkelhor et al. (2009a), children exposed to even one type of violence, both within the past year and over their lifetimes, were at far greater risk of experiencing other types of violence.

Delinquency Defined

Research on delinquency has evolved since the early 1980s when the focus centered on males, parenting styles and problem behavior. Family and/or community violence as predictors to delinquency is absent in early research related to EIPV. In this analysis, the legal terminology of juvenile delinquency/delinquency is invoked with respect to antisocial activities and used as an alternative definition to externalizing behavior (Hinshaw, 1992). According to the OJJDP, the basic definition of delinquency includes acts or conduct in violation of criminal law, with a delinquent act as an act committed by a juvenile. This differs from a criminal act committed by an adult. The broad literature on delinquency includes a variety of classifications of delinquency. Loeber (1996) classified the behavior into two categories. Overt delinquency involves violent offences such as an attack of someone with or without a weapon, threatening another, murder, and rape. Covert delinquency referred to non-aggressive acts such as shoplifting, pick pocketing, arson, vandalism, and selling drugs.

Snyder and Sickmund (2006) and Windle and Mason (2004) later refined the types of delinquent behavior and NatSCEV researchers adopted their measures to include: 1. Violent behavior 2. Property delinquency 3. Drug and alcohol use and 4. Minor delinquency involving assaults and carrying weapons, breaking something or stealing from a store, drinking and smoking marijuana, and truancy and cheating on tests. Violent behavior and property delinquency are separate types of delinquent behavior and for the most part delinquency involving substance use or minor forms of rule violating is categorized as mild delinquency (Cuevas, Finkelhor, Shattuck, Turner, and Hamby 2013: page 2).

The OJJDP's National Survey of Children's Exposure to Violence's Juvenile Justice Bulletin from October of 2013 used interview data from NatSCEV and their research team to categorize adolescents ages 10 to 17 into one of four groups: those youth who were primarily delinquents and not victims (primarily delinquents), those who were primarily victims and not delinquents (primarily victims), those who were both delinquents and victims (delinquent-victims), and those who were neither victims nor delinquents (Cuevas et al. 2013 pp2). The criterion for defining these groups is based on work done in an earlier study (Cuevas et al. 2007). Current juvenile justice research includes a common focus on the association between delinquency and victimization (Cuevas et al. 2013). Research revealed an overlap between delinquency and victimization. Most victims, during their lives, engaged in delinquency and most delinquents experienced victimization (Lauritsen et al. 1991; Kitzman et al. 2003). It is important to note that research has not fully explored how large these groups are, or how their characteristics and experiences differ. As researchers dig deeper and look beyond strong associations between delinquency and victimization two more groups emerged. A second group of primarily victims, and a third group of primarily offenders (Dodge et al. 1990; Olweus, 1978, 2000). This is an area of important future research as there will be an exploration of the link between adolescent EIPV and delinquency.

Children Exposed to Violence and Delinquency

In the late 1980s and early 1990s delinquency research described an association between delinquency and victimization (Lauritsen et al. 1991). However, research

specifically associating EIPV as victimization (a subset of children's exposure to violence) to delinquency remains lacking (Weaver, Resnick, Kokoska, and Etzel 2007). Exposure to IPV is a serious public health issue with innumerable costs to the victims, children, and families affected as well as society at large. The evidence is conclusive on a strong association between EIPV and children's externalizing problems (Fong, Hawes and Allen, 2019). Exposure to IPV affects children even after the violence stops with the child(ren) and parent-victim separated from the batterer (Fong et al. 2019). Damaging after-effects persist and findings from longitudinal studies suggest a causal role with IPV in the development of child conduct problems (Fong et al. 2019; Jouriles, Rosenfield, McDonald and Mueller 2014). Exposure to IPV can have a profound negative impact on adolescents and has shown to be a strong predictor of aggression, peer problems, truancy, and delinquency (Jaffe, Wilson, and Wolfe 1986).

Risk and Protective Factors

According to the U.S. Department of Health and Human Services (2003), a risk factor is anything that increases the probability that a person will suffer harm and a protective factor is something that decreases the potential harmful effect of a risk factor. As they relate to delinquency, risk factors are conditions or variables associated with a higher likelihood of delinquency and/or juvenile justice system contact, while protective factors are those conditions, which lessen that likelihood (Jessor, Turbin and Costa 1998). The domains include factors that are both risk and protective factors. For example, relationships at the individual, familial, peer and school, and neighborhood and community levels can include risks or be a protective factor depending on the child's health, family situation, maturity level, social supports, etc.

The terms *risk* and *protective* factors are prominent in delinquency and CEV literature, particularly about work that tries to understand or predict educational/behavioral outcomes. Risk factors typically refer to influences that increase the likelihood of an adverse outcome, aggravate, or take part in the maintenance of that outcome. According to a literature review from a program of the Office of Juvenile Justice and Delinquency Prevention, risk factors for delinquency are not static and change depending on a variety of factors including: age, level of development, the family, neighborhood,

school, etc. (Office of Juvenile Justice and Delinquency Prevention (2015) Model Programs Guide- Literature Review: Risk Factors). One thing research supports related to delinquency is that the associations between EIPV and child externalizing problems is robust.

Victims rarely want the relationship with the violent partner to end, they often want to maintain the relationship and have the abuse stop. This is particularly challenging for children to understand. As demonstrated in the conduct problems of children who were exposed to IPV in research by Jouriles et al., (2018). This research involved participation in Project Support which addressed practical realities associated with parenting interventions and understanding conduct problems among children exposed to IPV. Children's post shelter contact with the mother's violent partner relates positively to several negative family outcomes. Surviving families need help navigating life after abuse.

McTavish et al. (2016) did an overview of children's EIPV and drew parallels to outcomes similar to those found in children who have been abused and neglected. Their finding that children can experience harm from EIPV even when not directly involved in, or a witness to, the violence between caregivers is important to mental health clinicians, counselors and educational administrators. Their review synthesized the best available evidence associating EIPV with emotional impairment and other harmful effects. It also addressed prevalence, risk and protective factors; strategies for identification, and interventions for prevention of exposure and impairment and discussed strategies for ensuing children's safety. A meta-analysis by Evans, Davies, and DiLillo (2008) revealed a medium effect size of 0.47 drawing attention to the breadth of the impact on children.

Age of Exposure

Research related to the age of children exposed to violence is important, though with mixed results for younger children (i.e., preschool and kindergarten). There is no consensus related to the impact on children across age groups. Minze, McDonald, Rosentraub, and Jouriles (2010) revealed that EIPV from birth to three years old is associated with greater externalizing behaviors. In 2012, Ziv found that early EIPV had

an association with more severe aggression and hostile attributions in preschool children compared to children in the control group who had not no EIPV. A meta-analysis including 201 children from birth to 18 years old by Vu, Jouriles, McDonald and Rosenfield (2016) supported findings that the child's age when exposed to IPV moderates the relationship between EIPV and externalizing problems. The authors suggested that when IPV exposure occurred at a younger age the externalizing problems were greater. This finding is consistent with models where childhood onset of conduct problems is more strongly associated with family risk factors and predicts poorer outcomes including peer problems, adult psychopathology, and violence delinquency (Caspi and Moffitt, 1995; Moffit, 1993).

Exposure and Gender of Child

The relative sizes of these various groups appear to change as children age. They also differ by gender. The delinquent victim group among boys is larger overall and increases between ages 13 and 14. This may reflect an increase in delinquent activities around the time they enter high school among those who had previously been primarily victims. The high school environment may expose them to older delinquent role models and present them with conditions of more independence and less supervision than middle school. For girls, the pattern change appears to occur earlier (between ages 11 and 12) and associated with an increase in both victimization and delinquency, but particularly victimization. The onset of pubertal changes in girls appears to be a catalyst and shows up in the data as a particularly marked increase in sexual harassment.

Responses to Exposure: Age and Gender

The responses from children exposed to violence vary considerably by whether children are under school age, early school aged, teenaged, or young adults. Though the results are conflicting related to the age of children's greatest vulnerability, research does confirm a difference in the expression of trauma between older children and younger children (Kilpatrick, Acierno, Resnick, Saunders, and Best 1997). Exposure to IPV has

an association with increased externalizing problems for adolescents (Moylan et al. 2010; Rhea, Chafey, Dohner, and Terragno 1996).

With respect to education, student responses to exposure to violence need an examination with respect to their age (Kerig, 2003). Students who have had more EIPV over time may not be processing information or learning at their current grade level. The age at which children are EIPV is important (Kaufman, Ortega, Schewe, and Kracke 2011). Older children show more externalizing behaviors than younger children, perhaps older children's contextualizing of the violence has a greater negative impact on them.

The appraisals involved in the cognitive-conceptual framework would be difficult for younger children to express. Older children who believe the IPV is their fault may be showing problem behaviors because they are working out the shame and confusion. They feel they caused the violence or that they did or did not do anything about. Adolescents who did not defend a parent at home may display higher aggression in places where they believe they are likely to have more success like in school. Students experiencing shame may avoid school and become truant or use/abuse substances to cope with the pain and confusion associated with EIPV.

Understanding the broad landscape of research related to children's exposure to violence is particularly important when considering if gender influences outcomes. In one study, girls and boys share similar family risk factors for delinquency, but girls are at increased risk for violence as juveniles and adults (Widom and Maxfield 2001). According to a study by Herrera and McCloskey (2001), it takes more severe abuse to prompt violence in girls than it does to make boys display aggression. Their preliminary analyses showed no gender difference in overall referral rate to juvenile court after exposure to marital violence and was consistent with general research showing boys had higher rates of referral for property, felony, and violent offenses than girls (Yates et al., 2003).

There is documentation of boys' externalizing outcomes in Yates et al. (2003), and Moretti, Obsuth, Odgers, and Reebye (2006) looked at the effects of gender specific IPV. However, there are still gaps related to understanding academic outcomes. Research on the externalizing behaviors of boys is broader (Carlson, 1991; Edelson, 1999; Hinshaw, 1992; Stagg, Wills and Howell, 1989) but the research on girls' externalizing

behavior is still lacking especially as it related to social supports. The research contrasting findings on gender differences in exposure effects is mixed and sometimes split. There is a need for more robust studies that supply better outcomes related to the issue (Herrenkohl, Sousa, Tajima, Herrenkohl, and Moylan 2008; Widom, 1998).

Studies have suggested a difference between the expression of the trauma from EIPV for boys and girls (Carlson, 1991; Edleson, 1999; Stagg et al., 1989). Despite interest in gender differences (Edleson, 1999; Herrenkohl et al., 2008; Sternberg, Lamb, Guterman, and Abbott 2006) there was still a gap in studies examining whether abuse and exposure to domestic violence affect adolescent boys and girls in the same way (Sousa et al., 2010). Edelson's (1999) review of 31 research articles expanded the common definitions of how children might experience EIPV. Essential information in this study involves characteristics of the children by gender. Specifically, that boys show more visible evidence of the effects through externalized behavior, such as hostility and aggression while girls display more internalized problems, such as depression and somatic complaints (Carlson, 1991; Stagg et al. 1989). These characteristic responses are changing.

Exposure to violence has an association with trauma in children (Cunningham & Baker, 2011; DeBoard-Lucas and Grych, 2011; Kilpatrick et al. 2003; van der Kolk, Roth, Pelcovitz, Sunday and Spinazzola 2005). The amount of trauma boys and girls experience with exposure is equal while the patterns of symptom expression are different (Kilpatrick et al., 2003; Kilpatrick and Acierno, 2003a). School performance is one area where this difference in symptom expression is particularly important because of the impact it has on academic performance (Jimerson, Egeland and Teo 1999a; Jimerson, Egeland and Teo 1999b; Rutter, Tizard and Whitmore 1970; Wentzel, 1993) and delinquency (Hamby, Finkelhor, Turner, and Omrod. 2011; Evens, Davies and DiLillo 2008)

Exposure to IPV leads to more externalizing behavior for boys and more internalizing behaviors for girls (Yates et al., 2003). Social learning theory suggested the aggression displayed by boys at school may be from the boys reenacting the observed behavior of the men in their homes whom they want to be like. Boys identify more with men and want to be like them, when the male partner is violent toward the female partner,

young men are coached to use violence. Cunningham and Baker (2011) suggested children have exposure to male on female violence at an extremely high rate.

Exposure to violence is a potential explanation for racial disparities in health and wellbeing among youth (Browning et.al. 2017). Affluence and poverty have strong impacts on adolescent delinquency in separate ways. Exposure to violence in neighborhoods is detrimental to adolescents through direct victimization and observation (Sharkey, 2010). The demographics of a national sample of youth surveyed in the original research data (N=4000) with 77% were White non-Hispanic; 5% were another race, non-Hispanic; 8% were Black, non-Hispanic; and 10% were Hispanic, of any race. This revealed a lack of diversity in the respondents and the need to conduct more research to understand non-White, male and female adolescents who have been exposed to violence. Emerging research on racial differences in exposure to violent areas show that African American youth have exposure to violence in areas with higher levels of violence (Browning et.al. 2017). Prolonged exposure to violent neighborhoods may result in heightened stress processes and behavioral development with implications for life prospects and long-term chronic conditions (Shonkoff et al. 2022).

Children Exposed to Violence and Social Support

Regardless of the description used to understand CEV, Turner and Lloyd (2004) documented an association with mental illnesses. There is a demonstrated link between children exposed to violence and negative outcomes including psychological effects such as PTSD, substance abuse and poor educational outcomes (Khoury, Tang, Bradley, Cubells, and Ressler, 2010; Margolin and Gordis, 2000;). Repeated exposure to trauma can be devastating to adolescents. Evidence suggested chronic trauma sufferers often resort to substance abuse to cope with the negative thoughts (Khoury, et al. 2010). As a result, teens find that drugs decrease their feelings of fear, sadness, and shame. This is often the gateway to addiction and a downward spiral and negative life trajectory. Social supports function as a protective factor for at risk behaviors and this type of delinquency.

Collaborative social support researchers, Malecki and Demaray (2006 p. 377) defined social support as:

Social support is defined as one's perceptions of supportive behaviors from individuals in his or her social network (e.g., parents, teachers, classmates, close

friends, school), that enhance functioning and may buffer him or her from adverse outcomes.

There is an assumption that social support has a favorable impact on the maintenance of health and coping with illness and adversity. While adolescence is a period of development in gaining skills and attributes necessary to become a productive and reproductive adult, there are also vulnerabilities that exist in conjunction with the wide variety of opportunities available during this developmental stage. These vulnerabilities have an association with risk-associated behaviors that can have lifelong consequences for health and well-being. Exposure to violence worsen behavioral outcomes that often have comorbidity with delinquency and risky behavior.

Numerous studies confirm the importance of caring and meaningful relationships during adolescence (Garmezy, 1985; Rutter, 1987; Werner and Smith, 2001). Verification is easy showing how caring and meaningful relationships with family and friends, and pro-social connections with individuals and social institutions reduces risks and promotes health and positive developmental outcomes. Since adolescents have good health and get most social support from the home environment, it becomes more important to understand the impact that unrest in the home has on adolescents. More information is necessary to understand how social supports among adolescents exposed to IPV protect against the negative impacts of their IPV exposure and the deleterious behavioral outcomes associated with that exposure. There are gaps related to sources and the nature of help available to adolescents. This is important and must be understood with caution since young people often turn to social media and peers who might encourage anti-social behavior. Additionally, adolescents exposed to IPV could be in unhealthy families acting in other negative ways, or restricting the adolescent's access to services or positive sources of support because of their own values, or insecurities.

Definitions

Intimate Partner Violence (IPV): Generally any physical, psychological, or sexual harm committed by a current or former partner or spouse. For this study, IPV refers to violence represented in the literature between adult caregivers, domestic violence, and family violence.

Exposure to Intimate Partner Violence (EIPV): Early research often described children as witnessing or observer of domestic violence, intimate partner violence, or IPV. Currently the term *exposure* to violence is the current nomenclature and includes IPV (Holden, Geffner and Jouriles, 1998). This study focused on EIPV separate from general CEV that includes other types of violence. Most family violence researchers agree that exposure to domestic violence occurs when children see, hear, have a direct involvement in (i.e., attempt to intervene), or experience the aftermath of physical or sexual assaults that occur between their caregivers (Edleson, 1999; Jouriles, McDonald, Norwood, and Ezell. 2001; Wolak and Finkelhor, 1998).

Protective Factor: Protective factors are conditions or attributes in individuals, families, communities, or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.

Social Support: The perception that one is cared for, has assistance available from other people, and that one is part of a supportive social network. Social support can be as the perception that one has assistance available. Support can come from many sources, such as family, friends, pets, neighbors, coworkers, organizations, etc.

NatSCEV is the first national incidence and prevalence study to comprehensively examine the extent and nature of children's exposure to violence across all ages, settings, and timeframes. Conducted between January and May 2008, it measured the past-year and lifetime exposure to violence for children aged 17 and younger across several major categories including conventional crime, child maltreatment, victimization by peers and siblings, sexual victimization, witnessing and indirect victimization (including exposure to community violence and family violence), school violence and threats, and internet victimization.

Chapter 3: Methods

This analysis will help researchers, policymakers, educators, and personnel across the supportive service industry better understand that some children exposed to violence engage in delinquent behaviors, while others do not, and the role perceived social supports plays in these different outcomes. Findings from this study may support the identification of preventive strategies that help CEV cope with the aftermath of victimization. Identification of prevention strategies will need formal development involving all stakeholders. However, expanding empirical research on this issue is another step toward understanding the scope of the issue and associated intervention strategies.

Study Purpose

The purpose of this study was to explore adolescents' EIPV's association with delinquent behaviors, and whether the perception of social supports is a protective factor in the relationship between EIPV and delinquent behaviors. This study used a secondary analysis of data from the NatSCEV VIII, the most comprehensive nationwide survey of the incidence and prevalence of children's exposure to violence conducted to date.

Secondary Data

The secondary analysis of existing data sets is a growing desirable option (Camara et al., 2017). While there are obvious limitations to using secondary data such as it may not answer the researcher's specific research questions or contain specific information that the researcher would like to have, there are numerous benefits including reduced cost from a data collection standpoint and access to a large sample representative of unique populations of interest. Proper use of secondary data mimics the use of primary data research methods. Furthermore, sanctioning of the NatSCEV VIII has come from the OJJDP and the CDC and was conducted with a high degree of rigor.

NatSCEVIII Dataset

The design of the NatSCEVIII, was to obtain lifetime and one-year incidence estimates of a comprehensive range of childhood victimizations across gender, race, and developmental stage. The original study examined a large spectrum of children and adolescents' experiences of exposure to violence, crime, and victimization in a nationally representative sample including children ages 0 to 17 years. The design and researchers of the study were the University of New Hampshire Crimes Against Children Research Center and it was sponsored by the OJJDP with support from CDC.

A national sample of children ($N=4000$) aged 0-17 at the time of the survey took part in the survey. Within the sample, 48% were female and 52% were male; 49% were 10-17 and 51% were aged 0-9. Four percent resided with one parent and a stepparent or partner; 4% with another adult caregiver; 15% with a single parent; and 77% resided in a household with two parents. Five percent were another race, non-Hispanic; 8% were Black, non-Hispanic; 10% were Hispanic, of any race; 77% were White, non-Hispanic. A computer assisted telephone interview (CATIs) gathered the cross-sectional survey data, which was in English and Spanish and took an average of 60.3 minutes to complete. A short interview with an adult caregiver, usually a parent, was of use to obtain family demographic information. Of the eligible children, one child was randomly selected based on their most recent birthday. Depending on the age of the selected child (i.e. 1 month to 9 years old), the main interview included the caregiver, or the main interview occurred with the child if they were between 10-17 years old after receiving permission from the parent upon receipt of the youth's assent. A callback was necessary if the child was not available at the time of the adult interview. When the responsible adult did not grant permission, the child was not re-contacted. The questionnaire focused on the health of the child selected for the survey.

Current Study

The current study draws from the third wave of the NatSCEV. Four sources were used to construct the NatSCEV III sample: (a) an address-based sample (ABS) of 80,000 addresses from which 37,101 cell and residential numbers were dialed; (b) a pre-screened

sample of 5,726 telephone numbers of households with children from recent national random-digit dialed (RDD) surveys; (c) a listed landline sample with 113,461 telephone numbers (targeted on child in the household based on commercial lists); and (d) 2,184 cellphone numbers drawn from a targeted RDD sample frame. Respondents received a letter announcing the study that included a form with household information to assess eligibility and willingness to take part in the study. Participants in other samples did not receive an advance letter, a letter about the project details went out to any parent, guardian, or child who wanted more information about the study prior to participation. This conformed to standards of informed consent for the protection of human subjects with an explanation of the purpose of the study, an assurance of confidentiality, and an emphasis on the voluntary nature of participation. A sub-sample of participants were selected, and variables were created from the raw data to answer three research questions related to EIPV, delinquency and social support.

Research Questions/Hypotheses

Three research questions framed this study. The three question and hypotheses are:

RQ1: To what extent does childhood EIPV impact a child's delinquency?

Hypothesis 1: Childhood EIPV will be positively associated with past-year delinquency.

RQ2: Does a perception of social support moderate the relationship between childhood EIPV and delinquent behaviors?

Hypothesis 2: The effect of childhood EIPV on past-year delinquency will decline with increased perception of social support.

RQ3: Are age (10-11, 12-14, 15-17), gender, and the race of adolescents EIPV associated with delinquency and perception of social support?

Hypothesis 3: Increased age will correlate with increased delinquency.

Hypothesis 4: Race and gender will not impact delinquency.

Hypothesis 5: Higher SES will impact delinquency.

Hypothesis 6: Increased social supports will result in decreased delinquency regardless of age, race, gender or SES.

Sample

The current study used a sub-sample of 1959 children from the study who were ages 10 to 17 years old. The average age was 14.0 ± 2.2 . Of this group of respondents, 1004 were male, 955 were female; 1519 were non-Hispanic White, and 430 were all others combined. We chose this group because of the focus of this study was on adolescence. According to the World Health Organization adolescents range in age from 10 to 19 years old.

Measurements

In the original survey, the researchers asked 52 JVQs and a series of follow-up questions about victimization for every screener the respondent endorsed. Additionally included were sections on lifetime and past year adversity, bullying, delinquency, the child/parent relationships and exposures to violence.

Variables

Demographic variables were created along with independent, dependent, and moderating variables. Demographic variables include age of child, gender of child, and race/ethnicity of child (White or non-White). Additionally, the small number of non-White respondents was a limitation in the original dataset. Therefore, race was categorized as White and non-White.

The creation of the independent variable: EIPV was created by summing eight dichotomous variables related to types of IPV exposed to over the participant's lifetime (see Appendix A for a list of these variables). A higher sum means that the participant had exposure to more types of violence, rather than measuring the frequency of this violence. Because of the abnormal distribution these scores were transformed and centered using all subjects in the original sample.

The creation of the dependent variable, delinquent behaviors, used the summation of 19 dichotomous variables related to engaging in delinquent behaviors over the past year (See Appendix A for a list of variables). A higher sum means the participant

engaged in more types of delinquent behaviors, rather than a measure of frequency of delinquency.

The creation of the moderating variable, social support used the summation of 22 Likert scaled variables (0 = Never, 1 = Sometimes, 2 = Often) related to perceptions of family, peer, and community support and taking an average of those items (See Appendix A for a list of variables). The resulting variable is a mean between 0 and 2 of general perception of social support. Because of the non-normal distribution these scores were transformed and centered using all subjects in the original sample

Data Analysis

Data analysis occurred using Statistical Package for Social Sciences (SPSS). A simple formula of a linear regression line that has an equation of the form $Y = a + bX$, where X is the explanatory variable and Y is the dependent variable. The slope of the line is b , and a is the intercept (the value of y when $x = 0$). In addition to examining the main effect of IPV on delinquency, analysis of the data also investigated whether the perception of social support changes the relationship between EIPV and delinquency in the past year. This used an analysis of the data SPSS Moderation Regression:

MH3 (Delinquency, a sum D1 - D19) or DV3 = $a + b1$ (IPV1-centered) + $b2$ (SSavr_cented) + $b3$ (IPV1xSSavr)

The moderator variable of IPV * SS is not statistically significant.

MH3 (Delinquency, a sum D1 - D19) or DV3 = $a + b1$ (IPV1-centered) + $b2$ (SSavr_cented) + $b3$ (IPV1xSSavr) + $b4$ (age at time of survey) + $b5$ (social economic status)

Since both variables predicted delinquency in support of the two hypotheses, I had to do three more analyses using delinquency as the outcome variable.

1. Gender and age were added to IPV and social support as predictor variables (IPV1xSSavr):
2. To assess the impact of gender, linear regression was performed using the 4 predictor variables BUT using only males and subsequently only females.

3. To assess the impact of race/ethnicity, 2 linear regressions were performed using the 4 predictor variables based on White non-Hispanic versus non-White
4. To further assess the impact of age, linear regression was performed using the 2 predictor variables separately addressing 3 specific age groups (10-11, 12-14, and 15-17).

Chapter 4: Findings

An underestimated 10.7 million of the 52.7 million US children (ages 0-17) living with two parents live in homes where male-to-female IPV between adults has occurred in the last year. Children's EIPV affects their behavior, development and educational outcomes. Adolescent's exposure and behavioral responses to EIPV is understudied. This study explored the ways adolescents' EIPV are associated with delinquent behaviors, and SS as a protective factor in the relationship between EIPV and delinquent behaviors. Three research questions framed this study:

RQ1: To what extent does childhood EIPV impact a child's delinquency?

Hypothesis 1: Childhood EIPV will be positively associated with past-year delinquency.

RQ2: Does a perception of social support moderate the relationship between childhood EIPV and delinquent behaviors?

Hypothesis 2: The effect of childhood EIPV on past-year delinquency will decline with increased perception of social support.

RQ3: Are age (10-11, 12-14, 15-17), gender, and the race of adolescents EIPV associated with delinquency and perception of social support?

Hypothesis 3: Increased age will correlate with increased delinquency.

Hypothesis 4: Race and gender will not impact delinquency.

Hypothesis 5: Higher SES will impact delinquency.

Hypothesis 6: Increased social supports will result in decreased delinquency regardless of age, race, gender or SES.

Demographics

This analysis of the data used 1959 children who were ages 10 to 17. The average age was 14.0 ± 2.2 ; 1004 were male; 955 were female; 1519 were non-Hispanic White; 430 were all others combined. Socio-economic status scores generated for 1959 subjects revealed a ranged from -2.3 to 1.3 with average 0.1 ± 0.9 .

Exposure to IVP scores were generated by 1959 subjects. They ranged 0 to 8 with average 1.3 ± 1.4 . Because of the non-normal distribution these scores data were

transformed and centered using all subjects in the original sample. Because of missing values only 1915 subjects received these centered scores. The centered scores ranged from -0.1 to 0.9 with average scores of 0.06 ± 0.17 .

Social Support scores were generated by 1958 subjects. They ranged from 3.0 to 1.5 with average 2.7 ± 0.3 . Because of the non-normal distribution these scores were transformed and centered. Because of missing values only 1950 subjects received these centered scores. The centered scores ranged from -1.2 to 0.3 with average scores of 0.00 ± 0.27 .

Delinquency scores were generated by 1959 subjects. They ranged from 0 to 14 with average scores of 1.0 ± 1.9 .

I created a moderating variable by multiplying the IPV centered score by the Social Support centered score. Because of missing values only 1906 subjects received this moderating variable score. The score ranged from -0.5 to 0.2 with average scores of 0.01 ± 0.05 .

Table 1

Demographic and Research Variables of the Sample Used

Race	White =1519	All Other=430		
Age	14.2(2.2)	10-11=344	12-14=716	15-17=899
Sex	Male =1004	Female=966		
Exposure to IPV	A summary score of 8 IPV items			
	1.3(1.4)	Range 0-8		
Social Support	An average score of 11 kinds of social support			
	2.7(0.3)	Actual Range 1.55-3.0	Potential range 1-3	
Delinquency	A summary score of 19 items			
	1.0(1.9)	Range 0-14	Potential range 0-19	

Research Questions 1 and 2

RQ1: To what extent does childhood EIPV impact a child’s delinquency?

Hypothesis 1: Childhood EIPV will be positively associated with past year Delinquency.

RQ 2: Does the effect of childhood EIPV on a child’s delinquency decline with perceived social support offered by family, peers, and community?

Hypothesis 2: The effect of childhood EIPV on past-year delinquency will decline with increased perception of social support.

Research Questions 1 and 2 were addressed using a single regression equation:

MH3 (Delinquency, a sum D1 - D19) or DV3 = a + b1 (IPV1) and MH3 (Delinquency, a sum D1 - D19) or DV3 = a + b1 (IPV1-centered) + b2 (SSavr_cented) + b3(IPV1xSSavr).

The result supported both hypothesis 1 and 2. SS, IPV and their interaction successfully predict Delinquency at a significant level $F(3,1902)=413.603$, $p<.0001$. As seen in Table 2, IPV positively associated with delinquency $p<.0001$ and perceived impact of SS is negatively related to the number of types of delinquent behavior the adolescent engaged in ($p<.0001$). The negative B-coefficient for the interaction predictor indicates that the IPV1 (Independent

variable, predictor) effect is significantly decreased (becomes more negative or less positive) with increasing SS (moderator).

Table 2

Regression Coefficients of Intimate Partner Violence and Social Support Predicting Delinquency

Predictor	B	SE B	Beta	Sig
(Constant)	.721	.041		.000
SocSupport	-.656	.158	-.093	.000
IPV	4.267	.228	.396	.000
IPV X SocSupport	-1.634	.851	-.043	.055

Research Question 3

Research Question 3: Are age (10-11, 12-14, 15-17), gender and race of adolescents EIPV associated with delinquency and perception of social support?

Hypothesis 4: Increased age will correlate with increased delinquency, but race and gender will not impact delinquency.

The impact of age was evaluated using 4 regressions. The first regression included age as a continuous variable:

MH3 (Delinquency, a sum D1 - D19) or DV3 = a + b1 (IPV1-centered) + b2 (SSavr_cented) + b3(IPV1xSSavr) + b4 (age at time of survey) + b5 (social economic status).

This model successfully predicted Delinquency at a significant level $F(5,1900)=116.037, p<.0001$. Table 3 displays the regression coefficients. All variables and the interaction term created by IPV and SS successfully achieved significance. Results indicate that increased age was associated with more types of delinquent behaviors ($p<.0001$).

Table 3

Regression Coefficients of Intimate Partner Violence, Social Support & Age Predicting Delinquency

Predictor	B	SE B	Beta	Sig
(Constant)	-1.659	.246		.000
SocSupport	-.734	.154	-.105	.000
IPV	3.738	.234	.347	.000
IPV X SocSupport	-1.734	.829	-.046	.037
Age	.171	.018	.203	.000

Three more regressions were conducted using subjects in three specific age groups to further clarify the relationship between age and delinquency. The primary observation is that the interaction between IPV and Social Support became less significant with age.

The following regression was conducted using only 10- and 11-year-olds. MH3 (Delinquency, a sum D1 - D19) or DV3 = a + b1 (IPV1-centered) + b2 (SSavr_cented) + b3 (IPV1xSSavr):

For children 10- or 11-years old SS, IPV and their interaction successfully predict Delinquency at a significant level $F(3,968)=9.772$, $p<.0001$. Table IV displays the regression coefficients. (a) Viewing IPV is associated with higher levels of delinquency ($p=.012$). (b) High levels of perceived social support are associated with lower levels of delinquency ($p<.0001$). The interaction term created by IPV and SS achieved significance ($p=.033$).

Table 4

Regression Coefficients for Intimate Partner Violence and Social Support for 10 & 11 Year Olds

Predictor	B	SE B	Beta	Sig
(Constant)	.291	.040		.000
SocSupport	-.386	.152	-.137	.000
IPV	1.488	.335	.238	.012
IPV X SocSupport	-2.803	1.306	-.116	.033

The following regression was conducted using only 12- to 14-year olds:
 MH3 (Delinquency, a sum D1 - D19) or DV3 = a + b1 (IPV1-centered) + b2
 (SSavr_cented) + b3 (IPV1xSSavr)

For children 12 to 14 years old, SS, IPV and their interaction successfully predict Delinquency at a significant level $F(3,964)=63.045$, $p<.0001$. Table 5 displays the regression coefficients. A) Viewing IPV is associated with higher levels of delinquency ($p=.0001$). B) High levels of perceived social support are associated with lower levels of delinquency ($p<.0001$). The interaction term created by IPV and SS failed to achieve significance.

Table 5

Regression Coefficients for Intimate Partner Violence and Social Support for 12- to 14-Year-Olds

Predictor	B	SE B	Beta	Sig
(Constant)	.476	.045		.000
SocSupport	-.642	.171	-.140	.000
IPV	2.943	.280	.375	.000
IPV X SocSupport	-1.709	.944	-.067	.071

The following regression was conducted using only 15- to 17-year-olds. MH3 (Delinquency, a sum D1 - D19) or DV3 = a + b1 (IPV1-centered) + b2 (SSavr_cented) + b3 (IPV1xSSavr)

For children 15- to 17-years-old, SS, IPV and their interaction successfully predict Delinquency at a significant level $F(3,968)=57.104$, $p<.0001$. Table 6 displays the regression coefficients. (a) Viewing IPV is associated with higher levels of delinquency ($p<.001$). (b) High levels of perceived social support are associated with lower levels of delinquency ($p<.003$). (c) The interaction term created by IPV and SS failed to achieve significance ($p=.502$).

Table 6

Regression Coefficients for Intimate Partner Violence and Social Support for 15- to 17-Year-Olds

Predictor	B	SE B	Beta	Sig
(Constant)	1.068	.082		.000
SocSupport	-.980	.324	-.109	.003
IPV	4.538	.396	.362	.000
IPV X SocSupport	-1.043	1.553	-.024	.502

Delinquency differed between the three age groups in that older children reported more kinds of delinquent behaviors. Similarly older children reported viewing higher levels of IVP. While there were statistically significant differences in social support between the three age groups the average scores differed by only 0.04 points.

Table 7

Comparing Delinquency, Intimate Partner Violence and Social Support across the Three Age Groups

	10-11 y/o	12 - 14 y/o	15 -17 y/o	Statistic
Average delinquency scores	0.26±0.73	0.62±1.30	1.54±2.31	$F(4,1956)=44.07$, $p<.001$
IPV scores	0.65±0.96	1.13±1.28	1.61±1.47	$F(4,1956)=35.89$, $p<.001$
Social support scores	2.74±0.25	2.71±0.28	2.70±0.26	$F(4,1955)=22.34$, $p<.001$

The impact of gender was evaluated using the same regression model on males and females separately:

$$MH3 \text{ (Delinquency, a sum D1 - D19) or DV3} = a + b1 \text{ (IPV1-centered)} + b2 \text{ (SSavr_cented)} + b3 \text{ (IPV1xSSavr)}.$$

This model successfully predicted delinquency at a significant level for males $F(3,968)=83.986$, $p<.0001$. Table 8 displays the regression coefficients for males. Both IPV and social support were significantly associated with delinquent behavior. However, the interaction between the two variables was not significant ($p=.393$).

Table 8

Regression Coefficients for Intimate Partner Violence and Social Support for Males

Predictor	B	SE B	Beta	Sig
(Constant)	.841	.064		.000
SocSupport	-.504	.243	-.065	.038
IPV	5.313	.357	.434	.000
IPV X SocSupport	-1.140	1.334	-.027	.393

This model successfully predicted Delinquency at a significant level for females $F(3,968)=71.294, p<.0001$. Table 9 displays the regression coefficients for females. Both IPV and social support were significantly associated with delinquent behavior. Unlike males, the interaction between the two variables was significant ($p=.009$).

Table 9

Regression Coefficients for Intimate Partner Violence and Social Support for Females

Predictor	B	SE B	Beta	Sig
(Constant)	.588	.049		.000
SocSupport	-.736	.194	-.124	.000
IPV	3.093	.272	.350	.000
IPV X SocSupport	-2.660	1.013	-.084	.009

Females differed from males in two significant ways. As seen in table 10, males engaged in more types of delinquent behavior ($p<.001$) and they reported lower amounts of social support.

Table 10

Comparing Males with Females on Delinquency, Intimate Partner Violence and Social Support

	Male	Female	Statistic
Average delinquency scores	1.2±2.1	0.75±1.5	$t=5.411, df=1957, p<.001$
IPV scores	1.3±1.4	1.2±1.4	$t=1.568, df=1957, p=.117$
Social support scores	2.69±0.273	2.72±0.260	$t=-2.534, df=1957, p=.011$

The impact of race was evaluated using the same regression model on non-Hispanic White children and all others separately:

$$MH3 \text{ (Delinquency, a sum D1 - D19) or DV3} = a + b1 \text{ (IPV1-centered)} + b2 \text{ (SSavr_cented)} + b3 \text{ (IPV1xSSavr)}.$$

This model successfully predicted delinquency at a significant level for Whites $F(3,968)=111.566, p<.0001$. Table 11 displays the regression coefficients for Whites. Both IPV and social support were significantly associated with delinquent behavior. However, the interaction between the two variables was not significant ($p=.133$).

Table 11

Regression Coefficients for Intimate Partner Violence and Social Support for White Children

Predictor	B	SE B	Beta	Sig
(Constant)	.781	.046		.000
SocSupport	-.876	.184	-.121	.000
IPV	4.469	.286	.377	.000
IPV X SocSupport	-1.611	1.070	-.038	.133

This model successfully predicted delinquency at a significant level for non-Whites $F(3,968)=116.013, p<.0001$. Table 12 displays the regression coefficients for nonWhites. Both IPV and SS were significantly associated with delinquent behavior. However, the interaction between the two variables was not significant ($p=.088$).

Table 12

Regression Coefficients for Intimate Partner Violence and Social Support for All Non-White Children

Predictor	B	SE B	Beta	Sig
(Constant)	.529	.087		.000
SocSupport	-.037	.311	-.006	.000
IPV	4.107	.382	.474	.000
IPV X SocSupport	-2.402	1.403	-.084	.088

The two groups did not differ in the number of delinquent acts. However as seen in table 13, Whites reported lower levels of IPV ($p<.001$) and higher levels of social support ($p=.001$).

Table 13

Average Levels of Delinquency, Intimate Partner Violence and Social Support as a Function of Race

	White	Non-White	Statistic
Average delinquency scores	0.98±1.86	1.00±1.86	$t=-.208$, $df=1947$, $p=.836$
IPV scores	1.16±1.25	1.64±1.68	$t=-6.524$, $df=1497$, $p<.001$
Social support scores	2.72±0.26	2.67±.284	$t=3.459$. $df=1496$, $p=.001$

Hypothesis 5: Increased social supports will result in decreased delinquency regardless of age, race, gender, or SES. As seen in Tables 3 – 5 social support was negatively related to delinquency in all 3 age groups supporting the hypothesis.

Chapter 5: Discussion

Children's exposure to violence has clear effects on the children, their families, communities, and the educational and social institutions they have relationships with. Researchers still are unsure of all these effects. The primary aim of this research was to explore associations between EIPV and delinquency, and to assess if social support was a protective factor. A secondary aim was to assess if age, gender and race changed the association.

In general, these data supported past research indicating that (a) exposure to IPV has an association with higher levels of delinquency; (b) having SS is associated with lower levels of delinquency; and (c) the interaction between IPV, SS, and delinquency is significant. However, age, gender, and race all influence these relationships.

Younger children reported lower levels of delinquent behaviors and IPV than older children ($p < .001$) [See Table 7]. However, there was statistically significant differences in SS between the three age groups. This difference is more due to very small variability than to average differences. Further, the regression coefficient for IPV is lowest for the youngest age group. The oldest group generated the least significant interaction between IPV and SS.

Males took part in more types of delinquent behavior than females. [See Table 10] Males also reported lower social support than females. While SS was a protective factor against delinquency for males ($p = .038$), this relationship was much higher for females ($p < .001$). Further, the interaction between IPV and SS was not significant for males ($p = .393$), but was significant for females ($p = .009$).

White children were significantly different from non-white children. [See Table 13] White children experienced lower IPV ($p < .001$) and more SS ($p < .001$) than non-white children. Despite these differences, IPV was a risk factor for delinquency while SS protected against delinquent behaviors at significant levels ($p < .001$) for both White and non-white children.

Implications for Policy

The adolescent years have often been associated with turbulence including delinquency, which may be related to absenteeism. Absenteeism may, in turn, be related

to truancy and in some cases, may be related to eventual school dropout. Understanding the relationship between EIPV, delinquency and SS for adolescents is particularly important for informing prevention strategies and interventions, and for demonstrating the need for strengthening SS networks for youth/families experiencing violence in their homes.

Implications for Supportive Services

When agencies have a clearer understanding of why delinquent behavior is happening, they can design better interventions. Recognizing specific nuanced behaviors and responses to EIPV across the age continuum may help the design of better and more effective prevention and intervention strategies. This will save time, resources and support better outcomes.

Social support has a positive impact on victims. However, behavioral responses to IPV exposure vary considerably among adolescents, as does the impact of perceived SS. This current study revealed that SS benefited some members of this cohort more than others and raises an important question for future study; namely, why did SS have less positive impact on the delinquency of this specific group of males and non-white adolescents who had been exposed to violence? Can this finding be generalized to teenagers in general?

Physical changes and changing social and emotional needs during the adolescent years are highly distinctive among developmental ages. It is important to understand how EIPV, SS and behavioral outcomes are associated during adolescence. Understanding these associations makes it possible to intentionally implement SS as a protective strategy against delinquency.

Implications for Education

Students who face chronic absenteeism tend to already face significant challenges and could benefit most from school. Specifically, students who are highly mobile or homeless, low-income students, students with disabilities, and those who are involved in the juvenile justice system (London, Sanchez, and Castrechini 2016; Balfanz, 2016;

Henderson, Hill and Norton, 2014). Chronic absenteeism is a key indicator of students likely to drop out of school (Balfanz, 2016; London et al., 2016; McConnell and Kubina, 2014; Sahin, Arseven and Kilic, 2016; Van Eck, Johnson, Bettencourt, and Johnson 2017). If EIPV is related to increased delinquency (including truancy) supporting adolescents after EIPV may offer information to help agencies attempting to keep adolescents in school and support crime prevention.

Various disciplines acknowledge EIPV as a threat to the psychosocial and academic well-being of children. This study shows adolescents experiencing EIPV have higher delinquency. Delinquency thwarts educational efforts. Therefore, it is important to situate EIPV closely with victimization literature and research explaining poor educational outcomes. Exposure to interpersonal violence was common in a population-based study of adolescents that indirectly linked exposure to interpersonal violence to recurrent headache and absenteeism in a general population of adolescents (Stensland, Thoresen, Wentzel-Larsen, Zwart, and Dyb 2014). An expanding amount of literature connects school problems to exposure to violence. Absenteeism has been associated with school dropout rates (Stensland et. al. 2014; McShane, Walter, and Rey 2001). While it is important to note that exposure to violence is the most often reported type of victimization for girls and boys (Stensland et al. 2014), age, race, and socioeconomic status are additional areas that must be studied further for a clearer understanding of the societal impact of CEV/EIPV.

Research has showed a link between CEV and many negative outcomes: psychological effects such as PTSD, substance abuse and poor educational outcomes (Lynch, 2003, Margolin and Gordis 2000). Unfortunately, as reflected in the literature, the specific link between EIPV and specific educational outcomes is ambiguous. Few studies specifically investigated or linked EIPV with school dropout. Since EIPV has a link to several antecedents of school dropout: low-self-concept, anxiety, fear, aggression, delinquent behaviors, and alcohol abuse, adding EIPV to delinquency research may demonstrate a link between children EIPV, and school dropout. More study must happen to verify the link and explain the causality of high dropout rates.

Implications for Current and Future Research

This current study revealed that SS benefit some groups more than others and raises an important question for future study: Why do SS appear to have less positive impact on the delinquency of males and non-White adolescents who have been exposed to violence? Systemic racism and other oppressions have implications for every area of research but remain understudied in many areas. How do CEV in general and adolescents' EIPV from various non-White races navigate supportive services when racism and other oppressions (i.e., ableism, sexism, homophobia, etc.) are present?

Girls and boys are socialized differently. Girls are socialized to rely on their peers for SS more than adolescent boys are, so they are more likely to turn to their friends for support. More formal support like clubs and school services are more prevalent in affluent or White areas so kids of color or kids living in low-income neighborhoods are less likely to have access to or choose SS that has the stigma of acting White. Strong associations between delinquency and victimization shed light on two more groups impacted by EIPV: a second group of primarily victims, and a third group of primarily offenders (Cuevas et al., 2007; Cuevas et al., 2013; Olweus 1978; Olweus 2000). This is an area of important future research as the link between adolescent EIPV and delinquency is explored.

According to the U.S. Census Bureau's Current Population Survey 2010 Annual Social and Economic Supplement (2010), Black children were the least likely to live with two parents regardless of the marital status of the parents. That fact suggested that children in these homes have one less parent available for SS, this should be a focus of the research on CEV due to the vulnerability of this group of children.

The academic outcomes related to EIPV are important to the future of all children. Age of EIPV continues to appear as area needing more attention. More research is necessary to understand the impact of exposure on children in light of age (Kerig, 2003) and academic trajectory.

Ethical Considerations

Concerns related to the secondary use of data center around the potential harm that might come to study participants and the issue of return consent. The data used in this report is completely devoid of any identifying information and did not require a full review by the ethical board. While the collection of this original data was not to answer the present research questions, this data has been vetted and meets all criteria for acceptable use in this dissertation. All researchers using NATSCEVIII data must apply for access to the materials and to sign an annual affiliation agreement.

Study Strengths and Limitations

This secondary analysis of data from the NatSCEVIII provided the opportunity to look at a subset of children: adolescents ages 10- to 17-years-old. While this current study is applicable across multiple areas of CEV, it has noted limitations. The current study was limited by the cross-sectional nature of the data. There was an inability to create different variables. The structure of the variables looked at the number of types of violence rather than the amount of violence. Additionally, the period of exposure to violence was limited to the previous year. Though information on childhood victimization is increasing due to improved surveying and methodological advances (Lee, Bradburn, Polan, Bronstein, and Krishnamurty 2013), some age groups continue to be understudied, and barriers to accurate assessments of the amount of violence they are experiencing continues to be a reality (Bolen and Scannapieco, 1999; Molnar, Cerda, Roberts, and Buka 2008; Finkelhor et al. 2011).

The other major limitation was the limited sample of socioeconomically diverse respondents. The small number of races other than White was a limitation of the original dataset and lead to the categorization of races as White and non-White. Secondary data supplied a wealth of information on the topics examined in this study. It makes sense to use large samples like the NatSCEVIII, particularly when these data are relevant to the research question. However, in the case of this study, despite these benefits, the fact remains that the collected data were not to analyze the exact question of EIPV. Many measures in the original study did not capture all of the complexities associated with IPV.

For example, we measured types of delinquency not extent of delinquency. Also there is a need to marry existing data regarding polyvictimization, and longitudinal data from other disciplines (i.e., psychology, sociology, and others) must occur.

Another weakness of this study was the limited focus on past year victimization. The effects of EIPV and CEV are cumulative, and studies must keep that in mind. Finally, the study findings are not generalizable, and the age, race, gender, and SES of survivors matters. Future studies must consider the unique subset characteristics and provide more focus on the developmental needs consistent with individuals in specific categories. All these limits offer opportunities for future study.

Conclusion

Adolescents' EIPV is a serious issue, and it is important to understand how it affects adolescents' behavior because it affects their future trajectory (Tyler, 2006), and has broad implications for education, and numerous supportive services. In 1999, Osofsky listed five important directions for future research related to the needs of children exposed to violence (cited over 597 times). The fifth direction was: (e) research on factors that support the resilience of children and buffer them against adverse effects of violence. By many standards, little has been done to heed this recommendation, evidence linking perceived SS to a decline in delinquency might bolster the understanding of the need to seriously focus on the impact that EIPV has on outcomes in the lives of our children.

This secondary analysis of the NatSCEV VIII data extends the understanding of the relationship between EIPV, delinquency, and SS: (a) It documented that SS was more protective for females than males. (b) While White non-Hispanic children experienced lower levels of IPV and higher levels of SS, both "races" demonstrated a benefit from SS. 3) Measures of SS vary only minimally across the age ranges in this study. In contrast both measures of delinquency and IPV got worse with age.

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Appendix A The National Survey of Children's Exposure to Violence III: Data Collection

The National Survey of Children's Exposure to Violence (NATSCEV) III consists of multiple sections: parent screener, background questions, Juvenile Victimization Questionnaire (JVQ) screener questions, social support, mental health, NATSCEV screener questions, JVQ and NATSCEV follow up questions, lifetime and past year adversity, internet victimization, community disorder, bullying, delinquency, interpersonal dependency, parental conflict, parenting items, and alcohol use. Each section has been derived from the data collection instrument and is described in detail below. The dataset includes 2,947 variables with a total of 4,000 observations.

1. **Parent Screener** - Variables pertaining to demographic information such as social economic status, race and ethnicity, age of respondent, date of birth, marital status, household composition and educational level. In addition, variables pertaining to mental health and general health for parent and youth are included.
2. **Background Questions** - Respondents were asked school and education related questions such as how much does the respondent like to read and how much homework does the respondent usually do. In addition, respondents were asked about extracurricular activities such as after school program participation and leisure time.
3. **Juvenile Victimization Questionnaire (JVQ) Screener Questions** - Variables pertain to conventional crime, child maltreatment, peer and sibling victimization, sexual assault, witnessing and indirect victimization.
4. **Social Support** - Variables pertaining to the perceived amount of social support a respondent received. For example, "My family really tries to help me".
5. **Mental Health** - Variables pertaining to mental health such as difficulty concentrating and focusing, difficulty sleeping, aggression, fear and anxiety.

6. **Supplemental Screener Questions** - Variables pertaining to exposure to community violence, exposure to family violence and abuse, and school violence and threat.
7. **JVQ and NATSCEV Follow-up Questions** - Respondents who reported victimization events are asked follow-up questions (e.g. How many times did this happen during the lifetime).
8. **Life Time and Past Adversity** - Variables pertaining to past adversity such as family drug use, bad accidents and illnesses, natural disasters, and death of a loved one.
9. **Internet Victimization** - Contains two variables that ask about Internet harassment or unwanted sexual encounters experienced.
10. **Community Disorder** - Variables pertaining to community disorder such as drug selling in the community, policing in the community, gangs, and neighborhood environment.
11. **Bullying** - Variables pertaining to aggressive behavior from other children, physical violence from other children, and approximate length of occurrence longer than a week.
12. **Delinquency** - Variables pertaining to self-reported delinquency including physical violence, graffiti, drug use, and theft.
13. **Interpersonal Dependency** - Includes variables pertaining to the child's attachment to friends and loved ones, and personal sensitivity.
14. **Parental Conflict** - Includes variables pertaining to how often a respondent sees their parents arguing and whether the respondent's parents get really mad when arguing.
15. **Parenting Items** - Variables pertaining to the types of activities parents engage with their children and types of parenting styles.
16. **Alcohol Use** - Variables pertaining to the frequency and amount of alcoholic beverages consumed.

Appendix B The National Survey of Children's Exposure to Violence III: Variables

Types of Violence Exposure

1. Verbal threat
2. Displaced aggression (broke something, punched wall, or threw things)
3. Eyewitness to assault of parent
4. Pushed
5. Hit or slapped
6. Severe physical (kicked, choked, or beat up)
7. Parental assault of sibling
8. Other family violence (Grownup or teen pushed, hit, or beat up another relative)

Delinquency

In the last year did you...

1. On purpose break, damage, or destroy something
2. Hit, slap, or push other kids or get into fights
3. Hit, slap, or push a parent or other grandparent
4. take anything at school from other kids
5. take money at home that did not belong to you
6. take something from a store without pay
7. cheat on school tests
8. skip school without an excuse
9. write things or spray paint on walls
10. carry a weapon with (him/her/you)
11. avoid paying for things
12. smoke or chew tobacco
13. smoke marijuana
14. take any other drugs (that were not prescribed)
15. hurt someone badly enough to need bandages

16. get arrested or taken into custody by the police
17. pick on another kid by chasing or grabbing them
18. try to scare or make another kid feel badly
19. drink alcohol