

2023-05-01

Exploring the Mediating Link Between Stressful Life Events, Adverse Psychological Effects, and IPV Victimization

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EXPLORING THE MEDIATING LINK BETWEEN STRESSFUL LIFE EVENTS, ADVERSE
PSYCHOLOGICAL EFFECTS, AND IPV VICTIMIZATION

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PSYCHOLOGICAL EFFECTS, AND IPV VICTIMIZATION

by

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THESIS

Presented to the Faculty of the Graduate School of

The University of Texas at El Paso

in Partial Fulfillment

of the Requirements

for the Degree of

MASTER OF SCIENCE

Department of Criminal Justice

THE UNIVERSITY OF TEXAS AT EL PASO

May 2023

Abstract

Purpose: Research has established that violent victimization is influenced by a variety of life events and psychological effects. However, limited research has examined this relationship with a specific type of victimization, such as intimate partner violence (IPV). To fill this gap in the literature, this study aims to test whether stressful life conditions induce adverse psychological effects on a person, which then may lead to IPV victimization. **Methods:** To test this, a series of regression analyses are conducted. Data from the American subsample of the *International Dating Violence Study* ($n = 4,162$) are analyzed to test the link between stressful life conditions, adverse psychological effects, and IPV victimization. **Results:** Stressful life events induce adverse psychological effects on a person, which did lead to IPV victimization. While results indicate that depressive symptoms do not mediate the relationship, post-traumatic stress symptoms (PTSS) do. **Conclusion:** Ultimately, this study highlights the need to further understand the mediating mechanisms of victimization. An implication can be that IPV victimization may be minimized by reducing stressful life events in a person's life. Potential explanations and future directions are discussed.

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Chapter 1: Introduction

Although the direct association between stressful life events and violent victimization has been well established by prior research (Brown & Fite, 2016; Eitle & Turner, 2002), less is known about why the relationship exists. That is, the causal mechanism that links stressful life events to violent victimization is still relatively underdeveloped. Understanding this gap in the literature, Silver and Kelsay (2021) presented a theoretical framework in which they argue that the mediating properties of adverse psychological effects (i.e., depression, PTSD, etc.) mediate the association between stressful life events and victimization. Specifically, Silver and Kelsay (2021) proposed that stressful life events induce adverse psychological effects on a person, leading to their personal victimization. This notion does have support in prior studies. For example, the available literature has found that stressful life events can result in severe psychological, behavioral, and health outcomes (Resick, 1987; Boudreaux et al., 1998; Britt, 2001; Dutton et al., 2006; Bouffard & Koeppl, 2014; Brown & Fite, 2016; Flanagan et al., 2014; Stubbs & Szoeki, 2021; Silver & Kelsay, 2021). Nevertheless, the long-term effects and pathways that cause such effects are frequently disregarded, leaving significant research gaps in the literature (Bouffard & Koeppl, 2014; Dutton et al., 2006; Stubbs & Szoeki, 2021).

While Silver and Kelsay's (2021) theoretical framework is still in its infancy, there are still several venues for research. For instance, this theoretical model has not been applied to a type of victimization frequent in nature and experienced by many people worldwide: intimate partner violence (IPV). This theoretical framework may be especially pertinent in explaining IPV victimization. First, studies have shown that various life stressors are linked to IPV. For example, as explained by Brown & Fite (2016), peer victimization appears to increase after stressful life events have occurred, and exposure to such events increases the risk of being victimized.

Second, theoretical and empirical justifications exist for why psychological symptoms and victimization may be correlated. Studies have documented that victims of IPV acquire adverse psychological effects such as depression, PTSD, and anxiety (Stubbs & Szoeki, 2021; Flanagan et al., 2014; Hochstetler et al., 2014; Dutton et al., 2006; Webermann et al., 2020). In addition to reporting poor health and increased physical symptoms because of IPV exposure, depression and anxiety are symptoms many battered women have experienced (Dutton et al., 2016). Third, several studies have supported the notion that people with adverse psychological effects are more likely to report higher rates of victimization, while mental illness has been associated with both arrest and victimization (Dutton et al., 2006; Sandberg et al., 2019; Swearer et al., 2001; White et al., 2006). On the same note, Silver (2002) found that individuals with mental disorders are more likely to be victimized by violence; similarly, having a mental illness increases the likelihood of being in a conflictive relationship, which increases the risk of violent victimization. Yet, research on the psychological mechanisms behind IPV, particularly the mediating effects, is still needed and could potentially be beneficial for understanding this social health problem.

Based on the Bureau of Justice Statistics report, there was a 45% to 58% increase in IPV reported to the police between 2018- 2019, and IPV is accountable for 15% of violent crimes (Truman & Morgan, 2014; Morgan & Oudekerk, 2019). Nonetheless, a gap between the IPV pathway that leads to adverse health effects and long-term consequences remains understudied (Dutton et al., 2006; Stubbs & Szoeki, 2021). Because previous studies have found that IPV victimization can lead to adverse psychological effects, among other negative consequences, it is thus vital that scholars continue to understand the correlates and mechanisms behind this social problem (Dutton et al., 2006; Hochstetler et al., 2014). Exploring this part of research is vital to

expand the knowledge on IPV victimization, enhance response from a criminal justice standpoint, and improve victim services interventions. More research can also contribute to understanding predictors of IPV with the hope of offering solutions for future prevention and education. Therefore, the current study will contribute to the existing literature by examining the link between IPV victimization and adverse psychological effects. Second, this study will expand on current literature gaps pertaining to IPV victimization. Lastly, conducting this research is important as it seeks to understand the mechanisms of IPV further.

The Present Study

Using the American subsample of the International Dating Violence Study ($n = 4,162$), the primary aim of this study is to explore the pathways between IPV victimization and adverse health outcomes. To properly develop effective interventions and prevention of IPV, we must understand further the pathways to adverse psychological effects, especially considering that not all victims develop such effects (Dutton et al., 2006). Given the links between prior victimization, stressful life events, and psychological effects of future victimization, the purpose of the current study has implications for determining whether similar findings from violent victimization are found in IPV victimization through the exposure of post-traumatic stress symptoms (PTSS) and depressive symptoms.

This goal is conducted in the following steps. First, this thesis begins with a brief review of the indirect framework developed by Silver and Kelsay (2021). Second, a review of the literature on victimology, stressful life events, and IPV is explored, followed by target congruency and precocious exits theories to present the hypotheses that will be tested. Then, the data set and analytical plan are presented. Finally, the study will conclude with a general discussion of the results, limitations, and proposals for future research.

Chapter 2: Literature Review

Silver and Kelsay's Theoretical Framework

Previous research has established an indirect link between stressful life events and victimization, yet little is known about the mediating pathway of victimization (Brown & Fite, 2016; Swearer et al., 2001). However, Kretschmer (2016) conducted a study to examine peer victimization in adolescence and later outcomes. Based on the findings, emotional states and symptoms appeared to be the typical mediation between peer victimization (Kretschmer, 2016). Still, limited research has looked at the pathway from exposure to various stressful life events to victimization through acquired psychological effects (Silver & Kelsay, 2021).

To further contribute to closing the gap in the literature, Silver and Kelsay (2021) studied the relationship between several stressful life events and subsequent victimization, as well as previous victimization and subsequent victimization. To do this, an indirect pathway was hypothesized to determine whether acquired psychological symptoms are linked to stressful life events and victimization. They argued that individuals under stressful life conditions are more likely to experience psychological symptoms, and as a result, their odds of violent victimization increase. Although some mediating elements have been established before, particularly between risky behaviors and victimization, this framework expands on known and unidentified mediating factors (Iratzoqui, 2018; Silver & Kelsay, 2021). In summary, higher adverse psychological effects increased the risk of violent acts, while previous violent victimization increased the probability of future victimization. The authors found support for their framework, specifically with the proposition that various stressful life events and prior victimization affect future victimization, and the mediating pathway between that relationship involves adverse psychological effects (Silver & Kelsay, 2021). Such findings, however, are limited to general

victimization, leaving the question of whether this theoretical framework can account for a particular type of victimization like IPV that is more frequent in nature. Because of this, the framework developed by Silver & Kelsay (2021) will serve as the primary framework in this thesis. But because routine activities theory was the primary theoretical standpoint on the relationship between stressful life events and violent victimization, I will focus on other theories that are suitable for IPV: target congruence and precocious exits.

Mediating Factors Between Victimization

Mediating factors are a causal sequence between two variables, usually from the effect of an independent variable to a dependent variable. In short, explaining the mechanism of how one variable influences another variable can be done through a mediating approach. This method also considers the effect of a third variable by a relationship of the other variables. The main idea is that internal processes mediate the effects between the independent and dependent variables (Baron & Kenny, 1986). For example, Flanagan et al. (2014) filled a gap in research on the mediating role of coping strategies on both mental health and victimization. As found, avoidance mediated the relationship between IPV, depression, and drug use. Another study found PTSD to mediate significantly between exposure to violence and health outcomes (Dutton et al., 2006). A previous relationship might be better understood by examining mediating variables; if it is not evident how a third variable affects a relationship, additional problems may be found. In this case, it would be harder to develop effective interventions without fully understanding the pathway between IPV and adverse health outcomes.

To further expand the use of mediating variables, a study analyzed 65 articles regarding mediating pathways of peer victimization to understand why peer victimization is connected to social, behavioral development, and emotional problems (Kretschmer, 2016). Although the large

number of studies made it challenging to summarize all the outcomes and mediators, significant findings were found. For instance, higher rates of conflicts in friendships were found in victimized adolescents, which increased their risk for externalizing problems, while victims of bullying perceived higher risk of psychological distress (Kretschmer, 2016; You & Bellmore, 2012). Even though few studies have developed a link between behavior and stressful conditions, little is known about the mediating pathway of victimization and neuropsychological symptoms (Iratzoqui, 2018; Silver & Kelsay, 2021; Swearer et al., 2001). But in Silver and Kelsay's theoretical framework, the mediating effects of adverse psychological effects on the link between stressful life events and violent victimization filled a gap in this part of the research. Additionally, Silver (2002) concluded that conflicted relationships mediate the effect of mental disorders on violent victimization.

Stressful Life Conditions and Victimization

Coincidentally, there appears to be a correlation between stressful life events and victimization (Brown & Fite, 2016; Eitle & Turner, 2002; Silver & Kelsay, 2021). But because such findings are primarily targeted at peer and violent victimization, stressful life events and their association with subsequent IPV victimization through adverse psychological effects need more research. To start, stressful life conditions are life-altering situations with a significantly negative impact because they entail considerable changes necessary to manage and adapt to the changes and stress (Brown & Fite, 2016; Silver & Kelsay, 2021). Hence, they involve significant and rapid changes in an individual's life. According to previous research, a traumatic event becomes central to one's identity because they mark a crucial turning point in life (Webermann et al., 2020). To clarify, this event centrality is caused by a traumatic event. This is also prevalent in the case of survivors of IPV, as event centrality is associated with PTSS.

Indeed, research has linked the experience of stressful life events and prior victimization to future victimization, and such conditions have both behavioral and mental consequences (Brown & Fite, 2016; Eitle & Turner, 2002). For example, exposure to stressful life events was positively connected with high anxiety symptoms, which enhanced the likelihood of being subsequently victimized (Brown & Fite, 2016). To continue, Dutton et al. (2006) found that higher depression is associated with a traumatic experience, yet not much is known about the pathway that leads to more problems. As I mentioned earlier, to address this gap, Kelsay and Silver (2021) found that exposure to various stressful life situations and violent victimization can affect psychological symptoms and lead to more violent victimization. Recall that Silver & Kelsay (2021) argued that people under stressful life conditions are more likely to acquire psychological symptoms, which increases the odds of violent victimization. However, their findings mainly aim at general violent victimization, disregarding specific types of victimization. More specifically, the results do not generalize to victimization within intimate partner violence. With that limitation in mind, this paper will focus on one main research question: are adverse psychological effects mediating the association between stressful life conditions and IPV victimization? Most importantly, to contribute to the gap in the literature, this paper aims to expand on Silver and Kelsay's victimization framework to test whether similar results of violent victimization will be found in IPV victimization.

Psychological Effects

Notably, previous work has shown a mediating role between mental health disorders and victimization. Victimization is linked to various psychological and associated issues, such as depression, anxiety, poor quality of life, and increased risk for injury (Hochstetler et al., 2014; Graham et al., 2019). Overall, victims of general forms of victimization have a variety of long-

term impacts, including fear, anxiety, lower physical well-being, depression, PTSD, and sometimes increased risk of chronic disease (Resick, 1987; Britt, 2001; Dutton et al., 2006; Breiding et al., 2008; Choi et al., 2021). Particularly, psychological literature has continuously found strong support for the relationship between IPV and psychological stress (Yim & Kofman, 2019). Although much attention has been given to studying psychological ramifications, research over the past 20 years has demonstrated the mental health burden of IPV trauma; however, there are empirical and theoretical ties between victimization and psychological symptoms that have not yet been thoroughly explored (Dutton et al., 2006; Hochstetler et al., 2014; Cava et al., 2021).

The World Health Organization states that violence against women affects their mental, physical, and reproductive health. (World Health Organization [WHO], 2021). The likelihood of reporting depression, suicidality, substance abuse, and post-traumatic stress disorder is 3 to 5 times among women with an IPV history (Dutton et al., 2006). Victims also tend to acquire increased emotional distress, loneliness, and anxiety, and violence is more likely to be perpetrated against someone with a mental health illness (Swearer et al., 2001; Silver, 2002). Another psychological effect, anxiety, has demonstrated a prospective relation between attachment anxiety and subsequent IPV victimization (Sandberg et al., 2019). Collectively, based on previous research, one can conclude that behavioral mechanisms (i.e., adverse psychological effects) lead to victimization, but further testing is needed.

PTSD

Undoubtedly, becoming a victim can be a dreadful and terrifying experience that creates an aftermath of concerns. Even after leaving abusive relationships, stress exposure continues and is likely to worsen (Yim & Kofman, 2019). Therefore, a link between victimization and

psychological effects can be supported based on previous research. To explain, research suggests that crime victims are more likely to suffer from PTSD, and IPV victims have identified PTSD as an expected consequence (Boudreaux et al., 1998; Dutton et al., 2006; Cattaneo et al., 2007). Although violence is known to cause problems, the correlates and effects of long-term exposure are not well understood. Yim and Kofman (2019), who sought to investigate the psychological correlates of IPV exposure, presented compelling evidence between psychological stress and IPV. The findings provided a strong positive correlation between IPV and psychological stress, and this stress follows instances of IPV (Yim & Kofman, 2019).

Further, Dutton et al. (2006) stated that depression is the major comorbid disorder with PTSD in more than 50% of women. Research has suggested that PTSD might mediate the relationship between victimization and other disorders (Boudreaux et al., 1998). Understanding their relationship is necessary since depression is a typical psychological response, and many effects of IPV exposure are linked to PTSD (Dutton et al., 2006). Research has found that psychological symptoms, environmental dangers, and antisocial behavior provide evidence for the relationship between stressful life circumstances and victimization, whereas it is unclear what mechanisms underlie the association between PTSD and depression (Pratt et al., 2014; Yim & Kofman, 2019; Silver & Kelsay, 2021).

Depression

Aside from the risk and consequences of PTSD, a significant danger for victims is developing depression. This notion is supported by past research. Indeed, peer victimization has been strongly related to depression; victims have been found to experience more emotional distress, internalizing behavior, and higher rates of depression (Swearer et al., 2001; Sweeting et al., 2006). Additionally, victims typically possess lower self-esteem and experience more

loneliness, anxiety, and depression than non-victimized individuals (Swearer et al., 2001). Similarly, Breiding et al. (2008) found that men and women have suffered substantial health implications from IPV, including poor overall health and depressive symptoms. Furthermore, Sweeting (et al., 2006) found a strong path from victimization to depression after studying the association between victimization and distress.

Accordingly, about 60% of women with severe depression have also reported being abused by an intimate partner (Dutton et al., 2006). On the other hand, interpersonal stressors, such as peer victimization, are likely to produce depressive and social anxiety symptoms (Hamilton et al., 2016). Meanwhile, depression was a strong predictor of victimization, making it easier to be a target (Sweeting et al., 2006). The impacts are also influenced by how frequently one is exposed to violence. Recent research has found that victims of partner violence have a higher risk of continued victimization (Kuhl et al., 2015). When Dutton et al. (2006) investigated the impact of IPV continuity across a year, they discovered higher rates of depression. This was not unexpected because being victimized once increased the likelihood of being victimized again, and all the adverse outcomes and effects previously mentioned may be worse for those victims (Fagan & Mazerolle, 2011; Turanovic & Pratt, 2014).

Victimization and IPV

Victimization

Despite a declining trajectory in crime rates, victimization in the United States is still a significant concern (Bouffard & Koeppe, 2014). The number of violent victimizations in the nation grew by 18% between 2010 and 2011, from 4.9 million to 5.8 million. (Truman & Planty, 2015). As previously noted, the act of victimization can be a dreadful and terrifying experience that creates an aftermath of concerns, including psychological distress like depression, PTSD,

and anxiety (Dutton et al., 2006; Sweeting et al., 2006). Because of this, it is essential to understand and identify risk factors for being victimized (Silver & Kelsay, 2021). A primary introduction to victimization theory began with Cohen and Felson's (1979) routine activities theory, and previous research has noted that risky routines predict violent victimization; although victimization comes in various forms, some do not require engaging in risky lifestyles (Baron et al., 2007; Turanovic et al., 2015). Regardless, exposure to violence has detrimental effects and lasting consequences, but effects vary on the context in which the violence occurred; for example, violence in intimate relationships is more likely to create negative developmental implications than violence in the hands of strangers or friends (Haynie et al., 2009).

Prior research has focused on the perspective and motivation of the offender; however, victimization research has developed a new focus on victims' rights. This new study technique allows for a greater focus on victimization experiences and repercussions for those victims, as well as their consequences and impacts on vulnerability and quality of life. Hence, current research has led to an important conclusion: prior victimization is the best single predictor of victimization as it tends to reoccur quickly (Pease, 1998; Bybee & Sullivan, 2005; Dolliver et al., 2022). Victimization is a complex and diverse field of study with numerous experiences; however, much of the focus is on exposure to violence in neighborhood and street contexts. Thus, it is essential to consider additional exposure in other contexts, specifically romantic or intimate relationships (Haynie et al., 2009).

Intimate Partner Violence

Verbal, physical, sexual, and psychological abuse, along with stalking, coercion, and extreme violence with the threat of weapons, are types of violence and behavior inflicted by IPV (Basile et al., 2011; Kimber et al., 2018; Fissel et al., 2021). Although IPV is the most common

form of violence against women, it occurs in various settings, including socioeconomic, religious, cultural, and same-sex partnerships (WHO, 2012). Despite being difficult to measure, IPV is usually approached as a social problem, a public health concern, or a criminal victimization (Waltermaurer, 2005). Moreover, it can be perpetrated by a boyfriend, girlfriend, spouse, ex, or dating partner. Based on a report on violence trends, IPV made up 20% of all nonfatal violent crimes experienced by women in 2001 (Rennison, 2003). In their nonfatal domestic violence report, Truman & Morgan (2014) found that when compared to the rate of violence by family members and other relatives, the rate of IPV was greater. According to statistics, there was a 45% to 58% increase in IPV reported to the police between 2018-2019 (Morgan & Oudekerk, 2019). In addition, men and women have suffered substantial health implications from IPV, including poor overall health and depressive symptoms; more specifically, around 1 in 4 women and 1 in 7 men have reported IPV victimization in their lifetime (Breiding et al., 2008).

Assuredly, this sort of violence affects social and public health. Combined medical and mental health costs result in an estimated annual cost of \$5.8 billion in the U.S. (Breiding et al., 2008). The National Violence Against Women Survey found that about 1.5 million females and 830,000 males are sexually or physically assaulted each year in America, and such findings highlight the severity of this criminal justice and public health concern (Tjaden, 2000; Lipsky et al., 2005). Also, a 2018 analysis contributed to the scope of the problem by finding that, worldwide, 1 in 3 women have experienced physical and sexual violence (WHO, 2021). Still, little is understood about IPV despite its prevalence and detrimental consequences, especially the mediation process between victimization and psychological effects on future victimization. Yim and Kofman (2019) highlight the need for future research to understand how IPV affects victims

biologically and psychologically and how such effects are influenced over time. In sum, a well-established link between victimization and adverse health problems has been found, but the mechanisms underlying this association remain unknown (Bouffard & Koeppel, 2014; Yim & Kofman, 2019). To treat, prevent, and improve services for those victimized, it is necessary to understand this issue from various angles, beginning with its mediating factors and causes more effectively. Shedding a light on IPV among college students, using the International Dating Violence Survey, Straus (2004) found that 4% to 20% of college students experienced violence perpetrated by a partner. In that regard, it is necessary to continue researching such experiences to understand the underlying causes of IPV in order to improve intervention methods and guide policy to help victims.

Theories: Target Congruence and Precocious Exists

Target Congruence

Many theories focus on the direct link between unpleasant environmental circumstances and victimization, and routine activities theory has been a traditional method of explaining victimization risk (Cohen & Felson, 1979; Silver & Kelsay, 2021). From the perspective of Silver and Kelsay's (2021) theoretical framework, stressful life events and prior victimization cause a likelihood of victimization due to changes in routine activities (Silver & Kelsay, 2021; Finkelhor et al., 2007). On the other hand, the effects of self-control on repeat victimization are fully mediated by changes in risky lifestyles (Turanovic & Pratt, 2014). But because this paper looks at intimate partner violence, it is essential to consider a theory applicable to explain intimate partner victimization or other forms of family violence, especially one that considers emotional abuse and violence regardless of the victim's lifestyle (Finkelhor & Asdigian, 1996; Zavala, 2018). To determine who is at greater risk of becoming a victim, Finkelhor and Asdigian

(1996) argued that an offender judges an individual to be a suitable or easy target. Because it has been noted that victims of IPV develop psychological and health outcomes (Dutton et al., 2006; Swearer et al., 2001; Sweeting et al., 2006), chances are their vulnerability increases, which can be further explained by target congruence theory.

To explain peer victimization, empirical evidence strongly supports combining the lifestyle-routine activities approach with target congruence (Park & Cho, 2021). Unlike routine activities, target congruence theory determines victimization risk through individual characteristics and attributes. Because routine activities theory lacks an explanation of the characteristics of victims, target congruence theory argues that perpetrators determine whether a possible target might be susceptible to victimization based on characteristics or traits (Finkelhor & Asdigian, 1996; Zavala, 2018). Here, what makes someone or something suitable is left unanswered in routine activities theory. To determine whether a target is “suitable,” target congruence theory argues that offenders look at the victim’s vulnerability, gratifiability, and antagonism (Finkelhor & Asdigian, 1996). Target vulnerability describes victim characteristics that may increase their risk (e.g., physical weakness, psychological problems, etc.), target gratifiability refers to the qualities, possessions, skills, or attributes that an offender wants, and target antagonism refers to the behaviors and characteristics that increase impulses, anger, or jealousy of the offender (Finkelhor & Asdigian, 1996; Zavala, 2018). To test whether this could be a theoretical perspective as an explanation of IPV, Sween & Reynolds (2017) examined the factors of target congruency theory and found support for target gratifiability and target vulnerability. Moreover, Elvey and McNeeley (2019) also tested this theory on IPV. The results indicated that all the factors are associated with a risk of sexual and physical IPV while emphasizing the importance of target congruence in explaining victimization.

Precocious Exits

Transitions and turning points that contribute to the development, stability, and evolution of antisocial or criminal behavior through time have been the subject of research from a life-course perspective (Elder, 1998; Sampson & Laub, 1997; Carbone-Lopez & Miller, 2012). Likewise, one study examining whether specific or general processes lead to violent victimization across gendered pathways to crime, specifically the effects of low self-control and risky lifestyles, concluded that the processes are universal to any gendered pathway (Turanovic et al., 2015). Findings, however, were limited to specific types of victimization. Different findings are likely to emerge in “hidden” violence (e.g., IPV) because violence that does not involve engaging in risky lifestyles is underrepresented in self-control and lifestyle research (Turanovic et al., 2015, p. 200). Consequently, the lack of precocious exits neglects the role of timing and the consideration of problematic outcomes in pivotal life stages after exposure to violence (Kuhl et al., 2015; Haynie et al., 2009). Precocious exits theory explains the adaptations to stressful circumstances (i.e., exposure to violence) that create difficulties later in life (Haynie et al., 2009). This idea highlights the importance of transitions and turning points in adolescence and the long-term consequences of victimization.

In theory, the role of precocious exits are behavioral transitions that reflect how youth might be placed onto different trajectories after experiencing violence during critical periods of adolescence (Haynie et al., 2009). Although there is a limited amount of research on this and IPV, Haynie et al. (2009) contributed to the literature by finding that exposure to violence in romantic relationships increases the opportunity for role exits from adolescence; exposure to violence in romantic relationships is likely to result in long-term implications because such relationships, “Establish models of appropriate and acceptable behavior that are often recreated

in young adulthood.” (O’Leary, 1988; Straus et al., 1980; Haynie et al., 2009, p. 271). More findings concluded that partner victimization is associated with all precocious role exits, such as dropping out and running away from home, except criminal justice contact (Haynie et al., 2009). In general, direct exposure to IPV had the greatest effect on the likelihood of experiencing a role exit (Haynie et al., 2009).

Chapter 3: Current Study and Hypotheses

Victimization creates devastating repercussions for those victimized, including acquiring psychological trauma. Among the psychological effects that have been found, symptoms of post-traumatic stress disorder (PTSD) are prevalent among victims of IPV, as well as high rates of depression (Dutton et al., 2006; Cattaneo et al., 2007). Although the incidence of recurring victimization and its implications are well recognized, the specific nature of the links between victimization and psychological symptoms is less established (Hochstetler et al., 2014). Moreover, this implication is less known from a mediating properties perspective between psychological effects and victimization in IPV. Accordingly, the current study seeks to uncover whether PTSS and depression are mediating factors between stressful life conditions and IPV victimization. Based on the literature review above and the primary theoretical framework by Silver & Kelsay (2021), this study will test the following hypotheses:

Because research has shown an effect between stressful conditions and victimization, the first hypothesis is as follows:

Hypothesis 1: Stressful life conditions will be positively associated with IPV victimization.

Although there is limited research between stressful life events and peer victimization, extensive research suggests that IPV is associated with psychological effects, primarily depression symptoms (Brown & Fite, 2016; Dutton et al., 2006). Thus, the second hypothesis is as follows:

Hypothesis 2: Stressful life conditions will be positively associated with depressive symptoms.

Because PTSS are likely to develop after a traumatic or stressful condition, the third hypothesis is as follows:

Hypothesis 3: Stressful conditions will be positively associated with PTSS.

Silver and Kelsay (2021) found that stressful life events and violent victimization influence psychological symptoms. And because there is a high prevalence of health and psychological outcomes related to intimate partner violence, the fourth hypothesis will be tested:

Hypothesis 4: Adverse psychological effects (e.g., depression and PTSS) will mediate the association between stressful life events and IPV.

Chapter 4: Methods

Data:

The data for this paper were derived from the *International Dating Violence Study* (IDVS; Straus, 2001–2006), which was a pencil-and-paper survey among college students in 32 nations across 68 universities and aimed to collect data on the risk and protective factors of both IPV victimization and offending. Prior research using this data have been used to investigate the prevalence, consequences, and implications of IPV (Graham et al., 2019; Sabina et al., 2017; Zavala & Muniz, 2020). Students were informed about the purpose of the study, and respondents were instructed to think about their current partner or, if they were single at the time, their most recent relationship that lasted a month or longer before answering the questionnaire. By then, respondents were told that the questions would focus on their beliefs, attitudes, and experiences with sensitive topics, such as violence, abuse, and drug usage. They were assured that no personally identifiable information would be solicited. All IDVS study protocols were reviewed and approved by the universities' internal review board (IRB). Data were collected between 2001 and 2006, and the IDVS survey was administered primarily in each university's criminology, sociology, and psychology courses in each university. The response rate of students who participated and completed the survey ranged from 42% to 100%, with most participation rates between 85% to 95%. The current study focused on the United States (U.S.) subsample of 4162 participants to test hypotheses about the relationship between stressful life conditions, adverse psychological effects, and IPV victimization. This method was done to concentrate on a single cultural context and to be consistent with prior studies that have used these data (Graham et al., 2019; Powers & Kaukinen, 2020; Sabina et al., 2017; Tomsich et al., 2017; Zavala & Muniz, 2020). For more information, please see Straus (2004).

Dependent Variable

IPV victimization was measured using the Conflict Tactics Scale (CTS2; Straus et al., 1996), which has been used in the U.S. and widely across other countries to measure victimization and perpetration of IPV (Straus, 2004). Responses were based on a 1-to-8-point Likert-type scale (1 = *once in the past year* to 8 = *this has never happened*). A total of 12 questions were used to capture if respondents, in the past year, experienced physical victimization in their relationship. Respondents were asked: “*my partner threw something at me that could hurt me,*” “*my partner twisted my arm or hair,*” “*my partner pushed or shoved me,*” “*my partner used a knife or gun on me,*” “*my partner punched or hit me with something that could hurt,*” “*my partner choked me,*” “*my partner slammed me against a wall,*” “*my partner beat me up,*” “*my partner grabbed me,*” “*my partner slapped me,*” “*my partner burned or scalded me on purpose,*” and “*my partner kicked me.*” Straus et al. (1996) noted that there are five ways of recoding and scoring the CTS2, which are “year prevalence,” “chronicity,” “ever prevalence,” “modes,” and “year frequency.” I focus on “ever prevalence” in this study for two reasons. First, this study emphasizes the occurrence of violence rather than the frequency within a 12-month timeframe. Second, a continuous frequency measure had severe positive skewness, which is perhaps the reason why the “ever prevalence” is consistent with prior studies that have used these data (Lysova & Douglas, 2008; Graham et al., 2019; Luo, 2021; Lysova & Straus, 2021; Meade et al., 2017; Powers & Kaukinen, 2020; Sabina et al., 2017; Tomsich et al., 2017; Zavala & Muniz, 2020). Results were turned into a dichotomous variable starting with 1 representing at least one form of violence in the past year (answers 1 through 7 = 1) and 0 indicating no past victimization (answer 8 = 0) to capture the occurrence of violence (yes/no) by their partner. See Luo (2021) and Zavala and Muniz (2022) for more information.

Independent Variable

Stressful Conditions were measured using respondents' daily stresses or hassles experienced. External factors and interpersonal problems were used to evaluate the respondents' stress levels based on 9 questions using a 4-point Likert-type scale (1= *strongly disagree*, 4= *strongly agree*). Specifically, respondents were asked: "*Finding time for meals is hard for me,*" "*My housing is not satisfactory (e.g., too much noise),*" "*My friends pressure me to do things I don't want to do,*" "*people at work or school don't get along with me,*" "*My partner often nags me,*" "*I get hassled because of who I am,*" "*People often interrupt me when I'm trying to get things done,*" "*I don't have enough money for my daily needs,*" and "*I don't like my work or classes.*" These nine items were summed together, with higher scores indicating more stressful conditions ($\alpha = .66$).

Mediating Variables

Two adverse psychological effects are examined in the current study. First, *Depressive Symptoms*: Respondents were asked 8 questions to describe their depressive symptoms using a 4-point Likert-type scale (1= *strongly disagree*, 4= *strongly agree*). The following questions were asked: "*I usually wake up feeling pretty good,*" "*I am so sad, sometimes I wonder why I bother to go on living,*" "*I have thought about killing myself,*" and "*I feel sad quite often,*" "*I think good things will happen to me in the future,*" "*I am generally in a good mood,*" "*My life is generally going well,*" and "*I enjoy my day-to-day life.*" Before combining the questions, some were reverse coded to match the consistency of the scale. These eight items were summed together, with higher scores indicating higher levels of depressive symptoms ($\alpha = .83$).

Second, *Post-Traumatic Stress Symptoms (PTSS)*: Respondents were asked a total of 8 questions to account for experienced and re-experienced trauma and avoidance. Respondents

were asked how much they agreed or disagreed based on a 4-point Likert-type scale (*1= strongly disagree, 4= strongly agree*) with the following statements: “*I’ve been terrified by things that have happened to me,*” “*I avoid doing anything that reminds me of terrible things that happened to me,*” “*I am constantly looking for signs of danger,*” “*I am easily startled,*” “*terrible things have happened to me that I remember over and over,*” “*I have bad dreams about terrible things that happened to me,*” “*I try not to think about terrible things that happened to me,*” and “*terrible things happened to me that made me feel helpless and horrified.*” These eight items were summed together, with higher scores indicating higher PTSS ($\alpha = .73$).

Control Variables:

Past studies have demonstrated a relationship between self-control (Turanovic & Pratt, 2014; Turanovic et al., 2015; Powers & Kaukinen, 2020), child sexual abuse (Meade et al., 2017; Kimber et al., 2018) and violence approval (Straus et al., 1980; Zavala & Muniz, 2020; Luo, 2021) with IPV victimization and are thus controlled in this study. Components developed by Gottfredson and Hirschi (1990) were identified to measure *self-control*. Using a 4-point Likert-type scale (*1= strongly disagree, 4= strongly agree*), respondents were asked 6 questions: “*There is nothing I can do to control my feelings when my partner hassles me,*” “*I don’t think about what I do will affect other people,*” “*I often do things that other people think are dangerous,*” “*I have trouble following the rules at work or in school,*” “*I often get hurt by things that I do,*” and “*I have goals in life that I try to reach.*” These items were summed together, with higher scores indicating higher self-control ($\alpha = .64$).

Child Sexual Abuse History was measured with the 8-item Sexual Abuse History measure from the Personal and Relationships Profile (PRP). Based on a 4-point Likert-type scale (*1= strongly disagree, 4= strongly agree*), respondents were asked to rate the following statements:

“Before I was 18, an adult in my family made me look at or touch his or her private parts (sex organs) or looked at or touched mine,” “Before I was 18, an adult in my family had sex with me (vaginal, anal, or oral),” “Before I was 18, an adult who was not part of my family made me look at or touch his or her private parts (sex organs) or looked at or touched mine,” “Before I was 18, an adult who was not part of my family had sex with me (vaginal, anal, or oral),” “Before I was 18, another kid in my family made me look at or touch his or her private parts (sex organs) or looked at or touched mine,” “Before I was 18, another kid in my family did things to me that I now think was sexual abuse,” “Before I was 18, another kid who was not part of my family made me look at or touch his or her private parts (sex organs) or looked at or touched mine,” and “Before I was 18, another kid who was not part of my family did things to me that I now think was sexual abuse.” The responses were summed and dichotomized, marking 1 as ever sexually abused and 0 as never sexually abused ($\alpha = .82$).

Violence Approval was created by summing three subscales: family violence, male violence, and sexual aggression regarding the acceptance of physical force use in interpersonal situations. The same 4-point Likert-type scale (1 = *strongly disagree*, 4 = *strongly agree*) when respondents rated the following statements: Family violence: *“It is sometimes necessary to discipline a child with a good, hard spanking,” “I can think of a situation when I would approve of a wife slapping a husband’s face,” “I can think of a situation when I would approve of a husband slapping a wife’s face,” “It is sometimes necessary for parents to slap a teen who talks back or is getting into trouble.”* Male violence: *“When a boy is growing up, it’s important for him to have a few fist fights,” “A man should not walk away from a physical fight with another man,” “A boy who is hit by another boy should hit back.”* Sexual aggression: *“A woman who has been raped probably asked for it,” “If a wife refuses to have sex, there are times when it may*

be okay to make her do it,” and “Once sex gets past a certain point, a man can’t stop himself until he is satisfied.” These responses were summed together, and higher scores indicated more significant violence approval ($\alpha = .70$).

Demographic Variables

Two sociodemographic variables were included in the data analysis as control variables. *Sex* is a binary measure coded 1 for males and 0 for females. The variable *Age* is a continuous measure in years.

Analytical Plan

The analyses are conducted in four steps. First, descriptive statistics are presented to be able to provide an overall view of the distribution of the measures used. Second, a bivariate correlation matrix was designed to determine whether the dependent, independent, and control variables have statistically significant relationships. Third, using ordinary least squares (OLS) regression models, this study aims to determine whether stressful conditions influence the adverse psychological effects of PTSS and depression. Next, because the dependent variable (IPV victimization) is a dichotomous measure, logistic regression fits the appropriate statistical method to determine which independent variables are associated with the dependent variable (Weisburd & Britt, 2014). As a result, two models were analyzed. Model 1 will contain the main independent variable, plus the control variables. Model 2 will add the mediating variables. This method was used to identify whether statistical changes happen as new variables are added to the model. To avoid unstable regression estimates and to determine whether multicollinearity is a problem in the data, tolerance and variance inflation factors (VIF) were calculated.¹ Lastly, a mediation analysis was conducted via PROCESS macro in SPSS for binary variables using

¹ All tolerances are above 0.20, and all VIFs are below 4, suggesting that multicollinearity is not a problem in the current study (Keith, 2015; Walker & Maddan, 2020).

bootstrapping (n= 5,000) to examine the significance of the indirect effects (Baron & Kenny, 1986; Hayes, 2017). This procedure was based on 95% confidence intervals (see Hayes, 2017).

Table 1. Descriptives Statistics (n=4,162)					
Variable	Coded	N	Mean (%)	SD	Min/Max
Dependent Variable					
IPV Victimization	0= No 1= Yes	2790 1372	(67.0) (33.0)		
Independent Variable					
Stressful Conditions	9-Items	4,162	17.5	3.6	9/31
Mediating Variables					
Depressive Symptoms	8-Items	4,162	14.2	3.9	8/32
PTSS	8-Items	4,162	17.9	4.1	8/32
Control Variables					
Self-Control	7-Items	4,162	19.9	2.5	10/24
Child Sexual Abuse	5-Items	4,162	10.7	3.9	8/32
Violence Approval	10-Items	4,162	19.3	4.2	10/36
Age	In Years	4,162	21.7	4.9	18/45
Sex	0= Female 1=Male	3,074 1,459	(67.8) (32.2)		

Chapter 5: Results

Table 1 shows the descriptive statistics for all the variables in the current study. Regarding the dependent variable, about 33 % ($n= 1,372$) of respondents reported IPV victimization, while 67% of the sample ($n=2,790$) reported no IPV victimization. On the other hand, the independent variable, stressful conditions, has a mean of 17.5 on a scale ranging from 9 to 31. Turning our attention to the mediating variables, depressive symptoms has a mean of 14.2 on a scale ranging from 8 to 32, while post-traumatic stress symptoms (PTSS) has a mean of 17.9 on a scale ranging from 8 to 32. Turning the attention to the control variables, self-control, has a mean of 19.9 on a scale ranging from 10 to 24. Child sexual abuse has an average of 10.7 on a scale ranging from 8 to 32, whereas violence approval has an average of 19.3 on a scale ranging from 18 to 45. Lastly, the demographic variables reveal that the majority of respondents are female (68.8%), and the average sample age is 21.7 years old.

Table 2. Correlation Matrix (n= 4,162)

Variables	X1	X2	X3	X4	X5	X6	X7	X8	X9
X1 IPV Victimization	___								
X2 Stressful Conditions	.217 **	___							
X3 Depression	.165 **	.559 **	___						
X4 PTSD	.179 **	.441 **	.433 **	___					
X5 Self-Control	-.201 **	-.587 **	-.505 **	-.348 **	___				
X6 Child Sexual Abuse	.126 **	.275 **	.267 **	.339 **	-.282 **	___			
X7 Violence Approval	.200 **	.388 **	.216 **	.214 **	-.439 **	.216 **	___		
X8 Sex	-.017	-.189 **	-.039 **	.033 *	.272 **	-.002	-.235 **	___	
X9 Age	.012	-.031 *	-.034 *	.004	.047 **	.130 **	-.036 **	.015	___

Note: ** $p < .01$, * $p < .05$.

Table 2 shows the bivariate correlation matrix consisting of all the variables used in the analysis, and this table revealed several significant relationships between the independent, dependent, and control variables. Mainly, stressful conditions was significantly related to IPV victimization with a positive relationship ($r = .217$). Therefore, as hypothesized, reporting higher levels of stressful conditions is more likely to increase the likelihood of IPV victimization at the bivariate level. Focusing on the mediating variables, both depressive symptoms and PTSS emerged as significant. These results indicate that increases in depressive symptoms increased IPV victimization ($r = .165$) at the bivariate level.

Similarly, an increase in PTSS was significantly correlated at the bivariate level with an increased risk of IPV victimization, reporting a positive relationship ($r = .179$). Regarding the control variables, results show that child sexual abuse is also significant ($r = .126$), along with violence approval ($r = .200$). Respondents with previous child sexual abuse and violence approval were more likely to report IPV victimization. However, the relationships between sex and age were non-significant. Finally, stressful conditions was significantly related to depressive symptoms ($r = .559$) and post-traumatic stress symptoms ($r = .441$), demonstrating a moderate positive relationship for both. Individuals experiencing depressive and post-traumatic stress symptoms are more likely to report IPV victimization at the bivariate level. In general, the correlations between the dependent, independent, and mediating variables were all statistically significant and in the predicted direction. In addition, Table 2 was closely monitored to detect problems with multicollinearity. Correlations above $\pm .70$ are problematic for multicollinearity (Bachman, Paternoster, & Wilson, 2021). Based on the correlation results from Table 2, multicollinearity does not appear to represent a problem for the analysis in the current study.

Table 3: OLS regression predicting depressive symptoms and PTSS ($n = 4,162$)

	Depressive Sympt						PTSS					
	Model 1			Model 2			Model 3			Model 4		
	<i>B</i>	<i>SE</i>	Beta	<i>B</i>	<i>SE</i>	Beta	<i>B</i>	<i>SE</i>	Beta	<i>B</i>	<i>SE</i>	Beta
Stressful Conditions	.603*	.014	.559	.434**	.017	.402	.505**	.016	.441	.374***	.019	.327
Child Sexual Abuse				.094**	.013	.095				.226***	.015	.215
Violence Approval				-.056**	.013	-.060				.024	.015	.215
Self- Control				-.453**	.024	-.298				-.198***	.028	-.122
Sex				-.934**	.107	-.112				-1.23***	.124	-.138
Age				-.017	.010	-.022				-.012	.011	-.014
<i>Model Fit</i>												
F- statistic		1894.4			434.1			1004.8			245.9	
R ²		.313			.385			.195			.271	

** $p < .01$; *** $p < .001$

Table 3 presents the results from the OLS regression models examining the link between stressful conditions predicting depression and post-traumatic stress symptoms. Models 1 and 2 examine the direct relationship between stressful conditions and depressive symptoms with and without statistical controls. Models 3 and 4 illustrate the relationship between stressful conditions and PTSS with and without statistical controls. Consistent with target congruency theory and in support of hypotheses 2 and 3, results show that individuals with higher scores of stressful conditions were significantly more likely to show depressive symptoms and PTSS than individuals who had less stressful conditions. Considering all else constant, on average, stressful conditions increased depressive symptoms by 0.434 units and PTSS by 0.374 units.

Table 4: Logistic Regression of Interpersonal Violence (n = 4,162)

Variables	Model 1				Model 2			
	B	SE	OR		B	SE	OR	
Independent								
Stressful Conditions	.079	.012	1.08	***	.060	.013	1.06	***
Mediating Variables								
Depression	-	-	-		.010	.011	1.01	
PTSS	-	-	-		.042	.010	1.04	***
Control Variables								
Self-Control	-.069	.017	0.933	***	-.058	.018	.944	**
Child Sex Abuse	.022	.009	1.022		.012	.009	1.01	
Violence Approval	.068	.009	1.071	***	.069	.009	1.07	***
Age	.008	.007	1.01		.009	.007	1.01	
Sex	-.283	.078	.753	***	-.223	.079	.800	**
Constant	-2.41	.560	.090	***	-3.134	.598	.044	***
-2 Log likelihood		4969.551				4948.834		
Cox & Snell R		.071				.076		
Nagelkerke R		.099				.105		

*** $p < .01$; ** $p < .001$

Table 4 presents the results from a series of logistic regression analyses used to examine the relationship between the dependent variable regressed on stressful conditions, while also looking at the control and demographic variables. Regarding the independent variable, Model 1 of Table 4 shows stressful conditions as statistically significant. A one-unit increase in stressful conditions was positively associated with an 8% increase in the odds of IPV victimization (Odds Ratio [OR]= 1.08). In terms of the control and demographic variables, starting with self-control, this variable was a negative significant predictor of IPV victimization. Specifically, a one-unit increase in self-control was associated with a 7% decrease in the odds of IPV victimization (OR = 0.93). Violence approval, along with sex, were also statistically significant predictors of the dependent variable. Respectively, higher levels of violence approval resulted as a positive predictor because respondents with higher levels of violence approval were 7% more likely to report IPV victimization than respondents with lower levels of violence approval (OR = 1.07). On the other hand, sex was a negative predictor as male respondents were associated with a 25% decrease in odds of IPV victimization compared to female respondents (OR = 0.75). No other significant variables in Model 1 were shown.

Moreover, target congruency theory argues that an individual's characteristics might increase victimization; for instance, being under stress or experiencing psychological effects, increases the vulnerability of an individual and, therefore, the likelihood of victimization increases. To test this, Model 2 of Table 4 contains the same variables as the previous model with an addition of the mediating variables. Based on Model 2 of Table 4, respondents who reported higher levels of stressful conditions had a 6% increase in odds of reporting IPV victimization ([OR] = 1.06). Thus, stressful conditions remained a statistically significant predictor of IPV victimization. Looking at the mediating variables, depressive symptoms showed

a nonsignificant effect. On the contrary, PTSS was found statistically significant. Respondents who reported PTSS had 4% greater odds of indicating IPV victimization, making it a positive predictor of IPV victimization (OR = 1.04).

Furthermore, results from this model also show that violence approval remained positive and significant in predicting IPV victimization. Then, self-control was again negative and statistically significant in predicting IPV victimization. Specifically, a unit increase in self-control is associated with a 6% decrease in the likelihood of IPV victimization (OR = .94). Lastly, looking at the demographic variables in Model 2 of Table 4, age remained nonsignificant, but sex was the last significant predictor, in which males are 20% less likely to report IPV victimization than females (OR = .80).

In line with target congruence theory and hypothesis 3, model 2 demonstrates that stressful conditions and PTSS remained statistically significant in predicting the dependent variable. Based on this model, the odds of IPV victimization are 10% higher for individuals who experience stressful conditions. In addition, with one unit increase in PTSS, the odds of IPV victimization increase by 5% (OR = 1.05). On the other hand, depression had no significant effect once again. As a result, the findings partially support hypothesis 4.

Table 5: Mediation Analyses of IPV Victimization (n = 4,162)

Relationship	<i>Effect</i>	<i>SE</i>	95% Confidence Interval		
			<i>LLCI</i>	<i>ULCI</i>	<i>p-value</i>
Stressful Conditions -> PTSS -> IPV victimization	.0523	.0095	.0336	.0711	.000

Note. IPV= Intimate Partner Violence; PTSS= post-traumatic stress symptoms; LLCI= lower level confidence interval; ULCI= upper level confidence interval

The mediation analyses were conducted to establish the significance of stressful life conditions and IPV victimization through a mediating relationship between psychological effects. Table 5 reports the results of the mediation analyses. To start, the first indirect effect of stressful conditions on IPV victimization, ignoring the mediator, is statistically significant ($\beta = .0974$, 95% CI = [.0740, .1207]). Here, stressful conditions directly affect IPV victimization. Tied to target congruence theory, such effects lead to an individual becoming an easier and more vulnerable target. Next, PTSS demonstrated a mediating effect in which the indirect effect of stressful conditions on IPV victimization via PTSS is statistically significant ($\beta = .0523$, 95% CI = [.0336, .0711]). In other words, PTSS mediates the relationship between stressful conditions and IPV victimization. Lastly, in parallel with previous models, depressive symptoms showed no significance.

In summary, these results partially support hypothesis 4; adverse psychological effects, specifically PTSS, mediate the relationship between stressful conditions and IPV victimization. Taken together, this model shows a partial mediating effect. Experiencing stressful conditions leads to feelings of PTSS, which leads to a likelihood of experiencing IPV victimization. On the other hand, depressive symptoms are not a mediator between stressful conditions and IPV victimization, contradicting Hypothesis 4; the relationship between stressful conditions and IPV victimization was only mediated by PTSS.

Chapter 6: Discussion

Prior research has linked both psychological effects and stressful conditions to victimization (Eitle & Turner, 2002; Silver & Kelsay, 2021). Although there is limited information regarding the mediation process of victimization, previous research has supported the idea that people under stress are more likely to develop psychological symptoms, such as anxiety, depression, and PTSD, among others, and therefore, the likelihood of victimization is more likely for people with these conditions (Yim & Kofman, 2019; Silver & Kelsay, 2021). Nonetheless, a lack of research regarding mediating relationships remains unexplored. Silver and Kelsay (2021) developed and supported a mediating pathway of a violent victimization framework stating that psychological effects indirectly link stressful life events to violent victimization. Despite the support, this framework was solely tied to violent victimization in general, but not to a specific type of victimization that is widespread in our society, such as IPV victimization. With this limitation in mind, this study aimed to explore whether similar results emerge from stressful conditions, psychological effects, and IPV victimization by analyzing data from the *International Dating Violence Study* ($n=4,162$).

First, hypothesis 1 tested the notion that stressful conditions would be positively associated with IPV victimization. Based on the results of this study, reporting stressful conditions was positively associated with IPV victimization. Thus, this supports hypothesis 1 as it was found that the odds of IPV victimization increase as stressful conditions increase. This notion echoes back to research on stress and victimization (Brown & Fite, 2016; Eitle & Turner, 2002; Silver & Kelsay, 2021). Recall that Finkelhor and Asdigian (1996) argue that a person's susceptibility to victimization depends on their attributes and characteristics. In short, target vulnerability, such as stress and psychological problems, makes someone a more suitable target.

However, Silver and Kelsay (2021) maintain that stressful conditions by itself are not the sole cause of victimization, but rather stressful conditions lead to various adverse psychological effects, which then increase a person's odds of victimization. This is the basis for the next study hypotheses.

In line with hypotheses 2 and 3, the assumption was that stressful conditions will be positively associated with both PTSS and depressive symptoms. Models 1 and 2 from Table 3 indicated that experiencing stressful conditions resulted in a positive relationship between PTSS and depressive symptoms, finding support for the hypotheses. Furthermore, hypothesis 4 tested the assumption that adverse psychological effects, in this case, PTSS and depressive symptoms, will mediate the association between stressful conditions and IPV victimization. The results of this study are partially in agreement with hypothesis 4. Models 1 and 2 from the logistic regression analyses in Table 4 found that only stressful conditions and PTSS remained significant factors of IPV victimization, as depressive symptoms did not emerge as significant. Even though depressive symptoms did not reveal significant effects, perhaps this could be due because of the differences in interpersonal stressors, or that those with high levels of depression are more likely to be withdrawn or in reclusion and, thus, outside the reach of a motivated offender who may use violence against them, reducing their odds of victimization. Nevertheless, future research should continue considering the psychological effects, and the way victims deal with their victimization should still be studied further, considering the literature on victims experiencing higher rates of depression, among other adverse health effects (Swearer et al., 2001; Breiding et al., 2008; Dutton et al., 2006; Sweeting et al., 2006).

Referring back to PTSS as the only significant mediating variable, such findings are not surprising. As previously mentioned, research has well established a link between stress and

victimization (Brown & Fite, 2016). Starting in childhood, exposure to stressful life events leaves subjection to maladaptive outcomes (i.e., anxiety levels), impacting a child's developmental trajectory, including peer relationships (Brown & Fite, 2016; Pynoos et al., 1999; Yates et al., 2004). Similarly to precocious exits theory, these adaptations to stressful circumstances result in difficulties later in life (Haynie et al., 2009). Given the continuous statistical support for the effect of stressful conditions, the study findings reinforced what research has established on stress and IPV victimization (Swearer et al., 2001; Silver, 2002; Yim & Kofman, 2019; Silver & Kelsay, 2021). Accordingly, stressful conditions and PTSS might increase an individual's vulnerability and, thus, become an easier target (Finkelhor & Asdigian, 1996). Suppose PTSS is a positive predictor of IPV victimization, and being under stress is perceivable as an easy target. In that case, it is important to continue exploring the implications and conditions of IPV to provide effective prevention and victim services and improve policy to intervene and protect those who can be or have been affected by this major problem.

Overall, Hypotheses 1, 2, and 3 highlighted the significance of stressful situations and advocated for a fundamental policy response to be developed. For example, it would be beneficial for interventions to develop classes or trainings that primarily aid with coping mechanisms and techniques on how to deal with internalized behavior, such as stress. This could potentially increase awareness of the need to minimize stress. Additionally, these training courses should also consider developmental stages and how an individual's pathway changes in attitudes and behavior because of their victimization. Future research should continue to explore the stages of someone experiencing IPV victimization, especially to target better intervention and prevention practices. Although Hypothesis 4 was partially supported, PTSS mediated the relationship between stressful conditions and IPV victimization. Such findings set the direction

for other programs necessary in the prevention of IPV victimization. More specifically, since the sample was composed of college students, another form of a policy program is to offer support groups and a multidimensional dating violence prevention program at universities for victims. The primary objective should be to improve education about IPV by focusing on a trauma-informed approach to teach risk-behaviors and early warning signs of violence perpetration, while also teaching healthy dating characteristics and relationships. And by providing support groups and programs, victims may also seek support in an environment where they feel understood.

Limitations

Given a number of caveats, current findings should be interpreted with caution. First, the survey from the dataset did not include a section for a participant's race or ethnicity; it is a possibility that racial and ethnic groups have different experiences and perspectives regarding their victimization. However, because of the lack of race or ethnicity measure, this study and others using the dataset are missing that information. Future research should consider whether different results emerge between races and ethnicities. It is important to consider those variables, especially considering that various experiences could emerge from different life experiences. Therefore, it is necessary for future studies to explore diverse experiences of IPV victims to see whether there are commonalities across racial and ethnic groups. Second, because this study is focused on the U.S. subsample and despite having a large sample ($n= 4,162$), the majority consisted of undergraduates in the social sciences. Thus, the results should be cautious in generalization to the general population and people outside the age range of this study. It is possible, for example, that different results could emerge in different age groups outside of the college students and young adults from the sample.

Similarly, the third limitation is that this study only looked at heterosexual dating relationships. IPV research primarily focuses on heterosexual relationships, despite research finding that same-sex relationships have unique risk markers for IPV (Kimmes et al., 2019). Silver and Kelsay's (2021) theoretical perspective may be especially pertinent in explaining same-sex IPV given that recent studies have found that non-heterosexual members report high levels of adverse psychological effects (Price et al., 2023). Future studies should take into account these variables, including race, ethnicity, and same-sex relationships, to further examine the impacts of IPV on a more representative sample and to further explore the varied experiences, if any, of IPV victims. Fourth, considering the cross-sectional nature of the data, causal relationships cannot be established. For instance, there is a possibility that depression can create stressful conditions. That is, if a person is feeling depressive symptoms, that could lead to experiencing stressful conditions rather than stressful conditions leading to depressive symptoms. Longitudinal data with random sampling should be used to examine these variables in mind and their effects further. Fifth, because the survey comes from self-reported data, undisclosed information might affect the accuracy of reported experiences. Although researchers assure participants of their anonymity, underreporting is still a concern since it could be possible that some respondents may not have disclosed their victimization.

Chapter 7: Conclusion

Overall, this study partially supports Silver and Kelsay's (2021) theoretical framework in the context of IPV victimization. The current study explores the mediating pathway between stressful conditions and IPV victimization via depressive symptoms and PTSS from dating violence among U.S. college students. Given the limited research on mediating pathways in victimization, this research highlights the importance of such factors within IPV victimization. In addition, this study suggests that stressful conditions increase the likelihood of IPV victimization. Results indicate that stressful life conditions increase PTSS and IPV victimization, thus supporting a mediating relationship. As suggested by target congruence theory, individuals experiencing high levels of stressful conditions are more likely to report PTSS, leading to their IPV victimization. Even after adding variables, table 4 revealed a strong statistical significance between stressful conditions and PTSS. Accordingly, such results highlight that PTSS is a strong predictor of IPV. Nonetheless, certain limitations impede causal relationships between the variables in the study. With the high prevalence of intimate partner victimization and its widespread consequences, future research should address such limitations to reduce this type of victimization and better assist victims.

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Vita

Valeria Torres- Rivera was born in El Paso, Texas, and lived there for the majority of her life. In 2020, Valeria graduated with Cum Laude -Honors from the University of Texas at El Paso (UTEP) with her Bachelor of Arts degree in Criminal Justice and began the Master of Science program in Criminal Justice and Criminology at the same university. She pursued the thesis track under the supervision of Dr. Zavala. While working on her thesis, she presented the preliminary results at the American Society of Criminology (ASC) conference in 2022. During her studies, she was granted the opportunity to collect data by interviewing justice-involved people at the El Paso correctional facilities for a NIJ-funded project for Dr. Jennifer Eno Loudon and Dr. Theodore Curry. Upon graduation, she accepted an offer to a PhD program in the Fall of 2023.