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THE INTERGENERATIONAL TRANSMISSION OF VIOLENCE, REJECTION
SENSITIVITY, AND THE IMPACT OF SELF-REGULATION: A MECHANISM
STUDY OF ADOLESCENT DATING ABUSE

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Bachelor of Arts in Psychology

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ABSTRACT

The association between experiencing parent-to-child aggression and later dating abuse (DA) in adolescence is well-supported by previous empirical findings and theoretical frameworks, including the intergenerational transmission of violence theory, social learning theory, and relationship continuity theory. Less is known about what underlies this association. Among a sample of high school students, this study tested the hypothesis that rejection sensitivity would mediate between parent-to-child aggression and adolescent DA. Additionally, this study hypothesized that greater self-regulation would buffer the association between rejection sensitivity and adolescent DA. Although rejection sensitivity did not independently mediate between parent-to-child aggression and DA, self-regulation interacted with rejection sensitivity in predicting DA. I found that among respondents with low levels of rejection sensitivity, self-regulatory deficits significantly predicted greater DA, whereas high rejection sensitivity scores were related to higher DA regardless of one's self-regulation scores. These findings suggest that rejection sensitivity and self-regulation are closely related in their association with DA. Assessing for and addressing rejection sensitivity when increasing self-regulation is imperative for DA prevention and intervention.

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CHAPTER I

INTRODUCTION

Adolescent dating abuse (DA; also referred to as teen dating violence) is a serious public health concern, adversely impacting between 20% and 40% of U.S. youth across forms and increasing with age (Wincentak et al., 2017; Ybarra et al., 2016). Previous research has identified various modes in which DA manifests (Mulford & Giordano, 2008), yet most coalesce around three types: physical, sexual, and psychological abuse. Indeed, the Centers for Disease Control and Prevention (CDC, 2016) define this phenomenon as physical, sexual, psychological, and/or stalking behaviors between two people in a close current or past relationship that can take place in person or electronically. Although DA is often hallmarked by co-occurring and reciprocal aggressive behaviors (Gray & Foshee, 1997; Sears et al., 2007), the two primary forms of DA are victimization and perpetration (Malik et al., 1997). These terms differ based on who inflicts the aggressive acts; perpetrators direct aggression toward their partner, whereas victims receive aggression from their partner.

As mentioned, DA can arise in a variety of types (Mulford & Giordano, 2008). To differentiate between the two most prevalent DA types, physical and psychological abuse (Foshee et al., 2009), the CDC define physical abuse as “the intentional use of physical

force with the potential for causing death, disability, injury, or harm” (Breiding et al., 2015, p. 11) with examples of physical behaviors including pushing, grabbing, biting, choking, and punching. In contrast, psychological abuse is defined as the “use of verbal and non-verbal communication with the intent to harm another person mentally or emotionally and/or to exert control over another person” (p. 15) with examples including name-calling, degrading, coercion, threatening, and gaslighting. A contemporary and increasingly common mode of perpetrating DA is via technology (Picard, 2007). Recent estimates find that over two-thirds of high schoolers use technology (i.e., texting, social media) for at least half of their communication with their respective romantic partners (Nesi et al., 2017). Using technology to monitor, control, and verbally abuse a dating partner—sometimes called cyber DA—is proposed by some to be a distinct type of DA (Temple et al., 2016), whereas other researchers fail to distinguish cyber from psychological DA (Zweig et al., 2013). Nevertheless, these variations emphasize the need for research to include cyber DA.

Although male and female adolescents perpetrate psychological and moderate physical types of DA at similar rates (Foshee et al., 2009), early involvement in DA brings detrimental consequences that differ as a function of form (i.e., perpetration, victimization) and gender. For example, female victims of DA report increased substance use, depression, and adult dating revictimization, whereas male victims later report increased antisocial behaviors, substance use, and adult dating revictimization (Exner-Cortens et al., 2013). Conversely, adolescent male perpetrators are more likely to perpetrate violence in other domains (e.g., peers, sexually; Ozer et al., 2004) and display antisocial characteristics such as deceitfulness and callousness. Meanwhile, adolescent

female perpetrators are more likely to exhibit depressive symptoms, trait anger, and hostility (Dardis et al., 2015). As stated, early DA increases the likelihood of continued dating abuse into adulthood (Exner-Cortens et al., 2013; Ozer et al., 2004), to which the lifetime economic burden of adult intimate partner violence is estimated to be around \$3.6 trillion (USD) accounting for medical costs, loss in productivity among victims and perpetrators, and other related factors (Peterson et al., 2018). Considering these adverse long-term outcomes associated with DA, this project seeks to aid DA prevention efforts by identifying mechanisms (e.g., parent-to-child aggression, rejection sensitivity) and protective factors (e.g., self-regulation) as related to DA in adolescence.

1.1 Dating Relationships in Adolescence

Historically, adolescence has been described as a developmental period of “storm and stress,” as evidenced by three key aspects: elevated parent-adolescent conflict, mood disruptions, and risk behavior (Arnett, 1999; Rubin et al., 2009). One catalyst of storm and stress during this time is early dating relationships, and recent estimates show more than half of adolescents begin dating by high school (Twenge & Park, 2019). For example, parent-adolescent conflict is commonly provoked by issues surrounding romantic relationships (e.g., partner selection, timing of dating initiation, relationship boundaries). Further, mood disruptions may occur in the context of romantic relationships, as they often introduce encounters with negative emotions such as jealousy, anger, and grief (Larson et al., 1999). Lastly, engagement in risk behaviors, especially sexual risk behaviors, often are initiated in the context of dating relationships (Kotchick et al., 2001) and could comprise the third hallmark of this “storm and stress” developmental perspective.

In another light, adolescent romantic relationships also play a critical role in psychosocial adjustment and identity development (Furman & Rose, 2015). Although romantic relationships in adolescence are primarily recreational, casual, and short-term in nature (Collins et al., 2009), this does not downplay their significance. Broadly, early dating behaviors are associated with long-term factors such as cohabitation and marriage in early adulthood (Meier & Allen, 2009). Still, romantic relationships in adolescence differ significantly from those in adulthood, as they are often directly influenced by peer relationships; in adolescence, peer groups become increasingly mixed-gender, romantic relationships often form within these peer groups, and peer approval of these relationships widely dictates their early success (Brown, 1999; Connolly & McIsaac, 2009). Adolescence is also a period of sexual awakening, due to the onset of puberty, along with emotional maturation that allows adolescents to experience intense feelings of love. These intense feelings can then be linked to their sexual desires, which, in turn, encourages youth to form loving and committed dating relationships that mirror those of adults (Connolly & McIsaac, 2009). Importantly, romantic relationship experiences in adolescence have been shown to guide the quality of subsequent romantic relationships in young adulthood (Madsen & Collins, 2011).

Relationship continuity theory posits that close relationships, including parent-child and dating relationships, mirror relationship patterns throughout the lifespan (Sroufe & Fleeson, 1986). Decades of research have applied this theory to parent-child relationships and the formation of early romantic relationships, and have consistently shown that these relationships guide the interactions of individuals across romantic relationships (Collins et al., 2002; Seiffge-Krenke et al., 2010). Therefore, negative

parent-child relationships are likely to pose adverse consequences for later dating relationships. Considering these findings in relation to the etiology of dating abuse, one enduring and well-validated hypothesis is the intergenerational transmission of violence, or the idea that childhood exposure to violence leads to later perpetration of violence in adolescence and adulthood (Widom & Wilson, 2015). The intergenerational transmission of violence is often explained by Bandura's (1977) social learning theory, which suggests that individual behavior is, in part, learned through observing and internalizing behaviors in one's environment. Therefore, children who witness or experience aggression from their parents are predisposed to internalize violence as an acceptable response to problems or as a method to control others. Research suggests that those who experience physical and non-physical types of parent-to-child aggression are more likely to perpetrate violent (e.g., fights) and non-violent (e.g., damaging property, stealing) delinquent offenses across contexts and have more conflictual peer relationships (Benedini et al., 2016; McCloskey & Stuewig, 2001; Savage et al., 2014). The resultant internalization of violence could also be modeled in later dating relationships (Schelbe & Geiger, 2017).

In fact, a recent meta-analysis concluded that adolescents who experience parent-to-child aggression are more likely to be perpetrators and victims of DA (Goncy et al., 2020). Parent-to-child aggression can manifest in a variety of ways, such as inconsistent discipline, corporal punishment (e.g., spanking, slapping), and psychological control (Cappell & Heiner, 1990). Notably, even childhood corporal punishment (i.e., spanking) has been associated with physical DA in adolescence (Temple et al., 2018) whereas psychological control by parents creates additional difficulties that lead to aggressive

behavior in maltreated youth's future relationships (Linder & Collins, 2005). However, the aforementioned meta-analysis shows that the association between parent-to-child aggression holds consistent across types (i.e., physical, psychological) and forms (i.e., perpetration, victimization) and displays a substantial amount of unexplained variance (Goncy et al., 2020). Thus, additional exploration of mediators (i.e., rejection sensitivity) and moderators (i.e., self-regulation) that explain this association is needed.

1.2 Rejection Sensitivity and DA

One understudied mechanism for the association between parent-to-child aggression and adolescent DA could be rejection sensitivity, or the disposition for those with a history of victimization to defensively expect, readily perceive, and intensely react to rejection in close relationships (Downey et al., 1999; Volz & Kerig, 2010). Rejection sensitivity is a dynamic mechanism shaped by internal working models of prior relationships (e.g., peer, parent-child, romantic) that influences one's perceptions, expectations, and reactions in later relationships (Ayduk et al., 2003). For example, a parent may communicate rejection to their child through chronic parent-to-child aggression, which could provoke the child to develop an internalized perception and expectation of how to treat others (i.e., aggressively) and be treated in close relationships. Further, the individual may also develop anxious expectations of re-encountering rejection and intensely react to perceived rejection in other relationships. These internalized thoughts and resultant behaviors associated with experiencing rejection comprise the key hallmarks of rejection sensitivity.

Parenting practices are the foundation for children and youth to determine whether they will be accepted, rejected, supported, or dismissed by others in future

relationships (Rowe et al., 2015). Rejection can be conveyed to impressionable children through direct parent-to-child physical and psychological aggression, neglect, and conditional acceptance (Erozkan, 2015). These negative parenting practices can, in turn, provoke the development of rejection sensitivity and bring enduring consequences for child adjustment (Downey et al., 1997). For example, recent evidence suggests that rejection sensitivity mediates between negative parenting practices, such as autonomy-restrictive (i.e., dismissal of child's behavior, psychological control, coercion) parenting, and the later development of internalizing problems (Gardner & Zimmer-Gembeck, 2018; Rowe et al., 2015). However, experiencing direct parent-to-child aggression is an especially harmful way of conveying rejection given its associations with rejection sensitivity, internalizing problems, and other child maladjustment problems, such as increased risk-taking behavior and aggression (Ethier et al., 2004; Lee et al., 2015; Stewart et al., 2008). Though rejection sensitivity has been linked to overall aggression across various types (Bondü & Richter, 2016), many studies have been unable to link rejection sensitivity to violence outside of intimate partner contexts, including toward peers, in delinquent contexts, or toward animals (Brendgen et al., 2002; Gupta, 2008). Therefore, it is likely that rejection sensitivity is uniquely related to aggression in dating relationships.

The activation of rejection sensitivity is often in response to encounters with negative situations in relationships that differ as a function of gender. Overall, rejection sensitivity tends to be more prevalent among adolescent males who are more likely to display continued heightened expectations of rejection throughout adolescence; however, gender differences fade by around age 18 where rejection sensitivity becomes equally

concerning across gender. These disparities could be explained by unique challenges adolescent males may face transitioning to more emotionally complex romantic relationships compared to their female peers (Marston et al., 2010). The unique challenges adolescent males may face transitioning to close romantic relationships could be explained by traditional gender differences in peer relationship formation that antecedes adolescent romantic relationships. In general, adolescent males have a heightened desire to portray a traditionally masculine self-image to peers and ultimately face more difficulties disclosing personal thoughts and feelings to close friends (Cole et al., 2005; Hay, 2000). As a result, adolescent males may be less likely to develop close friendships that encourage positive social support and exchange of deep emotions. Therefore, forming deeply emotional romantic relationships could be less familiar territory for males than females, who tend to develop more emotionally close and intimate friendships throughout childhood (Brown, 1999; Johnson, 2004). Additionally, boys are more likely to exhibit heightened rejection sensitivity in situations that threaten their social status, as early dating relationships often do. (Downey et al., 1998; London et al., 2007). Rejection sensitivity may arise in adolescent females upon encountering conflict and partner inattentiveness, whereas rejection sensitivity may become activated among adolescent males upon encountering perceived threats to their relationship (e.g., partner showing interest in an alternative romantic partner) (Downey et al., 1999). In sum, the detrimental impact of rejection sensitivity is observed among all adolescents, regardless of gender. Even so, gender still can substantially shape what provokes rejection sensitivity responses and therefore remains an important consideration when studying this phenomenon.

Although everyone experiences rejection to some extent, individuals with rejection sensitivity differ in their defensive expectations of rejection, readiness to perceive rejection, and the intensity of their reaction to rejection (Downey et al., 1999). Peers can also be a source of rejection through experiencing peer victimization and having low social preference (Zimmer-Gembeck et al., 2013). Like parental rejection, experiencing peer rejection is related to the development of rejection sensitivity (McLachlan et al., 2010); however, some evidence suggests this association may only exist among adolescent boys (London et al., 2007). Additionally, the association between peer rejection and rejection sensitivity is strongest when adolescents also have low parental acceptance, which suggests a covarying and interactive nature of rejection across contexts (McLachlan et al., 2010). Therefore, albeit the importance of peer rejection on rejection sensitivity development, those that have been rejected in one context (i.e., parents) are more likely to be rejected in other contexts (i.e., peers, including dating peers) (Bolger & Patterson, 2001) and thus targeting parental rejection is especially crucial from a prevention lens.

Downey and Feldman (1996) complemented the social learning theory perspective through the introduction of the rejection sensitivity model of violence, and later applied this model to uniquely describe the impact of rejection sensitivity on adolescent romantic relationships. This model theoretically links rejection sensitivity to DA victimization and perpetration, positing that adolescents who develop rejection sensitivity from parent-to-child aggression may mirror, or seek romantic partners who mirror, this aggression in later dating relationships. For example, adolescents with rejection sensitivity may overvalue romantic partners and overlook partners' histories of

or use of abuse, which may increase the risk of DA victimization. On the other hand, adolescents with rejection sensitivity may coerce their partners through threats or guilt induction to maintain their relationships, in turn perpetrating DA (Downey et al., 1999). To provide additional empirical support for the rejection sensitivity model of violence, Brendgen et al. (2002) found rejection sensitivity mediated between parent-to-child aggression and DA, yet this association was only examined among adolescent boys and did not consider variations across forms (i.e., perpetration, victimization) of DA. A later study tested this link across DA forms among maltreated youth and displayed that rejection sensitivity is significantly associated with DA victimization, but not perpetration (see for review, Volz & Kerig, 2010). Even so, a dearth of research relating these constructs to specific types of DA remains, particularly for girls and normative samples, along with examining factors that may mitigate this association.

1.3 Self-Regulation

A critical protective factor for youth socioemotional adjustment is self-regulation, which has widespread implications spanning from academic performance, antisocial behaviors, substance use, and aggression (Gardner et al., 2008; White et al., 2013; Wills & Dishion, 2004; Zimmerman & Kitsantas, 2014). Self-regulation is defined as goal-oriented efforts by an individual, both consciously and unconsciously, to regulate their thoughts, emotions, impulses, attentional processes, and task performances (Vohs & Baumeister, 2004). Variations exist across studies in conceptualizing self-regulation, with most divergence on the inclusion of distinct types of self-regulation (e.g., attentional, behavioral, emotional) in contrast to an integrated construct (Kula, 2018; Raffaelli et al., 2005). Although self-regulation is tied to attentional, behavioral, and emotional facets,

the discovery of high intercorrelations among these facets led Raffaelli et al. (2005) to conclude that they are ultimately not empirically distinct and that self-regulation should be conceptualized as a global measure. Still, it remains important to consider these aspects when measuring and applying self-regulation in research and treatment practices, respectively.

As stated, self-regulation can be conceptualized using three integrated dimensions: attentional, behavioral, and emotional self-regulation (Raffaelli et al., 2005). Attentional self-regulation is the ability to organize incoming stimuli to maintain a calm state of mind, delay gratification, tolerate change, and respond to selected stimuli exclusively (Luszczyńska et al., 2004). For example, a child would use attentional self-regulation to avoid the temptation of speaking to a nearby friend during class through redirecting their attention toward the teacher. Behavioral self-regulation is the ability to apply executive function in situations where the important or measured outcome is behavioral, and this may require the application of attentional self-regulatory processes (McClelland et al., 2007). Adding to the previous example, a child exhibiting behavioral self-regulation would use attentional processes to take appropriate behavioral strategies to avoid talking to their friend, such as turning their body away from them. Emotional self-regulation is the ability to initiate behavioral and emotional changes during emotionally charged situations (Dennis, 2006). An example of this could occur when a teacher sternly requests that a child not speak to their nearby friend; the child would need to use emotional self-regulation to remain calm after receiving this stern request and ultimately to comply with this request despite existing tension between their own desires to speak to their friend and the desires of their teacher. In summary, although there may be the

application of self-regulation across attentional, behavioral, and emotional domains, there is ultimately overlap and interrelationships among these facets.

Various studies have stressed the importance of studying self-regulation as both a source of resilience and a source of detriment in relation to adolescent adjustment. For example, among adolescents, self-regulatory strengths was negatively associated with later externalizing and internalizing problems and was directly associated with mother-child and sibling relationship quality (Padilla-Walker et al., 2010). Further, self-regulation has been shown to serve as a protective factor for antisocial behavior among adolescents with deviant peers (Gardner et al., 2008). Just as strengths in self-regulation can be protective, deficits in self-regulation can pose numerous negative consequences. Self-regulation deficits have been found to longitudinally mediate between negative parenting practices and later poor psychological functioning, with self-regulation deficits being directly related to negative parenting practices, depression, hostility, and low self-esteem (Brody & Ge, 2001). As overwhelming evidence links self-regulation to familial, psychological, and behavioral aspects of adolescent adjustment, it is possible that individuals high in self-regulation may be more likely to mitigate the negative impact of rejection sensitivity and decrease problems with DA.

The development of self-regulation competencies occurs rapidly from early childhood to adolescence and is shaped by key developmental processes. On average, self-regulatory skills emerge in early childhood and stabilize before adolescence (Bronson, 2000; Demetriou, 2000); however, self-regulation is still shaped by a bidirectional, transactional pathway with family, peer, and romantic relationships throughout adolescence and into young adulthood (Farley & Kim-Spoon, 2014). Further,

cognitive capacities linked to adult self-regulation are not matured until adolescence (Bronson, 2000; Demetriou, 2000) and the implementation of evidence-based interventions have been shown to effectively strengthen self-regulatory skills that protect against behavioral and emotional problems. A recent systematic review identified that curriculum-based, mindfulness and meditation, exercised-based, and social and personal skills interventions effectively strengthen self-regulation among children and youth (Pandey et al., 2018), providing further support that self-regulatory skills are not static in adolescence.

Given the efficacy of evidence-based interventions in improving self-regulation, studying it as a protective factor could aid future DA prevention efforts. In addition to its association with academic success and behavioral outcomes, self-regulation has been shown to protect against interpersonal problems stemming from rejection sensitivity (Ayduk et al., 2000). Considering this, self-regulation could also enervate the effect of rejection sensitivity on DA. In fact, a review by Romero-Canyas et al. (2010) concluded that high self-regulatory skills appear to buffer the negative impacts of rejection sensitivity. Although the protective role of self-regulation between rejection sensitivity and DA has not yet been applied in recent research, deficits in self-regulation have been shown to reduce one's ability to refrain from violent impulses and ultimately increases the likelihood of DA perpetration (Finkel et al., 2012). Outside of dating contexts, self-regulation has also been related to peer aggression, especially among youth who have experienced adverse parenting practices (e.g., corporal punishment) (Olson et al., 2011). Additionally, behavioral self-regulation has been linked to reactive (i.e., retaliatory in response to a threat/provocation), but not proactive (i.e., goal-oriented) forms of

aggression among children and their peers (White et al., 2013). These findings indicate that self-regulation may influence aggression across relationship contexts, especially in response to negative stimuli. More research is needed that bridges the gaps between these findings, specifically by testing the protective role of self-regulation in the association between rejection sensitivity and adolescent DA.

CHAPTER II

CURRENT STUDY

This study aimed to link key mechanisms (i.e., rejection sensitivity) that explain the intergenerational transmission of violence hypothesis, specifically in relation to adolescent DA, and identify protective factors (i.e., self-regulation) that may mitigate this association. At present, there is no consensus in empirical literature regarding whether rejection sensitivity explains the relationship between experiencing parent-to-child aggression and adolescent DA perpetration, victimization, both, or neither. To address this gap, I tested the indirect effect of rejection sensitivity between experiencing parent-to-child aggression and DA across form (i.e., perpetration, victimization). I expected that elevated rejection sensitivity mediates between experiencing parent-to-child aggression and DA (Hypothesis 1; see Appendix A, Figure 1). Next, I examined if rejection sensitivity mediates between parent-to-child aggression and DA and if self-regulation moderates the association between rejection sensitivity and DA, such that higher self-regulation will buffer the effect of elevated rejection sensitivity on DA frequency (Hypothesis 2; see Appendix A, Figure 2). This hypothesis is supported by prior research suggesting high self-regulatory skills can enervate the negative impact of rejection sensitivity and protect against aggression (Brody & Ge, 2001; Finkel et al., 2012;

Gardner et al., 2008; Romero-Canyas et al., 2010). I tested these hypotheses on a sample of high school students recruited online; notably, all participants participated during the COVID-19 pandemic.

CHAPTER III

METHOD

3.1 Procedure

After receiving approval from the Institutional Review Board at Cleveland State University, we (i.e., the research team) shared flyers and information about the study on social media platforms (e.g., Facebook) and a digital flyer management system (i.e., Peachjar) used by school districts to recruit high school students. Additionally, we sent high school administrators and teachers recruitment emails, which contained digital flyers and information about the study. In these emails, we asked recipients to share these flyers and study information with their students and provided them with contact information if they had questions about the study. We worked with stakeholders (e.g., teachers, administrators) to answer their questions and plan logistics for sharing these materials with students. Finally, we recruited participants using ResearchMatch, a national health volunteer registry that was created by several academic institutions and supported by the U.S. National Institutes of Health as part of the Clinical Translational Science Award program. Through ResearchMatch, we contacted parents of high school students and eligible 18-year-old high school students.

Next, interested students filled out an online contact form, where they provided their name and email. We monitored this survey regularly and sent interested students emails that provided additional information about the study and solicited each student's age to determine whether they needed parental consent. Then, we sent students who stated they were 18 years old a link to an online consent form and we notified students under age 18 that we needed to directly contact a parent/guardian via email, phone, or virtual video conference (e.g., Zoom). After contacting the student's parent/guardian, we sent parents information about the study and a link to the online parental consent form, and we sent students a link to the online assent form. To incentivize participation, students who returned completed consent and assent forms (if applicable) received a \$5 gift card. Upon receipt of completed consent forms, we sent students a personalized link to the survey, and all students that completed the survey received an additional \$10 gift card for their participation.

3.2 Measures

3.2.1 Demographics (see Appendix A).

Participant demographic information was assessed using a nine-item measure that gathered student age, grade, race, ethnicity, sex assigned at birth, gender identity, country they were currently residing in, and zip code.

3.2.2 Self-Regulation (see Appendix B).

The Fast Track Project Child Behavior Questionnaire a 20-item questionnaire was used to measure self-regulation skills of children and adolescents (Bandy & Moore, 2010). Respondents rated items, such as "I cope well with disappointment or frustration," and "I stop and calm down when I am frustrated or upset," on a 4-point Likert scale, from

1 (*all of the time*) to 4 (*none of the time*). After reverse coding certain items, mean scores were computed and used to measure one's ability to self-regulate. The psychometric properties of The Fast Track Project Child Behavior Questionnaire have yet to be assessed; in this sample, the Fast Track Project Child Behavior Questionnaire evidenced acceptable reliability ($\alpha = .78$). Higher scores on this measure indicate greater difficulties with self-regulation.

3.2.3 Rejection Sensitivity (see Appendix C).

A modified eight-item version of The Rejection Sensitivity Questionnaire, Adult Version (A-RSQ; Berenson et al., 2013) was used to measure rejection sensitivity, which assessed rejection sensitivity tendencies (i.e., rejection concern, rejection expectancy) in daily life situations. For each item, participants imagined that they were in a hypothetical situation (e.g., "You ask your parents or other family members to come to an occasion important to you"). After reading the situation, participants rated on a 6-point Likert scale how concerned or anxious they were about facing rejection (1 = *very unconcerned*, 6 = *very concerned*) and their expectation that they would face rejection in that scenario (1 = *very unlikely*, 6 = *very likely*).

The A-RSQ in its complete form displays good internal consistency ($\alpha = .89$) and test-retest reliability (.91) among adult samples (Berenson et al., 2011). As the items were written for adult populations, I omitted and modified questions that were not appropriate and/or relevant for high school students. For example, I omitted the item "You ask your parents for extra money to cover living expenses," as it was not pertinent to high school students who are often still living under the care of their parents or guardians. Further, I changed the item "You ask your supervisor for help with a problem you have been

having at work” to “You ask your teacher for help with a problem you have been having in class” to improve the developmental appropriateness of the scenario.

Rejection concern ($\alpha = .76$) and rejection expectancy ($\alpha = .71$) scores both had acceptable internal inconsistency in this study. Using scoring guidance by Berenson et al. (2009), I first calculated a rejection sensitivity score for each situation by multiplying rejection concern scores by rejection expectancy scores. Next, I computed a total rejection sensitivity score for each participant by calculating the mean of the rejection sensitivity scores for each situation. This mean score of all rejection sensitivity scores were then used for these analyses.

3.2.4 Adolescent DA Perpetration and Victimization (see Appendix D).

The Conflict in Adolescent Dating Relationships Inventory Short Form (CADRI-S) is a two-part, 10-item measure of adolescent DA perpetration and victimization comprised of five subscales (i.e., verbal/emotional abuse, sexual abuse, physical abuse, threatening behavior, relational aggression). Participants rated on a 4-point Likert scale the frequency of certain behaviors occurring in dating relationships [0 = *never (0 conflicts)*, 1 = *seldom (1-2 conflicts)*, 2 = *sometimes (3-5 conflicts)*, 3 = *often (6 or more conflicts)*].

For this study, I used only the two items that measure physical DA (e.g., “I kicked, hit, or punched my partner”, “My partner kicked, hit, or punched me”), two items that measure verbal/emotional DA (e.g., “I insulted my partner with put-downs,” “My partner insulted me with put-downs”) and two items that measure threatening DA (e.g., “I threatened to hurt my partner,” “My partner threatened to hurt me”) inclusive of both perpetration and victimization. Among high school students, the CADRI-S has displayed

strong internal consistency ($\alpha = .85$; Fernández-González et al., 2012). Total DA perpetration ($\alpha = .58$) and total DA victimization ($\alpha = .43$) subscales evidenced poor internal consistency; however, the total CADRI-S displayed acceptable internal consistency ($\alpha = .73$).

3.2.5 Parent-to-Child Aggression (see Appendix E).

I used and modified items adopted from the Adverse Childhood Experiences (ACE; Dube et al., 2003) questionnaire and the Alabama Parenting Questionnaire (APQ; Shelton et al., 1996) to create a six-item measure of parent-to-child aggression. These items assessed physical aggression (e.g., “Your parents pushed, grabbed, slapped, or threw something at you”), verbal/emotional aggression (e.g., “Your parents swore at you, insulted you, put you down, or humiliated you), and threatening aggression (e.g., “Your parents acted in a way that made you afraid that you might be physically hurt”). Respondents rated all items on a 4-point Likert scale based on the frequency of the items occurring while they were growing up [1 = *never (0 times)*; 2 = *seldom (1 or 2 times)*; 3 = *sometimes (3 to 5 times)*; 4 = *often (6 or more times)*].

The ACE is a 10-item retrospective assessment of abuse, neglect, and household dysfunction occurring during childhood. For each item, respondents indicate whether they have often experienced each ACE. In this study, I modified the first two ACE items assessing parent-to-child physical and verbal aggression to assess the frequency of the events rather than using dichotomous ratings. Further, I split two-part items into separate items and modified them to assess for only parental perpetrators. For example, the first item on the ACE questionnaire “Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that

made you afraid that you might be physically hurt?” was changed to the two items “Your parent(s) swore at you, insulted you, put you down, or humiliated you” and “Your parent(s) acted in a way that made you afraid that you might be physically hurt,” to which respondents rated the frequency of these occurring.

The APQ Child Form is a 42-item self-report measure designed for children ages 6 to 18 to rate the frequency of their parent’s utilization of certain parenting practices. These practices include positive involvement with children, supervision and monitoring, and use of discipline techniques (i.e., positive discipline techniques, inconsistent discipline, corporal punishment). All items are rated on a 5-point Likert scale (1 = *never*, 2 = *almost never*, 3 = *sometimes*, 4 = *often*, 5 = *always*) where respondents rate how often each parenting practice occurs in their home. I adapted only the three items from the corporal punishment subscale for this study’s measure of parent-to-child aggression and changed all items to past-tense. For example, the item “Your parents yell or scream at you when you have done something wrong,” was changed to “Your parent(s) yelled or screamed at you when you did something wrong,” to which respondents rated the frequency of this occurring using the previously described rating scale. Using this newly created measure with all items on a single scale, I computed mean scores to create a single measure of parent-to-child aggression that evidenced strong internal consistency ($\alpha = .89$).

3.3 Participants

Our recruitment methods (e.g., ResearchMatch, social media) yielded interest from 251 high school students. Of those who expressed interest, either via email or completing an online form indicating interest, 110 adolescents returned parent or adult

consent forms and were sent links to the survey. A total of 87 participants started the survey, with five participants being screened out for not meeting eligibility criteria (i.e., age, grade). Additionally, four participants were not included in analyses after being suspected as fraudulent responders (i.e., bots) or providing false data. Respondents were determined to be fraudulent using various criteria. First, Qualtrics' bot detection software identified participants as potential bots that abnormally responded to bot detection screeners (i.e., reCAPTCHA). Another way of detecting bots was monitoring abnormalities in IP addresses of participants, with those respondents that completed the online consent forms and the survey in vastly different locations being deemed questionable. Other abnormalities we monitored included the use of false email scripts indicating interest in the study and the use of false email addresses. We sent all participants that we determined to be fraudulent a standard email script that denied them compensation and gave them the opportunity to meet virtually to dispel these fraud suspicions; however, no suspected fraudulent responders followed up on this opportunity.

The total sample of the larger study was comprised of 78 high school students; however, as this study assessed adolescent DA, to be included in the final sample and presented with the CADRI-S, all individuals had to have been in a significant—though not necessarily committed nor official—romantic relationship within the past year. In this study, 46 respondents (59.0%) indicated that they had been in a significant romantic relationship within the past year and, therefore, met inclusion criteria for analyses. Respondents indicated prior to responding to the CADRI-S who they were thinking of as they responded to the questionnaire (*see Appendix D*), whether it be a current boyfriend/girlfriend, an ex-boyfriend/ex-girlfriend within the past year, or someone they

shared a mutual romantic interest with within the past year. If they have not had any of these relationships in the past year, they marked the response, “I have not had a boyfriend/girlfriend or significant romantic relationship in the past year,” and were excluded from analyses. I included individuals who have had any mutual romantic relationship, whether defined/undefined or committed/casual, as salient adolescent romantic relationships can include steady partners, casual partners, hook-ups, and friends with benefits, which are all still modes by which DA can occur (Rizzo et al., 2019).

The final sample of high school students who reported having a significant relationship within the past year ($N = 46$) ranged in age from 14 to 18 ($M_{\text{age}} = 16.8$) and identified as primarily female (65.2%), with the remaining identifying as male (26.1%) or as non-binary/another gender identity (8.7%). The sample was comprised of White ($n = 34$), Asian ($n = 3$), Black/African American ($n = 4$), Native Hawaiian or Pacific Islander ($n = 1$), American Indian or Alaska Native ($n = 1$), and Multiracial ($n = 3$) youth with Middle Eastern or North African ($n = 4$) and Hispanic/Latino ($n = 6$) ethnicities. Among these respondents who were in dating relationships, 56.5% responded to the CADRI-S thinking of someone that is their current partner, 26.1% responded thinking of their most recent ex-partner, and 17.4% responded thinking of someone they shared a mutual romantic interest with.

3.4 Data Analysis Plan

Following dataset merging and cleaning, I examined descriptive statistics and bivariate correlations of study variables using SPSS v. 25. I tested all measures created for this study for reliability and validity by examining correlations for magnitude and direction among individual items. Path models for the study hypotheses were tested using

Mplus statistical software (Muthén & Muthén, 2016). First, the path structure for testing the study hypotheses was specified, identified, and tested. Next, I examined the indirect effect of rejection sensitivity between parent-to-child aggression and DA. Additionally, I used an interaction term between self-regulation and rejection sensitivity to test for the moderating effect of self-regulation on the association between rejection sensitivity and DA, as well as the conditional indirect effect of the moderated-mediation model.

Analyses were insufficiently powered to robustly test the hypothesized model per a prior power analysis determining that a minimum of 182 high school participants would be needed.

CHAPTER IV

RESULTS

4.1 Descriptive Statistics

First, I ran bivariate correlations between all study variables (see Table 1). Age and sex assigned at birth were unrelated to all study variables. Experiencing parent-to-child aggression correlated with greater rejection sensitivity ($r = .28, p < .05$) and lower self-regulation ($r = .34, p < .01$). Self-regulation significantly correlated with DA perpetration ($r = .30, p < .05$) and trended toward significantly correlating with DA victimization ($r = .29, p = .051$); however, greater difficulties with self-regulation correlated with combined DA perpetration and victimization ($r = .32, p < .05$). Finally, dating abuse victimization and perpetration correlated with each other ($r = .74, p < .01$). Due to this high correlation between victimization and perpetration, low individual internal reliabilities, and the reciprocal nature of adolescent DA (Sears et al., 2007), this study tested overall DA as a single construct rather than separating DA victimization and perpetration.

4.2 Hypothesis Testing

4.2.1 Does Rejection Sensitivity Mediate Between Parent-to-Child Aggression and DA?

For this hypothesis, I tested a single step mediation model to examine whether experiencing greater parent-to-child aggression predicted higher self-reported rejection sensitivity and DA in a recent dating relationship. Specifically, rejection sensitivity was regressed on parent-to-child aggression (path a), DA was regressed on rejection sensitivity (path b), and DA was regressed on parent-to-child aggression (path c; see Figure 1). Independent of age and sex assigned at birth, there were no significant associations within the hypothesized model; parent-to-child was unrelated to rejection sensitivity and DA, and rejection sensitivity was unrelated to DA (see Table 2).

4.2.2 Does Self-Regulation Moderate the Effect of Rejection Sensitivity on DA?

To test the moderating effect of self-regulation on the association between rejection sensitivity and DA, I mean-centered all independent variables (i.e., parent-to-child aggression, rejection sensitivity, and self-regulation) and then computed an interaction variable of self-regulation and rejection sensitivity. Next, I re-tested the prior model with the inclusion of this interaction variable and regressed DA on self-regulation and the interaction variable. Consistent with findings from the first hypothesis, rejection sensitivity was not independently associated with DA in this model and thus rejection sensitivity did not mediate this association. However, with the inclusion of self-regulation and the interaction variable in the analyses, higher parent-to-child aggression predicted greater rejection sensitivity ($\beta = .28, p < .01$) and difficulties in self-regulation predicted greater DA ($\beta = .34, p < .05$). The interaction between self-regulation and rejection sensitivity predicted DA ($\beta = -.48, p < .001$), with the interaction showing that

individuals with lower rejection sensitivity and more deficits in self-regulation evidence higher DA; however, with higher rejection sensitivity, the impact of self-regulation is no greater than the effect of rejection sensitivity on DA (see Figure 3 & Table 3). Finally, I tested for the conditional indirect effect of rejection sensitivity between parent-to-child aggression and DA with self-regulation as a moderator. Results revealed that the indirect effect was most negative at high (indirect effect = $-.28$, 95% CI: $[-.71, -.06]$) self-dysregulation, followed by medium (indirect effect = $-.24$, 95% CI: $[-.61, -.05]$) and low (indirect effect = $-.21$, 95% CI: $[-.51, -.04]$) self-regulation difficulties.

CHAPTER V

DISCUSSION

This purpose of this study was to gain a better understanding of the intergenerational transmission of violence hypothesis by examining mechanisms that may explain or change the association between experiencing parent-to-child aggression and adolescent DA. First, I hypothesized that rejection sensitivity would mediate between parent-to-child aggression and later dating abuse; this hypothesis was not supported. Next, I tested the previous model (i.e., rejection sensitivity mediating between parent-to-child aggression and DA) with the inclusion of an interaction between rejection sensitivity and self-regulation in predicting adolescent DA and hypothesized that greater self-regulation would buffer the association between rejection sensitivity and DA. Though this hypothesis was not supported, self-regulation and rejection sensitivity did significantly interact in predicting adolescent DA. The results showed that with lower levels of rejection sensitivity, self-regulation deficits were significantly associated with greater DA. As individuals reported increasingly higher rejection sensitivity, the association between self-regulation and DA did not change for either high or low self-regulation levels.

Although previous research has conclusively demonstrated a significant, albeit small, association between experiencing parent-to-child aggression and DA in adolescence (Goncy et al., 2020), this association was not significant among this sample. Failure to replicate the association between parent-to-child aggression and adolescent DA is likely attributed to the small association that exists in extant empirical literature, which may be difficult to replicate and reach statistical significance among smaller, less representative samples of adolescents. Still, the small-to-moderate effect observed in this study is higher than prior meta-analytic findings investigating the global association between parent-to-child aggression and adolescent DA (Goncy et al., 2020). Moreover, I expected that rejection sensitivity would be closely related to early experiences of parent-to-child aggression; however, this study also failed to demonstrate this association when considering rejection sensitivity as a mediator. Notably, there was a small-to-moderate correlation between experiencing parent-to-child aggression and rejection sensitivity, which provides some support for a link between parent-to-child aggression and the development of rejection sensitivity. More research is needed among a larger, representative sample of adolescents to determine the magnitude of this association and ascertain its relation to DA.

These findings are consistent with previous research that linked self-regulation deficits to an increased likelihood of DA (Finkel et al., 2012). Additionally, these findings support the hypothesized protective effect of self-regulation, as findings demonstrated that the combination of strong self-regulation and low rejection sensitivity evidence the lowest levels of DA. Further, results indicate that increases in rejection sensitivity supersede the association between DA and self-regulation. In other words, in

the presence of increased rejection sensitivity, the frequency of DA in adolescent relationships no longer changes based on one's level of self-regulation. These findings highlight the need to assess for and target rejection sensitivity prior to targeting self-regulation, as changing one's self-regulation may be ineffective if one still exhibits high rejection sensitivity. Therefore, addressing both self-regulation and rejection sensitivity is imperative for reducing youth involvement in DA.

5.1 Implications

Despite limited support for the study's hypotheses, these findings demonstrate several important implications. Although rejection sensitivity was unrelated to DA, it was closely related to self-regulation, which was associated with DA. Dating abuse prevention efforts are encouraged to target self-regulation and implement evidence-based interventions that strengthen self-regulation, such as mindfulness yoga interventions and family-based programs (Pandey et al., 2018). These interventions can equip youth with the coping skills and the capacity to adaptively navigate life stressors. Additionally, family-based programs train parents of youth to build additional structure in home environments, use positive discipline practices, and model appropriate self-regulation to their children (Niolon et al., 2019; Sanders et al., 2019). As a result, these programs can cultivate supportive, positive family relationships and provide youth with an optimal environment to effectively self-regulate.

To maximize the effectiveness of self-regulation interventions in preventing DA, prevention efforts should also assess and address youth rejection sensitivity. Clinicians working with youth that have self-regulation difficulties should also screen for rejection sensitivity and integrate treating rejection sensitivity into psychotherapeutic approaches.

This study's results suggest that targeting both rejection sensitivity and self-regulation in preventive interventions is likely to reduce related negative interpersonal consequences, such as DA. As studies have shown that dialectical behavior therapy (DBT) is effective for treating borderline personality disorder, which is hallmarked by sensitivity to interpersonal rejection (Rudge et al., 2020), teaching youth with elevated rejection sensitivity DBT skills (e.g., distress tolerance, interpersonal effectiveness, mindfulness skills) may help youth manage their distress associated with rejection sensitivity. Still, there is a substantial dearth in research that identifies effective treatments for rejection sensitivity. It is possible that mindfulness coping skills may effectively treat both self-regulation and rejection sensitivity considering the integral role of mindfulness in DBT and the effectiveness of mindfulness in increasing self-regulation (Leyland et al., 2019; Zeifman et al., 2020). More research is needed to confirm this hypothesis. Dating abuse prevention programs would further benefit from including early interventions that enhance self-regulation and target rejection sensitivity using the aforementioned strategies, as study results indicate that the least DA occurred among youth with high self-regulation and low rejection sensitivity.

This study also provides several theoretical and research implications. As parent-to-child aggression was associated with rejection sensitivity, rejection sensitivity and self-regulation together predicted DA, and there was a small-to-moderate correlation between parent-to-child aggression and DA, this study provides preliminary support for including rejection sensitivity in modern conceptualizations of the intergenerational transmission of violence hypothesis. Based on these results, it is possible that parent-to-child aggression may contribute to the development of rejection sensitivity, which could

hinder any protective effect having greater self-regulation may have on preventing DA. Future research should test the mediating effect of rejection sensitivity between parent-to-child aggression and DA in more strongly powered studies. Additionally, more research is needed on the association between self-regulation and rejection sensitivity to better understand how they interact in predicting adolescent DA.

5.2 Limitations and Future Directions

Considering that this study was underpowered, more research is needed with a larger sample size to understand how these mechanisms interact; the hypothesized models provide a foundation for the path models that could be appropriate to test with a larger sample size. Various external factors contributed to our low sample size. Perhaps most salient, we collected data for this study during the COVID-19 pandemic, which required us to adjust our planned recruitment strategies to ensure we were following local, state, and federal health and safety guidelines. These adjusted recruitment strategies reduced our ability to reach large samples of high school youth within the time constraints allotted to complete this project. Moreover, the sample was even further reduced because respondents had to have been in a significant relationship to respond to the CADRI-S. The questionnaire asked respondents to consider relationships within the past year; as data collection began roughly six months into the global pandemic, at least half of the prior year occurred during the pandemic and, thus, potentially limited opportunities for youth to begin developing early romantic relationships in-person. This likely contributed to the small amount of youth who endorsed being in a romantic relationship within the past year. To maximize the number of participants who completed the CADRI-S, we allowed participants to respond thinking about a relationship that was

not committed, official, or exclusive. Still, over 40% of the sample were excluded from analyses with this requirement.

Another limitation of this study involves the use of a cross-sectional research design. The study hypotheses assumed a specific, causal order of effects—for example, I hypothesized that experiencing parent-to-child aggression led to the development of rejection sensitivity, which then led to DA in romantic relationships. Cross-sectional research designs cannot confirm the order of these effects, as it is possible that parent-to-child aggression was an ongoing, or even novel concern rather than something that occurred prior to the formation of these romantic relationships. Longitudinal research designs determining the timing of parent-to-child aggression relative to experiences of adolescent DA would better capture the associations between these constructs. Additionally, causality cannot be assumed with these associations, and therefore, more research investigating other mediators and moderators may help explain what underlies these associations.

The ongoing COVID-19 pandemic negatively impacted data collection in several ways. First, we collected all data online and used various screening measures to maximize the integrity of the data collected, including contacting parents of minors prior to sending consent forms and using techniques to detect fraudulent respondents. We received an influx of fraudulent respondents showing interest in the study and had to follow extensive screening procedures (see Chapter III, Section 3) to distinguish between fraudulent and authentic participant inquiries. Despite following best practice with data integrity, it is still possible that fraudulent and/or ineligible respondents passed through our screening procedures and completed the survey, as we never made face-to-face

contact with respondents to confirm their identity and age. Still, we did directly contact parents of prospective participants via phone and/or interactive video conferencing (e.g., Zoom), when necessary. The COVID-19 pandemic also likely impacted the validity of the measures we used, as all established measures were validated prior to the pandemic. For example, many items on the CADRI-S require face-to-face contact for the behavior to occur, and therefore, if respondents were self-quarantining or social distancing from romantic partners, this likely depressed the frequency of DA behaviors that participants endorsed. All interpretation of these results should consider the external circumstances (i.e., the COVID-19 pandemic) occurring while data was collected.

This study also has limited generalizability using a sample lacking in diversity. The sample was predominately White, cisgender, female, and heterosexual, which does not represent the diverse experiences of youth varying in race, ethnicity, gender identity, and sexual orientation. We attempted to ameliorate diversity concerns in the sample by sharing recruitment flyers with urban metropolitan school districts, but these efforts were largely unsuccessful. Despite limitations in demographic diversity, this sample encompassed high school students across the United States representing geographic diversity. These results should be considered generalizable to the demographics of the students represented in this sample.

5.3 Conclusions

These findings provide preliminary evidence for a link between self-regulation, rejection sensitivity, and adolescent DA. Future research should test the associations between these constructs among a large, representative sample of youth using robust structural equation models. These statistical methods, which require large samples, would

allow simultaneous testing of the pathways identified in the hypothesized models and provide a clear understanding of how these mechanisms interact. Additionally, testing these models on DA perpetration and victimization as separate constructs would better inform DA prevention efforts. When conceptualizing DA, this study considered only physical, emotional/verbal, and threatening perpetration and victimization; future research should investigate these associations in under-researched types of DA, such as cyber DA, which is increasingly prevalent among youth who rely on technology for communication with romantic partners (Temple et al., 2016; Nesi et al., 2017). Finally, there is precedence to extend our conceptualization and understanding of rejection sensitivity to minority stress models (e.g., sexual orientation-related rejection sensitivity; Feinstein, 2019). As this study lays the foundation for future investigation of rejection sensitivity, family of origin violence, self-regulation, and DA, future research should consider these associations in tandem with sexual, gender, and racial/ethnic minority stressors.

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APPENDIX A

Scales & Measures

Demographics

1. Age: _____
2. Grade:
 - a. 9
 - b. 10
 - c. 11
 - d. 12
 - e. None of the above
3. Are you of Hispanic, Latino, or Spanish origin?
 - a. No, not of Hispanic, Latino, or Spanish origin
 - b. Yes, Mexican, Mexican American, Chicano
 - c. Yes, Puerto Rican
 - d. Yes, Cuban
 - e. Yes, another Hispanic, Latino, or Spanish origin: _____
4. Are you of Middle Eastern or North African origin?
 - a. No, not of Middle Eastern or North African origin
 - b. Yes, Middle Eastern
 - c. Yes, North African
5. Which of these categories best define your race? (Check all that apply)
 - a. White
 - b. Black/African American
 - c. American Indian/Alaskan Native
 - d. Asian
 - e. Native Hawaiian or other Pacific Islander
 - f. Other: _____
6. Sex assigned at birth:
 - a. Male
 - b. Female
 - c. Intersex
7. Gender identity
 - a. Girl
 - b. Boy
 - c. Other: _____
8. Where do you live?
 - a. United States
 - b. Canada
 - c. South America
 - d. Europe
 - e. Africa
 - f. Asia

g. Australia

h. Other: _____

9. What is your zip code? _____

APPENDIX B

Scales & Measures

The Fast Track Project Child Behavior Questionnaire (Self-Regulation)

RESPONSE FORMAT:

- 1 = All of the time
2 = Most of the time
3 = Some of the time
4 = None of the time

I wait my turn during activities	1	2	3	4
I cope well with disappointment or frustration	1	2	3	4
I accept it when things do not go my way	1	2	3	4
My feelings get hurt	1	2	3	4
When I get upset, I whine or complain	1	2	3	4
I control my temper when there is a disagreement	1	2	3	4
I stop and calm down when I am frustrated or upset	1	2	3	4
I think before I act	1	2	3	4
I do what I am told to do	1	2	3	4
When I want something, I am patient when waiting	1	2	3	4
I follow the rules	1	2	3	4
I stick with an activity until it is finished	1	2	3	4
I can concentrate and focus on one activity at a time	1	2	3	4
I ignore kids who are fooling around in class	1	2	3	4
I fight or argue with adults	1	2	3	4
I tell new kids my name without being asked to tell it	1	2	3	4
When people are angry with me, I control my anger	1	2	3	4
When someone tells me a rule that I think is unfair, I ask about the rule in a nice way	1	2	3	4
When I disagree with my parents, I yell and scream	1	2	3	4
I ask friends for help with my problems	1	2	3	4

APPENDIX C

Scales & Measures

Rejection Sensitivity (adapted from A-RSQ)

RESPONSE FORMAT: For each item, please imagine that you are in the situation, and then answer the questions that follow it:

1 = **Very unconcerned** (Part 1); **Very unlikely** (Part 2)

6 = **Very concerned** (Part 1); **Very likely** (Part 2)

1. You approach a close friend to talk after doing or saying something that seriously upset them.

How concerned or anxious would you be over whether or not your friend would want to talk to you?					
1 (very unconcerned)	2	3	4	5	6 (very concerned)

I would expect that they would want to talk with me to try to work things out.					
1 (very unlikely)	2	3	4	5	6 (very likely)

2. You bring up the issue of sexual protection with your significant other and tell them how important you think it is.

How concerned or anxious would you be over their reaction?					
1 (very unconcerned)	2	3	4	5	6 (very concerned)

I would expect that they would be willing to discuss our possible options without getting defensive.					
1 (very unlikely)	2	3	4	5	6 (very likely)

3. You ask your teacher for help with a problem you have been having in class.

How concerned or anxious would you be over whether or not the person would want to help you?					
1 (very unconcerned)	2	3	4	5	6 (very concerned)

I would expect that he/she would want to try to help me out.					
1 (very unlikely)	2	3	4	5	6 (very likely)

4. After a bitter argument, you call or approach your boyfriend/girlfriend because you want to make up.

How concerned or anxious would you be over whether or not your boyfriend/girlfriend would want to make up with you?					
1 (very unconcerned)	2	3	4	5	6 (very concerned)

I would expect that they would be at least as eager to make up as I would be.					
1 (very unlikely)	2	3	4	5	6 (very likely)

5. You ask your parents or other family members to come to an occasion important to you.

How concerned or anxious would you be over whether or not they would want to come?					
1 (very unconcerned)	2	3	4	5	6 (very concerned)

I would expect that they would want to come.					
1 (very unlikely)	2	3	4	5	6 (very likely)

6. At a party, you notice someone on the other side of the room that you'd like to get to know, and you approach them to try to start a conversation.

How concerned or anxious would you be over whether or not the person would want to talk with you?					
1 (very unconcerned)	2	3	4	5	6 (very concerned)

I would expect that they would want to talk with me.					
1 (very unlikely)	2	3	4	5	6 (very likely)

7. Lately, you've been noticing some distance between yourself and your boyfriend/girlfriend and you ask them if there is something wrong.

How concerned or anxious would you be over whether or not they still love you and want to be with you?					
1 (very unconcerned)	2	3	4	5	6 (very concerned)

I would expect that they will show sincere love and commitment to our relationship no matter what else may be going on.					
1 (very unlikely)	2	3	4	5	6 (very likely)

8. You call a friend when there is something on your mind that you feel you really need to talk about.

How concerned or anxious would you be over whether or not your friend would want to listen?					
1 (very unconcerned)	2	3	4	5	6 (very concerned)

I would expect that they would listen and support me.					
1 (very unlikely)	2	3	4	5	6 (very likely)

APPENDIX D

Scales & Measures

The Conflict in Adolescent Dating Relationships Inventory, Short Form (CADRI-S)

RESPONSE FORMAT: The next few pages ask you to answer questions thinking about your current boyfriend/girlfriend or recent ex-boyfriend/ex-girlfriend. Please check which person you will be thinking of when you answer these questions:

- ☐ I am thinking of somebody **that is my boyfriend/girlfriend right now.**
- ☐ I am thinking of **my most recent ex-boyfriend/ex-girlfriend** (within the past year).
- ☐ I am thinking of **a person that I shared a mutual romantic interest with** (within the past year)
- ☐ I have not had a boyfriend/girlfriend or significant romantic relationship in the past year (skip questionnaire).

1. What is the gender of the person you are thinking about?
 - a) Boy
 - b) Girl
 - c) Other: _____

The following questions will ask you about things that may have happened to you with a boyfriend or girlfriend while you were having an argument. Check the box that is your best estimate of how often these things have happened with your current or ex-boyfriend/ex-girlfriend in the past year. Please remember that all answers are confidential.

As a guide, use the following scale:

1 = **Never**; *0 times*

2 = **Seldom**; *1 or 2 times*

3 = **Sometimes**; *3 to 5 times*

4 = **Often**; *6 or more times*

During a conflict or argument with my boyfriend/girlfriend in the past year:

	Never	Seldom	Sometimes	Often
I spoke to my partner in a hostile or mean tone of voice.	0	0	0	0
My partner spoke to me in a hostile or mean tone of voice.	0	0	0	0
I insulted my partner with put-downs.	0	0	0	0
My partner insulted me with put-downs.	0	0	0	0
I kicked, hit, or punched my partner.	0	0	0	0
My partner kicked, hit, or punched me.	0	0	0	0
I slapped my partner or pulled my partner's hair.	0	0	0	0
My partner slapped me or pulled my hair.	0	0	0	0
I threatened to hurt my partner.	0	0	0	0
My partner threatened to hurt me.	0	0	0	0
I threatened to hit or throw something at my partner.	0	0	0	0
My partner threatened to hit me or throw something at me.	0	0	0	0

APPENDIX E

Scales & Measures

Parent-to-Child Aggression (adapted from ACE, APQ)

RESPONSE FORMAT: How often have you experienced the following while you were growing up?

Never = 0 times

Seldom = 1 or 2 times

Sometimes = 3 to 5 times

Often = 6 or more times

	N	Se	So	O
Your parent(s) spanked you with their hand when you did something wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your parent(s) slapped you when you did something wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your parent(s) swore at you, insulted you, put you down, or humiliated you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your parent(s) acted in a way that made you afraid that you might be physically hurt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your parent(s) yelled or screamed at you when you did something wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your parent(s) pushed, grabbed, slapped, or threw something at you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your parent(s) punished you with “the silent treatment” when you did something wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your parent(s) embarrassed you in front of others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your parent(s) tried to make you feel guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your parent(s) made you feel like you were a bad person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

APPENDIX F

Statistical Analyses and Results

Figure 1

Mediation Model

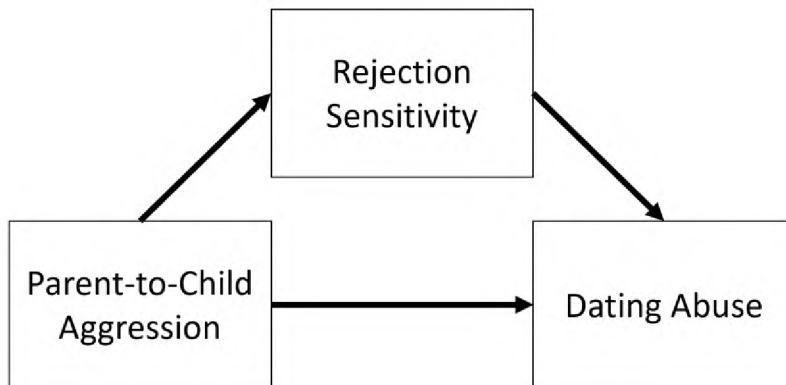


Figure 2

Mediated-Moderation Model

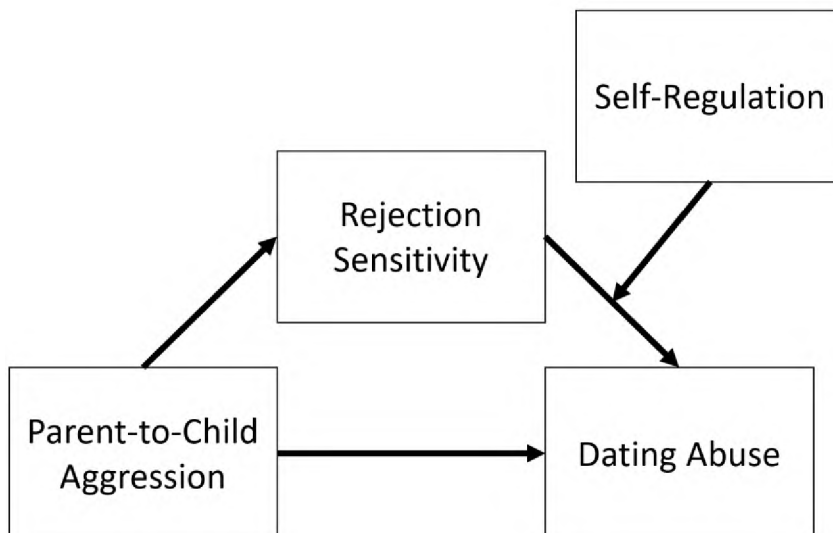
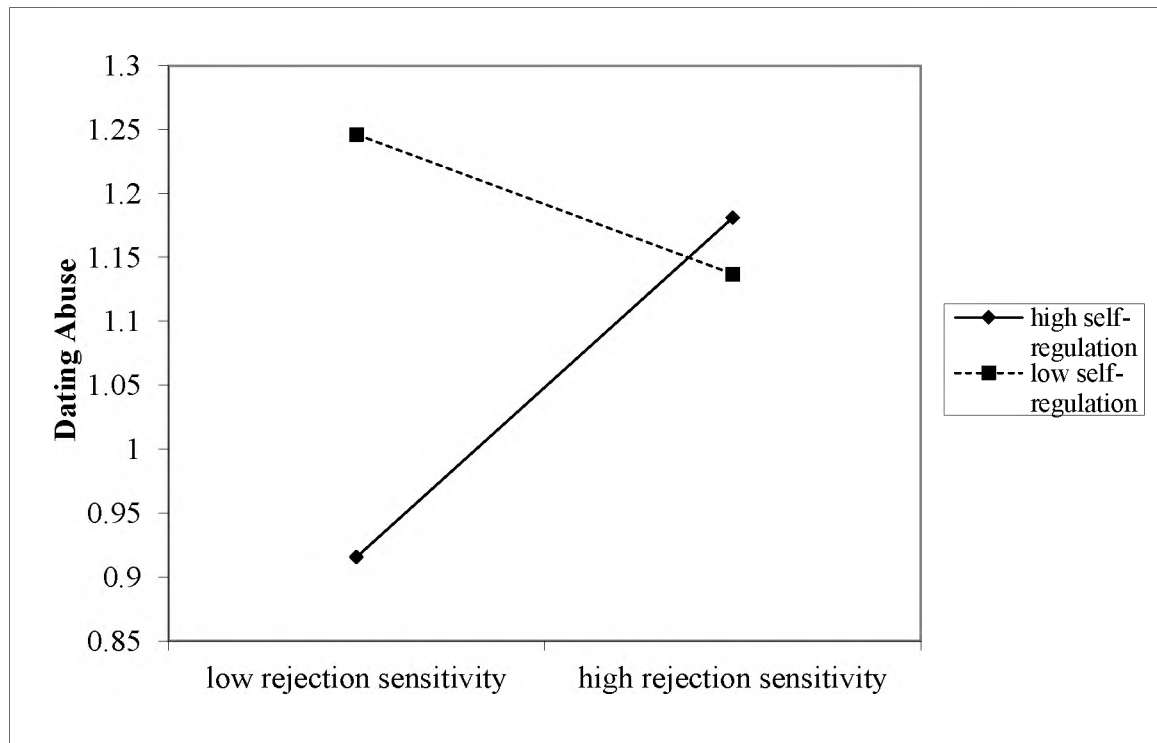


Figure 3

Interaction Between Rejection Sensitivity and Self-Regulation



Note. Low and high values for rejection sensitivity and self-regulation are 1 SD below and above, respectively, the mean.

Table 1*Descriptive Statistics and Correlations for Study Variables*

Variable	<i>M (SD)</i>	1.	2.	3.	4.	5.	6.	7
1. Age	16.66 (1.33)	--						
2. Sex	1.37 (.58)	-.02	--					
3. P-C aggression	1.89 (.70)	.14	-.02	--				
4. Reject sensitivity	10.96 (4.34)	.05	.08	.28*	--			
5. Self-regulation	2.15 (.32)	-.07	-.03	.34**	.18	--		
6. DA perpetration	1.17 (.25)	-.14	.11	.22	-.04	.30*	--	
7. DA victimization	1.11 (.18)	-.26	.14	.25	.01	.29	.74**	--
8. DA combined	1.14 (.20)	-.20	.13	.24	-.02	.32*	.96**	.91**

Note. Sex = sex assigned at birth; p-c aggression = parent-to-child aggression; reject sensitivity = rejection sensitivity; DA = dating abuse.

*** $p < .001$, ** $p < .01$, * $p < .05$

Table 2*Standardized Mediation Model Estimates*

	DA			RS		
	β	<i>SE</i> (β)	<i>p</i>	β	<i>SE</i> (β)	<i>p</i>
Intercept	1.14*	2.01	.05	2.41***	4.67	.00
Rejection Sensitivity	.02	.12	.91	--	--	--
PCA	-.11	-.83	.41	.14	1.04	.30

Note. PCA = parent-to-child aggression; RS = rejection sensitivity; DA = dating abuse.

*** $p < .001$, ** $p < .01$, * $p < .05$

Table 3*Standardized Moderated-Mediation Model Estimates*

	DA			RS		
	β	<i>SE</i> (β)	<i>p</i>	β	<i>SE</i> (β)	<i>p</i>
Intercept	5.35***	5.65	.00	-.00	-.01	.99
Rejection Sensitivity	.18	1.52	.13	--	--	--
Self-Regulation	.34*	2.12	.03	--	--	--
RS x SR	-.48***	-4.76	.00	--	--	--
PCA	.12	.95	.34	.28**	2.82	.01

Note. RS = rejection sensitivity; SR = self-regulation; DA = dating abuse; PCA = parent-to-child aggression.

*** $p < .001$, ** $p < .01$, * $p < .05$