

BEHAVIOR PROBLEMS AMONG CHILDREN EXPOSED TO INTIMATE PARTNER
VIOLENCE:
THE EFFECTS OF IPV TYPE AND GENDER ROLE ADHERENCE

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ABSTRACT

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Children exposed to intimate partner violence (IPV) are likely to develop behavior problems, but findings are mixed regarding whether girls and boys are differentially affected. The present study proposes that gender interacts with gender role adherence and type of IPV to which they are exposed to influence behavior problems. Behavior problems were examined among (N=177) 4-year-old children exposed to IPV. It was hypothesized that children exposed to coercive controlling violence (CCV), a type of IPV characterized by male psychological control over a female, would be more likely to develop traditional gender role adherence than children exposed to situational couple violence (SCV), a type of IPV that is situation-specific, or children not exposed to IPV. Research suggests that individuals with traditional gender role adherence are more likely to develop negative psychological outcomes than those with non-traditional gender role adherence. Thus, it was hypothesized that children exposed to CCV with traditional gender role adherence would have more behavior problems than other children. Results found that children develop gender role adherence related to the type of IPV to which they are exposed. Furthermore, girls with non-traditional gender role adherence had fewer behavior problems than girls with traditional gender role adherence, but the opposite pattern was observed in boys. These findings suggest that gender cannot fully explain how IPV exposure influences child outcomes, as gender groups are heterogeneous and gender interacts with other factors (e.g., gender role adherence) to influence children's behavior problems.

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Introduction

Exposure to intimate partner violence (IPV) has consistently been related to higher rates of behavioral and psychological problems in children (e.g., Graham-Bermann & Levendosky, 1998; Kitzmann, Gaylord, Holt, & Kenny, 2003; Martinez-Torteya, Bogat, von Eye, & Levendosky, 2009; Sternberg, Baradaran, Abbott, Lamb, & Guterman, 2006). However, findings are mixed regarding whether boys and girls are differentially affected (Evans, Davies, & DiLillo, 2008; Kerig, 1998; Stagg, Wills, & Howell, 1989; Wolfe et al., 2003). The mixed findings indicate that gender groups are likely heterogeneous and other variables may also influence child outcomes. The present study proposes that gender should be examined in the context of gender role adherence and the type of IPV to which children are exposed.

Children may be exposed to two broad types of violence. Coercive controlling violence (CCV) is characterized by a pattern of power and control, most commonly perpetrated by males (Johnson, 1995). Situational couple violence (SCV) occurs when a conflict gets out of control and escalates to violence; it is perpetrated equally by males and females (Johnson, 1995). Research suggests that women exposed to CCV experience poorer psychological outcomes than those exposed to SCV, but research has failed to examine whether children's outcomes differ according to the type of IPV to which they are exposed (Johnson & Leone, 2005; Kelly & Johnson, 2008). As CCV is a type of IPV characterized by male power and control over a female partner, it is a demonstration of traditional gender role adherence. Due to the salient role parents play in the development of children's gender role adherence, children exposed to CCV may be more likely to internalize these gender roles and develop traditional gender role adherence than those exposed to SCV or no IPV. Research indicates that gender role adherence, rather than the child's biological sex, may account for behavior problems (e.g., Ginsburg & Silverman, 2000).

The present study examined whether type of IPV, gender role adherence, and gender predicted whether a child exposed to IPV will exhibit behavior problems.

IPV Exposure and Its Negative Effects on Children

Research has consistently shown the negative effects of IPV exposure on children's behavioral, social, and emotional functioning (e.g., Fantuzzo et al., 1991; Zerk, Mertin, & Proeve, 2009). Exposure to IPV disrupts children's abilities to regulate their emotions effectively and makes children approximately twice as likely to exhibit internalizing and externalizing problems (Cole, Zahn-Waxler, Fox, Usher, & Welsh, 1996; Sternberg et al., 2006).

Even though IPV-exposed children are at an elevated risk of experiencing internalizing and externalizing problems, there is a discrepancy in the literature about whether girls or boys are more likely to experience these problems. Some evidence suggests that boys and girls may respond differently to IPV exposure, with boys experiencing more externalizing problems and girls experiencing more internalizing problems (Baldry, 2007; Evans et al., 2008). Other studies have found no gender differences (Fantuzzo et al., 1991; Kerig, 1998; Litrownik, Newton, Hunter, English, & Everson, 2003; Thompson, 2007; Zerk et al., 2009). Furthermore, some studies report that girls experience both externalizing and internalizing problems more frequently (Cummings et al., 1999; Davis & Carlson, 1987; Sternberg, Lamb, Guterman, & Abbott, 2006), and others conclude that boys experience both types of behavior problems more frequently (Stagg et al., 1989).

It is difficult to draw conclusions about the differential effect of IPV exposure on boys and girls due to these inconsistent findings and the methodological limitations of this research. For example, the samples in these studies often encompass participants of a wide age range (e.g., children five years apart from one another); such methods ignore developmental differences in

behavior problems. Also, conclusions about *early* childhood behavior problems are limited, as the bulk of the literature has focused on older children. Lastly, the mixed findings regarding gender and IPV may reflect that gender groups are heterogeneous, and factors unrelated to gender, such as the type of IPV to which children are exposed, may influence outcomes.

Differentiating between Types of IPV

There are two major theories of IPV: Family Violence Theory (Lawson, 1989) posits that IPV is due to stress and the cultural norms that accept violence within the family context, whereas Feminist Theory (Bograd, 1984) states that IPV is the result of patriarchal traditions and the social construction of gender roles. A major debate between proponents of these theories is the extent to which women perpetrate violence against their partners (Johnson, 1995). Instead of providing support for one theory over the other, Johnson (1995) argues that Family Violence Theory and Feminist Theory are describing two separate types of IPV—those noted earlier—SCV, which is relatively gender balanced, and CCV, which primarily involves men’s violence against women. Johnson & Ferraro (2000) argue that every research question related to IPV is virtually meaningless unless it distinguishes these two types of violence.

SCV, as its name implies, is situation-specific and is not part of a relationship-wide attempt to control one’s partner (Johnson & Leone, 2005). Family Violence theorists propose that violence has become acceptable in American culture; as conflict is inherent in all romantic relationships, it is likely that some of these conflicts will lead to violence (Johnson, 1995; Johnson & Leone, 2005). Since conflict is just as likely in marriages as it is in cohabiting or dating relationships, SCV is prevalent in each of these relationship types (Johnson & Leone, 2005). Research has found the perpetration of this type of violence to be nearly equal for men and women (Johnson, 1995). On average, the violence in SCV is less frequent, less severe, and

less likely to escalate over time compared to the violence in CCV, although there is some variability within this group (Johnson, 1995; Johnson & Leone, 2005).

On the other hand, CCV is an intentional and systematic pattern of violence and control used to exert power over one's partner. CCV is not defined solely by frequent rates of physical violence, as the perpetrator does not need to use violence often in order to terrorize his partner (Johnson & Leone, 2005). Instead, he uses psychological control tactics, such as emotional abuse, isolation, economic control, threats, intimidation, and blaming (Pence & Paymar, 1993). When the perpetrator's control is threatened, either within the relationship or elsewhere in his life, he becomes more controlling of his partner in order to compensate for this threat (Johnson & Ferraro, 2000). This is one reason why CCV is more likely than SCV to escalate to severe violence (Johnson, 2005).

On average, physical violence occurs more frequently in CCV than in SCV, and CCV is more likely to lead victims to seek help from public agencies, such as shelters, hospitals, and the police (Johnson, 2005). However, it is common for women experiencing CCV to report that the psychological impact of the abuse is worse than the physical impact (Kelly & Johnson, 2008). Because of this, women experiencing CCV, compared to those experiencing SCV, experience more post-traumatic stress symptoms, lower self-esteem, and more days of missed work as a result of the violence (Johnson & Leone, 2005; Kelly & Johnson, 2008). Although there is a limited body of research on the differential impact of CCV and SCV on women, research has yet to examine how these two types of violence might affect children.

What some research has examined is the influence of mother- and/or father-perpetrated IPV on children's behavior problems, a factor which is necessary, but not sufficient, to differentiate CCV and SCV. Unfortunately, the findings of this research have not been

consistent (Baldry, 2003; Baldry, 2007; McDonald, Jouriles, Norwood, Ware, & Ezell, 2000; McDonald, Jouriles, Tart, & Minze, 2009). Specifically, several studies found that mother-perpetrated IPV predicted child's externalizing problems when controlling for father-perpetrated IPV; yet another study found no significant relationship between mother-perpetrated IPV and children's behavior problems. However, some of these studies did not include psychological abuse in their definitions of IPV, and none of them divided their samples into CCV and SCV groups, although one or both types of violence might have been present. The present research posits that exposure to CCV and SCV may differentially influence children's outcomes. As CCV is characterized by male power and control, it is a demonstration of traditional gender role adherence. However, as SCV does not include coercive control, it is not a pattern of traditional gender role adherence. The pattern of IPV to which children are exposed is likely to influence their gender role adherence as well as their subsequent behavior.

Early Childhood Gender Role Development

Gender role orientation includes knowledge of gender stereotypes and gender role adherence. Knowledge of gender stereotypes is the understanding of what behaviors, traits, and activities are socially appropriate for each gender. Gender role adherence is the extent to which an individual adheres to the behaviors, traits, and activities that are socially appropriate for males and females. Traditional gender role adherence can be consistent with one's gender, such as a female adhering to feminine gender roles, or inconsistent with one's gender, such as a female adhering to masculine gender roles. Non-traditional gender role adherence is a lack of adherence to one type of traditional gender role and often involves an adherence to both masculine and feminine gender roles. Although gender stereotypes and gender role adherence are separate

constructs, knowledge of gender stereotypes often predicts gender role adherence (Bradbard & Endsley, 1983), although findings have been mixed (Campbell et al., 2002; Zosuls et al., 2009).

The first five years of life is a crucial period in the development of gender role orientation (Ruble et al., 2007; Zosuls et al., 2009). Early gender role development has 3 components: recognizing there are two sexes, identifying the self and others as male or female, and learning what behaviors and traits are appropriate or inappropriate for each gender (e.g., gender stereotypes, gender role adherence; Bussey, 1983). The first component, recognizing there are two sexes, is present in children as young as 6 months, when infants are able to discriminate between male and female voices and habituate to one category of faces (Miller, 1983; Younger & Fearing, 1999). The second component develops in two parts: the ability to identify oneself as male or female emerges between 18 and 24 months of age, and identifying others as male or female emerges between 24 and 30 months (Leinbach & Fagot, 1986; Stipek, Gralinski, & Kopp, 1990; Weinraub et al., 1984; Zosuls et al., 2009). The third component, knowledge of and adherence to gender stereotypes, begins between 17 and 20 months of age for girls and at about 24 months of age for boys (Eichstadt, Serbin, Poulin-Dubois, & Sen, 2002; O'Brien & Huston, 1985; Poulin-Dubois, Serbin, Eichstedt, Sen, & Beissel, 2002; Serbin, Poulin-Dubois, Colburne, Sen, & Eichstedt, 2001). Boys continue to gain this ability at a slower rate than girls, as 31 month old boys have gender stereotype knowledge regarding their own gender but not the opposite gender, while girls have more gender stereotype knowledge overall at this age (Edelbrock & Sugawara, 1978; O'Brien et al., 2000; Poulin-Dubois et al., 2002). A rapid increase in gender stereotype knowledge and behavior is seen between ages 3 and 5 (Ruble, Martin, & Berenbaum, 2006; Ruble et al., 2007). Finally, boys adhere to gender roles more rigidly, evidenced by a lack of change over time, whereas girls are more flexible in their

adherence to gender roles, as seen by greater change over time and greater change as a result of environmental influences (Edelbrock & Sugawara, 1978; Green, Bigler, & Catherwood, 2004; O'Brien & Huston, 1985; Wilbourn & Kee, 2010).

Several factors influence the degree to which children are aware of and adhere to gender roles (e.g., media; Ward, Hansbrough, & Walker, 2005); however, the most important influence is children's parents (Dumas, Margolin, & John, 1994; Luddy & Thompson, 1999). Male and female children are treated differently by their parents starting at birth (Birns, Cascardi, & Meyer, 1994). For example, mothers use language differently with male and female children, an interaction that is thought to influence children's gender role development (Leaper & Bigler, 2004). For example, Clearfield and Nelson (2006) found that mothers engage in interaction and conversation more often with female infants than they do with male infants. Through these differences, mothers are reinforcing gender stereotypical behaviors in their infants; girls are expected to be more verbally expressive and are allowed to seek help, whereas boys are expected to explore their environments independently. Parents also reward and punish gender stereotypical behaviors differently in male and female children. For example, a study of aggression in toddlers found that, on average, girls' aggressive acts were ignored and boys' aggressive acts were reinforced (Fagot & Hagan, 1985).

Although most of the research on gender role development has focused on maternal influences, some studies find that fathers play an important role as well. For example, Jacklin, DiPietro, and Maccoby (1984) found that, on average, all parents initiated more masculine stereotyped play with male children and more feminine stereotyped play with female children. However, fathers reinforced gender-stereotyped play more consistently than did mothers. Similarly, Bradley & Gobbart (1989) found that fathers offered gender-stereotyped toys to their

children more often than did mothers. Furthermore, fathers with traditional gender role adherence offered gender-stereotyped toys to their children more than fathers with non-traditional gender role adherence; this effect was not seen in mothers. Overall, research suggests that both parents are responsible for the development of gender-stereotyped knowledge and gender role adherence in children.

In addition, demographic factors are associated with the development of children's gender role orientations. For example, children who live in households with mothers who work outside of the home and who are highly educated, compared to children with mothers who work at home and who are less educated, have less knowledge of and adherence to gender roles (Castellino, Lerner, Lerner, & von Eye, 1998; Ex & Janssens, 1998; Fulcher, Sutfin, & Patterson, 2008). Children in two-parent homes have more gender-stereotyped knowledge than children in single-parent homes (MacKinnon, Stoneman, & Brody, 1984). Gender-stereotyped knowledge is also related to ethnicity, as children with parents born in Asia or Africa hold more gender stereotypes than children with parents born in Europe or North America or who are of mixed ethnicity (Kulik, 2005).

There is some evidence that children's understandings of gender stereotypes are affected by exposure to IPV. Children's beliefs about male power and superiority over women were positively associated with the frequency of psychological and physical abuse present in the home (Graham-Bermann & Brescoll, 2000). Also, IPV-exposed children had more gender-stereotyped knowledge than a non-exposed group (Kerig, 1999). However, research has not yet investigated gender role adherence in IPV-exposed children. In addition, neither study differentiated between types of IPV nor examined whether differences in gender-stereotyped knowledge led to differences in behavior problems.

Because CCV is a demonstration of traditional gender role adherence, it is likely that gender stereotypical knowledge and adherence to traditional gender roles is greater in children exposed to CCV. Specifically, male perpetrators of CCV exhibit control over their female partners and tend to have more patriarchal beliefs (Holtzworth-Munroe et al., 2000; Malamuth, Linz, Heavey, Barnes, & Acker, 1995; Malamuth, Sockloskie, Koss, & Tanaka, 1995; Telch & Lindquist, 1984). Because of the male partners' dominance, the agency of women experiencing CCV may be compromised. As these women are often told what to do and closely controlled by their male partners, they are forced into a role of submission (Johnson, 1995). These patterns of male dominance and female submission in the home contribute to a child's understanding of what is appropriate behavior for males and females and, ultimately, shape the child's understandings of gender stereotypes (Kerig, 1999).

Gender Role Adherence and Psychological Well-Being

Gender role adherence has important implications for mental health outcomes. Research has associated masculine gender role adherence with more externalizing problems and feminine gender role adherence with more internalizing problems, behavior problems that are consistent with gender roles (e.g., Cox, Mezulis, & Hyde, 2010; Renk, Robert, Klein, Rojas-Vilches, & Sieger, 2005). Individuals with traditional gender role adherence (masculine or feminine) tend to exhibit behavior consistent with those gender roles and suppress "inappropriate" or gender-inconsistent behavior (Bem, 1974). This suppression of inappropriate behaviors limits the individual and leads to an increase in behavior problems, and these behavior problems tend to be consistent with one's gender role adherence (e.g., internalizing problems consistent with feminine gender role adherence (Bem, 1974; Bem, 1975). Bem theorizes that individuals with non-traditional gender role adherence, especially those who adhere to both masculine and

feminine gender roles, have better mental health outcomes than individuals with traditional gender role adherence. She argues that individuals with non-traditional gender role adherence are free to engage in both masculine and feminine behaviors and adapt to situational demands (Bem, 1974; Bem, 1975). Engaging in a wider range of behaviors allows those with non-traditional gender role adherence freedom in developing their sense of self. This adaptability, resilience, and ability to engage in a wider range of behaviors are why individuals with non-traditional gender role adherence have better mental health outcomes than individuals with traditional gender role adherence.

Research supports this theory. Individuals with non-traditional gender role adherence have fewer depressive symptoms (Cheng, 1999; Shimonaka et al., 1997) and higher levels of positive well-being (Lefkowitz & Zeldow, 2006; Stake, 1997), self-esteem (Buckley & Carter, 2005; Shimonaka et al., 1997), emotional intelligence (Guastello & Guastello, 2003), and academic and social competence (Campbell, Steffen, & Langmeyer, 1981; Rose & Montemayor, 1994) compared to individuals with traditional gender role adherence. Shimonaka et al. (1997) demonstrated the relationship between non-traditional gender role adherence and positive mental health outcomes across much of the life span (ages 13 to 92). Furthermore, internalizing problems have been positively associated with feminine gender role adherence and negatively associated with masculine gender role adherence, consistent with Bem's theory. For example, feminine gender role adherence is positively associated with anxiety and fear (Brody, Hay, & Vandewater, 1990; Johnson et al., 2006; Muris et al., 2005; Palapattu, Kingery, & Ginsburg, 2006; Tucker & Bond, 1997) as well as depressive symptoms (Barrett & White, 2002; Cheng, 1999; Cox et al., 2010; Priess, Lindberg, & Hyde, 2009; Tolman, Impett, Tracy, & Michael, 2006), and negatively associated with self-esteem (McHale, Kim, Whiteman, & Crouter, 2004;

Tolman et al., 2006). Masculine gender role adherence is negatively associated with anxiety and fear (Ginsburg & Silverman, 2000; Palapattu, Kingery, & Ginsburg, 2006) and depressive symptoms (Barrett & White, 2002; Cheng, 1999; Priess, Lindberg, & Hyde, 2009).

Fewer studies have examined the relationship between gender role adherence and externalizing behaviors. However, two studies found that externalizing problems are positively associated with masculine gender role adherence and negatively associated with feminine gender role adherence, as Bem's theory suggests. Specifically, Hoffmann, Powlisha, and White (2004) found that adherence to feminine gender roles was negatively related to externalizing symptoms in a sample of adolescents. Additionally, one retrospective study found that externalizing behaviors in childhood were positively associated with masculine gender roles and negatively associated with feminine gender roles in adolescence (Renk et al., 2005). In the majority of these studies, non-traditional gender role adherence predicted fewer behavior problems for both males and females, suggesting that the relationship between gender role adherence and behavior problems is not influenced by gender (e.g., Cheng, 1999; Lefkowitz & Zeldow, 2006).

This literature has failed to examine the effects of gender role adherence on mental health outcomes in childhood. The majority of the extant research focuses on adolescents and young adults between the ages of 11 and 22. Only two studies have examined this relationship in younger children (ages 6-12); they both found results similar to research on adolescents and young adults (Brody et al., 1990; Ginsburg & Silverman, 2000). However, as the gender role development literature suggests, gender role orientation begins forming well before age 6 and sets patterns for children's behavior early on; therefore, we would expect to see a relationship between gender role adherence and mental health much earlier than what research has currently examined.

Summary

Research has consistently shown that children exposed to IPV demonstrate elevated behavior problems (e.g., Martinez-Torteya et al., 2009). However, it is still unclear whether boys and girls are affected differently by IPV exposure (Evans, Davies, & DiLillo, 2008; Kerig, 1998; Stagg, Wills, & Howell, 1989; Wolfe et al., 2003). The mixed findings suggest there is heterogeneity within gender groups, and thus gender alone may not be the strongest predictor of outcomes in IPV-exposed children. The current research proposes that gender role adherence and the type of IPV to which a child is exposed may also predict children's outcomes.

As CCV is a type of IPV characterized by male power and control over a female partner, it is a demonstration of traditional gender role adherence. Due to the significant role parents play in the development of children's gender role adherence, it is likely that children exposed to CCV will internalize these gender roles and develop traditional gender role adherence and a greater understanding of gender stereotypes (e.g., Clearfield & Nelson, 2006; Jacklin, DiPietro, & Maccoby, 1984). Evidence suggests that gender role adherence is a significant predictor of behavior problems (Cheng, 1999; Palapattu et al., 1996). Traditional gender role adherence in children exposed to CCV is likely to be exacerbated due to the gendered nature of the IPV to which they are exposed, which is likely to result in higher levels of behavior problems.

The present study proposed the following hypotheses:

(1) Children exposed to CCV were more likely to have (a) accurate knowledge of gender stereotypes and (b) traditional gender role adherence than children exposed to SCV or no IPV.

(2a) Children exposed to CCV would have more overall behavior problems than children exposed to SCV. Children not exposed to IPV would have fewer overall behavior problems than children exposed to either type of IPV.

(2b) Children with traditional gender role adherence, consistent or inconsistent with their gender, would have more overall behavior problems than children with non-traditional gender role adherence.

(2c) Traditional gender role adherence would result in more overall behavior problems than non-traditional gender role adherence for both boys and girls.

(2d) There would be an interaction between gender role adherence and type of IPV on overall behavior problems. Children with traditional gender role adherence who are exposed to CCV would have the most behavior problems, and children with non-traditional gender role adherence who are not exposed to IPV would have the fewest number of behavior problems.

(3a) Children with feminine gender role adherence, consistent or inconsistent with their gender, would exhibit more internalizing behavior problems than children with masculine or non-traditional gender role adherence. Children with masculine gender role adherence, consistent or inconsistent with their gender, would exhibit more externalizing behavior problems than children with feminine or non-traditional gender role adherence.

(3b) Feminine gender role adherence would result in more internalizing behavior problems for both boys and girls. Masculine gender role adherence would result in more externalizing behavior problems for both boys and girls.

(3c) There would be an interaction between gender role adherence, consistent or inconsistent with child gender, and type of IPV for internalizing and externalizing behavior problems. Children with feminine gender role adherence who are exposed to CCV would have more internalizing behavior problems than children with masculine or non-traditional gender role adherence that are exposed to CCV and all children exposed to SCV or no IPV. Children with masculine gender role adherence who are exposed to CCV would have more externalizing

behavior problems than children with feminine or non-traditional gender role adherence that are exposed to CCV and all children exposed to SCV or no IPV.

Method

Participants

The current research was part of a larger, longitudinal study that examines the effects of IPV on women and their children (Bogat, Levendosky, & Davidson, 1999; Levendosky, Bogat, Davidson, & von Eye, 2000). Participants in the original sample were 206 pregnant women recruited from a tri-county area in a Midwestern state. The study recruited participants so that approximately one-half of the women experienced IPV during pregnancy and the other half did not. Inclusion criteria for the original study were: women had to be between 18 and 40 years of age, they had to have proficiency in English sufficient to complete questionnaires, and the first interview had to occur during their last trimester of pregnancy.

Participants were included in the current research if the mother and child participated in at least one of the relevant time points (when the child was 2, 3, and 4 years old). Data were imputed using maximum likelihood estimation methods for participants with missing data at 1 or 2 of the time points, yielding a sample of 177 children (87 boys, 90 girls). Data was missing at random (MCAR statistic = 110.27, $df = 95$, $p = 0.14$), and 1.6% of the data was missing. There were no significant differences between participants with and without missing data on any variables used in the present study. Forty-nine percent of the children were Caucasian, 24% African American, 23% multiracial, 2% Hispanic, 1% Native American, and 1% Asian American. When children were age 4, the average family income was \$2,556 ($SD = \$1,982$), and the average age of mothers was 29.47 ($SD = 5.08$). 81% of mothers worked outside of the home

in the past year. Additional demographic information from when the children were 4 years-old is presented in Table 1.

Measures

Demographics. A questionnaire was administered to obtain basic demographic information such as maternal race (white versus non-white), mother's education, work outside of the home, income, and age when the children were 4 years old. These measures were controlled for in the analyses if a significant association was shown between them and IPV type, gender, gender role adherence, or behavior problems. Income was used as a proxy for maternal education levels. A one-way ANOVA was conducted to examine differences in income among education levels. Education level was divided into three groups: (1) some high school, high school diploma, or GED, (2) some college, trade school, or associate's degree, and (3) bachelor's degree, some graduate school, or graduate degree. The ANOVA showed significant differences in income between all three groups, $F(2,174) = 27.25, p < 0.05$, validating the use of income as a proxy for education level. Women in education group 1 had the lowest income levels ($\bar{x} = \$1,716, SD = \$1,242$), followed by group 2 ($\bar{x} = \$2,398, SD = \$1,610$) and group 3 ($\bar{x} = \$4,507, SD = \$2,636$).

Physical Violence. The Severity of Violence Against Women Scale was administered to assess acts of physical violence a woman might experience from her partners (SVAWS; Marhsall, 1992). Respondents note the frequency with which each of the 46 events occurred, on a 4-point scale ranging from "never" to "many times." Marshall (1992) reported high internal reliability for a community sample. Coefficient α for this sample was .95. At each time point, when children were ages 2, 3, and 4, mothers reported whether they experienced any of the events in the previous year. Exposure to IPV in the child's first year of life was not included in

the current study, as research suggests gender role orientation does not begin developing until about 18 months. The present study used the sum of scores from items 1 through 46.

Psychological Abuse. The Psychological Maltreatment of Women Inventory was used to assess psychological abuse and control a woman might experience from her partners (PMWI; Tolman, 1989). Respondents note the frequency with which each of the 14 events occurred on a 5 point scale: “never,” “rarely,” “sometimes,” “frequently,” and “very frequently.” At each time point, when children were ages 2, 3, and 4, mothers reported whether they have experienced any of the events in the previous year. An 11-item subset of the questionnaire was used in order to remove items that are not unique to IPV.

IPV Type. The CCV and SCV groups were defined using physical violence items from the SVAWS and psychological abuse items from the PMWI. Women experienced CCV if they endorsed any physical violence on the SVAWS and high psychological abuse, defined as 3 or more items on the PMWI experienced “frequently” or “very frequently.” Women experienced SCV if they endorsed any physical violence on the SVAWS and low or no psychological abuse on the PMWI, defined as less than 3 items experienced “frequently” or “very frequently.” The control group consisted of women who experienced no physical violence. If a woman experienced CCV at any one of the time points, she was in the CCV group. If a woman experienced SCV at any of the time points and experienced no CCV, she was in the SCV group. A woman was in the control group if she experienced no CCV or SCV at any of the time points.

Gender Role Orientation. The Sex Role Learning Index was used to assess gender role orientation in children at age 4 (SERLI; Edelbrock & Sugawara, 1978). Two of the 3 parts of the SERLI were used in the present research: (1) Sex role discrimination (SRD) is a child’s knowledge of gender role stereotypes, defined as the degree to which a child’s classification of

an item agrees with gender role stereotypes associated with that item. Children were presented with a series of 20 black and white line drawings of common objects, half of which are stereotyped as masculine and half as feminine. Children were asked to verbally classify the objects as “for boys or for girls.” Children were assigned a SRD score for stereotype knowledge of their own sex and a score for stereotype knowledge of the opposite sex. Scores, ranging from 0 to 100, were the percent agreement of the child’s correct classification of items with the appropriate gender stereotype. A score of 100 indicated perfect agreement between the child’s classifications and the gender stereotypes. The own and opposite SRD scores were summed to create an overall SRD score, ranging from 0 to 200.

(2) Sex role preference (SRP) is a child’s desire to adhere to gender roles. Children were presented with two arrays of 10 line drawings of children or adults engaged in activities that are stereotypically masculine (e.g., car play, firefighter) or feminine (e.g., sewing, feeding a baby). Children were asked to remove the picture of the activity they would most like to do or be and then to continued selecting activities until all pictures have been removed. The SRP score was based on the order in which the child chose items considered appropriate for the child’s sex and the probabilities of making those choices. Separate SRP scores were calculated for the child and adult drawings; child and adult scores were averaged to create an overall SRP score. Scores ranged from 20 to 80, where a score of 80 represented maximum masculine gender role adherence for boys and maximum feminine gender role adherence for girls, a score of 50 represented adherence to both masculine and feminine gender roles, and a score of 20 represented maximum masculine gender role adherence for girls and maximum feminine gender role adherence for boys. Children were in the non-traditional gender role adherence group if their

SRP scores were above 45 and below 55. Children with scores outside of this range were in the traditional gender role adherence group.

In order to reduce scoring error, 2 coders scored each child's SERLI data. When there was a disagreement in scores, the coders discussed the disagreement to determine where the error occurred and resolve their differences. Edelbrock & Sugawara (1978) report test-retest reliabilities over three weeks ranging from .61 to .69 for the SRD and .43 to .90 for the SRP and significant correlations with other measures of gender role orientation.

Child Behavior Problems. The Child Behavior Checklist was used to assess emotional and behavior problems in children (CBCL; Achenbach, 1991). In addition to an overall behavior problems t-score, t-scores for two broad subscales, internalizing and externalizing behaviors, were used in the present study. Internalizing behaviors included withdrawal, anxiety, and depression. Externalizing behaviors included aggression and delinquency. Mothers completed the CBCL when their children were age 4. These scales demonstrate high reliability, ranging from .81 to .87 (Achenbach, 1991).

Procedure

The women in the original sample were first interviewed during their last trimester of pregnancy. For the current study, interviews were held at the child's second, third, and fourth birthdays. Mother and child were interviewed at the project offices. Mothers completed the demographics, IPV, and behavior problems questionnaires. Children were administered the gender role orientation measure and completed the videotaped task. Interviews were conducted by graduate student project staff members and trained undergraduate research assistants. The IPV questionnaires were administered last, to ensure that interviewers were blind to the woman's IPV status as long as possible. Women were paid for their participation.

Results

Correlations were examined between IPV group, behavior problems, gender role adherence, gender stereotype knowledge, gender, and the related demographic variables. Income was positively related to stereotype knowledge and negatively related to externalizing and overall behavior problems. Income was also correlated with child gender; boys were more likely to be in families with higher income. Maternal age was correlated with gender role adherence group, such that traditional gender role adherence was stronger in children of older mothers. Maternal ethnicity and work outside of the home were not related to any variables. Chi square analyses were conducted among the categorical variables. The chi square between gender and gender role adherence group was significant, $\chi^2 = 5.52$, $df = 1$, $p < 0.05$, such that boys were more likely to have traditional gender role adherence and girls were more likely to have non-traditional gender role adherence. When gender role adherence groups were further separated into feminine, masculine, and non-traditional, the chi square was also significant, $\chi^2 = 26.22$, $df = 2$, $p < 0.05$, such that girls were more likely to have feminine or non-traditional gender role adherence and boys were more likely to have masculine gender role adherence. Income and age were the only demographic variables significantly correlated with IPV group, behavior problems, gender role adherence, and gender, so they were entered into the analyses as covariates. Income was entered as a covariate in analyses including stereotype knowledge, externalizing or overall behavior problems, and child gender. Maternal age was entered as a covariate in analyses including gender role adherence group. The number of children that fall in each category is presented in Table 2, and all correlations are presented in Table 3.

A one-way between-subjects ANOVA was used to test whether gender stereotype knowledge differed between IPV groups, controlling for income (Hypothesis 1a). The ANOVA

showed no difference among the three groups, $F(2,173) = 0.39, p = \text{ns}$. Chi-square analyses examined whether gender role adherence groups differed as a function of IPV group (Hypothesis 1b); the results were significant, $\chi^2 = 12.98, df = 2, p < 0.05$. The adjusted residual method, which calculates the adjusted residual statistic for the observed and expected frequencies in each cell (MacDonald & Gardner, 2000), indicated that children in the CCV group were more likely to have traditional gender role adherence, a strong adherence to masculine or feminine gender role norms no matter the child's gender. Children in the SCV group were more likely to have non-traditional gender role adherence, a strong adherence to *both* masculine and feminine gender role norms. Furthermore, children not exposed to IPV were equally likely to have traditional or non-traditional gender role adherence.

To assess differences in behavior problems among IPV groups (Hypothesis 2a), a one-way between-subjects ANOVA, controlling for income, was conducted. The ANOVA indicated a significant difference between the three groups on overall behavior problems, $F(2, 173) = 3.14, p < 0.05$ (see Table 4). Children in the CCV group had the most behavior problems ($\bar{x} = 22.93, SD = 15.19$), followed by children in the SCV group ($\bar{x} = 21.53, SD = 11.53$), and children in the no IPV group ($\bar{x} = 15.33, SD = 14.28$). Games-Howell post-hoc analyses indicated a significant difference between the SCV and no IPV groups, $p < 0.05$. There were no significant differences between the CCV group and the other groups.

A one-way between-subjects ANOVA for overall behavior problems was conducted to determine if behavior problems differed as a function of gender role adherence (Hypothesis 2b). The ANOVA indicated no significant difference in overall behavior problems across the two groups, $F(1,173) = 0.05$. The interaction between IPV group and gender on overall behavior

problems was also conducted. Results of the two-way between-subjects ANOVA were not significant, $F(2,170) = 1.63, p = ns$.

A two-way ANOVA was conducted in order to determine the influence of gender role adherence on overall behavior problems for boys and girls (Hypothesis 2c). The interaction between gender and gender role adherence was significant (see Table 5). Non-traditional boys had more behavior problems ($M = 22.11, SD = 13.95$) than traditional boys ($\bar{x} = 15.94, SD = 12.11$). For girls, the opposite pattern was observed; traditional girls had more behavior problems ($\bar{x} = 22.50, SD = 16.31$) than non-traditional girls ($\bar{x} = 18.24, SD = 11.84$). There was no interaction between IPV group and gender role adherence (Hypothesis 2d), $F(2,169) = 0.07$.

To take a more fine-grained look at how gender role adherence and IPV group influenced behavior problems, similar analyses were run separately for internalizing and externalizing behavior problems. For these analyses, the traditional gender role adherence group was decomposed into masculine and feminine groups and compared to the nontraditional gender role adherence group. One-way between-subjects ANOVAs examined differences in internalizing and externalizing problems between gender role adherence groups (Hypothesis 3a). The results of the ANOVAs were non-significant for internalizing, $F(2,174) = 0.16, p = ns$, and for externalizing problems, $F(2,173) = 1.25, p = ns$.

In order to test whether gender role adherence had the same influence on internalizing and externalizing problems for boys and girls (Hypothesis 3b), two-way ANOVAs were conducted. For externalizing problems, the interaction between gender and gender role adherence was significant (see Table 6). Boys with non-traditional gender role adherence had the most externalizing problems ($\bar{x} = 8.79, SD = 5.78$), followed by boys with masculine gender role adherence ($\bar{x} = 7.13, SD = 5.15$) and boys with feminine gender role adherence ($\bar{x} = 5.33, SD =$

5.16). For girls, the opposite pattern was found: girls with feminine gender role adherence had the most externalizing problems ($\bar{x} = 10.95$, $SD = 8.90$), followed by girls with masculine gender role adherence ($\bar{x} = 9.06$, $SD = 5.01$) and girls with non-traditional gender role adherence ($\bar{x} = 7.63$, $SD = 5.18$). The interaction for internalizing problems was not significant, $F(6,170) = 1.39$, $p = ns$. To test the interaction between IPV group and gender role adherence on internalizing and externalizing behavior problems (Hypothesis 3c), two-way ANOVAs were conducted. The interactions were non-significant for both internalizing, $F(4,167) = 0.13$, $p = ns$, and externalizing problems, $F(4,167) = 0.19$, $p = ns$.

Discussion

Although IPV research has commonly focused on comparing outcomes for boys and girls, the present study suggests that examining gender differences alone may not be useful in understanding the influence of IPV on children. Not only are gender groups heterogeneous, but gender also interacts with other variables (e.g., gender role adherence) to influence child outcomes. Gender must be examined in conjunction with these other factors in order to explicate the effects of IPV on children. Findings from the present research suggest that the type of IPV to which children are exposed influences their gender role adherence, as children display gender role adherence that matches the pattern of behaviors that define the IPV type present in their household. However, gender role adherence affected behavior problems differently for boys and girls; non-traditional gender role adherence was a risk factor for boys and a protective factor for girls. Findings also indicate that IPV type does not influence mean levels of behavior problems; instead, differences in behavior problems appeared between IPV-exposed and non-exposed children.

As hypothesized, children exposed to CCV were more likely to have traditional gender role adherence. This type of violence, theorized to be the result of patriarchal traditions and the social construction of gender, is a way for males to exert dominance over their female partners (Johnson, 1995). The pattern of physical violence and psychological control exerted by a male over his female partner in CCV, as well as the female partner being forced into submission, demonstrates traditional gender roles. The present findings indicate that children in these households are learning this pattern of traditional gender roles and developing more traditional gender role adherence. However, an unexpected result was that children exposed to SCV were more likely to have non-traditional gender roles. SCV is more likely to be bi-directional physical violence between males and females; thus, violence, a stereotypically masculine behavior, is perpetrated by both the male and female partner. This pattern of violence demonstrates to the child that violent behaviors are not specific to one gender and indicates a pattern of non-traditional gender roles. These findings suggest that SCV and CCV each demonstrate a specific pattern of gender roles, which young children in the household are learning and exhibiting.

Although IPV type influenced children's gender role adherence, children exposed to CCV were no more likely to have gender stereotype *knowledge* than were children exposed to SCV or no IPV. All children are exposed to gender stereotypes to some extent, whether from family, peers, or media (Ward, Hansbrough, & Walker, 2005), and therefore develop knowledge of these stereotypes. However, not all children are likely to develop adherence to these gender roles, as children not exposed to IPV were just as likely to have traditional as well as non-traditional gender role adherence. However, as discussed before, children exposed to the pattern of traditional gender roles inherent in CCV are more likely to develop traditional gender role adherence. Thus, the present findings suggest it is not knowledge of gender stereotypes, but

observing the demonstration of gender roles, that leads to the development of specific gender role adherence. The findings from the present study suggest that knowledge of gender stereotypes does not necessarily imply having adherence to traditional gender roles, which is consistent with previous findings (Campbell, Shirley, & Caygill, 2002).

In order to understand how children's gender role adherence interacted with IPV type to influence behavior problems, it was necessary to first understand how IPV type directly influenced behavior problems. Children exposed to CCV and SCV did not differ on overall behavior problems. However, children exposed to SCV had more behavior problems than those not exposed to IPV. The sample size of children exposed to CCV was likely too small to produce a significant result, as the mean level of behavior problems for this group was higher than for children exposed to SCV. Thus, the differences in mean levels of behavior problems appeared to be between children exposed to IPV and children not exposed to IPV, a pattern which has been found consistently in the literature (e.g., Sternberg, Baradaran, Abbott, Lamb, & Guterman, 2006).

Bem's theory of psychological androgyny was partially supported by the present study. The theory posits that individuals with non-traditional gender role adherence have better mental health outcomes because they do not suppress gender-inconsistent behaviors and are free to engage in both masculine and feminine behaviors in order to adapt to situational demands (Bem, 1974; Bem, 1975). Furthermore, research has demonstrated that gender role adherence is a stronger predictor of mental health than is gender; thus, non-traditional gender role adherence results in better psychological outcomes regardless of an individual's gender (e.g., Cox et al., 2010). In the current study, non-traditional gender role adherence was a protective factor for girls

and a risk factor for boys. Thus, Bem's theory applied to girls in this sample, as flexibility in their gender role adherence was associated with more positive outcomes.

Socialization factors may explain why non-traditional gender role adherence was a risk factor for boys. Specifically, it is more acceptable for girls to be flexible in gender role adherence than it is for boys (Wilbourn & Kee, 2010). Girls demonstrate more variability in their adherence to sex-typed behaviors, whereas boys display masculine gender role adherence more consistently (Edelbrock & Sugawara, 1978; Green, Bigler, & Catherwood, 2004; O'Brien & Huston, 1985; Wilbourn & Kee, 2010). These findings imply a behavioral expectation that boys will act according to masculine stereotypes, an expectation that does not exist in parallel form for girls. One study found that gender nonconformity in boys was perceived as more problematic than gender nonconformity in girls (Page, 1987). Due to this social expectation, boys with masculine gender role adherence experience fewer behavior problems, as their behavior aligns with expectations. Boys with non-traditional gender role adherence do not meet social expectations. The discordance between their gender role adherence and social expectations leads to an increase in victimization by peers (Song, 2004), which may cause an increase in behavior problems. Another possible explanation for higher levels of behavior problems among non-traditional boys is that parents may perceive their children as having more behavior problems because their behavior is inconsistent with the previously mentioned social expectations. As noted earlier, parents reinforce behaviors that are considered socially acceptable for the child's gender, such as reinforcing aggression in boys and ignoring it in girls (Fagot & Hagan, 1985). When there is discordance between parental expectations and children's behavior, it may lead to an increase in maternal-reported children's behavior problems. Prior research, which suggests that non-traditional gender role adherence is a protective factor regardless of an individual's gender, has

not examined the relationship of gender role adherence and behavior problems in children younger than 11 years old. Results from the current study suggest non-traditional gender role adherence may be a risk factor for boys when they are younger, perhaps because the social expectations for boys to act in accordance with masculine gender roles is stronger when children are younger than when they reach adolescence. The present findings suggest it is important to examine both gender and gender role adherence in preschool-aged children as they relate to behavior problems.

When analyses separated gender role adherence into three groups, masculine, feminine, and non-traditional, a gender by gender role interaction emerged for externalizing problems. Non-traditional gender role adherence remained a risk factor for boys and a protective factor for girls. Surprisingly, boys with feminine gender role adherence had lower externalizing problems than those with masculine gender role adherence, although the small number of children in this group ($n = 6$) makes this finding difficult to interpret. Girls with feminine gender role adherence had more externalizing problems than those with masculine gender role adherence. This pattern may suggest that girls with feminine gender role adherence are at risk to have behavior problems, despite whether the behavior problems are consistent with their gender role adherence. Another explanation may be related to the children's developmental level, as externalizing problems are more commonly seen in this age group than are internalizing problems (e.g., Cole et al., 1996). This finding lends partial support to the Masculinity Hypothesis, which suggests that masculine gender role adherence is associated with better psychological adjustment than feminine gender role adherence (Whitley, 1984). Girls with feminine gender role adherence may be at higher risk of behavior problems due to their passivity and submissiveness.

This study has several limitations, the most prominent of which is its small sample size. Because CCV occurs in a smaller percentage of the population than SCV (Johnson, 1995), it is not surprising that only 15% of children in this sample were exposed to CCV during early childhood ($n = 27$). However, this small number made it difficult to conduct analyses examining differences in gender and gender role adherence within children exposed to CCV. Without being able to enter IPV type, gender role adherence, and gender as predictors into an analysis, it is difficult to interpret how the relationship between gender and gender role adherence may differ depending on type of IPV exposure. Future studies could examine whether the importance of the child's gender differs for exposure to SCV or CCV.

Another limitation of the present study is that, although this was a longitudinal study, and information about exposure to IPV occurred yearly, gender role orientation data was only available when children were 4 years old. This limits the ability to examine these patterns longitudinally, to see how gender role adherence and IPV type influence these children over time or whether these patterns predict greater risk at older ages. Future research could determine whether the interaction of IPV type and gender role adherence at a certain developmental period is a greater risk factor than exposure during other periods. It may be the case that exposure to IPV during the critical stages of gender role orientation development, from ages 1 to 5, would influence gender role adherence and behavior problems more than it does at other stages of development. Furthermore, studies should focus on whether the same pattern would be observed in older children exposed to IPV.

Another limitation of this study was the IPV groups were not created according to the same criteria as Johnson, so it is unclear if the groups in the present study represent those measured in Johnson's studies. Johnson and Leone (2005) used 12 items from the Conflict

Tactics Scale (Straus, 1990) to measure physical violence and 7 items from the National Violence Against Women Survey (NVAWS), which resembles the PMWI, to measure psychological control. Because the groups were categorized according to different criteria, further validation is necessary to ensure the IPV typologies measured in the current study resemble those measured by Johnson. Furthermore, the present study attempted to improve the measurement of the IPV groups by making them more closely resemble the theory of IPV typologies. Johnson and Leone (2005) defined high psychological control as the perpetration of 3 or more control tactics, but did not measure the frequency of the acts. As CCV is defined as a pattern of psychological abuse, it is important for the measurement of this group to include the frequency of these acts. As such, the present study defined high psychological control as 3 or more control tactics experienced frequently or very frequently.

IPV typology validation is also necessary to determine whether the measurement of these groups accurately reflects the theory Johnson originally described (1995). One way this could be done is by including a direct measure of the parents' gender role adherence, as the patterns of gender roles demonstrated in CCV and SCV were used as proxies for parental gender role adherence. There is some evidence suggesting that male perpetrators of psychological violence hold more patriarchal beliefs (e.g., Holtzworth-Munroe et al., 2000). However, these studies did not measure CCV directly, nor have studies examined how SCV and CCV relate to a female victim's gender role adherence. The inclusion of this measure could support the use of IPV typology as a proxy for parental gender role adherence and validate that the categorization of these IPV groups represents a meaningful difference of parental gender role adherence. The IPV groups could be further validated using better measurement of physical and psychological IPV. Specifically, the measure of psychological violence in the current study provides limited

information about the patterned nature of psychological violence, as it only includes a limited range of psychological violence tactics and its scale does not clearly define a pattern of psychological abuse. Specifically, the frequency scale (“never,” “rarely,” “sometimes,” “frequently,” and “very frequently”) does not provide enough information to determine whether these acts represent a pervasive pattern of psychological control. Furthermore, although SCV is more likely to be bi-directional, female violence perpetrated toward the male was not collected during the waves of data used in the present study. Further validation of these IPV typologies would allow for more accurate conclusions about the influence each IPV type has on victims and children who are exposed. Furthermore, it would provide guidance as to whether future research needs to include these categorizations in order to conduct meaningful IPV research, as suggested by Johnson & Ferraro (2000).

In summary, the present study contributes to the understanding of the pathways through which IPV-exposed children develop behavior problems as well as protective factors that demonstrate resilience in children. Specifically, findings indicate that examining gender differences is a simplistic way to understand the influence of IPV on child outcomes. Research frequently addresses this question, and the present study suggests it is not the question we should be asking. As gender is only one of many factors that predict child outcomes, it should be examined in the context of other relevant variables, such as gender role adherence and IPV type. An increased understanding of factors that predict resilience in children exposed to IPV can lead to intervention programs that promote these positive adaptation factors. However, more specific information regarding the influence of these protective factors is needed. For example, in the present research, non-traditional gender role adherence was a protective factor for girls, but a risk factor for children exposed to SCV. Due to sample size limitations of the present study, it is

unclear how exposure to SCV influences girls with non-traditional gender role adherence.

Important directions of future research include examining the interaction between IPV type, gender role and adherence, and gender on child outcomes.

Finally, the present research has implications for the intergenerational transmission of IPV. Young boys exposed to CCV are likely to develop traditional gender role adherence, and male perpetrators of CCV display traditional gender role behaviors by perpetrating violence in order to control their female partner. Because of these associations, gender role adherence may be a factor that leads children exposed to CCV to perpetrate IPV as adults. However, gender role adherence may only serve as a pathway to future perpetration of IPV for children exposed during sensitive periods of gender role development. Specifically, gender role adherence develops between the ages of 1 and 5 (Ruble et al., 2007; Zosuls et al., 2009), and gender stereotyped attitudes intensify during early adolescence (Galambos, Almeida, & Petersen, 1990). Thus, exposure to CCV may only influence future IPV perpetration if exposure to IPV occurs during one of these critical periods in gender role development. In order to examine how gender role adherence may influence the intergenerational transmission of IPV, future research should examine longitudinal associations between IPV exposure during childhood and adolescence, gender role adherence, and IPV perpetration in adulthood.

Table 1

Descriptive Statistics on Maternal Demographics

Variable	%
Education Level	
Less than 12th Grade	11.3
GED	6.8
High School Diploma	14.7
Some College	36.2
Trade School	7.3
Associate's Degree	5.6
Bachelor's Degree	9.6
Some Graduate School	0.6
Graduate Degree	7.9
Relationship Status	
Single	39.6
Married	48.0
Separated	2.8
Divorced	9.0
Widowed	0.6

Table 2

Frequencies of children in IPV, gender role adherence, and gender groups

		Feminine	Masculine	Non-Traditional	Total
Girls	No IPV	9	6	18	33
	SCV	5	6	29	40
	CCV	8	6	3	17
Total		22	18	50	90
Boys	No IPV	5	22	12	39
	SCV	1	19	18	38
	CCV	0	7	3	10
Total		6	48	33	87

Table 3

Correlations between variables

	1	2	3	4	5	6	7	8
1. Child gender	-							
2. Maternal age	0.14	-						
3. Maternal ethnicity	N/A	0.16 *	-					
4. Work outside the home	N/A	0.01	N/A	-				
5. Monthly income	0.15 *	0.32 *	0.12	-0.11	-			
6. Internalizing problems	-0.07	0.02	-0.03	-0.10	-0.10	-		
7. Externalizing problems	-0.09	0.01	-0.01	-0.09	-0.26 *	0.61 *	-	
8. Stereotype knowledge	-0.17 *	0.10	0.03	-0.14	0.30 *	-0.14	-0.11	-
9. Gender role adherence	N/A	0.19 *	-0.04	N/A	0.14	-0.01	0.02	0.06

Note . * $p < 0.05$. Point biserial correlations were conducted for dichotomous variables.

For child gender, 1 = male, 0 = female. For maternal ethnicity, 1 = white, 0 = non-white.

For work outside the home, 1 = yes, 0 = no. For gender role adherence, 1 = traditional, 0 = non-traditional.

Table 4

ANOVA for overall behavior problems by IPV group

	Type III Sum of Squares	<i>df</i>	MSE	F	<i>p</i>
Income	872.72	1	872.72	5.06	0.03
IPV group	1084.13	2	542.06	3.14	0.046
Residual	29830.72	173	172.43		

Table 5

ANOVA for overall behavior problems by gender and gender role adherence group

	Type III Sum of Squares	<i>df</i>	MSE	F	<i>p</i>
Income	1500.06	1	1500.06	8.62	0.00
Age	127.91	1	127.91	0.74	0.39
Gender	23.40	1	23.40	0.14	0.71
GRA group	11.86	1	11.86	0.07	0.79
Gender x GRA group	1008.02	1	1008.02	5.80	0.02
Residual	29744.94	171	173.95		

Table 6

ANOVA for externalizing behavior problems by gender and gender role adherence group

	Type III Sum of Squares	<i>df</i>	MSE	F	<i>p</i>
Income	381.88	1	381.88	11.86	0.00
Gender	85.74	1	85.74	2.66	0.99
GRA group	0.96	2	0.48	0.02	0.11
Gender x GRA group	197.04	2	98.52	3.06	0.049
Residual	5475.35	170	32.21		

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