Maternal Perspectives Toward Parent-Child Communication on Healthy Relationships, Sex, and Dating Violence

by

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IPV is a major public health concern that impacts multiple aspects of the victim's physical and mental health. Children who live in households where violence is present are at an increased risk of experiencing violence in their dating relationships. Research has revealed, however, that resilience is common and possible. Researchers have found that positive and strong mother-child relationships and communication can foster resilience, and thus, break the cycle of violence. Our study aimed to better understand maternal perspectives on how they communicate with their adolescents and how they approach the topics of healthy dating, sex, and dating violence. Mothers of adolescent children (aged 10 to 18 years) were recruited in UPMC clinic waiting rooms to complete a nine-page survey. Mothers reported that they believed respect and communicating are key to healthy dating relationships. They also advised other parents to talk openly and be honest when discussing healthy dating and sex. Mothers revealed that they talked to their children less about dating violence and had less advice to give to other parents about approaching conversations on this topic. These findings indicate that more work needs to be done to promote maternal awareness and self-efficacy in talking about dating violence. Future interventional studies should focus on teaching mothers about dating violence, how violence within the household impacts a child's development, and provide guidance to mothers on how to improve their communication with their teens.

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Preface

I would like to thank Kielah Turner and Aya Shehata for their help in recruiting mothers for this study. Asking others to participate in research studies is such a vulnerable act and takes a lot of effort, so I appreciate you both for your work to make this study possible. I also wish to thank Noelle Spencer for helping me organize my data and coordinating with Kielah and Aya in our recruitment efforts.

To Dr. Judy Chang, I am so grateful for your mentorship throughout medical and public health school. I appreciate your guidance in not only my research efforts, but also my growth as a future physician. Most importantly, I am grateful for the years of supporting my path to resilience in the face of grief and sorrow.

To Dr. Martha Terry, thank you so much for your open door – there have been many times that my grief had invaded so many aspects of my life. I appreciate the time and space you have given me to discuss both my professional pursuits and personal life events.

Finally, I would like to thank late my mother, Marcia Ferguson, for her continued inspiration – even in death – to make a positive impact in others' lives and to never give up.

1.0 Introduction

Approximately 10-60% of teens in United States (US) high schools have experienced violence in their dating relationships (Straus, 1992). Research has shown that children raised in violent households are at increased risk for experiencing violence later in life (Hazen et al., 2006). This stems from a multitude of reasons, including children internalizing these events through symptoms of depression and anxiety, externalizing what they have witnessed through physical aggression, and normalizing violent relationships (Jaffe et al., 1986). Intimate partner violence for both adults and adolescents is a major public health concern because it can result in life-long physical and mental health problems (WHO, 2013).

Fortunately, resilience in children is a much-studied topic, which reveals that it is quite common (Masten, 2001). Research has linked resilience to strong mother-child relationships (Haskett et al., 2006). Several studies have investigated how mother-child communication impacts different public health concerns. However, no research has studied how this communication relates to dating violence.

This paper reviews more closely the impact that intimate partner violence has on victims, why children raised in violent households are at a higher risk of experience teen dating violence, what resilience means and how it impacts children, how maternal relationships with children relate to resilience, and what previous interventions have done to attempt to break the cycle of violence. Then I discuss our study and its aims to understand mothers' perspectives on their communication with their teens about healthy dating, sex, and dating violence. This paper reports out on the quantitative and qualitative data the implications of the findings for future research.

2.0 Background

Intimate partner violence (IPV) is the occurrence of violence, whether it is psychological, physical, sexual or even the threat of such acts, between partners (current or former) who may or may not live in the same household (Saltzman et al., 1999). IPV occurs worldwide, affecting women more than men, and can occur in both heterosexual and homosexual relationships. Despite the longstanding history of IPV, only in the 1970s did it become recognized as a social problem in the United States. Since that time, research has confirmed IPV to be a persistently prevalent problem associated with significant health consequences. The WHO defined numerous poor health outcomes that affect those who are afflicted by IPV. This list includes, but is not limited to unsafe sexual behaviors, sexual transmitted infections, unintended pregnancies, chronic pain, anxiety, depression, substance abuse, and fetal injury/loss. These outcomes have been shown to create more social costs in order to provide mental and physical health care for these women (WHO, 2013). In more recent years, the focus has turned to who is more at risk for IPV, and how to prevent it from reoccurring.

In the US, approximately 21.4% of women and 14.9% of men have experienced severe violence in their lifetime (Smith et al., 2018). However, self-reports from victims of IPV are limited because they fear retaliation from their current or previous partners (Block, 2004). The WHO estimates that of all females murdered, 40-70% were murdered by their husband or boyfriend (WHO, 2012). Block (2004) published that approximately 45% of women murdered by intimate partners the attempted to leave the relationship. For this reason, many victims often fear for their own safety and are even afflicted with post-traumatic stress disorder (PSTD). Since IPV regularly goes under-reported, estimations are the best statistics available. About 6.9 million

women experience IPV annually, and 42 million women are estimated to have experienced it at one point in their lives (Black et al., 2011; Tjaden & Thoennes, 1998). IPV is a major public health concern because it is associated with so many comorbid health conditions.

2.1 Children – At-Risk Population

Research shows that over 50% of women who experience IPV victimization have children in their households (Miller et al., 1996). Straus (1992) conducted a study that estimated that upwards to 10 million adolescent children witness IPV between their caregivers annually. In fact, children of female victims are at one of the highest risks of victimization or perpetration of violence when they begin dating (Hazen et al., 2006). A wide range, 10% to 60%, of US high school students are estimated to have experienced violence within their intimate relationships (Straus, 1992). A recent study reported that girls are less likely to report teen dating violence (TDV) than boys, which can explain this approximation (Shaffer et al., 2018). In 2010, the National Intimate Partner and Sexual Violence Survey published that 22% of adult women who reported having been victims of IPV first experienced violence from a partner as a minor (Black, 2011).

For these reasons, children who have witnessed violence between their parents/guardians are considered a high-risk population. Early studies of children coming from violent families revealed a strong association between family violence and boys display some degree of the violence that they have witnessed. Girls who witnessed violence exhibit symptoms of anxiety and depression (Jaffe et al., 1986). Hazen et al. (2006) found that the severity of the violence experienced by the caregiver is instrumental in predicting a child's behavior development. Witnessing severe violence, such as being kicked, punched, choked, or threatened with a weapon,

was found to be far more influential in a child's internalization and externalization problems in comparison to less severe forms of violence, such as being pushed or slapped. Hazen's study went further to describe that children of violent households were more likely to endure psychological and corporal punishment by their female caregivers. This paper emphasized a need for a more longitudinal study to better understand the complexity of the relationships between caregiver and child.

Several articles acknowledge the difference between how males and females react to exposure to family violence. When observing the behavior of adults, one study noted that men and women who were maltreated as children experienced skewed perceptions of themselves and others, and were more willing to accept violence within their adult relationships (Ponce et al., 2004). Other research has found correlations between perpetrating violence and having witnessed IPV during childhood, stating that perpetrators were more likely to have been witnesses of IPV. Observations of children's development over time noted that boys were more likely to accept violence than girls, boys exhibited more physical aggression towards others, and girls were more likely to internalize behaviors (Ernst et al., 2009). Focusing on women, more specifically, a strong correlation has been made between women who report IPV and witnessing/experiencing physical violence during their childhood (Bensley et al., 2009).

The adolescent population, like the adult population, is subject to the same sequelae of IPV. Studies have estimated up to 59% of high school students experiencing violence in their romantic relationships. TDV is a serious but under-researched concern, since most of the studies over the years have focused on married couples and those living within the same household. Teens who experience TDV are at increased risk of participating in risky sexual behaviors, illegal drug use and abuse, mental illnesses, physical injuries, pregnancy and venereal diseases (Breiding et

al., 2015; Halpern et al., 2009). This is further supported by a recent literature review (Joppa, 2020) that differentiated TDV from sexual risky behavior (SRB). The author defined SRB as behaviors that put teens at risk of unintended pregnancies and STIs. They went on to discuss that teenage girl victims of TDV were having multiple sexual partners and used condoms less, revealing that high school girls who were victims of TDV within the past year were 1.8 times more likely to become pregnant than those who were not. Moreover, girls who had multiple partners and did not use condoms were more likely to become victims of physical violence in dating relationships. In young adults, one systematic review (Capaldi et al., 2012) reported that perpetrators reported few resources for social support, a higher degree of substance dependence, and a wide gamut of psychological disturbances.

In South Carolina, a Youth Behavior Survey was administered to schools across the state. This investigation reinforced previous studies, emphasizing that severe dating violence victimization and perpetration were more common among women and men, respectively. An association was found between male perpetrators and poor perceived health-related quality of life (H-R QOL), reinforcing the vast differences between the sexes in mental health outcomes. One of the main objectives of this study was to better define various dimensions of well-being for those involved in severe dating violence. The use of questions to assess H-R QOL has helped our understanding how TDV has influenced the livelihoods of our adolescent population. In their conclusion, they recommended early intervention from either the community or schools (Coker et al., 2009).

2.2 Previous Interventions

Recent studies have been extremely beneficial in assessing the details of TDV; however, they also emphasize the deficit in preventing IPV and providing interventions for children who witness IPV. In 2015, the first randomized trial on a TDV intervention program was published (Foshee et al., 2015). The program was called Moms and Teens for Safe Dates (MTSD). Mothers and adolescents between the ages of 12 and 16 (with 64% being female) were recruited throughout the Chapel Hill, NC community. These pairs were mailed six booklets consisting of information on dating abuse prevention, with interactive activities included. The families received follow-up telephone interviews six months after the booklets were sent. Eighty percent of the households completed the first booklet, while 62% completed all six booklets. Overall, the MTSD program showed promising effects on adolescents with high exposure to dating abuse. Significant effects were most notable in victimization and perpetration of physical and psychological abuse, and perpetration of cyber abuse in dating. However, there were no effects on sexual violence victimization and perpetration. It was difficult to assess the reasons for effectiveness and lack thereof because they did not acquire information about how the material was perceived and used (Foshee et al., 2015). Upon further analysis, they found that factors such as teens' perception of family closeness, and mothers' comfort in communicating with their teens showed moderation in the effectiveness of the program (Foshee et al., 2015).

2.3 Mother-Child Communication and Resilience

To date, few studies have specifically explored the possible the correlation of mother-teen communication with dating abuse. However, Akers et al. (2010) have published studies on the relationship between parental communication and sex. They explored contraceptive discussions in Black urban families. Through surveying parents and their children, the authors noted a difference between parents' perception of contraceptive discussions and their children's recollection of the dialogue. Adolescents agreed that there was a strong emphasis on the prevention of sexual activity consequences. However, they did not recall receiving specific details on how to practice safer sex (Akers et al., 2010). This vague rhetoric around execution of sexual safety is troublesome. Although previous studies have noted a positive correlation between family communication and adolescent sexual activity and contraceptive use (Jaccard et al., 1998; DiClemente et al., 2001), separate studies emphasize that the specific agreement between parent and adolescent regarding their communication is associated with positive youth outcomes (Aspy et al., 2006). This led Akers and colleagues to review several intervention studies on communication between parents and children, which found that aiding parents with their communication skills improved the quality and increased the frequency of the conversations on sex (Akers et al., 2011).

Although many studies explore safer sex, communication between mothers and children on dating violence is a considerably understudied topic. Overwhelming data point to the poor health outcomes of both mothers and children, and Akers et al. (2011) found it important to start incorporating similar observations and interventions to practicing safer sex specifically into mother-child communication on dating violence. Analysis of the MTSD program revealed several moderations, but more specifically the lack of comfort mothers have in discussing IPV. To better understand and characterize mothers' perspectives, Insetta et al. (2014) interviewed mothers who

were victims of intimate partner violence. They found that many mothers have not discussed IPV with their children, but expressed great interest in doing so. Mothers valued the concept of a close and open relationship with their children and would appreciate interventions to identify communication strategies (Insetta et al., 2014).

Positive parental interaction and support are some of the most significant factors in a child's development and wellbeing (Haskett et al., 2006). For these reasons, fostering resilience in children through parent-child communication is important. Resilience is a quality that allows a person to thrive despite experiencing severe and tumultuous events in their lives. Resilience in children is a well-studied phenomenon, and is quite common, not extraordinary. For decades, studies have characterized resilience to better understand its components and moderators (Masten, 2001). Several positive factors are associated with resilience in children exposed to adverse circumstances. Resilient children exhibit behaviors of self-worth, self-efficacy, and competence. These are the result of internal and external influences. Internally, children are affected by their own abilities, intelligence and personal values. External influences, such as family and school, have a strong impact as well (Condly, 2006).

By promoting competence in mothers, adolescents can benefit indirectly. Burns et al. (2013) conducted a pilot parenting program for high-risk families. Homeless mothers were taught various parenting skills through workshop activities to create self-efficacy for the mothers. The main focus of these was promoting parent-child attachment, learning stress reduction, and honing working memory, cognitive flexibility and inhibitory control. While the study did not prove efficacy, it built a path for future studies to investigate the impact on resilience through improving parent-child communication (Burns et al., 2013).

Acuña and Kataoka (2017) conducted an observational study on family communication styles and adolescent resilience. They surveyed secondary school students on PTSD and stressful life events while also investigating their family's communication, using the Parent-Adolescent Communication Scale (PACS). The study indicated that open family communication was inversely related to adolescents' symptoms of PTSD. The findings further bolster the importance of targeting family-child communication (Acuña & Kataoka, 2017).

Using and improving the power of communication between mother and child can potentially positively affect outcomes of an extremely high-risk population.

3.0 Methods

From June 2017 to February 2019, a cross-sectional survey was administered in the waiting rooms of UMPC's Magee Outpatient Clinic and Adolescent Medicine Clinic, surveying 151 mothers of adolescent children – aged 10 to 18 years. The author, with assistance from two undergraduate students, distributed a paper survey, comprised of nine pages of questions asking women to describe themselves, their children, their relationship and communication styles with their children, and targeted questions about their beliefs and actions surrounding healthy dating, sex, and dating violence. The survey was voluntary and took participants approximately 15 minutes to complete.

3.1 Participants

Prior to distributing the survey, women were asked if they were currently mothers of children between the ages of 10 and 18 years old. Mothers who did not have children these ages were not eligible to participate in the study. Other noneligible women were those who were not legal guardians of their children (e.g. grandmothers, foster parents, siblings). That being said, non-biological mothers were included in the study if they were the self-reported legal guardian; several biological grandmothers met the criteria for this study. Some responses were also excluded because the ages of their children did not meet criteria.

3.2 Survey Instrument

Prior to the author joining the study, the nine-page survey was developed by Dr. Judy Chang and Dr. Aletha Akers, a clinician researcher with expertise in parent-child communication regarding sexual health topics. It was comprised of both multiple-choice and free response questions and was piloted with several mothers of diverse racial backgrounds for face validity, to assess that the questions were understandable, and to estimate time for completion. The survey asked demographic questions (eight questions), communication about healthy dating relationships (14 questions), parent-adolescent communication (24 questions), attitudes about talking about relationships (24 questions), and mothers' relationship history (eight questions).

Mothers were asked demographic questions about their age, race, ethnicity, marital status, level of education, the number of children they had, the ages of their children, and their children's gender. Mothers were also asked about their beliefs surrounding dating, healthy dating, sex, and dating violence. Participants were also asked to describe if and how they discussed the above topics with their adolescents, and what advice they would give to another parent to approach these discussions. Other questions inquired about their personal experiences with dating, intimate partner violence, and discussions they had with their own parents when they were children.

Mothers completed two sets of questions targeted to their communication with the eldest of their adolescent children. Twenty questions came from the validated and reliable Parent-Adolescent Communication Scale (PACS) that measures parents' communication satisfaction with their adolescent children (Barnes & Olson, 1985; Sales et al., 2008). An additional four questions, included alongside the PACS, instructed mothers to use a five-point Likert scale to indicate how much they agreed – ranging from "strongly agree" to "strongly disagree" – with statements that described how they communicated with their child and how their child communicated with them.

Twenty-four questions included a similar Likert scale for statements that described their attitudes about talking about relationships with their adolescent child. This scale included a sixth response, allowing mothers to express if they were “unsure” or “did not know” (see Appendix A).

3.3 Statistical Methods

The completed paper surveys were scanned and uploaded virtually, and responses were recorded in an Excel spreadsheet by the author. Data from the Excel spreadsheet were transferred into the SPSS version 26.0, and a 2-sided p value <.05 was considered statistically significant. Each response was analyzed using descriptive statistics to identify frequencies for categorical variables and means for numerical variables (e.g. ages).

3.4 Parent-Adolescent Communication Scale (PACS)

The 20 questions from PACS comprised two subscales, Openness in Family Communication (OFC) and Problems in Family Communication (PFC). Each subscale had 10 questions. OFC responses are associated with a perception of positive communication experiences, whereas PFC responses are associated with a perception of negative communication experiences. The OFC Likert scale was coded within the range of one to five, with one indicating “strongly disagree” and five indicating “strongly agree.” The PFC was inversely coded. The sum of both the OFC and PFC was calculated. A higher number is associated with a higher satisfaction with communication among mothers (range = 20-100). No literature has supported the finding that there

is a specific cut-off score. The range is used to describe level of satisfaction with participants' communication.

3.5 Bivariate Analysis

After using descriptive statistics to characterize the sample, PACS scores were compared to Likert scale responses of comfortability with discussing healthy dating, sex, and dating violence using a boxplot for visualization. A t-test was not performed to test for significance. Maternal guardians' experiences with IPV were compared to their reporting of discussions about healthy dating, sex, and violence that they had with their parents when they were children using the X^2 statistic for dichotomous outcomes.

3.6 Content Analysis

The questionnaire contained four open-ended questions that solicited written responses from the participants. These questions were: "What are some key things that make a dating relationship healthy?" "What advice do you have for other parents based on your experience [communicating about healthy relationships]?" "What advice do you have for other parents based on your experience [communication about sex]?" "What advice do you have for other parents based on your experience [communicating about dating violence]?" Responses to these questions were typed verbatim into word documents and these documents were uploaded into the qualitative data management software, Atlas.ti version 9.0. As most of the written responses were single

words to just one to two sentences, the author created codes related to specific words, topics, and inference. Patterns and categories and key elements were then identified in the coded data. Given the large number of participants who provided responses to these open-ended questions, the author chose to convert key elements into quantitative dichotomous variables (present/absent) and determined the proportion of participants who described each theme.

4.0 Results

Of 151 surveys received, 121 were complete and thus included in the analysis. After survey responses were returned, some participants were excluded for not completing at least 75% of the survey.

4.1 Descriptive Statistics

4.1.1 Demographics

The average age of participants was 46.6 years (SD = 6.4), with ages ranging from 35 to 65 years. The average number of children participants had was 2.9 (SD = 1.3), with ranges from one child to eight children. As seen in Table 1, most of the participants were White or Caucasian (78.3%), followed by Black or African American (18.3%). Very few participants reported being Latinx (1.7%) or Multiracial (1.7%). Of all the women, 97.4% did not identify as Hispanic. In regard to marital status, 54.8% were married, 15.7% divorced, 13.9% single and never married, 7.8% single and living with partner, 6.1% widowed, and 1.7% separated. Approximately 44.8% of women had a college degree, followed by 24.1% having received a graduate degree and 19.8% having attended college, but received no degree. Less common were participants who either received a high school diploma/GED (8.6%) or did not (2.6%). A majority (50.4%) of participants reported having only female children, 10.3% only male children, 36.8% both male and female children, and 2.6% non-binary children.

Table 1 Maternal Guardians' Demographics

	Value	Frequency (n)	Percentage (%)
Race	Black or African American	21	18.3%
	Latinx	2	1.7%
	White or Caucasian	90	78.3%
	Multiracial	2	1.7%
Ethnicity	Hispanic	3	2.6%
	Non-Hispanic	95	97.4%
Marital Status	Single, never married	16	13.9%
	Single, living with partner	9	7.8%
	Married	63	54.8%
	Separated	2	1.7%
	Divorced	18	15.7%
	Widowed	7	6.1%
Education	Some high school	3	2.6%
	High school/GED	10	8.6%
	Some college, no degree	23	19.8%
	College degree	52	44.8%
	Graduate degree	28	24.1%
Gender of Children	Female	59	50.4%
	Male	12	10.3%
	Non-Binary	3	2.6%
	Male & Female	43	36.8%

4.1.2 Relationships

Regarding relationship history, the average age at which mothers started dating was approximately 15.2 years (SD = 1.9), ranging between ages 11 and 25 years old. At the time of the survey, a majority (81.2%) of women were in a romantic relationship.

Regarding mothers' experiences with IPV, 34.5% reported ever experiencing physical IPV and 13.8% reported ever being forced to engage in sexual activity against their will by a current or former partner.

When the participants were asked about their current or most recent relationship, 12.4% agreed with trying not to "rock the boat" because of fear of what their partner might do, 6.1% agreed with feeling owned and controlled by their partner, and 5.3% agreed with the statement that their partner scares them without laying a hand on them. Figure 1 provides a description of responses to all three statements and notes that 4.4% strongly agreed with the first statement, 2.6% with the second statement, and 3.5% for the last statement.

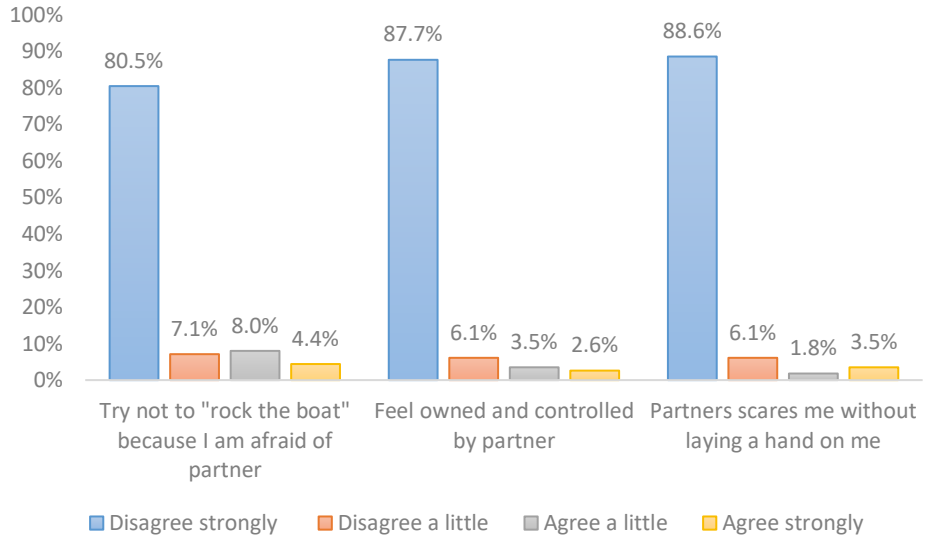

Figure 1: Mothers' Current or Most Recent Relationship

4.1.2.1 Communication with Own Parents

Participants were asked about conversations they had with their own parents when they were children. Most women did not have conversations with their parents about healthy dating (72.4%), sex (70.4%), or dating violence (82.6%).

4.1.3 Communication Satisfaction and Styles

One hundred five participants completed all 20 PACS questions. For these women, the average score was 80 (SD = 1.2), indicating high satisfaction with their communication with their children (range = 47-99) For the additional communication questions, a majority (75.3%) of participants agreed that their child tells them about all their children's friends. Most disagreed with concerns that their child does not listen to them (75.2%), that they talk *to* their child rather than *with* their child (66.4%), and that they experience difficulty with their child telling them about their day (58.8%). The average age of their eldest adolescent child, about whom they answered the above questions, was approximately 16.4 years (SD = 1.4)

4.1.4 Types of Discussions on Healthy Dating, Sex, and Dating Violence

Participants were asked details about the types of discussions they have had with their children. When asked about healthy dating, a majority of participants described what makes a healthy relationship (87.4%) or an unhealthy relationship (75.6%), and shared their own experiences with healthy relationships (80.7%); 57.1% asked their child about their own experiences with healthy relationships. When using examples from friends, family and media, 59.7% of participants gave positive examples of healthy relations and 49.6% gave negative examples. Many women (68.1%) answered their child's questions about healthy relationships.

In the context of conversations about sex, 95.7% talked about sex in general with their child, 67.8% discussed readiness for sex, 79.1% talked about birth control, and 79.1% discussed sexually transmitted diseases. Some women talked about their own experiences (50.4%), while a

minority asked their child about theirs (46.1%), provided positive examples (46.1%), and gave negative examples (40.9%). Most participants (67.8%) answered their child's questions about sex.

A majority of women (82.9%) talked to their child about dating violence; 84% indicated that they have described in detail what dating violence actually means. Conversely, only 45% of participants talked about their own experiences with violence, and half of women asked their child about theirs. When giving examples to their child, 58% provided negative examples. Fifty-five percent of participants responded to their child's questions about dating violence. See Figure 2.

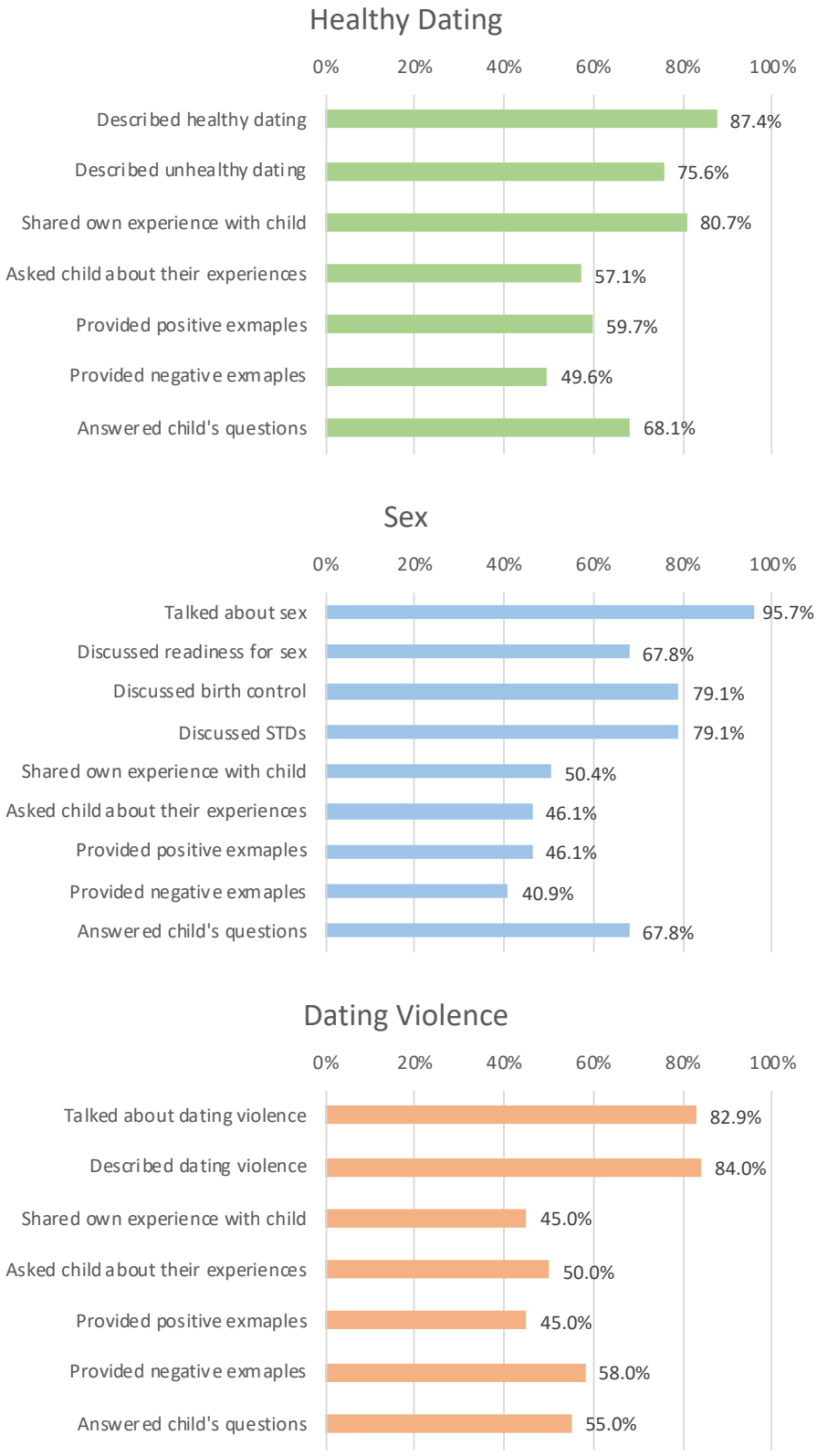

Figure 2: Details About Healthy Dating, Sex, and Dating Violence Discussions

4.1.5 Attitudes Toward Relationship Discussions

Participants believed it was appropriate for children to start dating, on average, at 15.5 years (SD = 1.4) Approximately 97.5% agreed with the statement that it was important to discuss healthy dating with their child, and 95.7% reported feeling comfortable discussing this topic. With regard to sex, 94.1% believed that it is an important topic to discuss, while 82.8% felt comfortable talking about it. About dating violence, 95.7% agreed it was important to discuss with their child, while 86.3% felt comfortable talking to their child about dating violence. A majority of participants did not believe that their child was too young to talk about healthy dating (78.5%) or sex (82.4%). Participants also strongly agreed that a child should know how to protect themselves in a dating relationship (85.3%), know how to treat their significant other well (88%), and choose a partner that respects them (96.6%). A majority of women also indicated that they did not believe it was the father's responsibility to talk to their child, regardless of gender, about dating violence (69.3%) or sex (70.4%).

4.2 Group Comparisons and Correlates

4.2.1 PACS and Discussions of Health Dating, Sex, and Dating Violence

Participants who indicated that they talked with their children about healthy dating had an average PACS score of 78.4 (SD = 12.4), and participants who did not talk with their children about healthy dating had an average of 68.3 (SD = 15.6). The average PACS for participants who talked to their children about sex was 78.4 (SD = 12.3); average PACS for mother who did not

was 72.3 (SD = 17.4). When asked about dating violence, participants who reported that they have discussed this topic with their child had an average PACS of 79.4 (SD=12.0); those who did not had an average score of 72.7 (SD = 13.6).

Participants were asked about their comfort levels with discussing healthy dating, sex, and dating violence using a five-point Likert scale and an option to indicate "unsure." Figure 3 illustrates the mean and range of PACS scores for each category of participant comfort talking about healthy dating, sex, and dating violence. The Likert scale options not visualized on the boxplot indicate that no participants selected that option. Participants who were quite comfortable talking about healthy dating had an average PACS 81.7 (SD = 10.7); only four participants moderately or strongly disagreed. Participants who were comfortable talking about sex had an average PACS 81.2 (SD = 12.4); participants who moderately agreed 75.6 (SD = 10.8); moderately disagreed 69.6 (SD = 17.4). Participants who strongly agreed with being comfortable talking about dating violence had an average PACS 81.3 (SD = 11.2); participants who moderately agreed 72.9 (SD = 12.2); strongly disagreed 58.0 (SD = 8.5).

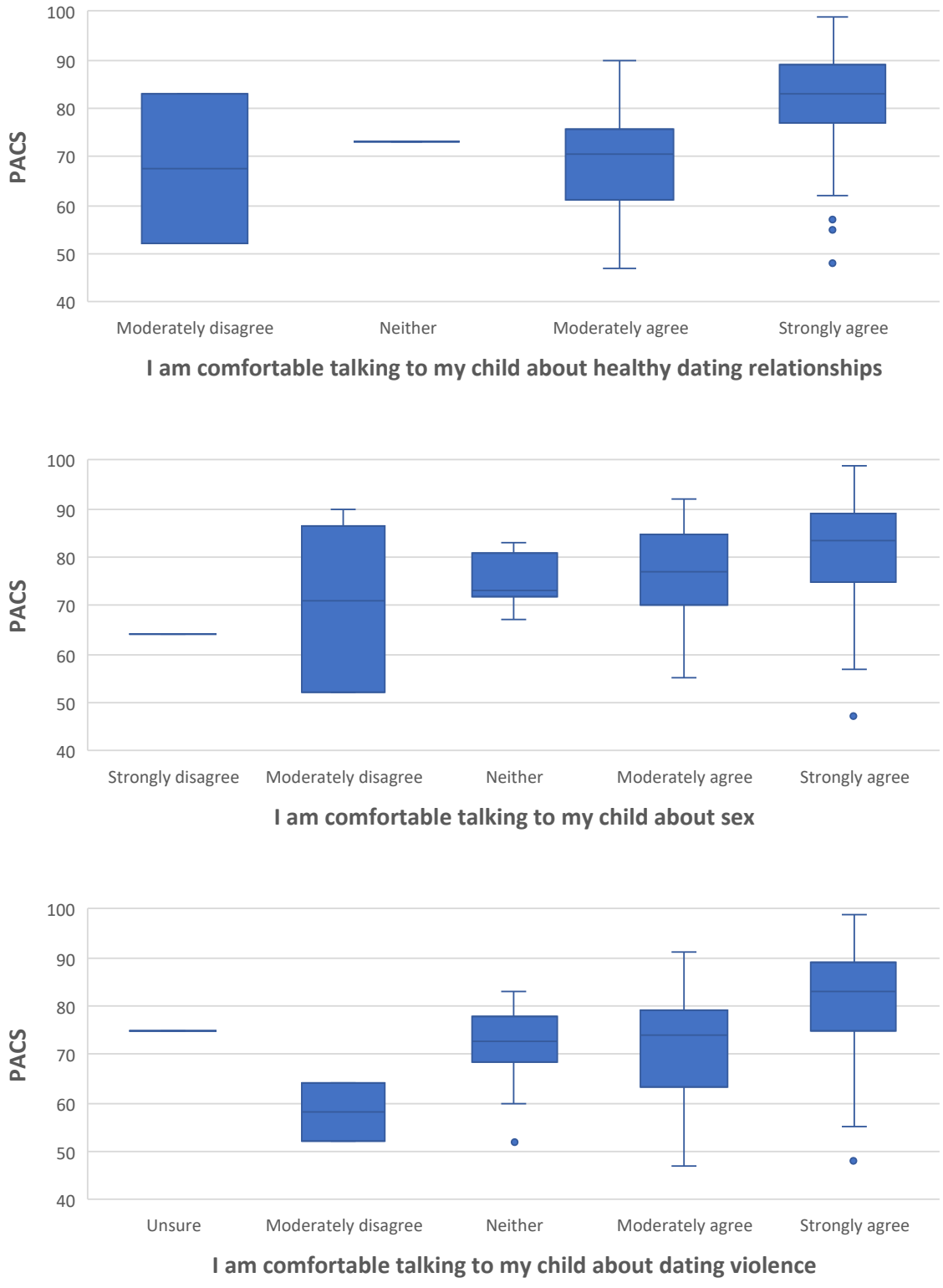

Figure 3: PACS and Comfort Level Comparisons

4.2.2 Mothers' Intimate Partner Violence Experience and Past Communication with Their Parents

Participants' personal experiences with IPV were compared to their reporting of discussions about healthy dating, sex, and violence that they had with their parents when they were children. Participants who reported being physically or sexually assaulted by a current or former partner were less likely to have talked to their parent about healthy dating (n = 40; $X^2 = 12.1$; $p < 0.001$), sex (n = 38; $X^2 = 8.7$; $p = 0.003$) or dating violence (n = 42; $X^2 = 8.2$; $p = 0.004$).

4.3 Open-ended Responses

Of the 121 completed surveys, 117 (97%) included completed responses to the question, "What are some key things that make a dating relationship healthy?" Ninety-six (79%) mothers wrote responses to the question "What advice do you have for other parents based on your experience [communicating about healthy relationships]?" and 86 (71%) to "What advice do you have for other parents based on your experience [communication about sex]?" Fewer (66, 55%) mothers provided responses to the question "What advice do you have for other parents based on your experience [communicating about dating violence]?" The following sections describe the key elements related to each of these open-ended questions and the proportion of surveys in which those elements were described.

4.3.1 Perspectives on Healthy Dating

Table 2 lists the various characteristics/elements the mothers described as crucial for healthy dating relationships. The most common characteristic of or quality for a healthy relationship mothers reported was the need for mutual respect (n = 55). Most mothers listed respect as a one-word answer, but other respondents elaborated on the need for self-respect, mutual respect, or respecting values. One mother's response described what she meant by respect:

> *Respecting yourself first and demanding some respect. Meeting someone with the same values. We are Christian so those values would come into play.*

Table 2 Keys to a Healthy Dating Relationship Elements

Elements	Frequency (n)	Proportion
Respect	55	47.0%
Communication	50	42.7%
Honesty	21	17.9%
Trust	16	13.7%
Kindness	11	9.4%
Independence	10	8.5%
Thoughtfulness	10	8.5%
Boundaries	8	6.8%
Friendship	8	6.8%
Similar interests and values	8	6.8%
Fun/Humor	7	6.0%
No Abuse/Violence	7	6.0%
Consent	6	5.1%
Abstinence	5	4.3%
Patience	5	4.3%

Another common element was the need for good communication (n = 50). Most participants did not describe the type of communication they envisioned, but some participants reported the need for "good" or "healthy" communication. Twenty-one participants found honesty to be key in a healthy dating relationship. Sixteen participants expressed the importance of trust in

the relationship. Participants also explained the importance of independence (n = 10) in the relationship through various scenarios. One mother encouraged "time by yourself and with friends other than the person you are dating."

Other key components noted were kindness (n = 10) and thoughtfulness (n = 10) in the relationship, two participants explicitly expressing the importance of each person having "concern" for the other person's "well-being." Of note, some participants discussed the necessity of consent (n = 6) and absence of violence/abuse (n = 7) in healthy relationships. Participants listed "consent," "no means no," or wrote both in their free response.

4.3.2 Advice Regarding Discussing Healthy Dating

Ninety-six participants provided advice to other parents on how to approach discussions of healthy dating with their adolescent children. Many participants encouraged parents to talk openly (n = 36) and be honest (n = 20) with their children. One mother stated, "Put your fears behind you and be honest, but be aware of what your child can handle emotionally and developmentally." Another participant empathized with the difficulties of talking openly with teens:

> *Communication and honesty can be difficult. Especially when you don't want to think of your children growing up. However, it is better for your kids to be able to come to you for information rather than friends.*

Related to talking openly, several responses focused on keeping the lines of communication open. One mother stated, "Keep the lines of communication open. Try not to sound judgmental or to discourage sharing in any other way." Several participants (n = 17) also advised parents to listen to their children when they speak, with some emphasizing the importance of active listening and

interrupting them while they are talking. Other participants (n = 11) expressed the importance of parents being approachable when discussing dating relationships, giving advice on how to do so:

> *Just make sure you always talk with you daughters and that your girls know no matter what you won't be angry, and you will help them.*

Other common advisory elements included not being judgmental (n = 9), and not overacting to information their teen has shared with them (n = 6). One mother stated, “Try not to be too judgmental. Have an open mind, even though you may be crying inside.” These elements, in addition to several others, are shown in Figure 4.

4.3.3 Advice Regarding Discussing Sex

Of the 121 respondents, 86 provided advice to other parents when discussing sex. Many of the elements overlapped with parental advice when discussing healthy dating. Figure 4 reveals the similarities and differences among them. One theme that was more common when discussing sex, as opposed to healthy dating, was being open-minded (n = 9). One mother stated, “Please be opened minded and ask question and be understanding,” while another respondent wrote, “Be open. Kids today are much smarter and more open-minded.”

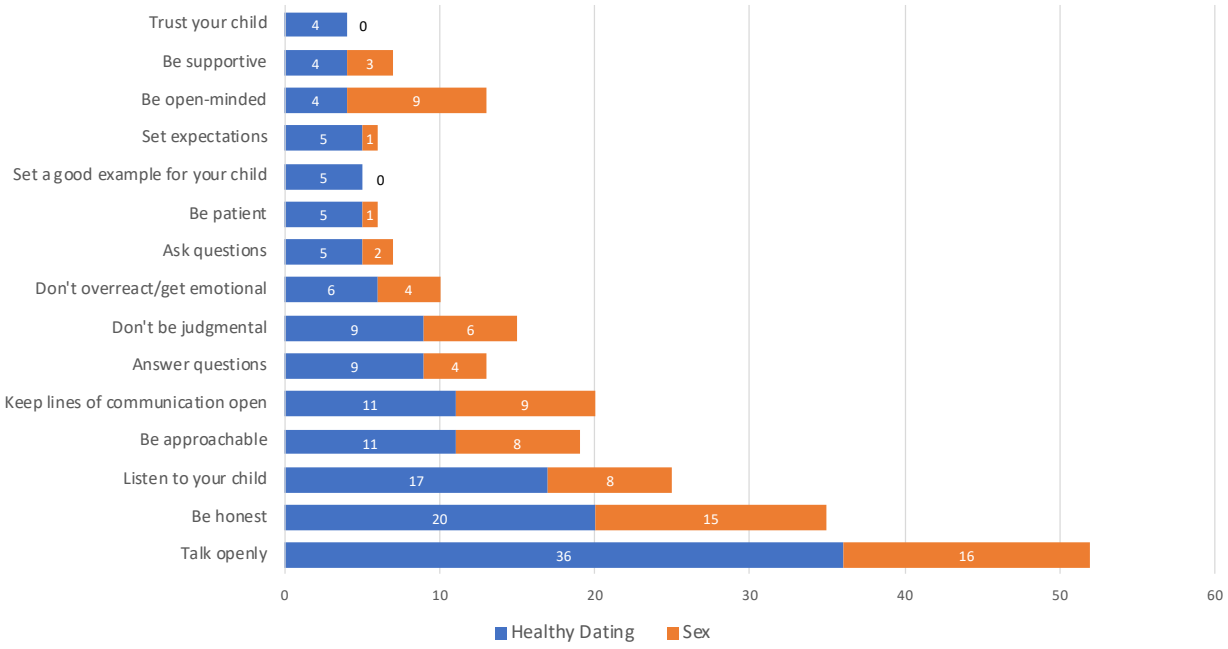

Figure 4: Advice to Other Parents on Discussing Healthy Dating & Sex

4.3.4 Advice Regarding Discussing Dating Violence

About half of participants (n = 66) provided advice on how to discuss dating violence. While several participants provided advice similar to the topics above, to our knowledge, this was the first time that participants expressed their personal experiences and their children's experience with violence. One mother shared her experience:

> *I left an emotionally abusive marriage. That makes these conversations tough because details are not shared with kids. However, modeling strong, self-possessed female identity is my goal.*

Another mother gave advice based on her daughter's violent relationship:

> *Ask your children often if they are ok or have any questions. We found out the hard way that our child was sexually abused by her boyfriend where the police had to be involved. Counseling and support help, but when damage is done you feel grief and helpless as a parent.*

One participant did not provide advice on how to talk to teens, but instead how to give oneself grace:

> *I feel there are not any rules of handbook for parenting, and I try my best day to day.*

Several participants indicated that they had no experience with dating violence, with one stating, “I have never experienced dating violence, but I hope I would see signs.” Another respondent wrote, “I don't have this experience yet, but I certainly should take my own advice and discuss with my sons.”

Several elements were also identified in discussing dating violence, with keeping the lines of communication open (n = 8), followed by talking openly (n = 7), being honest (n = 6), paying attention to your child’s behaviors (n = 5), and listening to your children when they speak (n = 5).

5.0 Discussion

A significant number (78.3%) of participants were White or Caucasian, which is not indicative of the general population of Pittsburgh (66.8% White or Caucasian, 23% Black or African America, 5.8% Asian). Moreover, almost 70% of the participants received a college degree or higher; however, only 44.6% of the Pittsburgh population have this level of education (U.S. Census, 2019). Given that the participants in this study were recruited in the waiting room of two clinical offices, the sample of participants may reflect an issue of health care accessibility based on race and socioeconomic status.

The prevalence of IPV among participants, with more women reported physical assault (34.5%) than sexual assault (13.8%), is higher than in the general US population (21.4%) (Smith et al., 2018); however, IPV is often under-reported. A recent study investigated the inconsistencies in self-reports of IPV, revealing that cross-sectional surveys have 12% false negatives and false positives (e.g., women who experienced IPV screened negative for IPV, women who have no experienced IPV screened positive for IPV) (Loxton et al., 2019). Given these findings, it is important to note that our cross-sectional study falls within the 12% variance of the national average.

Our study revealed that participants who experienced IPV by a current or former partner were less likely to have talked to their parents about healthy dating, sex, or dating violence. That most participants in this study have discussed these topics with children is promising for breaking the cycle of past habits. To our knowledge, no study has explicitly researched the impact that parent-child IPV discussions have on future experiences with IPV. While this study does not imply

causality, it may set a foundation for understanding how important parent-child conversations are to prevent IPV victimization.

The closest tie to our research is a recent study that investigated the links between parent-child communication and spirituality. The authors found that spirituality was linked to greater comfort levels with talking about IPV (Kaufman et al., 2021). Given that high levels of spiritual communication have been linked to a better quality of parent-child relationships (Brelsford, 2013), our study alongside the findings by Kaufman et al. (2021) may support the contention that parent-child IPV communications can impact children's relationships later in life.

Most participants expressed the importance of talking with their children about healthy dating, sex, and dating violence. However, fewer participants felt comfortable discussing each topic with their child, with sex being the most uncomfortable topic. Despite participants expressing decreased comfort with talking about sex, they were more likely to talk about sex than healthy dating or dating violence. That a majority of participants reported not having these discussions with their parents when they were children suggests a change in parenting trends and practices from one generation to the next with increased interest and willingness to talk with their children about these topics. In addition, what the participants described as the preferred average age for children to start dating was lower than the average age participants themselves started to date. These findings may indicate either cultural or generational changes over time or that participants' personal experiences with dating have altered parenting habits they witnessed as children.

Participants' satisfaction with how they communicate with their adolescent child, ranged widely, from a near perfect 99 to a low of 47. Participants with higher scores expressed more comfort talking to their children about healthy dating, sex and dating violence. However, the standard deviation of PACS becomes wider with decreased comfort. While participants with

higher scores reported having discussed these topics with their children, there is no real distinction between participants who have talked with their child compared to those who have not. PACS has been used to investigate parent-child experiences with various types of life events, such as maternal breast cancer (Cho et al., 2015), adolescent sexual behavior (Ford et al., 2019), bereavement (Angelhoff et al., 2021), and self-harm (Tulloch et al., 1997). Ford et al. (2019) studied the relationship between PACs and adolescent sexual behavior and alcohol use. Their study provided an intervention that fostered parent-adolescent communication about sexual health and alcohol use, which increased PACS scores in these domains. They found that this parent-targeted program may help parents influence their teens' sexual and alcohol use behaviors. While our study was descriptive, and therefore vastly different from an interventional study, their work provides context for understanding how participants and teens communicate about healthy dating, sex, and dating violence, which is the first step in improving teen dating relationships, and potentially preventing TDV in the future.

Several elements were identified from participants' statements about what is key to a healthy dating relationship. The elements identified most frequently in participants' responses were the need for respect (n = 55) and communication (n = 50). The importance of respect in healthy relationships is consistent with a clinical report, from 2018, which was published to provide pediatricians with evidence-based recommendations on how to approach sexual health (Breuner & Mattson, 2018). Given that respect is both key in participants' perspectives and promoted to pediatric clinicians, it is imperative for researchers to pay attention to mothers' beliefs when conducting future studies. Although our participants are likely to have had different life experiences, they revealed that there are commonalities among themselves.

Participants were also asked to provide advice to other parents when it came to discuss healthy dating, sex, and dating violence with their children. Overwhelmingly, participants encouraged other parents to talk openly and be honest with their children about healthy dating and sex. Significantly fewer participants provided advice to other parents on how to discuss dating violence with their teens. In those responses, many participants expressed little experience with dating violence, with some indicating that they did not know how to address the topic themselves. This may indicate that, while healthy dating and sex have become commonly discussed subjects in the household, dating violence may still be considered a taboo topic. This emphasizes the importance for interventions to improve parent-child communication around dating violence specifically. The previously described interventional study by Ford et al. (2019) provides evidence that fostering parent-adolescent communication can be beneficial. Despite this promising information, no studies have targeted TDV specifically.

6.0 Conclusion

IPV is a major public health concern that impacts multiple aspects of the victim's physical and mental health. Children who live in households where violence is present are at an increased risk of experiencing violence in their dating relationships. Research has revealed, however, that resilience is common and possible. Moreover, researchers have found that positive and strong mother-child relationships and communication can foster resilience, and thus, break the cycle of violence.

To better understand mothers' perspectives on how they communicate with their children, we distributed a nine-page survey composed of multiple choice and free response questions, asking participants to describe the quality and content of their conversations with their adolescents about healthy dating, sex, and dating violence. In addition, we asked participants about their own experiences with IPV. We found that participant satisfaction with how they communicated with their teens ranged widely, and that participants with higher PACS scores felt more comfortable talking to their children about healthy dating, sex and dating violence. We also found that participants believed that respect and communication were key to healthy relationships. Participants also encouraged other parents to talk openly and honestly with their children when it came to talking about dating relationships and sex. Participants also indicated that they experienced IPV at a higher rate than the national average. Moreover, participants who were IPV victims were less likely to have talked to their parents about dating relationships and a sex. In addition, despite most participants having never talked about these topics with their parents when they were children, participants indicated that they have talked to their own children about healthy dating, sex, and dating violence.

These are promising findings, as they may indicate that participants are working towards breaking the cycle of violence. However, it is important to note that these only account for one piece of the complex process of IPV. Research has heavily focused on interventions for IPV victims; however, work is also being done to prevent perpetration. Miller et al. (2012) have researched and implemented a perpetration prevention program for adolescent boys, Coaching Boys into Men. More research that focuses perpetration is another important aspect of breaking the cycle.

6.1 Limitations

This study has several limitations. First, the respondents who participated in this study reported having a higher level of education than the general population of Allegheny County, which may limit generalizability. Second, data were collected only from maternal guardians, so we do not have the perspectives of their adolescents or partners. However, the aim of this study was to understand the perspectives of mothers' communication with their teens. Third, given that participants were asked to complete the study in a waiting room of a clinical office where the recruiter was present, this environment may have led to acquiescence bias. Fourth, the survey did not provide gender non-binary/non-conforming language, so participants were limited in how they could express their child's gender. Fifth, along the same line, two questions that asked about a father's responsibility in raising children assumed that participants were in heterosexual relationships. This language was not inclusive of sexual orientation or gender roles. Sixth, some of the questions were unclear when it came to describing how participants discussed healthy dating and dating violence with their children. For example, mothers were asked if they talked about

negative examples for healthy dating and if they talked about positive examples for dating violence.

6.2 Implications

To our knowledge, this is the first study to investigate how mothers communicate with their children about dating violence and what they value in these conversations. This study provides a foundation for future interventional studies to improve mother-child communication in efforts to break the cycle of violence in households where it is present. Ford et al. (2019) found that their parent-targeted interventions, which provided parents with tools to approach conversations about sexual and alcohol use behaviors, improved PACS scores. This indicates that parents have the ability to influence their children's sexual and alcohol use behaviors by improving communication with their teens on such subjects.

Future studies should focus on (1) educating mothers on dating violence, (2) helping parents understand how violence in the household can shape their children's' perceptions of social norms, and (3) teaching parents communication skills to foster their relationships with their teens. These aims can arm mothers with the self-efficacy to approach a topic that is still discussed less commonly than healthy dating and sex. Future studies should also focus on surveying mother-adolescent dyads, to better understand the perspectives of adolescents and to assess if their interventions have impact.

Appendix A Survey Sample

Talking to Teens about Healthy Dating

Section 1: Demographic Information
In this section, we will ask you questions about yourself. These questions will be used to describe the types of parents and their children who are completing this survey.

1. How old are you? _____

2. How would you describe yourself (check all that apply)?
   - ❑ White or Caucasian
   - ❑ Black or African American
   - ❑ Latino/Latina
   - ❑ American Indian or Alaska Native
   - ❑ Asian American
   - ❑ Native Hawaiian or other Pacific Islander
   - ❑ Other: _____

3. Do you consider yourself Hispanic?
   - ❑ Yes
   - ❑ No

4. What is your marital status? (Please check one)
   - ❑ Single, never married
   - ❑ Single, living with partner
   - ❑ Married
   - ❑ Widowed
   - ❑ Divorced
   - ❑ Separated

5. What is the highest degree or level of school you have completed?
   - ❑ Some high school
   - ❑ High school/GED
   - ❑ Some college, no degree
   - ❑ College
   - ❑ Graduate degree

6. How many children do you have? _____

7. What are the ages of your children? _____ _____ _____ _____ _____ _____ _____

8. What gender(s) are your children who are between the ages of 10 and 18?
    - ❑ Male
    - ❑ Female
    - ❑ Both males and females

Section 2A: Communication about Healthy Dating Relationships

1. At what age do you think that it is okay for teens to begin dating? _____
2. What is the best age to talk to your child/ren about healthy dating relationships? ____
3. Have you talked to any of your children about healthy dating relationships?
    - ❑ Yes
    - ❑ No

4. What are some key things that make a dating relationship healthy?

5. If you have talked to your child/ren about healthy dating relationships, what tactics did you use? (Please check all that apply)
    - ❑ Described what makes a relationship healthy
    - ❑ Described what makes a relationship unhealthy
    - ❑ Talked about your own experience
    - ❑ Asked your child about his or her experiences
    - ❑ Used a positive example from family or friends, TV or movies
    - ❑ Used a negative example from family or friends, TV or movies
    - ❑ Responded to a question that your child asked
    - ❑ Other: _____

6. What advice do you have for other parents based on your experience?

7. What is the best age to talk to your child/ren about sex? _____
8. Have you talked to any of your children about sex?
    - ❑ Yes
    - ❑ No

9. If you have talked to your child/ren about sex, what tactics did you use? (Please mark all that apply)

- ❑ Talked about how decide whether you are ready for sex
- ❑ Talked about birth control methods
- ❑ Talked about sexually transmitted diseases
- ❑ Talked about your own experience
- ❑ Asked your child about his or her experiences
- ❑ Used a positive example from family or friends, TV or movies
- ❑ Used a negative example from family or friends, TV or movies
- ❑ Responded to a question that your child asked
- ❑ Other:

_____

10. What advice do you have for other parents based on your experience?

For the next few questions, we ask about dating violence. ***Dating violence*** *means* ***any physical, verbal, sexual, psychological or emotional abuse from a romantic or dating partner. This includes using texting, email or other tools to control, intimidate, or put down a dating partner.***

11. What is the best age to talk to your child/ren about dating violence? _____

12. Have you talked to any of your children about dating violence?

- ❑ Yes
- ❑ No

13. If you have talked to your child/ren about dating violence, what tactics did you use? (Please mark all that apply)

- ❑ Described what dating violence means
- ❑ Talked about your own experience
- ❑ Asked your child about his or her experiences
- ❑ Used a positive example from family or friends, TV or movies
- ❑ Used a negative example from family or friends, TV or movies
- ❑ Responded to a question that your child asked
- ❑ Other:

_____

14. What advice do you have for other parents based on your experience?

Section 2B: Parent-Adolescent Communication

The following questions ask about <u>your communication with your preteen or teen</u>. If you have more than 1 child between the ages of 10-18, please fill out this section for your <u>oldest</u> child in that age range. For each statement below, please check only one answer. If you would also like to answer questions about communication with another one of your children, please ask the research team member for extra copies of this section.

Age of Oldest Child (ages 10-18)_____

Gender of Oldest Child (ages 10-18)

- ❑ Male
- ❑ Female

	Strongly Agree	**Moderately Agree**	**Neither Agree nor Disagree**	**Moderately Disagree**	**Strongly Disagree**
1. I can discuss my beliefs with my child without feeling restrained or embarrassed.					
2. Sometimes I have trouble believing everything my child tells me.					
3. My child is always a good listener.					
4. I am sometimes afraid to ask my child for what I want.					
5. My child has a tendency to say things to me, which would be better left unsaid.					
6. My child can tell how I'm feeling without asking.					
7. I am very satisfied with how my child and I talk together.					
8. If I were in trouble, I could tell my child.					
9. I openly show affection to my child.					
10. When we are having a problem, I often give my child the silent treatment.					
11. I am careful about what I say to my child.					

	Strongly Agree	**Moderately Agree**	**Neither Agree nor Disagree**	**Moderately Disagree**	**Strongly Disagree**
12. When talking to my child, I have a tendency to say things that would be better left unsaid.					
13. When I ask questions, I get honest answers from my child.					
14. My child tries to understand my point of view.					
15. There are topics I avoid discussing with my child.					
16. I find it easy to discuss problems with my child.					
17. It is very easy for me to express all my true feelings to my child.					
18. My child nags/bothers me.					
19. My child insults me when he/she is angry with me.					
20. I don't think I can tell my child how I really feel about some things.					
21. I have a hard time getting my child to tell me details about his or her day.					
22. I feel like I mostly talk *TO* my child rather than *WITH* my child.					
23. I feel like my child does not really listen to me.					
24. My child tells me about all of his/her friends.					

Section 3: Attitudes about Talking about Relationships

The following questions ask about your attitudes about talking with your pre-teen/teen about relationships. If you have more than one child between the ages of 10-18, please answer the questions below for your oldest child in that age range. Please select only one answer for each question. If you would also like to answer questions about communication with another one of your children, please ask the research team member for extra copies of this section.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Do Not Know/ Unsure
1. It is important for me to talk to my child about healthy dating relationships.						
2. I am comfortable talking to my child about healthy dating relationships.						
3. It is important for me to talk to my child about sex.						
4. I am comfortable talking to my child about sex.						
5. It is important for me to talk to my child about dating violence.						
6. I am comfortable talking to my child about dating violence.						
7. My child is too young to talk to about healthy dating relationships.						
8. My child is too young to talk to about sex.						
9. I worry about my child being in an unhealthy dating relationship.						
10. I worry about my child being in a violent dating relationship.						

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Do Not Know/ Unsure
11. Most of my family members and friends are in healthy relationships.						
12. I know many people who have experienced dating violence.						
13. It is important for my child to know how to protect him or herself in a dating relationship.						
14. It is important for my child to know how to treat their boyfriend or girlfriend well.						
15. It is important for my child to choose a partner who respects him or her.						
16. I am confident that my child would tell me if they experienced violence from their dating partner.						
17. My child feels comfortable asking me for dating advice.						
18. I have given my child rules about when and whom they can date.						
19. I am not sure I would know if my child were in an unhealthy dating relationship.						
20. My child does not tell me anything about his or her dating partners.						
21. I have met all of my child's dating partners.						
22. I feel like my child does not respect the dating advice I would give.						
23. It is my child's father's responsibility to talk to my child about dating violence.						
24. It is my child's father's responsibility to talk to my child about sex.						

Section 4: Relationship History
The following questions ask about your relationship history.

1. How old were you when you had your first dating relationship? _____

2. Are you currently in a romantic relationship (e.g. dating, married, living together)?
   - ❑ Yes
   - ❑ No

3. Think about your relationship with your current or most recent romantic partner. How much do you agree with these statements? Please check one.

	Agree strongly	**Agree a little**	**Disagree a little**	**Disagree strongly**
a. I try not to "rock the boat" because I am afraid of what my partner might do.				
b. I feel owned and controlled by my partner.				
c. My partner can scare me without laying a hand on me.				

4. Have you ever been hit, slapped, kicked or otherwise physically hurt by a romantic partner, spouse or ex-partner?
   - ❑ Yes
   - ❑ No

5. Have you ever been forced to have sex or perform sexual acts against your will by a romantic partner, spouse or ex-partner?
   - ❑ Yes
   - ❑ No

6. Did you talk with your parent or guardian about healthy dating relationships when you were a teenager?
   - ❑ Yes
   - ❑ No

7. Did you talk with your parent or guardian about sex when you were a teenager?
   - ❑ Yes
   - ❑ No

8. Did you talk with your parent or guardian about dating violence when you were a teenager?
   - ❑ Yes
   - ❑ No

Thank you for being a part of our study and taking the time to fill out this survey!

Please use the space below to tell us anything that you feel we should know that we did not ask.

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