


Critical Race Theory, Parenting, and Intimate Partner Violence: Analyzing Race and Gender

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Abstract

Purpose: This study sought to investigate similarities and differences among race, gender, parenting attitudes, and conflict negotiation tactics of perpetrators of intimate partner violence in a batterer intervention program. **Method:** This research utilized a nonequivalent, control group secondary analysis of 238 women and men. **Results:** Logistic regression indicated (1) an increased likelihood for scoring higher on the Conflict Tactics Scale (CTS-2) physical assault subscale and Adult-Adolescent Parenting Inventory-2 (AAPI-2) high-risk parenting group for those in the African American category compared to the White category; (2) African American women are more likely to be unemployed, score higher on the CTS-2 Physical Assault subscale, and in the high-risk AAPI-2 parenting group than African American men; and (3) White women are more likely to experience injury and score in the high-risk AAPI-2 group compared to White men. **Conclusions:** Critical race theory provides a necessary understanding of these findings within structural inequality in the United States. Further results and implications are discussed.

Keywords

critical race theory, intimate partner violence, parenting attitudes, domestic violence perpetrators, batterer intervention programs, CTS-2

The causes and consequences of intimate partner violence (IPV), a pernicious and pervasive social problem, have been widely documented for male perpetrators (Archer, 2000; Babcock et al., 2016; Ferreira, Lauve-Moon, & Cannon, 2017; for meta-analytic review, Norlander & Eckhardt, 2005; Pence & Paymar, 1993). The negative consequences of such violence are well-established with many studies describing its effect on families, intimate partners, and children, exacerbating co-occurring social burdens, and including both poverty and racial and gender discrimination (see Breiding et al., 2014). Only recently, a growing body of literature is beginning to investigate the motivations, experiences, and treatment of female perpetrators of IPV (e.g., Archer, 2000; Desmarais, Reeves, Nichools, Telford, & Fiebert, 2012; Williams, Ghandour, & Kub, 2008; White & Dutton, 2013). Currently, many scholars argue that the majority of IPV is bidirectional (for meta-analysis, see Langhinrichsen-Rohling, Selwyn, & Rohling, 2012). In treating perpetrators of domestic violence, batterer intervention programs (BIPs) have become the most prevalent option after a criminal domestic violence plea or conviction (Carney & Buttell, 2006; B. J. Price & Rosenbaum, 2009).

Although recent studies have investigated relationships between parenting attitudes and IPV (e.g., Burnette, Ferreira, & Buttell, 2017; Cannon & Ferreira, 2017; Ferreira et al., 2017; Valentino, Nuttall, Comas, Borkowski, & Akai, 2012), more research is necessary to understand differences between

perpetrators along lines of race and gender. For instance, several studies show that African American women use violence in their intimate relationships differently than White women (Potter, 2008; West, 2007, 2016) and understand violence differently from White women in their parenting attitudes (Dorsey, Forehand, & Brody, 2007). For instance, a few studies have shown that African American mothers may use corporal punishment to prepare their children for institutional structures that disproportionately target their children (e.g., Simmons, Lehmann, & Dia, 2010; Taylor, Manganello, Lee, & Rice, 2010). To further explicate key dynamics among race, gender, parenting attitudes, and IPV, this study applies insights from critical race theory (CRT; e.g., Abrams & Moio, 2009; Bakan & Dua, 2014; Bell, 1995; Crenshaw, 1991, 2011; Delgado & Stefancic, 2012; P. L. Price, 2010; Washington, Cannon, & Buttell, 2017). To this end, this research adds to the field in

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examining how relationships between parenting and IPV differ across gender and race.

Literature Review

CRT and the Perpetration of IPV

Although some scholarship has investigated relationships between race and IPV (e.g., Buttell & Carney, 2005; Caetano, Ramisetty-Mikler, & Field, 2005; Caetano, Ramisetty-Mikler, & Nelson, 2008; Carney & Buttell, 2006; Conwill, 2010; Feldman & Gowen, 1998; Ferreira et al., 2017; Scherzer & Pinderhughes, 2002; 2012), few studies have applied CRT as a theoretical framework to explore connections between race and IPV (e.g., Crenshaw, 1991; MacDowell, 2013; Morrison, 2006; Potter, 2006; Sokoloff, & Dupont, 2005). Fewer studies still have used CRT to empirically assess linkages among gender, race, and the perpetration of IPV (Washington et al., 2017). CRT is a powerful and useful framework for examining and identifying differences among and between African American and White people's behavior (Delgado & Stefancic, 2012). For instance, applying a CRT lens provides a means to understand cultural differences and social problems experienced by African American and White people. Recent scholarship indicates that racial discrimination is a factor in increasing risks for African Americans in using violence to navigate their intimate relationships (e.g., Reed et al., 2010; Stueve & O'Donnell, 2008; Tobler et al., 2013; Waltermaurer, Watson, & McNutt, 2006). Moreover, research suggests that this relationship between racial discrimination and IPV perpetration may be due to stress caused by structural racism, microaggressions, and a culture of violence in racially isolated communities (Hampton, Oliver, & Magarian, 2003; Powell, 2008; Reed et al., 2010; Stueve & O'Donnell, 2008).

As such, utilizing this framework is vital to fulfilling longstanding calls by scholars for the development of more culturally relevant treatment programs for perpetrators of IPV (e.g., Almeida, Woods, Messineo, & Font, 1998; Cannon, Hamel, Ferreira, & Buttell, 2016; Gelles, 2002). Moreover, this framework enables a focus on systemic and institutional racism through, in part, the refusal to subscribe to a position of objectivity, color blindness, or neutrality (Abrams & Moio, 2009). Applying CRT, here understood in an intersectional sense, to the problem of IPV promotes an analysis of the intersecting axes of a person's social position (i.e., along race, class, and gender), which provides necessary insight into specific social and cultural norms that inform a person's use of violence in their intimate partnerships (Crenshaw, 1991, 2012).

Understanding IPV in the context in which it is perpetrated adds to how we understand empirical evaluations of perpetration, race, gender, and parenting attitudes. For instance, we understand that an African American mother who perpetrates IPV might do so out of her own victimization and marginalization and not only as an aggressor (Crenshaw, 1991, 2011; Potter, 2008). Through such an application, we can shed light on both the ways White culture defines the problem, research, and

policy of IPV and how exclusion of the multidimensionality of oppression affects African American victims and perpetrators alike (Morrison, 2006; Washington et al., 2017). Previous studies on IPV, authored predominantly by White scholars, have identified IPV as a consequence of our patriarchal culture. This discourse of males-as-perpetrators and females-as-victims has expressed and reflected dominant social hierarchies of White, heterosexual men at the top of the social pyramid, with, for instance, queer-identified women of color at the bottom of the hierarchy. However, recent scholarship (e.g., Cannon & Buttell, 2015, 2016) has begun to challenge this patriarchal analysis of IPV by arguing that the men-as-perpetrator and females-as-victim paradigm does not reflect female perpetrators or lesbian, gay, bisexual, trans, and queer perpetrators. These studies have pointed out that White culture, as the dominant one in the United States, has defined what an IPV perpetrator and victim looks like.

In maintaining an idea of sameness—in access to opportunity, in expression of cultural forms, and in experiences of oppression and protection—our society delegitimizes future claims of racism, inequality, and marginalization (Crenshaw, 2011; Delgado, & Stefancic, 2012; B. J. Price & Rosenbaum, 2009). IPV research, policy, and treatment are not color blind. Rather, since race, as an organizing force in U.S. society, has become a de facto form of stratification (Bakan & Dua, 2014), it is White culture that has set normative prescriptions and values for what constitutes good partnership, family arrangements, and child-rearing practices. The presumed color blindness perpetuates an illusion of inclusion of multiple cultural understandings, arrangements, and customs that research has established as necessary to the successful treatment of perpetrators of IPV (Babcock et al., 2016; Burnette et al., 2017; Hamel, 2014; B. J. Price & Rosenbaum, 2009; Washington et al., 2017). This illusion creates a further lack of access to culturally competent services and hinders clients since they are measured and defined by a culture and norms that are not their own (Morrison, 2006; Shernock & Russell, 2012; Washington et al., 2017).

Moreover, critical race scholarship has shown that African Americans are more likely to be arrested and enter the criminal justice system than White people (see Alexander, 2012; Larkin, 2014; Schiffer, 2014; Soss, Langbein, & Metelko, 2003). In responding to a domestic dispute situation, law enforcement is more likely to make an arrest of one or both parties if they are African Americans because of both structural and institutional racism present in the criminal justice system (Alexander, 2012; Larkin, 2014; Schiffer, 2014; Soss et al., 2003). Such scholarship provides a framework for understanding why there are more African Americans who go to court for IPV than their White peers. Moreover, African American women, who were identified as perpetrators of IPV, report that 61% of the time the violence was bidirectional, meaning that more often than not these women were simultaneously victim and perpetrator (Caetano, Field, Ramisetty-Mikler, & Lipsky, 2009; West, 2012). Being identified as a perpetrator while occupying the position

of both victim and perpetrator negates their position as victims (Caetano et al., 2009; Washington et al., 2017; West, 2012).

Parenting

Increasingly, scholars have begun to investigate key dynamics between parenting attitudes and the perpetration of IPV by both male and female perpetrators (e.g., Appel & Holden, 1998; Bancroft, Silverman, & Ritchie, 2011; Bavoleck & Keene, 2010; Burnette et al., 2017; Cannon & Ferriera, 2017; Ferriera et al., 2017; Simmons et al., 2010; Taylor et al., 2010). For instance, research has indicated that parental conflict increases the likelihood of child adjustment difficulties (e.g., Dorsey et al., 2007; Simmons et al., 2010; Taylor et al., 2010). Violent fathers, compared to nonviolent fathers, are less involved in their children's lives, less reliable, more authoritarian, and more likely to employ negative child-rearing practices (Bancroft et al., 2011; Peled, 2000; Simmons et al., 2010). Mothers, who perpetrate IPV, may also be more likely to employ negative child-rearing practices (e.g., Margolin & Gordis, 2003; Simmons et al., 2010; Taylor et al., 2010). Furthermore, women, when feeling acute stressors related to feelings of low parenting effectiveness, may feel more justified in using violence in their intimate partnerships (Simmons et al., 2010). Such stressors may have real consequences for children. For instance, Holt, Buckley, and Whelan (2008) found that child abuse and IPV co-occurred in 45–75% of reported incidents and children in these situations were at increased risk of experiencing physical, sexual, and emotional abuse.

Importantly, what constitutes “good” parenting in U.S. society is racialized, since cultural norms of White people are elevated to norms for all other cultural groups (see Dixon, Brooks-Gunn, & Graber, 2008; Rodriguez, McKay, & Bannon, 2008). Therefore, it is necessary to first examine these assumptions and, secondly, to adapt parenting techniques to those cultural forms and norms of the clients. Specifically, these factors, coupled with the marginalization of some parenting styles that incorporate corporal punishment, which are often times used to prepare children for their structural disadvantage in society and threats from social structures such as law enforcement, contribute to an increased level of parental stress for African American parents (Nomaguchi & House, 2013; Taylor et al., 2010).

Purpose of the Study

The purpose of this study is to assess differences between perpetrators of IPV among a sample of 238 perpetrators of IPV (133 women and 105 men) in a BIP located in an urban center in the Southeastern United States. The men and women comprising the sample in this study were all arrested, prosecuted, and either diverted (i.e., pretrial intervention [PTI] program) or convicted of IPV in a criminal court and sentenced to attend a BIP as part of their sentence. In this research, we seek to answer the following questions: (1) how do relationships between parenting attitudes and IPV perpetration differ across race and

gender? More specifically, (a) do relationships differ between parenting attitudes and IPV perpetration for African American IPV perpetrators and White IPV perpetrators? (b) Are there differences between African American women and African American men? and (c) are there differences between White women and White men? and (2) Can perpetrators be differentiated through analysis of demographic variables, parenting attitudes, and IPV perpetration?

This study adds to the field by employing CRT to theoretically frame to explain relationships between parenting attitudes and IPV perpetration across race and gender for people receiving treatment at a BIP. Such a framework provides for an expanded view in considering our understandings of the use of violence and aggression in seeking to explain the multiple factors that contribute to its use.

Method

Data Collection

This study utilized a posttest only design with nonequivalent groups (Cook & Campbell, 1979) to perform a secondary analysis of data collected from the Domestic Abuse Center, a non-profit agency in Columbia, SC. The present sample comprised all men and women referred to the BIP, between June 2013 and December 2013. Groups were segregated by gender. Client inclusion in the BIP indicated that all participants had perpetrated some form of IPV, making this sample a good fit for the current study.

Like many BIPs, this BIP is cognitive-behavioral in orientation, integrating confrontation, therapy, and educational components (see Buttell & Carney, 2005; Cannon et al., 2016; B. J. Price & Rosenbaum, 2009). This intervention is a group therapy setting that lasts 26 weeks and predominantly focuses on managing anger and skills development. The treatment has three phases: orientation and intake interview (two sessions), psychoeducational classes (20 sessions), and group therapy regarding program conclusion (four sessions). Each group therapy session consists of approximately 15 clients and meets for 2 hr once a week. Events surrounding the act of domestic violence (e.g., lead up, during, and after) are directly addressed with clients to assist them in making changes for themselves to beneficially impact their intimate relationships.

In the first two intake meetings, clients completed the assessment process by answering the two inventories, the revised Conflict Tactics Scales (CTS-2; Strauss, 2013; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) and the Adult-Adolescent Parenting Inventory-2 (AAPI-2; Bavolek & Keene, 2010). To safeguard client privacy and anonymity, researchers acquired deidentified data.¹ This BIP does provide some external resources for parents who seek them.

Measures

The primary variables of interest in this study included demographic variables, race, gender, age, relationship status (*single, married, unmarried, divorced, and separated*), educational

level, employment status, referral source, CTS-2, and AAPI-2 scores.

The revised CTS-2. The CTS-2 (Straus et al., 1996), the latest version of CTS-2 (Straus, 2013, 1979), is a widely used self-report measure of psychological and physical assaults and negotiation strategies in domestic relationships (see Sherman & Fredman, 2013). Validity of constructs and subscales is confirmed by multiple studies (see Anderson & Leigh, 2010; Newton, Connelly, & Landsverk, 2001; Straus, 2004; Straus, Hamby, & Warren, 2003). Research has shown the CTS-2 to be reliable across cultures (see Straus, 2004; Straus & Mickey, 2012). The CTS-2 demonstrates sound psychometric properties, with internal consistency reliability ranging from .79 to .95 (see Strauss, 2013; Straus et al., 1996). According to Straus (2013), the CTS-2 was developed to estimate both range and frequency of tactics used in response to conflict in an intimate relationship. The CTS-2 is a thorough 39-item (78 question), self-accounted catalog calculated to measure five scales: (a) Negotiation (which includes emotional and cognitive subscales), (b) Psychological Aggression, (c) Physical Assault, (d) Sexual Coercion, and (e) Injury. Each scale comprises minor and severe subscales. More specifically, negotiation refers to actions to workout conflict through dialogue, psychological aggression evaluates nonverbal belligerent acts, physical assault incorporates physical violence, sexual coercion stresses reassuring a partner into undesired sexual activity, and finally, injury consists of partner-caused bodily damage (Straus, 2013).

Respondents rank each item for the scales mentioned above on a 7-point Likert-type scale (0 = *this has never happened before*, 1 = *once in the past year*, 2 = *twice in the past year*, 3 = *3–5 times in the past year*, 4 = *6–10 times in the past year*, 5 = *11–20 times in the past year*, 6 = *more than 20 times in the past year*, and 7 = *not in the past year*, but it has happened before). To make the scores more comprehensible, Values 1 and 2 were kept the same, and Values 3 through 6 were recoded to their midpoints (3 = 4, 4 = 8, 5 = 15, 6 = 25; see Straus, 2013). CTS-2 reported scores are the mean and standard deviation of chronicity scores. That is, how often the participant engaged in the behavior described by each scale over the course of a year (for more information on chronicity scores, see Carney, Buttell, & Muldoon, 2006).

AAPI-2. The AAPI-2 was employed to gauge parenting and child-rearing attitudes of adult and adolescent parent and pre-parent populations (see Bavolek & Keene, 2010; Valentino et al., 2012). The AAPI-2, which measures the level of agreement or disagreement with maladaptive parenting behaviors, is considered a consistent inventory of parenting attitudes related to child abuse and neglect (see Bavolek & Keene, 2010; Conners, Whiteside-Mansell, Deere, Ledet, & Edwards, 2006). Taken from participants' responses, the AAPI-2 identifies high-, medium-, or low-risk parenting attitudes in relationship to child abuse and neglect. To assess these risk categories, the AAPI-2 uses five scales to evaluate parenting attitudes

considered to be associated with cases of child abuse and neglect. The five scales are (a) improper expectations of children, (b) parental deficiency of empathetic mindfulness toward children's needs, (c) strong belief in the use of corporal punishment as a means of discipline, (d) parent-child role reversal, and (e) oppressing children's power and independence (Bavolek & Keene, 2010).

Results

The following results are organized according to the heading of each respective research aim with sample demographics being presented first.

Sample

The characteristics of the sample are presented in Table 1. The original sample consisted of 257 perpetrators of IPV, 56.8% ($n = 146$) females and 43.2% ($n = 111$) males. For the purpose of this analysis, only those who identified as either African American or White were included in the analysis, with the sample of African Americans and Whites consisting of 238 perpetrators. Upon removal of the other race group category, the sample consisted of a majority of people who identified as White, with 59.2% ($n = 141$) and 40.8% ($n = 97$) African American. Among the sample of 141 White perpetrators, 59.6% ($n = 84$) identified as female with 40.4% ($n = 57$) identifying as male. With respect to gender for African American perpetrators, the sample of 97 was split almost equally with 50.5% ($n = 49$) identifying as female and 49.5% ($n = 48$) as male. For BIP program completion, the highest percentage of program completion was among African Americans 80.4% ($N = 78$), compared to 75.2% ($N = 106$) for White people in the sample. The highest percentage of program completion was among African American females, with 85.7% ($N = 42$), compared to African American males with 75.0% ($N = 36$). Among Whites, males had a completion rate of 78.9% ($n = 45$), while females completed at 72.6% ($n = 61$).

The mean age of the sample was 33.94 ($SD = 10.53$). The White subgroup had a mean age of 34.86 years ($SD = 10.00$) compared with the African American subgroup with 32.60 years ($SD = 11.18$). Among African Americans, males were slightly older with a mean age of 33.50 years ($SD = 11.29$) compared to African American females with 31.71 years ($SD = 11.12$). For the White subgroup, males were older by 4.5 years with a mean age of 37.47 years ($SD = 10.49$) compared to White females with 33.08 years ($SD = 11.12$). Regarding relationship status, 40.4% ($n = 23$) of White males reported they were married, followed by African American males 29.2% ($N = 14$), White females 27.4% ($N = 23$), and 18.4% ($N = 9$) African American females. Education was highest among African American females with 93.9% ($N = 46$) having a high school degree or higher compared to only 66.6% ($N = 56$) of White females having a high school education or higher. Unemployment was highest among White females with

Table 1. Demographic Characteristics.

Characteristic	Program Participants (N = 238)				
	African American Female % (n)	African American Male % (n)	White Female % (n)	White Male % (n)	Total % (N)
Gender	20.6 (49)	20.2 (48)	35.3 (84)	23.9 (57)	100 (238)
Age (SD)	31.71 (11.12)	33.50 (11.29)	33.08 (11.12)	37.47 (10.49)	33.94 (10.53)
Program completion					
Yes	85.7 (42)	75.0 (36)	72.6 (61)	78.9 (45)	77.3 (184)
No	14.3 (7)	25.0 (12)	27.4 (23)	21.1 (12)	22.7 (54)
Relationship status					
Single	10.9 (26)	9.6 (23)	8.4 (20)	6.4 (15)	35.3 (84)
Married	3.8 (9)	5.8 (14)	9.7 (23)	9.6 (23)	28.9 (69)
Divorced	.4 (1)	0.4 (1)	4.7 (11)	2.5 (6)	8.0 (19)
Unmarried partners	3.4 (8)	2.5 (6)	4.2 (10)	2.1 (5)	12.2 (29)
Separated	1.7 (4)	1.7 (4)	7.5 (18)	3.4 (8)	14.3 (34)
Widowed	0.4 (1)	—	0.8 (2)	—	1.2 (3)
Children					
0	2.5 (6)	4.2 (10)	5.9 (14)	4.6 (11)	17.2 (41)
1	3.8 (9)	4.6 (11)	8.4 (20)	8.0 (19)	24.8 (59)
2	5.8 (14)	3.4 (8)	6.8 (16)	4.2 (10)	20.2 (48)
3	3.8 (9)	3.4 (8)	8.8 (21)	4.6 (11)	20.6 (49)
4	4.2 (10)	3.4 (8)	2.5 (6)	1.7 (4)	11.8 (28)
5	—	1.7 (2)	1.2 (3)	0.8 (2)	2.9 (7)
6	0.4 (1)	—	0.8 (2)	—	1.3 (3)
7	—	—	0.4 (1)	—	0.4 (1)
8+	—	0.4 (1)	0.4 (1)	—	0.8 (2)
Education level					
<High school	1.3 (3)	6.3 (15)	11.8 (28)	8.3 (20)	27.7 (66)
High school graduate	6.3 (15)	8.8 (21)	6.8 (16)	6.3 (15)	28.2 (67)
Some college	7.6 (18)	2.5 (6)	11.3 (27)	5.9 (14)	27.3 (65)
Graduate college	5.4 (13)	2.5 (6)	5.5 (13)	3.4 (8)	16.8 (40)
Employed					
Yes	15.1 (36)	13.4 (32)	18.9 (45)	19.8 (47)	67.2 (160)
No	11.3 (27)	6.7 (16)	16.4 (39)	4.2 (10)	32.8 (78)
Referral status					
CDV CT	1.7 (4)	4.6 (11)	5.9 (14)	3.8 (9)	16.0 (38)
Regular court	6.3 (15)	10.1 (24)	10.1 (24)	8.8 (21)	35.3 (84)
PTI	10.1 (24)	3.8 (9)	14.7 (35)	6.7 (16)	35.3 (84)
PPP	0.4 (1)	0.8 (2)	0.5 (1)	0.8 (2)	2.5 (6)
DSS	—	—	1.3 (3)	0.8 (2)	2.1 (5)
Other	2.1 (5)	0.8 (2)	2.9 (7)	3.0 (7)	8.8 (21)
AAPI-2 risk category					
Low	—	—	—	1.2 (3)	1.2 (3)
Medium	6.8 (16)	8.8 (21)	15.6 (37)	14.3 (34)	45.5 (108)
High	13.9 (33)	11.3 (27)	19.8 (47)	8.4 (20)	53.4 (127)
CTS-2 scores					
Negotiation	24.04 (3.36)	21.39 (7.48)	24.20 (2.97)	22.78 (5.53)	23.26 (4.99)
Psychological	20.97 (6.97)	15.18 (9.70)	20.39 (7.36)	15.08 (8.98)	18.19 (8.86)
Aggression	11.46 (9.51)	4.18 (6.26)	8.28 (8.74)	3.89 (5.35)	7.06 (8.26)
Injury	5.24 (7.01)	2.31 (5.32)	6.69 (8.94)	2.19 (4.08)	4.43 (7.18)
Sexual coercion	1.79 (6.10)	0.89 (3.79)	2.27 (6.92)	1.05 (4.64)	1.60 (5.71)
CTS-2 total score ^a	39.48 (15.23)	22.58 (17.17)	37.64 (23.16)	22.22 (13.83)	31.29 (20.85)

Note. Table statistics include mean followed by (standard deviation). CDV CT = domestic violence court; PTI = pretrial intervention; PPP = department of probation, parole, and pardon; DSS = department of social services; CTS-2 = Conflict Tactics Scale; AAPI-2 = Adult-Adolescent Parenting Inventory-2.

^aTotal score for CTS-2 includes psychological aggression, physical assault, injury and sexual coercion subscales.

38.1% ($n = 32$) being unemployed compared to only 10.5% ($N = 6$) of White males being unemployed. For referrals to the BIP, both African American males (50.0%) and White males (36.8%) were referred by regular court, compared to African American females (49.0%) and White females (41.7%) referred by a PTI program.

Table 2. Logistic Regression Analysis of Race for Demographics, Conflict Tactics (CTS-2), and Parenting Attitudes Risk.

Variables	B	SE	Wald	Significance	EXP(B)	95% CI for EXP(B)
						[Lower, Upper]
Gender*	-0.877	0.344	6.51	.011	0.416	[0.212, 0.816]
Age	-0.029	0.016	3.184	.074	0.971	[0.941, 1.003]
Relationship**	-0.315	0.109	8.404	.004	0.73	[0.59, 0.903]
Education***	0.444	0.155	8.25	.004	1.559	[1.152, 2.112]
Employment	-0.101	0.159	0.405	.525	0.904	[0.663, 1.233]
Children	0.232	0.097	5.742	.017	1.261	[1.043, 1.525]
Program completion	0.313	0.36	0.758	.384	1.368	[0.676, 2.768]
Referral	-0.124	0.117	1.119	.29	0.883	[0.702, 1.111]
CTS-2 negotiation	-0.035	0.03	1.307	.253	0.966	[0.91, 1.025]
CTS-2 psychological aggression	-0.005	0.019	0.069	.792	0.995	[0.958, 1.034]
CTS-2 physical aggression*	0.057	0.024	5.782	.016	1.058	[1.011, 1.108]
CTS-2 injury	-0.036	0.027	1.758	.185	0.965	[0.915, 1.017]
CTS-2 sexual coercion	-0.027	0.028	0.882	.348	0.974	[0.921, 1.029]
AAPI-2***	1.05	0.322	10.61	.001	2.857	[1.519, 5.373]
Constant	0.822	1.062	0.599	.439	2.275	

Note. $N = 238$; $df = 14$. CI = confidence interval; AAPI-2 = Adult-Adolescent Parenting Inventory-2; CTS-2 = Conflict Tactics Scale.

* $p < .05$. ** $p < .010$. *** $p < .001$.

For the revised CTS-2, White males had a mean total score of 22.30 ($SD = 15.23$) compared to 22.58 ($SD = 17.17$) for African American males; for females, White females had a mean total score of 37.64 ($SD = 23.16$) compared to 39.48 ($SD = 19.86$) for African American females. For AAPI-2 scores, none of the perpetrators tested within the low-risk parenting category. A reliability analysis was performed on the CTS-2 scale comprising 5 items. Cronbach's α indicated the questionnaire to reach acceptable reliability, $\alpha = .61$.

Moreover, 67.3% ($N = 33$) of African American females tested in the high-risk category, and 56% ($n = 47$) of White females scored within the high-risk category on the AAPI-2 scale. Of White males, 35.1% ($N = 20$) tested in the high-risk category compared to 56.3% ($N = 27$) of African American males tested within the high-risk category for the AAPI-2. Factorial design analysis has confirmed that the parenting constructs of the AAPI-2 show significant diagnostic and discriminatory validity (Connors et al., 2006).

Research Question 1: What is the ability to differentiate between African American and White IPV perpetrators through demographic variables, parenting attitudes and IPV perpetration?

To address the first study question, a logistic regression was conducted to investigate whether relationships differ between parenting attitudes and IPV perpetration for African American and White perpetrators in the sample. Specifically, a logistic regression was performed to examine how well demographics (i.e., gender, age, relationship status, educational level, employment status, and number of children), program completion, referral source, and CTS-2 and AAPI-2 scores could predict racial group membership (African American reference category). The constellation of predictor

variables consisted of eight demographic variables, CTS-2 Negotiation subscale, CTS-2 Psychological Aggression subscale, CTS-2 Physical Assault subscale, CTS-2 Injury subscale, CTS-2 Sexual Coercion subscale, and AAPI-2 parenting risk attitudes scores. For the current study, we employed an analytic strategy that allowed for simultaneous entry of all the independent variables. All assumptions of logistic regression are met. The estimated coefficients of the logistic regression model are presented in Table 2.

A test of the full model against a constant-only model was statistically significant ($\chi^2 = 43.17$, $df = 14$, $p = .0001$). The model R^2 indicates that the model accounted for 22.4% of the total variance. This suggests that the set of predictors successfully discriminates between those in the African American subgroup and those in the White subgroup. Prediction success of the cases used in the development of the model were moderate, with an overall success rate of 72.3%, and prediction rate of 83.0% of the African American group and 56.7% for the White group.

Six of the predictive variables were significant in relationship to race: sex (Wald $\chi^2 = 6.510$, $df = 1$, $p = .011$, 95% confidence interval (CI) = [0.212, 0.816]), relationship status (Wald's $\chi^2 = 8.40$, $df = 1$, $p = .04$, $CI_{.95}$ [0.590, 0.930]), education (Wald $\chi^2 = 8.250$, $df = 1$, $p = .04$, $CI_{.95}$ [1.152, 2.112]), number of children (Wald $\chi^2 = 5.74$, $df = 1$, $p = .017$, $CI_{.95}$ [1.043, 1.525]), CTS-2 Physical Assault subscale (Wald $\chi^2 = 5.782$, $df = 1$, $p = .016$, $CI_{.95}$ = [1.011, 1.108]), and AAPI-2 (high-risk parenting as reference category; Wald $\chi^2 = 10.61$, $df = 1$, $p = .001$, $CI_{.95}$ [1.519, 5.373]). EXP(B) values indicate that for every one-unit increase in education, African Americans are 1.56 times more likely to be in the higher education category than Whites in the same sample. For every one-unit increase in number of children, the odds were increased by 1.26 times that the participant would be in the

Table 3. Logistic Regression Analysis of African American Gender for Demographics, Conflict Tactics Scale (CTS-2), and Parenting Attitudes Risk.

Variables	B	SE	Wald	Significance	EXP(B)	95% CI for EXP(B)
						[Lower, Upper]
Age	−0.022	0.016	1.813	.178	0.979	[0.948, 1.010]
Relationship	0.133	0.108	1.506	.220	1.142	[0.924, 1.411]
Education***	0.525	0.163	10.333	.001	1.690	[1.227, 2.328]
Employment*	−0.387	0.170	5.197	.023	0.679	[0.487, 0.947]
Children	0.168	0.099	2.863	.091	1.183	[0.974, 1.438]
Program completion	−0.023	0.378	0.004	.951	0.977	[0.466, 2.049]
Referral	0.126	0.123	1.058	.304	1.135	[0.892, 1.444]
CTS-2 negotiation	0.057	0.035	2.619	.106	1.058	[0.988, 1.133]
CTS-2 psychological aggression	0.030	0.020	2.237	.135	1.030	[0.9991, 1.071]
CTS-2 physical aggression*	0.060	0.027	4.878	.027	1.062	[1.007, 1.120]
CTS-2 injury	0.055	0.030	3.358	.067	1.057	[0.996, 1.121]
CTS-2 sexual coercion	−0.055	0.032	.093	.760	0.990	[0.929, 1.055]
AAPI-2**	1.016	0.330	9.503	.002	2.762	[1.448, 5.268]
Constant	−2.876	1.172	6.019	.014	0.056	

Note. $N = 97$; $df = 13$. AAPI-2 = Adult-Adolescent Parenting Inventory-2; CI = confidence interval.

* $p < .05$. ** $p < .010$. *** $p < .001$.

African American category. For the CTS-2 subscale Physical Assault, for every one-unit increase in the scale, the likelihood was 1.06 times greater of being in the African American category. Based on the model, there is a 2.28 increase in the likelihood of being in the high-risk AAPI-2 parenting category for African Americans participants compared to White participants.

Research Question 2: What is the ability to differentiate between African American female and African American male group membership through demographic variables, IPV perpetration, and parenting attitudes?

A second logistic regression was performed to investigate how well demographics (i.e., age, relationship status, educational level, employment status, and number of children), program completion, referral source, AAPI-2 parenting attitudes scores, CTS-2 Negotiation, CTS-2 Psychological Aggression, CTS-2 Physical Assault, CTS-2 Injury, and CTS-2 Sexual Coercion scores could predict African American gender group membership (female reference category). The study employed an analytic strategy that allowed for simultaneous entry of all the independent variables. The logistic regression met all assumptions. The estimated coefficients of the logistic regression model are presented in Table 3.

A test of the full model against a constant-only model was statistically significant ($\chi^2 = 46.20$, $df = 13$, $p = .001$). The model R^2 indicates that the model accounted for 50.5% of the total variance. This suggests that the set of predictors successfully discriminates between those in the female group and those in the male group. Prediction success for the cases used in the development of the model were high, with an overall success rate of 81.4%, and prediction rate of 75.5% for the female group and 75.5% for the male group.

Four of the predictor indicators were significant in relationship to gender: education (Wald $\chi^2 = 7.46$, $df = 1$, $p = .006$, $CI_{.95} [1.304, 5.019]$), employment (Wald $\chi^2 = 6.384$, $df = 1$, $p = .012$, $CI_{.95} [1.176, 3.606]$), CTS-2 Physical Assault (Wald $\chi^2 = 4.640$, $df = 1$, $p = .031$, $CI_{.95} [1.008, 1.184]$), and AAPI-2 (Wald $\chi^2 = 3.903$, $df = 1$, $p = .048$, $CI_{.95} [1.011, 14.418]$). EXP(B) values indicate that for every one-unit increase in education, African American females were 1.69 times more likely to be in the higher education category compared to African American males. African American female perpetrators in the sample were 0.68 times more likely to be unemployed compared to African American males. With respect to the CTS-2 Physical Assault subscale, for every one-unit increase in frequency of using physical assault as a conflict negotiation tactic, there was a 1.03 times increase in the likelihood of belonging to the African American female category. Based on the model, African American females are 2.76 times more likely to be in the high-risk AAPI-2 parenting category compared to the African American male group in the sample.

Research Question 3: What is the ability to differentiate between White female and White male group membership through demographic variables, IPV perpetration, and parenting attitudes?

A third logistic regression was performed to examine how well demographics (i.e., age, relationship status, educational level, employment status, and number of children), program completion, referral source, and CTS-2 scores could predict gender group membership for White perpetrators (female reference category). The same steps were followed as with the previous question. The model consisted of seven demographic predictors, CTS-2 Negotiation, CTS-2 Psychological

Table 4. Logistic Regression Analysis of White Gender for Demographics, Conflict Tactics Scale (CTS-2), and Parenting Attitudes Risk.

Variables	B	SE	Wald	Significance	EXP(B)	95% CI for EXP(B)
						[Lower, Upper]
Age	−0.032	.025	1.597	.206	0.969	[0.922, 1.018]
Relationship	0.200	.155	1.659	.198	1.221	[0.901, 1.656]
Education*	0.485	.214	5.141	.023	1.625	[1.068, 2.471]
Employment**	−0.729	.250	8.493	.004	.482	[0.295, 0.788]
Children	0.289	.156	3.421	.064	1.335	[0.983, 1.814]
Program completion	−0.572	.539	1.130	.288	0.564	[0.196, 1.621]
Referral	−0.142	.166	0.730	.393	0.868	[0.627, 1.201]
CTS-2 negotiation	0.093	.073	1.627	.202	1.097	[0.952, 1.265]
CTS-2 psychological aggression	0.036	.028	1.564	.211	1.036	[0.980, 1.096]
CTS-2 physical aggression	0.042	.043	0.935	.334	1.042	[0.958, 1.134]
CTS-2 injury*	0.097	.043	5.113	.024	1.101	[1.013, 1.198]
CTS-2 sexual coercion	−0.042	.048	0.794	.373	0.959	[0.873, 1.052]
AAPI-2***	1.732	.508	11.621	.001	5.655	[2.088, 15.311]
Constant	−1.478	2.206	0.449	.503	0.228	

Note. $N = 141$; $df = 13$. AAPI-2 = Adult-Adolescent Parenting Inventory-2; CI = confidence interval.

* $p < .05$. ** $p < .010$. *** $p < .001$.

Aggression, CTS-2 Physical Assault, CTS-2 Injury, CTS-2 Sexual Coercion, and AAPI-2 scores. The study employed an analytic strategy that allowed for simultaneous entry of all the independent variables. The logistic regression met all assumptions. The estimated coefficients of the logistic regression model are presented in Table 4.

A test of the full model against a constant-only model was statistically significant ($\chi^2 = 55.717$, $df = 13$, $p = .001$). The model R^2 indicates that the regression accounted for 44.1% of the total variance. This suggests that the set of predictors successfully discriminates between those in the White female group and those in the White male group. Prediction success for the cases used in the development of the model were moderate, with an overall success rate of 73.8% and prediction rate of 66.7% for the female group and 78.6% for the male group.

Four of the predictor variables were significant in relationship to gender: education (Wald $\chi^2 = 5.141$, $df = 1$, $p = .023$, $CI_{.95}$ [1.068, 2.471]), employment (Wald $\chi^2 = 6.384$, $df = 1$, $p = .04$, $CI_{.95}$ [0.295, 0.788]), CTS-2 Injury score (Wald $\chi^2 = 5.113$, $df = 1$, $p = .024$, $CI_{.95}$ [1.013, 1.198]), and AAPI-2 score (Wald $\chi^2 = 11.621$, $df = 1$, $p = .001$, $CI_{.95}$ [2.088, 15.311]). EXP(B) values indicate that for every one-unit increase in education, White females were 1.63 times more likely to be in the higher education category compared to White males in the sample. White female perpetrators in the sample were 0.48 times more likely to be unemployed compared to White males. With respect to the CTS-2 Injury subscale, for every one-unit increase in frequency of experiencing injury as a conflict negotiation tactic, there was a 1.01 increase in the likelihood of belonging to the White female category compared to White men in the sample. Based on the model, White females are 5.66 times more likely to be in the high-risk AAPI-2 parenting category compared to the White male group of the sample.

Discussion and Applications to Practice

These findings shed light on an understudied aspect of BIP programming; namely, differences in parenting strategies and conflict resolution strategies between men and women and African American and White participants in a BIP. In analyzing these important relationships, we attempt to capture the impact of co-occurring effects of IPV and negative effects on children to better inform policy legislating consequences of IPV perpetration. Such research-informed policy enables more effective treatment interventions (see, e.g., Hamel, 2014). In using the lens of CRT to consider perpetrators' stressors and sociocultural milieu, we are better equipped to treat the multiple causes that contribute to IPV perpetration and doing so in such a way that is culturally legible to the perpetrator. By understanding that parents experience certain stressors, treatment options may be adapted to offer parenting classes or develop new coping strategies for dealing with specific stresses caused by parenting.

Research Question 1: What is the ability to differentiate between African Americans and White perpetrators through demographic variables, parenting attitudes and IPV perpetration?

According to the logistic regression model, relative to the White participants, the participants comprising the African American sample were significantly more educated, had more children, and were more likely to have used physical assault to navigate conflict in their adult intimate relationships in the previous year and to endorse parenting strategies that placed them in the high-risk parenting category. Taken at face value, this would suggest that the African Americans comprising this sample are more violent toward each other and less able parents to their children than their White BIP program counterparts, even though they were better educated, which typically serves

as a positive mediator to both IPV and parenting. However, these findings take on a different meaning when considered through the lens of CRT. Within the context of CRT (Crenshaw, 2011, 2012), this finding is understood as pointing toward specific structural inequalities and definitions of what constitutes good parenting practices that constrain and inform perpetrators reported use of violence. Such insights can be used by practitioners to develop specific curricula that incorporate the social positioning of clients in order to meet the client where they are socially speaking.

In terms of the CTS-2 subscale for physical assault, there is an increased likelihood of being in the African American category compared to the White category. As has been cited elsewhere (see Burnette et al., 2017; Ferreira et al., 2017; Washington et al., 2017), we interpret the increased likelihood of physical assault as a means for navigating relationship conflict as an extension of systemic and structural oppression of people of color. Utilizing a CRT approach described above, we understand the increased use of violence to mediate intimate partnerships as an extension of violence created by a system predicated on structural inequality along axes of race, class, gender, immigration status, sexual orientation, and so on (Crenshaw, 2011; Delgado & Stefancic, 2012; Washington et al., 2017). One example of such inequality for people of color, specifically African Americans in the Southeastern United States, is their continued disproportionate presence in incarceration settings compared to U.S. population levels (see Alexander, 2012). It has been shown that incarceration reduces life chances, especially when it comes to seeking employment, housing, and parenting rights (Alexander, 2012). Future research should endeavor to further test these conclusions using multilevel modeling to investigate the nested effects of micro- and macroforces. Future research may also endeavor to use interactive effects to quantitatively test for intersecting axes of oppression along such sociodemographic lines (for general idea, see Else-Quest & Hyde, 2016).

Moreover, regression results indicate an increased likelihood of being in the high-risk AAPI-2 parenting category for African Americans compared to Whites in the sample. In line with previous research (see Ferreira et al., 2017; Nomagachi & House, 2013; Simmons et al., 2010; Taylor et al., 2010; Washington et al., 2017), we interpret this increase as a way of preparing children for our society, generally, and an unequal incarceration system, more specifically. For instance, parents of color have taught their children about stop and frisk tactics and how to interact with police in such instances. Researchers are increasingly understanding these higher risk parenting attitudes as related to parents' desire to impart to their children the dangers of such a police system (see Washington et al., 2017).

Research Question 2: What is the ability to differentiate between African American female and African American male group membership through demographic variables, IPV perpetration and parenting attitudes?

According to the logistic regression model, relative to the African American male participants, the participants comprising the African American female sample were significantly more educated, less likely to be employed, most often referred to the program from pretrial diversion rather than criminal court, more likely to have used physical assault to navigate conflict in their adult intimate relationships in the previous year, and more likely to endorse parenting strategies that placed them in the high-risk parenting category. In summary, the regression model suggests that the African American women comprising this sample are the most violent and are at the greatest risk of poor parenting. Such a finding seems consistent with CRT, which would suggest that the African American women are in the most difficult position of any of the samples subgroups. For example, Crenshaw's (1991, 2011) work on intersectionality may be the most helpful explanation.

Crenshaw has argued persuasively that both identities and systemic oppression "intersect" to create exponential rather than additive subjugation. In this instance, the aspects of a participant's identity that are woman, and African American and parent may have created a constellation of stressors that are difficult to successfully navigate. In these instances, women might feel competing demands as a caregiver and romantic partner where the use of violence in one context is effective and it spills over into another context. For example, the African American women in the sample disproportionately endorse corporal punishment as an effective parental discipline strategy. This makes sense from a CRT perspective, as African American female parents feel tremendous pressure to raise their children in a world that they feel unfairly targets them (West, 2007, 2016). Corporal punishment is often seen as a way to get the child's attention and communicate that the world is tough and harsh and gives African American children few opportunities for mistakes (see Simmons et al., 2010; Taylor et al., 2010). Given that they feel this strategy is effective as a parenting tool, it is easy to see how it might also get deployed as a conflict resolution strategy in their adult intimate relationships, as a way to get their partner's attention and let them know that they are serious. Such a conclusion is certainly consistent with the extant literature on the motivations women give for their use of violence in intimate relationships (for a review, see Langhinrichsen-Rohling et al., 2012).

Research Question 3: What is the ability to differentiate between White female and White male group membership through demographic variables, IPV perpetration and parenting attitudes?

According to the logistic regression model, relative to the White male participants, the participants comprising the White female sample were significantly more educated, less likely to be employed, more likely to report being injured by their partner in their adult intimate relationships in the previous year, and more likely to endorse parenting strategies that placed them in the high-risk parenting category. It is interesting that White females are more likely to score higher on the CTS-2

injury subscale than White men. This finding is consistent with literature that has found that women are more likely to experience greater injury from violent interactions with their heterosexual intimate partners than men (see Straus, 2011; Straus et al., 1996). It is notable that this result is statistically significant when comparing White women and White men and not comparing the two total samples nor when comparing African American men and African American women. It is also important to note that this measure has been criticized as a means for perpetrators to justify their own behavior given the injury they have suffered due to their partner (e.g., Cuenca, Grana, & Redondo, 2015; Jones, Browne, & Chu, 2017; Straus & Gozjolko, 2014). Taken this critique into consideration, we interpret this result as revealing the commonality of bidirectionality in IPV (see West, 2012). These women, themselves perpetrators of IPV also report experiencing injury by their partners. Thus, it is clear that regardless of the severity and frequency of the violence occurring in the relationship, both partners have engaged in violence to mediate conflicts. Understanding this finding along with the finding of an increased likelihood of White women being in the high-risk parenting attitudes category may translate into an even greater risk for children in these households given the bidirectionality of IPV in their households.

Based on regression results, there is 5 times greater likelihood of being in the high-risk AAPI-2 category for White females compared to White males in the sample. This may be due to women as primary caregivers to children and subsequently may have higher risk parenting attitudes due to this increased contact and stress. Although White women do not have to contend with the same structural inequalities as African American women, they, as women, continue to do the majority of housework and child-rearing, while also increasingly being breadwinners for families (Wang, Parker, & Taylor, 2013). Given the increased likelihood of White women in the sample being unemployed relative to White men, it could be the case that these women, in particular, may have increased stress due to parental involvement and potentially financial stress. Such financial stress could be due to the increased necessity for two-income households in order to achieve financial stability in the widening inequality between wealthier Americans and the rest of Americans (Gilbert, 2017; Wildeman & Wang, 2017). Consistent with previous research (e.g., Cannon & Ferreira, 2017), we find that women, who are more likely to use IPV in mediating relationship conflict as evidenced by their presence in the BIP, are more likely to have high-risk parenting attitudes. More research is necessary to identify the multiple, primary stressors that cause such relationship negotiation tactics. For instance, future research may qualitatively assess female perpetrators of IPV on why they use violence in their intimate partnerships, specific parental stressors, and possible financial stressors. Doing so will aid in developing treatment interventions that more acutely address these women's stressors as well as provide conflict resolution skills.

There are several limitations with the current study. As stated previously, the sample is not representative of the

population as a whole but reflects sociodemographics and perceptions of a sample of perpetrators receiving treatment at a BIP in an urban area located in the Southeastern United States. Although reliability and validity metrics of the research instruments give confidence to our findings, the sample size is relatively small and thus could increase the risk of Type 2 errors.

Conclusions and Future Research

Importantly, the current study adds to research on BIPs through the use of CRT to facilitate understanding dynamics among IPV perpetration, parenting attitudes, and demographics within the sociocultural context of perpetrators and programs. Applying critical race studies to the problem of IPV perpetration and parenting attitudes has implications for social work research. For example, such application extends how we understand IPV perpetration (i.e., structural inequality that informs African American women's use of violence to negotiate intimate partnerships and may increase risk of parenting behaviors), which informs how we better develop treatment interventions (i.e., acknowledging stressors related to structural inequality, such as racism, as well as parenting classes directed toward different cultural groups). This study adds to a growing body of research on parenting and IPV perpetration with the goal of creating a greater understanding of similarities and differences between African American and White, male and female perpetrators of IPV by comparing demographic, parenting attitudes and behaviors, and IPV variables. Having found differences between African American men and women, and White men and women, more research is needed to uncover specific mechanisms that contribute to parenting and IPV for each demographic, African American men, women, White men, and women.

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Note

1. These de-identified data include the Conflict Tactics Scale (CTS-2) raw scores for each subscale and Adult-Adolescent Parenting Inventory-2 (AAPI-2) scoring summaries for low-risk, medium-risk, and high-risk groups. Since only the CTS-2 raw scores were provided, Cronbach's α could not be calculated for the subscales. Rather, we cite extensive research that has demonstrated reliability and validity of the CTS-2 total scale and subscales particularly in cross-cultural samples. These citations and descriptions of the

measures are found in the Measures section. The AAPI-2 is a proprietary instrument. Therefore, we were only able to access the indices of the various scales that make up the AAPI-2 index and perform Cronbach's α test for reliability. Moreover, AAPI-2 provides an index on five constructs specific to parenting and child rearing: (1) expectations of children, (2) parental empathy toward children's needs, (3) use of corporal punishment, (4) parent-child family roles, and (5) child's power and independence. Only a scoring summary of each subscale was provided during data collection; therefore, we could not test for each subscale, but only whether a respondent fell in a low-risk, medium-risk, or high-risk parenting category as defined and organized by the proprietors of the instrument (for more information, see <https://www.assessingparenting.com/assessment/aapi>).

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