Exposure to Domestic Violence during Adolescence: Coping Strategies and Attachment Styles as Early Moderators and their Relationship to Functioning during Adulthood

Linda Hui Gin Pang
University of Wollongong

Susan J. Thomas
University of Wollongong, sthomas@uow.edu.au

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Exposure to Domestic Violence during Adolescence: Coping Strategies and Attachment Styles as Early Moderators and their Relationship to Functioning during Adulthood

Abstract
The present study aimed to investigate the impact of exposure to domestic violence during adolescence on an individual's psychological health, ability to regulate emotions, and sense of satisfaction with life, during adulthood. Additionally, it aimed to investigate the long-term role of different coping strategies and attachment with primary caregiver, during adolescence, as potential moderators in the relationship between severity of domestic violence exposure during adolescence and an individual's functioning during adulthood. A total of 218 adult participants completed measures regarding exposure to domestic violence, engagement in coping strategies, and attachment with primary caregiver, during adolescence, and psychological health, ability to regulate emotions, and sense of satisfaction with life, during adulthood. Ninety-two participants reported domestic violence exposure during adolescence. Two-way analyses of variance indicated that participants who were exposed to domestic violence during adolescence were more likely to report negative functioning during adulthood. Correlational analysis indicated that severity of domestic violence exposure during adolescence was positively correlated with engagement in avoidance-focused coping strategies and insecure attachment, during adolescence, and negative functioning during adulthood. Moderation analyses indicated that engagement in avoidance-focused coping strategies and insecure attachment with primary caregiver, during adolescence, moderated the relationship between severity of domestic violence exposure during adolescence and functioning during adulthood, but only in low-moderate severity of exposure to domestic violence. These findings confirm the long-term impact of domestic violence exposure during adolescence on an individual's functioning during adulthood, and provide new information that certain coping strategies and attachment with primary caregiver during adolescence may buffer against the impact.

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Exposure to domestic violence during adolescence: Coping styles and attachment as early moderators and their relationship to functioning during adulthood.

Linda Hui Gin Pang*,
University of Wollongong,
Faculty of Social Sciences,
School of Psychology,
New South Wales, Australia.
Email: lhgp480@uowmail.edu.au

Susan J Thomas,
University of Wollongong,
Faculty of Science, Medicine and Health,
Graduate Medicine,
New South Wales, Australia.
Email: sthomas@uow.edu.au
Telephone: +612 4221 5928

*Corresponding author.
Abstract

This study investigated relationships between exposure to domestic violence during adolescence on individuals’ psychological health, ability to regulate emotions, and sense of satisfaction with life, during adulthood. Additionally, it investigated coping strategies and attachment with primary caregiver during adolescence as potential long-term moderators in the relationship between severity of early domestic violence exposure and later functioning during adulthood. A total of 218 adult participants completed measures regarding exposure to domestic violence, engagement in coping strategies, and attachment with primary caregiver, during adolescence. Additionally, psychological health, ability to regulate emotions, and sense of satisfaction with life, during adulthood were assessed. Ninety-two participants reported domestic violence exposure during adolescence. Violence-exposed and non-exposed groups were compared on adult psychological health, emotion regulation, and life satisfaction. Between-group analyses of variance indicated that participants who were exposed to domestic violence during adolescence reported poorer functioning during adulthood. Correlational analyses indicated that severity of violence exposure was related to avoidance-focussed coping, insecure attachment during adolescence, and later adult maladjustment. Moderation analyses showed that coping strategies and attachment to primary caregiver during adolescence moderated the relationship between severity of domestic violence exposure during adolescence and functioning during adulthood, but only in low-moderate severity of exposure to domestic violence. These findings confirm the long-term impact of domestic violence exposure during adolescence on subsequent adult functioning, and provide new information that certain coping strategies and relationships during adolescence may buffer against the impact.
Keywords: Exposure to domestic violence, adolescence, early moderators, functioning during adulthood
Exposure to domestic violence during adolescence: Coping styles and attachment as early moderators, and their relationship to functioning during adulthood

Introduction

Exposure to domestic violence during childhood or adolescence is highly prevalent and is associated with developmental and psychological issues in those affected (World Health Organization [WHO], 2016). Adolescence is a period of key developmental changes, during which individual and environmental factors may have a profound influence on individuals’ psychological health and later functioning (WHO, 2017). Despite this, there is relatively little research examining relationships between exposure to domestic violence in adolescence, potential protective factors and later adult outcomes.

Domestic violence can be defined as violence at home, between intimate partners (Holt, Buckley, & Whelan, 2008), whereby one partner behaves with a perceived or actual intent to cause physical, emotional, or psychological harm to another partner (Straus, 1979). Domestic violence exposure during childhood or adolescence is defined as being a recipient and/or a witness (e.g. hearing, seeing) of domestic violence as a child or adolescent (Edleson, 1999; Sedlak et al., 2010). Globally, approximately 275 million children have been exposed to domestic violence (Pinheiro, 2006). However, this figure may be an underestimation as cases of domestic violence tend to be unreported (Pinheiro, 2006; Australian Bureau of Statistics [ABS], 2013; WHO, 2016).

Past research has found that domestic violence exposure during childhood or adolescence is related to lowered ability to regulate emotions and increased vulnerability to emotion regulation issues in the future (Katz, Hessler, & Annest, 2007; Rigterink, Katz, & Hessler, 2010; Heinze, Stoddard, Aiyer, Eisman, & Zimmerman, 2017; Menon, Cohen, Shorey, & Temple, 2018). Also, exposure to domestic violence during childhood or
adolescence is related to later experience of psychological issues (Sternberg et al., 1993; Spaccarelli, Sandler, & Roosa, 1994; Graham-Bermann, 1996; Lehmann, 1997; Graham-Bermann & Levendosky, 1998; Kilpatrick & Williams, 1998; Rossman, 1998; Margolin & Vickerman, 2007; Miller-Graff, Cater, Howell, & Graham-Bermann, 2016; Heinze et al., 2017; Menon et al., 2018) and lowered sense of satisfaction with life (Miller-Graff et al., 2016), during adulthood (Scott, McLaughlin, Smith, & Ellis, 2012; Khan et al., 2015; Dion et al., 2016; Miller-Graff et al., 2016; Heinze et al., 2017; Menon et al., 2018). However, past research has also found that given domestic violence exposure during childhood or adolescence, protective factors such as perceived effective emotion-focused coping strategies and secure attachment with primary caregiver, at that time, may buffer against the aforementioned outcomes, albeit only for the short-term (Holt et al., 2008; Mohammad, Shapiro, Wainwright, & Carter, 2015; Kimball, 2016; Miller-Graff et al., 2016).

While there are programs in place to prevent domestic violence, cases of domestic violence tend to remain unreported and persist over time (Pinheiro, 2006; ABS, 2013; WHO, 2016). Thus, a child or adolescent may have been exposed to domestic violence for a period of time before seeking professional help. Hence, it is imperative that professionals have an accurate and extensive understanding of domestic violence exposure during childhood or adolescence, including its negative impact on future functioning and the protective factors during childhood or adolescence that may buffer against those impacts, in order to effectively help those affected.

**Negative Impact on Future Functioning**

Exposure to domestic violence during childhood or adolescence is related to lowered ability to regulate emotions and increased vulnerability to emotion regulation issues in the future. Rigterink et al. (2010) found that children who reported domestic violence exposure...
showed lower baseline vagal tone, at nine years old, interpreted to indicate an impaired parasympathetic activation and a poorer ability to regulate emotions. Furthermore, a lowered emotion regulation ability is associated with symptoms of depression, anxiety, and post-traumatic stress disorder (PTSD; King & Emmons, 1990; Katz & Campbell, 1994; Emmons & Colby, 1995; Roemer, Litz, Orsillo, & Wagner, 2001; Heinze et al., 2017; Menon et al., 2018). Taken together, these findings suggest that exposure to domestic violence during childhood or adolescence is related to lower ability to regulate emotions and greater vulnerability to emotion regulation issues in the future. However, there is a need for more research on the relationship between domestic violence exposure during childhood or adolescence and individuals’ ability to regulate emotions during adulthood.

In the long-term, exposure to domestic violence during childhood or adolescence is related to later psychological issues and lower sense life satisfaction, during adulthood. Miller-Graff et al. (2016) found that participants who reported domestic violence exposure during childhood scored higher on symptoms of depression, anxiety, and PTSD, and lower on satisfaction with life, as adults. Similarly, other researchers have found that participants who were exposed to domestic violence during adolescence were more likely to report symptoms of depression, anxiety (Sternberg et al., 1993; Spaccarelli et al., 1994; Graham-Bermann, 1996; Heinze et al., 2017; Menon et al., 2018), and PTSD (Lehmann, 1997; Graham-Bermann & Levendosky, 1998; Kilpatrick & Williams, 1998; Rossman, 1998; Margolin & Vickerman, 2007), as adults (Scott et al., 2012; Khan et al., 2015; Dion et al., 2016; Heinze et al., 2017; Menon et al., 2018). Taken together, these findings suggest that domestic violence exposure during childhood or adolescence is related to individuals’ experience of psychological issues, particularly symptoms of depression, anxiety, and PTSD, and lowered sense of satisfaction with life, during adulthood. However, there is a need for more research regarding the relationship between exposure to domestic violence during childhood or
adolescence and later satisfaction with life as an adult, which is an indicator of functioning (Kjeldstadli et al., 2006; Rossi, Bisconti, & Bergeman, 2007; Cohn, Frederickson, Brown, Mikels, & Conway, 2009).

**Protective Factors**

There are individuals who remain resilient despite being exposed to domestic violence during childhood or adolescence. Past research has identified protective factors during childhood or adolescence that may buffer against the negative impact of domestic violence exposure at that time, albeit only for the short-term (Holt et al., 2008; Mohammad et al., 2015; Kimball, 2016; Miller-Graff et al., 2016).

**Effective coping strategies.** Coping strategies are a range of behavioral and cognitive strategies that an individual may engage in to cope with stressful situations (Folkman & Moskowitz, 2004). Avoidance-focused coping strategies involve withdrawal or dissociation from the stressful situation (Litman, 2006). Emotion-focused coping strategies involve dealing with the emotions and thoughts associated with the stressful situation. Problem-focused coping strategies involve dealing with the stressful situation itself (Folkman & Lazarus, 1980, 1985; Litman, 2006). Past research has found that avoidance-focused coping strategies are related to negative functioning, while emotion-focused coping strategies and problem-focused coping strategies are related to positive functioning (Stowell, Kiecolt-Glaser, & Glaser, 2001; Abbott, 2003; Moos & Holahan, 2003).

Given exposure to domestic violence while young, perceived effective emotion-focused coping strategies at that time may buffer against individuals’ experience of psychological issues, in the short-term. Mohammad et al. (2015) found that among children and adolescents who reported domestic violence exposure, those who perceived their emotion-focused coping strategies as effective were less likely to report symptoms of
internalizing issues, externalizing issues, and PTSD, at that time. Similarly, Cummings, El-Sheikh, Kouros, and Buckhalt (2009) found that among children who were exposed to domestic violence, those with better abilities to engage in emotion-focused coping strategies were less likely to experience psychological issues, at that time. Taken together, these findings suggest that given domestic violence exposure during childhood or adolescence, perceived effective emotion-focused coping strategies at that time may buffer against individuals’ experience of psychological issues in the short-term. However, there is a need for more research regarding the long-term relationship between coping strategies during childhood or adolescence, exposure to domestic violence at that time and later, adult psychological adjustment.

**Secure attachment with primary caregiver.** Ainsworth’s (1970) attachment theory proposed that the quality of early relationships influences later psychological health. When securely attached, a child’s primary caregiver is emotionally sensitive, and responds appropriately and consistently to their needs. The child develops trust and confidence in their primary caregiver, self-confidence and -competence. Conversely, when insecurely attached, a child’s primary caregiver is not emotionally sensitive, and does not respond appropriately and consistently to their needs. In the worst case, their primary caregiver is neglectful or abusive. Unable to develop trust and confidence in their primary caregiver, the young person struggles with the development of self-confidence and -competence. Past research has found that insecure attachment styles are related to increased risk for future emotional issues, specifically through the development of a negative self-evaluation and a lowered ability to regulate emotions (Ainsworth, 1970). Those with insecure-avoidant attachment style tend to avoid their experience of emotions (Larose & Bernier, 2001), while those with insecure-ambivalent attachment style may exaggerate their emotions to gain attention from others (Kobak, Cole, Ferenz-Gillies, Flemming, & Gamble, 1993).
There is some evidence that perceived secure attachments may buffer against the impact of exposure to domestic violence, in the short- and long-term. A review by Holt et al. (2008) found that among participants who reported domestic violence exposure during childhood or adolescence, perceived secure attachment with their parent or a caring adult at that time was their greatest buffer against their experience of psychological issues, particularly symptoms of distress and trauma, in the short-term (Osofsky, 1999; Mullender et al., 2002; Graham-Bermann, DeVoe, Mattis, Lynch, & Thomas, 2006). Furthermore, a review by Kimball (2016) found that among children who were exposed to domestic violence, those who perceived their mothers as being responsive to their experience of anger and sadness were less likely to report externalizing issues, at that time (Johnson & Lieberman, 2007). Miller-Graff et al. (2016) found that among participants who reported domestic violence exposure during childhood, those who perceived their parent-child relationship as warm at that time scored lower on symptoms of depression, anxiety, and PTSD, and higher on sense of satisfaction with life, as adults. Taken together, these findings suggest that given exposure to domestic violence during childhood or adolescence, perceived secure attachment with primary caregiver at that time may buffer against psychological issues, particularly symptoms of depression, anxiety, and PTSD, and lowered sense of satisfaction with life, in the short- and long-term. However, there is a need for more research regarding the long-term role of attachment during childhood or adolescence, in relation to domestic violence exposure at that time, and later adult psychosocial functioning. This information is important for professionals to effectively help individuals who have been exposed to domestic violence during childhood or adolescence.

**Present Study**

The high prevalence of children exposed to domestic violence, its negative impact on individuals’ future functioning, and the potential for protective factors to make a difference
suggest the importance of investigating relationships between these factors. The review of existing literature revealed several limitations in knowledge, particularly regarding exposure to domestic violence during adolescence, its impact on individuals’ psychological health, ability to regulate emotions, and sense of satisfaction with life, during adulthood, and what, if, and how protective factors during adolescence may buffer against the aforementioned impact in the long-term, specifically during adulthood. Given the importance of adolescence as a period of key developmental changes with strong influences on long-term functioning (WHO, 2017), the present study aimed to investigate adult psychological functioning in individuals exposed to domestic violence in comparison to those who were not. Additional aims of the study were to investigate, in those individuals who were exposed to domestic violence in adolescence, relationships between different types of coping strategies and attachment with their primary caregiver at the time, and their later functioning during adulthood. A greater understanding of these factors may inform interventions for those exposed to domestic violence during adolescence, for example by targeting coping strategies and attachment with primary caregiver if these are shown to potentially buffer against negative outcomes. It was hypothesized that:

1. Individuals who were exposed to domestic violence during adolescence will score higher on measures of psychopathology (Depression, Anxiety, Stress, and PTSD) and difficulties in emotion regulation, and lower on sense of satisfaction with life, as adults, as compared to those who were never exposed to domestic violence.

2. Among individuals who were exposed to domestic violence during adolescence, effective coping strategies and secure attachment with primary caregiver, at that time, will be related to better psychological health (as reflected by lower scores on overall Depression Anxiety Stress and Scale – 21 [DASS-21] and Post-Traumatic Stress Disorder Checklist –
5 [PCL-5]), lesser difficulties in emotion regulation, and higher sense of satisfaction with life, as adults.

3. Among individuals who were exposed to domestic violence during adolescence, coping strategies and/or attachment with primary caregiver, at that time, will moderate relationships between severity of exposure to domestic violence during adolescence and psychological health (as measured by scores on overall DASS-21 and PCL-5), difficulties in emotion regulation, and sense of satisfaction with life, during adulthood.

For the present study, domestic violence was defined as violence that occurred between intimate partners at home (Holt et al., 2008), whereby one partner performed a behavior with a perceived or actual intent to cause physical, emotional, or psychological harm to another partner (Straus, 1979). Exposure to domestic violence during adolescence included being a recipient or a witness (e.g. hearing, seeing) of domestic violence as an adolescent (Edleson, 1999; Sedlak et al., 2010). Adolescence was defined as the age range of 13 to 17 years old. Potential early moderators included types of coping strategies (avoidance-focused, emotion-focused, problem-focused) and attachment styles (secure, insecure), during adolescence. Functioning during adulthood was defined as an individual’s psychological health, ability to regulate emotions, and sense of satisfaction with life, as adults.

**Methods**

**Participants**

A total of 351 adult participants were recruited through the university psychology student research participation scheme and social media. Participants were recruited regardless of exposure to domestic violence during adolescence. The data set was inspected for incomplete responses and participants with more than 20% missing responses were removed. Also, to ensure consistency with the present study’s definition of domestic violence exposure
during adolescence, participants with responses that included siblings, cousins, or friends as the perpetrator were removed.

After data cleaning, the final sample size was 218. Overall, the mean age of the participants was 23.93 (SD = 8.99) years. There were 149 (68.3%) females and 69 (31.7%) males. Among the participants, 92 (42.2%) reported being exposed to domestic violence during adolescence, with their mean age being 28.39 (SD = 11.27) years, including 67 (72.8%) females and 25 (27.2%) males. On the other hand, 126 (57.8%) participants reported no domestic violence exposure, with their mean age being 20.67 (SD = 4.74) years, including 82 (65.1%) females and 44 (34.9%) males.

Materials

Demographics. Participants’ demographic information including age, sex, country of birth. Additionally, information about exposure to domestic violence during adolescence was obtained.

Child’s Exposure to Domestic Violence. The Child’s Exposure to Domestic Violence (CEDV) is a 42-item measure of the severity of exposure to domestic violence during an individual’s childhood (Edleson et al., 2007). For the present study, the instructions were slightly re-worded, to measure the severity of domestic violence exposure during adolescence, retrospectively. Also, the questions were slightly re-worded, to include violence by an adult, towards another adult, living with an individual during adolescence, retrospectively. An example of a question is “How often did adults in your family actually hurt each other with a knife, gun, or other object?” A higher score indicates a higher severity of exposure to domestic violence during an individual’s adolescence, retrospectively (Edleson et al., 2007). The CEDV was systematically developed and reviewed and revised by an international panel of experts. After initial pilot testing, the CEDV was administered to 65
children, aged 10 to 16 years of age, who were engaged with domestic violence prevention organizations. The CEDV has been assessed as a valid and reliable measure of the level of exposure to childhood domestic violence (Edleson et al., 2007).

**COPE Inventory.** The COPE Inventory measures the degree of an individual’s engagement in certain coping strategies in relation to stressful situations, retrospectively (Carver, Scheier, & Weintraub, 1989). For the present study, the instructions were slightly reworded, to measure the degree of engagement in certain coping strategies, in relation to exposure to domestic violence during adolescence, otherwise the most stressful situation that they have experienced at that time, retrospectively. The COPE Inventory consists of three subscales: Avoidance-focused coping strategies, Emotion-focused coping strategies, and Problem-focused coping strategies (Carver et al., 1989). Example of an item in each subscale is, “I admitted to myself that I could not deal with it, and quit trying”, “I got used to the idea that it happened”, and “I concentrated my efforts on doing something about it”, respectively. A higher subscale score indicates a higher degree of an individual’s engagement in certain coping strategies, in relation to domestic violence exposure during adolescence, otherwise the most stressful situation that they have experienced at that time, retrospectively.

**Primary Attachment Style Questionnaire.** The Primary Attachment Style Questionnaire (PASQ) measures the quality of individuals’ attachment to their primary caregiver before or after 12 years old (Salzman, Kunzendorf, Saunders, & Hulihan, 2013). For the present study, the scale was used to measure the quality of participants’ attachment to their primary caregiver during adolescence, retrospectively. The PASQ consists of two categories of attachment: secure attachment and insecure attachment. Example of an item in each category is, “My primary caregiver was there for me when I needed him/her” and “I learned to protect myself because my primary caregiver didn’t want me to lean on him/her”, respectively. A higher category mean score for secure attachment indicates a better quality of
attachment, and a higher score for insecure attachment indicates a poorer quality of attachment to their primary caregiver during adolescence, retrospectively (Salzman et al., 2013).

**Depression Anxiety Stress Scale – 21.** The DASS-21 measures symptoms of depression, anxiety, and stress, in the past week. The scale consists of three subscales: Depression, Anxiety, and Stress. Example of an item in each subscale is, “I couldn’t seem to experience any positive feeling at all”, “I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)”, and “I found it hard to wind down”, respectively. A higher subscale score indicates that an individual has more symptoms of depression, anxiety, or stress, in the past week. The overall scale score provides an overall measure of experience of psychological distress, in the past week (Lovibond & Lovibond, 1995).

**Difficulties in Emotion Regulation Scale – Short-Form.** The Difficulties in Emotion Regulation Scale – Short-Form (DERS-SF) measures ability to regulate emotions, currently. An example of an item is “I pay attention to how I feel”. A higher score indicates that an individual has more difficulties in regulating their emotions, currently (Kaufman et al., 2015).

**Post-Traumatic Stress Disorder Checklist – 5.** The PCL-5 measures symptoms of PTSD, in the past month (Weathers et al., 2013). For the present study, the instructions were slightly re-worded, to measure symptoms of PTSD in the past month, in relation to exposure to domestic violence during adolescence, otherwise the most stressful situation that they have experienced at that time. An example of a question is “In the past month, how much were you bothered by repeated, disturbing, and unwanted memories of the stressful experience?”.
higher score indicates that an individual has more symptoms of PTSD, in the past month (Weathers et al., 2013).

**Satisfaction with Life Scale.** The Satisfaction with Life (SWL) Scale measures individuals’ sense of satisfaction with life, currently. An example of an item is “I am satisfied with my life”. A higher score indicates a higher sense of satisfaction with life, currently (Pavot & Diener, 2013).

**Procedure**

The present study was approved by the university human research ethics committee. Upon accessing the online survey link, the participants were directed to a Participant Information page, followed by an Informed Consent page. Thereafter, the participants’ demographic information and exposure to domestic violence during adolescence were obtained. The participants then completed the CEDV, COPE Inventory, PASQ, DASS-21, DERS-SF, PCL-5, and SWL Scale. The former three questionnaires were used to obtain retrospective information while the latter four questionnaires were used to obtain current information. Upon completion of the questionnaires, the participants were directed to a Final Information page, whereby counselling and crisis hotlines were provided, in case they experienced distress.

**Results**

**Statistical Analyses**

The Statistical Package for Social Sciences (SPSS), Version 24, was used to conduct analyses. One-Way Analyses of Covariance (ANCOVA) showed that there was no significant effect of age on psychological health (as measured by scores on symptoms of
Depression, Anxiety, Stress, and PTSD), difficulties in emotion regulation, and sense of satisfaction with life. Thus, age was not included as a covariate in subsequent analyses.

Two-Way ANOVAs were conducted to compare psychological health (as measured by scores on symptoms of Depression, Anxiety, Stress, and PTSD), difficulties in emotion regulation, and sense of satisfaction with life, during adulthood, by exposure to domestic violence during adolescence (exposed, non-exposed) and sex (female, male). In preparation for moderation analyses, only participants who reported domestic violence exposure during adolescence were included in subsequent analyses. A correlational analysis was conducted to examine the relationships between variables. The PROCESS Macro Model 1, Version 2.16.3 (Hayes, 2013), in SPSS, was used to conduct moderation analyses, to investigate whether coping strategies and/or attachment with primary caregiver, during adolescence, moderated the relationships between severity of exposure to domestic violence during adolescence and psychological health (as measured by overall DASS-21 and PTSD scores), difficulties in emotion regulation, and sense of satisfaction with life, during adulthood.

Descriptive Statistics and Reliability Analyses

For the measures used, the descriptive statistics by exposure to domestic violence during adolescence, and their reliability, are provided in Table 1.

Analyses of Variance

Current psychopathology. Four, two-way ANOVAs were conducted to investigate the effect of exposure to domestic violence during adolescence and sex on psychological health (as measured by scores on symptoms of Depression, Anxiety, Stress, and PTSD) during adulthood. An examination of the Shapiro-Wilk statistics indicated that normality was violated, across Depression, Anxiety, Stress, and PTSD. However, further inspections of the
Skewness and Kurtosis statistics indicated that the statistics were within the -1.96 to 1.96 range, thus normality was assumed. An examination of the Levene’s Test of Equality of Error Variances indicated that homogeneity of variance was assumed for Stress, while it was violated across Depression, Anxiety, and PTSD. However, given that F tests are considered robust against such violations, it is unlikely to interfere with the interpretation of the results (Lindman, 1974).

The ANOVAs indicated that there was a significant effect of exposure to domestic violence during adolescence on symptoms of Depression, $F(1, 214) = 44.72, p = .000, \eta^2 = .173$, Anxiety, $F(1, 214) = 27.74, p = .000, \eta^2 = .115$, Stress, $F(1, 214) = 39.29, p = .000, \eta^2 = .155$, and PTSD, $F(1, 214) = 25.93, p = .000, \eta^2 = .108$, during adulthood. There was a significant effect of sex on symptoms of Stress, $F(1, 214) = 4.30, p = .039, \eta^2 = .020$, during adulthood.

There was no significant effect of sex on symptoms of Depression, $F(1, 214) = .63, p = .429, \eta^2 = .003$, Anxiety, $F(1, 214) = 3.88, p = .050, \eta^2 = .018$, or PTSD, $F(1, 214) = 1.78, p = .184, \eta^2 = .008$, during adulthood. There was no significant interaction effect between exposure to domestic violence during adolescence and sex on symptoms of Depression, $F(1, 214) = 2.06, p = .153, \eta^2 = .010$, Anxiety, $F(1, 214) = 1.16, p = .282, \eta^2 = .005$, Stress, $F(1, 214) = .40, p = .526, \eta^2 = .002$, or PTSD, $F(1, 214) = .46, p = .500, \eta^2 = .002$, during adulthood.

**Current difficulties in emotion regulation.** A two-way ANOVA was conducted to investigate the effect of exposure to domestic violence during adolescence and sex on difficulties in emotion regulation during adulthood. An examination of the Shapiro-Wilk statistics indicated that normality was violated. However, further inspections of the Skewness and Kurtosis statistics indicated that the statistics were within the -1.96 to 1.96 range, thus
normality was assumed. The Levene’s Test of Equality of Error Variances indicated that homogeneity of variance was present.

The ANOVA indicated that there was a significant effect of exposure to domestic violence during adolescence on difficulties in emotion regulation, $F(1, 214) = 8.65, p = .004, \eta^2 = .039$, during adulthood. There was no significant effect of sex on difficulties in emotion regulation, $F(1, 214) = 2.67, p = .103, \eta^2 = .012$, during adulthood. There was no significant interaction effect between exposure to domestic violence during adolescence and sex on difficulties in emotion regulation, $F(1, 214) = .00, p = .969, \eta^2 = .000$, during adulthood.

**Current satisfaction with life.** A two-way ANOVA was conducted to investigate the effect of exposure to domestic violence during adolescence and sex on sense of satisfaction with life during adulthood. An examination of the Shapiro-Wilk statistics indicated that the data were normally distributed. An examination of the Levene’s Test of Equality of Error Variances indicated homogeneity of variance.

The ANOVA indicated that there was a significant effect of exposure to domestic violence during adolescence on sense of satisfaction with life, $F(1, 215) = 17.08, p = .000, \eta^2 = .074$, during adulthood. There was no significant effect of sex on sense of satisfaction with life, $F(1, 214) = .93, p = .336, \eta^2 = .004$, during adulthood. There was no significant interaction effect between exposure to domestic violence during adolescence and sex on sense of satisfaction with life, $F(1, 214) = 1.20, p = .274, \eta^2 = .006$, during adulthood.

**Correlational Analysis**

A correlational analysis was conducted to examine relationships between variables (Table 2). The analysis indicated that severity of exposure to domestic violence during adolescence was positively correlated with Avoidance-focused coping strategies and insecure
attachment, during adolescence, and psychological distress (as measured by scores on overall DASS-21), symptoms of PTSD, and difficulties in emotion regulation, during adulthood. Severity of exposure to domestic violence during adolescence was negatively correlated with secure attachment during adolescence and sense of satisfaction with life during adulthood.

Among the potential moderators (Avoidance-focused coping strategies, Emotion-focused coping strategies, Problem-focused coping strategies, secure attachment, and insecure attachment), Avoidance-focused coping strategies and insecure attachment, during adolescence, showed more significant relationships to psychological distress, symptoms of PTSD, difficulties in emotion regulation, and sense of satisfaction with life, during adulthood. Thus, these variables were entered into the moderation analyses.

**Moderation Analyses**

**Current psychopathology.** Two moderation analyses were conducted (Table 3, Appendix A). The first moderation analysis investigated whether Avoidance-focused coping strategies and insecure attachment, during adolescence, moderated the relationship between severity of exposure to domestic violence during adolescence and psychological distress during adulthood.

The analysis indicated that Avoidance-focused coping strategies during adolescence, severity of exposure to domestic violence during adolescence, and their interaction, accounted for a significant 18.44% of the variance in psychological distress during adulthood, $F(3, 88) = 10.06, p = .000, R^2 = .18$. There was a significant moderation effect of Avoidance-focused coping strategies during adolescence on the relationship between severity of exposure to domestic violence during adolescence and psychological distress during adulthood, $p = .010$ which accounted for an additional significant 5.11% of the variance in psychological distress during adulthood, $\Delta F(1, 88) = 6.88, p = .010, \Delta R^2 = .05$. 
The relationship between severity of exposure to domestic violence during adolescence and psychological distress during adulthood was significantly moderated by a low level of Avoidance-focused coping strategies during adolescence, $p = .000$, as well as an average level of Avoidance-focused coping strategies during adolescence, $p = .014$. However, the relationship between severity of exposure to domestic violence during adolescence and psychological distress during adulthood was not significantly moderated by a high level of Avoidance-focused coping strategies during adolescence, $p = .610$. Simple slopes analysis further indicated that for low and moderate severity of exposure to domestic violence during adolescence, a low level of Avoidance-focused coping strategies during adolescence predicted lower psychological distress during adulthood, as compared to an average level of Avoidance-focused coping strategies during adolescence. However, for high severity of exposure to domestic violence during adolescence, a low level of Avoidance-focused coping strategies during adolescence did not predict lower psychological distress during adulthood, than an average level of Avoidance-focused coping strategies during adolescence. There was no significant moderation effect of insecure attachment during adolescence on the relationship between severity of exposure to domestic violence during adolescence and psychological distress during adulthood, $p = .416$.

The second moderation analysis investigated whether Avoidance-focused coping strategies and insecure attachment, during adolescence, moderated the relationship between severity of exposure to domestic violence during adolescence and symptoms of PTSD during adulthood. The analysis indicated that there was no significant moderation effect of Avoidance-focused coping strategies during adolescence, $p = .951$, nor of insecure attachment during adolescence, $p = .851$, on the relationship between severity of exposure to domestic violence during adolescence and symptoms of PTSD during adulthood (Table 3).
**Current difficulties in emotion regulation.** A moderation analysis was conducted to investigate whether Avoidance-focused coping strategies and insecure attachment, during adolescence, moderated the relationship between severity of exposure to domestic violence during adolescence and difficulties in emotion regulation during adulthood (Table 4, Appendix A). The analysis indicated that there was no significant moderation effect of Avoidance-focused coping strategies during adolescence, \( p = .610 \), nor of insecure attachment during adolescence, \( p = .262 \), on the relationship between severity of exposure to domestic violence during adolescence and difficulties in emotion regulation during adulthood.

**Current satisfaction with life.** A moderation analysis was conducted to investigate whether Avoidance-focused coping strategies and insecure attachment, during adolescence, moderated the relationship between severity of exposure to domestic violence during adolescence and sense of satisfaction with life during adulthood (Table 5, Appendix A). The analysis indicated that insecure attachment during adolescence, severity of exposure to domestic violence during adolescence, and their interaction, accounted for a significant 12.90% of the variance in sense of satisfaction with life during adulthood, \( F(3, 88) = 7.10, p = .000, R^2 = .13 \). There was a significant moderation effect of insecure attachment during adolescence on the relationship between severity of exposure to domestic violence during adolescence and sense of satisfaction with life during adulthood, \( p = .037 \), which accounted for an additional significant 3.52% of the variance in sense of satisfaction with life during adulthood, \( \Delta F(1, 88) = 4.50, p = .037, \Delta R^2 = .04 \).

The relationship between severity of exposure to domestic violence during adolescence and sense of satisfaction with life during adulthood was significantly moderated by a low level of insecure attachment during adolescence, \( p = .005 \). However, the relationship between severity of exposure to domestic violence during adolescence and sense of
satisfaction with life during adulthood was not significantly moderated by an average level of
insecure attachment during adolescence, $p = .141$, nor by a high level of insecure attachment
during adolescence, $p = 1.00$. Simple slopes analysis further indicated that for low and
moderate severity of exposure to domestic violence during adolescence, a low level of
insecure attachment during adolescence predicted high sense of satisfaction with life during
adulthood. However, for high severity of domestic violence exposure during adolescence, a
low level of insecure attachment during adolescence did not predict high sense of satisfaction
with life during adulthood. There was no significant moderation effect of Avoidance-focused
coping strategies during adolescence on the relationship between severity of exposure to
domestic violence during adolescence and sense of satisfaction with life during adulthood, $p
= .056$.

**Discussion**

The present study aimed to investigate the impact of exposure to domestic violence
during adolescence on individuals’ psychological health, ability to regulate emotions, and
sense of satisfaction with life, during adulthood. It was hypothesized that participants who
reported domestic violence exposure during adolescence will score higher on
psychopathology and difficulties in emotion regulation, and lower on sense of satisfaction
with life, as adults, as compared to those who were never exposed to domestic violence. As
hypothesized, participants who were exposed to domestic violence during adolescence
reported significantly more symptoms of depression, anxiety, stress, and PTSD, more
difficulties in emotion regulation, and lower sense of satisfaction with life, as compared to
those who were never exposed to domestic violence, as adults. This finding is consistent with
past research, which has found that participants who reported domestic violence exposure
during childhood or adolescence were more likely to experience symptoms of depression,
anxiety (Sternberg et al., 1993; Spaccarelli et al., 1994; Graham-Bermann, 1996; Heinze et al., 2017; Menon et al., 2018), PTSD (Lehmann, 1997; Graham-Bermann & Levendosky, 1998; Kilpatrick & Williams, 1998; Rossman, 1998; Margolin & Vickerman, 2007), difficulties in emotion regulation (Katz et al., 2007; Rigterink et al., 2010; Menon et al., 2018), and a lowered sense of satisfaction with life (Miller-Graff et al., 2016), in future (Scott et al., 2012; Khan et al., 2015; Dion et al., 2016; Heinze et al., 2017; Menon et al., 2018). Taken together, these findings suggest that exposure to domestic violence during adolescence is related to individuals’ experience of psychological issues, particularly symptoms of depression, anxiety, stress, and PTSD, lowered ability to regulate emotions, and lowered sense of satisfaction with life, during adulthood.

Additionally, the present study aimed to investigate the relationships between different types of coping strategies and attachment with primary caregiver, during adolescence, and participants’ functioning during adulthood, among those who reported domestic violence exposure during adolescence. It was hypothesized that among participants who were exposed to domestic violence during adolescence, coping strategies and/or attachment with primary caregiver, at that time, will moderate relationships between severity of domestic violence exposure during adolescence and psychological health, difficulties in emotion regulation, and sense of satisfaction with life, during adulthood.

Firstly, it was found that among participants who were exposed to domestic violence during adolescence, low and average levels of avoidance-focused coping strategies at that time significantly moderated the relationship between severity of domestic violence exposure during adolescence and psychological distress during adulthood. Specifically, among participants who reported low and moderate severity of exposure to domestic violence during adolescence, a low level of avoidance-focused coping strategies at that time predicted lower psychological distress during adulthood, as compared to an average level of avoidance-
focused coping strategies during adolescence. However, there is currently no available literature to compare with this finding, as the present study is the first to investigate the long-term moderating role of avoidance-focused coping strategies during adolescence in the relationship between severity of domestic violence exposure during adolescence and psychological distress during adulthood. Nevertheless, an examination of the correlation analysis showed that there was a positive relationship between severity of exposure to domestic violence during adolescence and avoidance-focused coping strategies at that time, and between the latter and psychological distress during adulthood. This finding is consistent with past research, which has found that domestic violence exposure is related to participants’ engagement in avoidance-focused coping strategies (Krause, Mendelson, & Lynch, 2003), which is then related to their experience of negative functioning in the future (Stowell et al., 2001; Abbott, 2003; Moos & Holahan, 2003). Taken together, these findings suggest that for low and moderate severity of exposure to domestic violence during adolescence, a low and average degree of engagement in avoidance-focused coping strategies at that time can moderate the relationship between severity of domestic violence exposure during adolescence and a person’s experience of psychological distress during adulthood.

The present study did not find a moderating effect of avoidance-focused coping strategies during adolescence on the relationships between severity of exposure to domestic violence during adolescence and symptoms of PTSD, difficulties in emotion regulation, and sense of satisfaction with life, during adulthood. This finding is inconsistent with past research, which has found that engagement in avoidance-focused coping strategies is related to experience of symptoms of PTSD (King & Emmons, 1990; Katz & Campbell, 1994; Emmons & Colby, 1995; Steil & Ehlers, 2000; Roemer et al., 2001). However, past research also found that participants who experienced emotional invalidation and psychological abuse during childhood were more likely to engage in emotional inhibition strategies during
recollection, as adults (Krause et al., 2003). Thus, while completing PCL-5, participants could have engaged in avoidance-focused coping strategies, which could have then inhibited their experience of emotions and thoughts associated with domestic violence exposure during adolescence, hence influencing their responses on the scale and subsequently, DERS-SF and SWL Scale.

Next, it was found that among participants who were exposed to domestic violence during adolescence, a low level of insecure attachment with primary caregiver at that time significantly moderated the relationship between severity of domestic violence exposure during adolescence and sense of satisfaction with life during adulthood. Specifically, among participants who reported low and moderate severity of exposure to domestic violence during adolescence, a low level of insecure attachment with primary caregiver at that time predicted high sense of satisfaction with life during adulthood. However, there is currently no available literature to compare with this finding, as the present study is the first to investigate the long-term moderating role of insecure attachment with primary caregiver during adolescence in the relationship between severity of domestic violence exposure during adolescence and sense of satisfaction with life during adulthood. Nevertheless, an examination of the correlation analysis showed that there was a positive relationship between severity of exposure to domestic violence during adolescence and insecure attachment with primary caregiver at that time, and a negative relationship between the latter and sense of satisfaction with life during adulthood. This finding is consistent with past research, which has found that domestic violence exposure is related to participants’ insecure attachment with primary caregiver (Crittenden & Ainsworth, 1989), which is then related to their experience of negative functioning in the future (Ainsworth, 1970; Kobak et al., 1993; Larose & Bernier, 2001). Together, these findings suggest that for low and moderate severity of exposure to domestic violence during adolescence, a low degree of insecure attachment with primary
caregiver at that time can moderate the relationship between severity of domestic violence exposure during adolescence and individuals’ sense of satisfaction with life during adulthood.

The present study did not find a moderating effect of insecure attachment with primary caregiver during adolescence on the relationships between severity of exposure to domestic violence during adolescence and psychological health, and difficulties in emotion regulation, during adulthood. This finding is inconsistent with some past research, which has found that among participants who reported domestic violence exposure during childhood, those who did not perceive their parent-child relationship at that time as warm scored higher on symptoms of depression, anxiety, and PTSD, and lower on sense of satisfaction with life, as adults (Miller-Graff et al., 2016). However, past research has also found that given exposure to domestic violence during adolescence, a supportive relationship with an adult can buffer against later experience of negative functioning (Levendosky, Huth-Bocks, & Semel, 2002). Therefore, participants could have had the support of another adult who was emotionally-sensitive, and responded appropriately and consistently to their needs during adolescence, which could have then aided them in developing positive psychological health.

Implications

The findings of the present study suggest several theoretical implications. Firstly, of the long-term impact of exposure to domestic violence during adolescence on later adult functioning. Specifically, being a witness or recipient of domestic violence as an adolescent is related to their experience of psychological issues, lowered ability to regulate emotions, and lowered sense of satisfaction with life, during adulthood. Next, coping strategies and attachment with the primary caregiver during adolescence, may play a long-term role in moderating the relationship between domestic violence exposure at that time and later adult functioning. Specifically, for low and moderate severity of exposure to domestic violence
during adolescence, a low and average degree of engagement in avoidance-focused coping strategies at that time can moderate the relationship between severity of domestic violence exposure during adolescence and later experience of psychological distress during adulthood. Also, for low and moderate severity of exposure to domestic violence during adolescence, a low degree of insecure attachment with the primary caregiver at that time can moderate the relationship between severity of domestic violence exposure during adolescence and individuals’ sense of satisfaction with life during adulthood.

In addition, the findings of the present study provide insights which may inform interventions for adolescents who have been exposed to domestic violence. Firstly, for low and moderate severity of domestic violence exposure during adolescence, interventions could seek to reduce engagement in avoidance-focused coping strategies, such as behavioral or mental disengagement, focus on and venting of emotions, or use of alcohol or drugs. Next, interventions could target insecure attachment with their primary caregiver, such as through working with the family system to strengthen this relationship, or drawing in social support outside of their family. However, for an individual who has been exposed to a high severity of domestic violence during adolescence, these interventions may not be the most effective as they tend to be overly reliant on avoidance-focused coping strategies (Krause et al., 2003) and to have issues with attachment (Critenden & Ainsworth, 1989). Thus, interventions could instead aim to create and strengthen effective coping strategies, such as emotion-focused and problem-focused coping strategies (Stowell et al., 2001; Abbott, 2003; Moos & Holahan, 2003; Cummings et al., 2009; Mohammad et al., 2015), while teaching and modelling the elements of a healthy relationship. Taken together, these interventions may potentially buffer against later experiences of negative functioning during adulthood, particularly psychological distress and a lowered sense of satisfaction with life.
Limitations and Future Research

One limitation of the present study is the retrospective measure of severity of exposure to domestic violence, degree of engagement in certain coping strategies, and quality of attachment with primary caregiver. Past research has found that recollection is related to an increased risk for recall bias (Widom, Raphael, & DuMont, 2004; Sanna & Schwarz, 2006), which may affect the validity and reliability of findings (Miller-Graff et al., 2016). To address this limitation, future research could conduct a longitudinal study to measure the role of degree of engagement in coping strategies and quality of attachment with primary caregiver, in the relationship between severity of domestic violence exposure during adolescence and individuals’ functioning at time points between adolescence and adulthood. This may aid in reducing the risk for recall bias as data are collected prospectively. This may also provide a deeper insight into any changes in degree of engagement in coping strategies and quality of attachment with primary caregiver, and their role in the relationship between severity of exposure to domestic violence during adolescence and functioning over time (Caruana, Roman, Hernández-Sánchez, & Solli, 2015).

An additional limitation of the current study is that individuals who have been exposed to domestic violence as young people may differ from those who have not been so exposed in other ways including exposure to parental separation and financial insecurity. While the measures in the current study allowed us to examine exposure to violence specifically in some detail, in relation to coping, attachment and later psychosocial functioning, future studies should seek to better assess and control for other related demographic factors such as these.

Additionally, the present study did not explore the role of the individual subscales in CEDV, avoidance-focused coping strategies in COPE Inventory, and insecure attachment in
PASQ, in the relationship between severity of domestic violence exposure during adolescence and individuals’ future functioning. As there is currently no available research that explores these areas, future research is needed. This may aid in extending the current literature, thus providing a deeper understanding of these variables, then enhancing interventions for individuals who have been exposed to domestic violence during adolescence.

**Conclusion**

Exposure to domestic violence during adolescence is related to individuals’ experience of psychological issues, particularly symptoms of depression, anxiety, stress, and PTSD, lowered ability to regulate emotions, and lowered sense of satisfaction with life, during adulthood. For low and average severity of domestic violence exposure during adolescence, lower degrees of engagement in avoidance-focused coping strategies at that time predicted lower psychological distress during adulthood, and a low level of insecure attachment with primary caregiver during adolescence predicted high sense of satisfaction with life during adulthood. With interventions for individuals who have been exposed to domestic violence during adolescence, it may be beneficial to not only focus on helping them develop or strengthen protective factors, but also focus on helping them prevent or reduce their engagement in avoidance-focused coping strategies and/or manage their insecure attachment with their primary caregiver.
Conflict of Interest Statement

The authors report no conflicts of interest.
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Table 1
*Study’s Measures' Means and Standard Deviations, by Exposure to Domestic Violence during Adolescence, and Cronbach’s Alpha*

<table>
<thead>
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<th>Measure</th>
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</tr>
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<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td>α</td>
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<td>CEDV</td>
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<td>9.09</td>
<td>6.77</td>
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<tr>
<td>COPE Inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoidance-focused coping strategies</td>
<td>41.76</td>
<td>8.44</td>
<td>32.80</td>
<td>8.99</td>
<td>.86</td>
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<tr>
<td>Emotion-focused coping strategies</td>
<td>40.78</td>
<td>8.28</td>
<td>34.80</td>
<td>9.95</td>
<td>.86</td>
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<tr>
<td>Problem-focused coping strategies</td>
<td>38.22</td>
<td>9.88</td>
<td>33.52</td>
<td>11.46</td>
<td>.92</td>
</tr>
<tr>
<td>Total</td>
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<td>20.14</td>
<td>101.12</td>
<td>27.87</td>
<td>.95</td>
</tr>
<tr>
<td>PASQ</td>
<td></td>
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<tr>
<td>Secure</td>
<td>3.81</td>
<td>1.65</td>
<td>5.09</td>
<td>1.49</td>
<td>.97</td>
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<tr>
<td>Insecure</td>
<td>3.94</td>
<td>1.39</td>
<td>2.40</td>
<td>1.08</td>
<td>.96</td>
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<tr>
<td>Total</td>
<td>7.75</td>
<td>.92</td>
<td>7.50</td>
<td>1.62</td>
<td>.77</td>
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<td>DASS-21</td>
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<tr>
<td>Depression</td>
<td>9.35</td>
<td>6.02</td>
<td>4.40</td>
<td>4.77</td>
<td>.94</td>
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<tr>
<td>Anxiety</td>
<td>7.74</td>
<td>5.65</td>
<td>3.70</td>
<td>3.76</td>
<td>.89</td>
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<tr>
<td>Stress</td>
<td>10.40</td>
<td>5.33</td>
<td>5.90</td>
<td>4.56</td>
<td>.91</td>
</tr>
<tr>
<td>Total</td>
<td>27.49</td>
<td>15.31</td>
<td>14.00</td>
<td>11.87</td>
<td>.96</td>
</tr>
<tr>
<td>DERS-SF</td>
<td>47.89</td>
<td>13.07</td>
<td>42.29</td>
<td>11.63</td>
<td>.90</td>
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<tr>
<td>PCL-5</td>
<td>26.41</td>
<td>16.77</td>
<td>14.29</td>
<td>13.24</td>
<td>.95</td>
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<tr>
<td>SWL Scale</td>
<td>19.58</td>
<td>7.03</td>
<td>23.38</td>
<td>6.46</td>
<td>.89</td>
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</table>

Table 2
Pearson Product-Moment Correlations between Study Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
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</thead>
<tbody>
<tr>
<td>1. Severity of exposure to domestic violence (CEDV)</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>2. Avoidance-focused coping strategies (COPE Inventory)</td>
<td></td>
<td></td>
<td></td>
<td>.23*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Emotion-focused coping strategies (COPE Inventory)</td>
<td></td>
<td>.11</td>
<td>.35**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Problem-focused coping strategies (COPE Inventory)</td>
<td></td>
<td>.08</td>
<td>.23*</td>
<td>.49***</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5. Secure attachment (PASQ)</td>
<td>-.29**</td>
<td>-.39***</td>
<td>.11</td>
<td>.03</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Insecure attachment (PASQ)</td>
<td>.39***</td>
<td>.43***</td>
<td>.03</td>
<td>.05</td>
<td>-.83***</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>7. Psychological distress (DASS-21)</td>
<td>.33**</td>
<td>.24*</td>
<td>.02</td>
<td>-.08</td>
<td>-.20</td>
<td>.29**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Symptoms of PTSD (PCL-5)</td>
<td>.42***</td>
<td>.28**</td>
<td>.04</td>
<td>.09</td>
<td>-.15</td>
<td>.23*</td>
<td>.66***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Difficulties in emotion regulation (DERS-SF)</td>
<td>.28**</td>
<td>.28**</td>
<td>.05</td>
<td>-.06</td>
<td>-.15</td>
<td>.23*</td>
<td>.64***</td>
<td>.62***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Satisfaction with life (SWL Scale)</td>
<td>-.27**</td>
<td>-.12</td>
<td>.08</td>
<td>-.07</td>
<td>.23*</td>
<td>-.24*</td>
<td>-.40***</td>
<td>-.48***</td>
<td>-.47***</td>
<td></td>
</tr>
</tbody>
</table>

Note. CEDV = Child’s Exposure to Domestic Violence. PASQ = Primary Attachment Style Questionnaire. DASS-21 = Depression Anxiety Stress Scale – 21. DERS-SF = Difficulties in Emotion Regulation Scale – Short-Form. PCL-5 = Post-Traumatic Stress Disorder Checklist – 5. SWL Scale = Satisfaction with Life Scale.

*p < .05. **p < .01. ***p < .001
Table 3

*Potential Adolescence Moderators on Relationship between Severity of Exposure to Domestic Violence during Adolescence and Psychological Health during Adulthood*

<table>
<thead>
<tr>
<th>Current Psychopathology</th>
<th>Current</th>
<th>$b^b$</th>
<th>$t$</th>
<th>95% Confidence Interval$^a$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological distress (DASS-21)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoidance-focused coping strategies (COPE Inventory)</td>
<td></td>
<td>-.04</td>
<td>-2.62*</td>
<td>-.07 -.01</td>
</tr>
<tr>
<td>Insecure attachment (PASQ)</td>
<td></td>
<td>-.11</td>
<td>-.82</td>
<td>-.37 .15</td>
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<tr>
<td>Symptoms of PTSD (PCL-5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoidance-focused coping strategies (COPE Inventory)</td>
<td></td>
<td>-.00</td>
<td>-.06</td>
<td>-.05 .04</td>
</tr>
<tr>
<td>Insecure attachment (PASQ)</td>
<td></td>
<td>-.02</td>
<td>-.19</td>
<td>-.28 .23</td>
</tr>
</tbody>
</table>

Note. PASQ = Primary Attachment Style Questionnaire. DASS-21 = Depression Anxiety Stress Scale – 21. PCL-5 = Post-Traumatic Stress Disorder Checklist – 5.

$^a$95% confidence interval for interaction between predictor and moderator. $^b$Regression coefficient of interaction between predictor and moderator.

* $p < .05.$

Table 4

*Potential Adolescence Moderators on Relationship between Severity of Exposure to Domestic Violence Exposure Adolescence and Difficulties in Emotion Regulation during Adulthood*

<table>
<thead>
<tr>
<th>Current Difficulties in Emotion Regulation (DERS-SF)</th>
<th>Current</th>
<th>$b^b$</th>
<th>$t$</th>
<th>95% Confidence Interval$^a$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidance-focused coping strategies (COPE Inventory)</td>
<td></td>
<td>-.01</td>
<td>-.51</td>
<td>-.07 .04</td>
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<tr>
<td>Insecure attachment (PASQ)</td>
<td></td>
<td>-.12</td>
<td>-1.13</td>
<td>-.33 .09</td>
</tr>
</tbody>
</table>

Note. PASQ = Primary Attachment Style Questionnaire. DERS-SF = Difficulties in Emotion Regulation Scale – Short-Form.

$^a$95% confidence interval for interaction between predictor and moderator. $^b$Regression coefficient of interaction between predictor and moderator.

Table 5

*Potential Adolescence Moderators on Relationship between Severity of Exposure to Domestic Violence during Adolescence and Satisfaction with Life during Adulthood*

<table>
<thead>
<tr>
<th>Current Satisfaction with Life (SWL Scale)</th>
<th>Current</th>
<th>$b^b$</th>
<th>$t$</th>
<th>95% Confidence Interval$^a$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidance-focused coping strategies (COPE Inventory)</td>
<td></td>
<td>.02</td>
<td>1.94</td>
<td>-.00 .04</td>
</tr>
<tr>
<td>Insecure attachment (PASQ)</td>
<td></td>
<td>.10*</td>
<td>2.12</td>
<td>.01 .20</td>
</tr>
</tbody>
</table>

Note. PASQ = Primary Attachment Style Questionnaire. SWL Scale = Satisfaction with Life Scale.

$^a$95% confidence interval for interaction between predictor and moderator. $^b$Regression coefficient of interaction between predictor and moderator.

* $p < .05.$